CARPE DIEM TREATMENT THERAPEUTIC RESIDENTIAL FOSTER HOMES

POLICY AND PROCEDURE MANUAL
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CONSULTANTS

Dr. Richard Berry:

Dr. Berry received his doctorate degree in clinical and developmental psychology from York University (1980). He is a clinical and forensic psychologist registered with the Ontario College of Psychologists of Ontario.

Dr. Berry has extensive experience working with children, adolescents, adults, couples and families with issues that include parenting, family violence, separation/divorce, custody/access, conflict resolution, sexual performance/intimacy, infidelity and recovery after an extramarital affair, sexual offending and sexual victimization, trauma treatment and mood disorder.

A designated Capacity Assessor as per The Substitute Decisions Act, Dr. Berry provides Capacity Assessments under the auspices of the Capacity Assessment Office, Ontario Ministry of the Attorney General

Branching Out:

Branching Out is a multi-faceted service which offers a variety of enhanced assessment and therapy branches to determine and ultimately meet the needs of our clients.

A dedicated network of professionals - comprised of Child and Youth Workers, Family Support Workers, Play Therapy Interns (Members of the Canadian Association for Child and Play Therapy), Consulting Psychologists, Peer Mentors, Treatment Directors, and Clinical/Field Placement Support - has collaborated to provide the highest standards of treatment services. Branching Out will ensure personal needs are met with a positive outlook, an experienced team, and the resources in place to support health and growth.

Please see www.BranchingOut.ca for more information.
INTRODUCTION AND PHILOSOPHY

Carpe Diem is a specialized program designed to provide treatment foster care for emotionally distressed children.

Treatment Foster Homes are serving children who have experienced a number of issues concerning separation, trauma and/or abuse. These children may have had inconsistent parenting and, in some cases, they have not had a significant early attachment experience. Their challenges start at the beginning of life when the scales are tipped toward a future of trust and love, or one of mistrust and deep-seated rage.

Carpe Diem may provide staff or college placement student support as a resource for the treatment foster family, to provide recreation for the child, school support, extra relief, and when appropriate, support for the natural family. Sometimes a part-time adult is less threatening for children, giving them the detachment they so often need as they, at times, feel threatened by the closeness of a family environment. These children often present behaviours such as:

- Lack of ability to give and receive affection
- Self-destructive behaviour
- Cruelty to others/animals
- Phoniness, neediness
- Anger and aggressive behaviour
- Authority, control problems
- Lack of long-term friends/relationships
- Problems with stealing, hoarding and gorging on food
- Sexualized behaviour

Recognizing that these children are difficult to maintain in family-oriented foster homes, Carpe Diem may use a Support Worker, shared fostering, services from our sister agency Branching Out, or one of the Semi-independent foster homes provided by Stepping Out. All reasonable efforts will be made to keep a foster child in the foster family system.
PHILOSOPHY

We are committed to provide a caring, supportive and structured environment that is effective and meets the child’s needs. We believe every child is entitled to a normalized, safe, secure and stable environment. Each child is unique. Each child requires a structured, caring, nurturing environment, tailored to meet his/her individual needs. Each child will be allowed to express his/her needs and feelings in a safe, non-threatening environment. We continue to recognize that children grow in their own way and at their own pace. The individual child’s change in growth and development will dictate the necessity to modify and/or adapt to the current needs of the child. Every child has the right to live free from the fear of being abused and/or abandoned.

At Carpe Diem we believe in providing:

- Inclusive services that are non-discriminatory and in an environment that takes into account ethno-cultural, racial, linguistic and ancestral diversity. This includes the provision of services under the French Language Services Act.
- Accommodation of the gender-specific needs of children and youth.
- Access to services that meet the needs of Lesbian, Gay, Bisexual and Transgender children and youth.
- Opportunities for participation in leisure and recreational activities that promote physical, social and cultural benefits for the children and youth in care.
- Opportunities for children and youth of Aboriginal heritage to preserve their unique cultural identity and to maintain positive contact, involvement and participation with their Aboriginal community as identified in the plan of care.
- Voluntarily access for children and youth in order to benefit from their specific needs.
- Religious and spiritual care will be implemented and maintained based on their religious affiliation or preference.
- Access to the child or youth’s community spiritual/religious care provider, if available.

Carpe Diem also has program policies that outline:

- How the resident’s file / Plan of Care indicates that the child/youth was informed, in a language suitable for the child/youth’s level of understanding, of the program description related to cultural competency and the policies and procedures related to the rights of children and youth.
- How the child or youth is advised of the right to receive spiritual/religious instruction.
- The voluntary nature of any religious programs offered by the service provider.
- How religious diets and fasts of recognized faith groups are observed.
• Clear direction to the effect that seeking conversions, proselytizing or criticizing other faith groups by staff, students or volunteers is not permitted.

We believe in setting realistic and achievable outcomes for each child to ensure their feelings of success, which may enhance their self-esteem, self-confidence and worth. We are challenged to better understand the role and importance of the family of origin and the need to consider the child in the context of where he/she originated.

We are committed to helping the child improve each Dimension of Development as defined by the ON-LAC Action and Assessment Record. To that end, we provide a well-structured family environment with consistency and predictability to enhance the developmental potential of each individual child.

ACADEMIC AND SOCIAL DEVELOPMENT WITHIN THE EDUCATIONAL SYSTEM

To achieve a successful school experience, there should be:

• Enrollment in an appropriate academic program designed to meet each child’s needs and abilities
• Good communication between the foster home and school. For example, a daily communication book to monitor work completion.
• Support of the program workers to deal with any specific behavioural or social emotional concerns that might occur
• Access to thorough assessment and recommendations for academic and behavioural programming
PRINCIPLES OF SERVICES

At Carpe Diem we:

- Strive for high standards of service in reaction or anticipation of the individual needs of the child
- Use a clear clinical framework provided by specialized consultants
- Provide a supportive, consistent, structured and nurturing environment
- Offer ongoing professional training, support and supervision
- Assist with natural families’ involvement, integration and development when applicable and effective
- Strive to use a teamwork approach to include Carpe Diem, ministry representatives, foster parents, placing agency, school, community resources, one to one workers and natural parents
- Work for ongoing and effective communication
- Provide personalized and individual treatment

MISSION STATEMENT

Our mission is to support and assist the children to grow in all areas of their life and achieve an emotional, intellectual, physical and spiritual balance.

CLINICAL TEAMS

Carpe Diem believes in the philosophy that each of us is a student, always learning and growing. We therefore have policies related to the use of our Teams:

LEADERSHIP TEAM: It is the policy of Carpe Diem that the Leadership Team meets a minimum of twice monthly, more when required. This team includes the Managing Director, Manager of Foster Care, Manager of Placement and Crisis, Office Manager, Executive Assistant and Case Manager Supervisors. Its purpose is managing the business of the agency, while ensuring that the agency principles and philosophies are held as the consistent standard of conduct for all employees.

CONSULTATION TEAM: It is the policy of Carpe Diem that each Case Manager will be assigned to a small group of peers, facilitated by the Case Manager Supervisor. This team meets monthly to review any foster homes and foster children requiring extra input. The agency believes this team is VITALLY important; therefore the Manager of Foster Care attends.
CCTR Clinical Consultation Team Reflection: (Self-reflection & personal growth) This meeting provides an opportunity for team members to reflect on their personal beliefs and values and examine how these influence the work they do with children and families. This occurs on the 4th Thursday of every month.

THERAPEUTIC ASSESSMENT GROUP (TAG): Carpe Diem also has a monthly Therapeutic Assessment Group which is attended by the entire clinical staff team at Carpe Diem and periodically by Dr. Richard Berry.

Therapeutic Assessment Group: (Training sessions for CM’s)
CCT will continue to be divided up into two separate, yet equally important meetings. This particular meeting will have a heavy training component for Case Managers and Supervisors. These specific trainings will allow information to flow into foster homes and strengthen employees overall knowledge. This Group occurs on the 3rd Wednesday of every month.

The Agency has a Policy whereby challenging cases can be reviewed using the following multi-disciplinary team format and process which takes place monthly and is attended by the entire Carpe Diem clinical team.

Therapeutic Assessment Group is a process for Identifying, Planning and Co-ordinating the needs of our Children and Families who present with complex emotional and behavioural issues. Our approach will focus on the three aforementioned elements in the context of Past, Present and Future.

A Membership shall be determined by the Case Manager and Leadership Team and may include CAS Workers, Foster Parents, Child/Youth, Biological Family, Community Workers (i.e. teacher, probation officer, etc.) and the Clinical staff as required. Clinical staff here is meant to include Branching Out Therapists, Community Therapists and our Clinical Psychologist.

B The Therapeutic Assessment Group will always ensure that the following are included, in some fashion, in the process: Natural Supports, Guardians, Natural Parents / Family, Cultural Supports, Sexual Identity Supports and Religious Supports, Safety Planning, Community-Based Supports, Strength-Based Approaches, Outcome-Focused Approaches. Also, creative non-traditional approaches will be encouraged and the child’s input will be weighted heavily.

THE PHILOSOPHY OF TREATMENT

Treatment refers to planned intervention with the aim of assisting and supporting change in a family or individual’s behaviour and/or attitude. To achieve this, one requires a written, individualized treatment plan which contains outcomes, a set of procedures for achievement and a process for regularly assessing the result.
The philosophy of Carpe Diem Residential Treatment Homes for Children Inc. is that children need a therapeutic milieu where they can feel secure to resolve some of their inner conflicts and problems, and where they can learn to change their patterns of inter-relationships.

Many children involved in Carpe Diem have experienced inappropriate management, separation, unsuccessful placements and rejection in their lives. Consequently, their ability to trust is inhibited. Often, they present with special needs that further inhibit the quality of their interactions. For some, it may mean that they are incapable of meaningful attachments.

The children need to perceive the adult as a warm and nurturing role model who demonstrates a genuine interest in their well-being. In addition, they also need to feel that their caretakers have the ability to:

- balance the child’s need for control
- provide the opportunity to experience and experiment with his or her own developing autonomy
- help the child achieve a sense of individuality
- help with the formation of identity in relation to natural family

The adult needs to have a realistic view of their own strengths and limitations while recognizing that they are a member of a treatment team who acts as agents, or facilitators of change. We need to be prepared to foster realistic dependencies for a period of time, provide appropriate role modeling and promote a more positive self-image in these youngsters.

The agents of change are never solely the techniques, but the characteristics of the person who is able. Consequently, we need to be mindful of the impact of our interactions with these youngsters.

**REGULAR FOSTER CARE**

Although Carpe Diem does not typically provide “Regular Foster Care”, the foster home selected for a child will depend on the age of the child, the circumstances which brought him/her into care, the individual and special needs of the child and goals and objectives of the placement.

**DEFINITION:**

Regular foster care generally refers to the provision on a daily basis of all the essential elements of family life a child needs through his/her placement. In a regular foster home, the child can quite readily be integrated into the foster family and have his/her needs met by following the family’s normal daily routines.

**THE CHILD:**

The child placed in a regular foster home is a child who can benefit from close family relationships. He/she has an ability to form attachments and to identify with the foster parents and family.
THE FOSTER FAMILY:

Foster parents providing regular foster care made changes in their family life in order to include a foster child. When the foster child first arrives, he/she may require special attention and help dealing with the trauma of separation from his/her previous caregiver. The child’s plan of care will set out the needs of the child and any specific directions the foster parent(s) should follow. Children in regular foster care can be expected to move towards fitting into the normal daily living routine of the foster family, with some modification, during their placement. This is in contrast to the treatment foster home where the family is required to consider the needs of the child to such an extent that the family’s routine is altered to accommodate the treatment goals of the child.

It is the responsibility of Carpe Diem not only to ensure a suitable physical environment for nurturing a foster child, but also to protect the basic family unit. All members of a family, including a foster child, are entitled to enjoy personal and social attention from the (foster) parent(s). They are entitled to security and comfort day and night, to guidance and discipline, and a basic sense of membership in the family.

GUIDELINES:

The following may be used as guidelines when placing children in foster care:

1. Once a child has been placed in a foster home, the operator should allow a period of adjustment before placing additional foster children in that home.

2. The operator should place the child in a home that can most appropriately meet the individual needs of the child. When matching a child with a foster family, consideration should be given to the composition of the family unit and avoiding the placement of:

   - a child in short term care with children in long term care
   - a child whose own parents have no contact with children whose natural parents have contact and visit regularly
   - an adolescent child with infant children

1.0 DOCUMENTATION

1.1 POLICY REGARDING CORRESPONDENCE AND COMMUNICATION

All correspondence and communication (i.e. telephone calls, mail, packages and electronic communication) are not to be monitored or censored, except in the best interest of the child. This will be determined by the Placing Agency, in conjunction with the Carpe Diem staff, always ensuring the child’s rights are maintained.
1.2 POLICY REGARDING THE FOSTER CHILD’S FILE at the HEAD OFFICE

The following material must be kept in the child’s file, in a locked file:

- Service Care Agreement, including any agreement signed with respect to the organization and/or individuals providing a service or care to a child should be available in the file.
- Social and family background (Bill 180 provides that this information shall be shared with the licensee)
- The Seven Day Attendees Signing Sheet
- The Thirty Day Plan of Care
- Plans of Care (90 days with the option of moving to 180 day Plans of Care after being in the same placement for 180 days)
- Records: Cumulative Health Record
  - all medical records
  - dental records
  - incident reports
  - serious occurrence incident reports
- All school records
- Consent forms: Dated, time-limited, specific consent forms for activities, medical treatment, out of province travel, field trips etc.
- Psychological and Psychiatric Report
- Discharge Form
- Information regarding the financial arrangements made for the management by or for the child should be available in the file. This could include allowances, gifts, earnings, etc.

1.3 POLICY REGARDING THE FOSTER PARENT’S FILE at the HEAD OFFICE

The following must be kept in the foster parent’s file, in a locked file:

- Foster Care Agreement - Foster Parents and Carpe Diem
- Home study including all necessary, up-to-date documents
- Annual Reviews, including: Information concerning the type(s) of care being provided in the foster home and the number of children receiving each type; A summary of contacts or meetings held with the foster parent(s) relating to their roles as foster parents; Any medical information received in regard to the health of the foster parents; Any change in the housing or financial situation of the foster parents; Goals and Objectives for the coming year.
- Police check with Vulnerable Sector for all adults 18 and over living in the family home or having frequent contact
- Reference letters (5 per couple, 3 for a single person)
- Child Welfare Check
- Statements of confidentiality
- Any disciplinary letters of concern
1.4 POLICY REGARDING CONFIDENTIALITY OF AND ACCESS TO INFORMATION

All information in a foster child’s or foster parent’s file is to be treated confidentially.

Information held by Carpe Diem on a foster parent or a child shall be available to:

- the foster parent, except for references and other information given to Carpe Diem in confidence
- authorized persons in the employment of Carpe Diem
- other agencies, professionals or hospitals when specific, time-limited authorization has been given following written consent to release of information by the foster parent
- to the child welfare agency legally responsible for the care of the foster child

Carpe Diem shall keep all foster care records on Carpe Diem premises and in a locked container and shall secure foster care records against loss, fire, theft, defacement, tampering, and copying or use by unauthorized persons.

Records on children or foster parents shall never leave the premises.

PROCEDURE for FOSTER PARENTS

1. The FOSTER PARENT who wishes to examine his/her file shall inform Carpe Diem who will make an appointment to do so.

2. The Carpe Diem Case Manager shall provide the FOSTER PARENT with the file, having removed the above noted confidential information, and be available for discussion while the FOSTER PARENT is reading the file.

3. If a FOSTER PARENT wishes information to be released to other agencies, etc., the Carpe Diem Case Manager shall request that they sign a consent to release their information and shall include the consent form in the foster home file.

PROCEDURES for FOSTER CHILDREN

1. The foster child over the age of 12 needs to request access to the file from the legal guardian as Carpe Diem is not permitted to release any parts of the child’s file.

2. The child’s legal guardian and Carpe Diem Staff will consult with the child.

1.5 POLICY REGARDING LIFE BOOKS

A Life Book will be maintained for each child with the co-operation of the family and referring agency. Life Books are the responsibility of the foster parents and will contain photos and memorabilia pertaining to the individual child.

A Life Book should portray a child’s opinions and pay special attention to the child’s successes and experiences. For Life Book ideas, please contact your Case Manager.
Life Books should be brought to each Plan of Care so that the child’s legal guardian can review current additions. Children who are too young to attend their Plan of Care can be encouraged to show and discuss their Life Books with their legal guardians during privacy visits.

There are many wonderful Life Book resources online, and supplies can be purchased at the local dollar store. This cost is included in the per diem rate.

2.0 CLIENT SERVICE DELIVERY

2.1 POLICY REGARDING RECREATION AND SUMMER CAMPS

Carpe Diem strongly believes in the therapeutic value of recreation and social activities. As a result, children in our care are entitled to recreational activities regardless of their daily behaviour, as it is seen as part of their treatment plan. Consequences for behaviour can take other forms.

Carpe Diem utilizes community resources because we have seen the progress children can make by being part of recreational activities. Each child is unique, and therefore recreation programs should be tailored to fit their individual needs.

Carpe Diem researches and maintains a list of accredited summer camps that have the necessary resources to support the needs of our children for a one or two week residential summertime experience. Planning and organizing this camp experience takes place with the input from Foster Parents and the Case Manager. Drives to and from summer camp is the responsibility of the foster parent.

Each foster home is expected to provide family outings, i.e. picnics, trips, activities (skating, biking, etc.) and attractions (museum, zoo, etc.) on an ongoing basis. This is covered by the per diem rate.

2.2 POLICY REGARDING SCHOOL CONTINUITY

Carpe Diem’s Case Manager will work with the placing agency’s legal guardian and the foster parent to maintain a foster child’s attendance in school programs and to support academic remediation and school achievement.

Carpe Diem will arrange school meetings for foster children in difficulty to ensure that the school, placing agency, foster parents and Case Manager are acting in the child’s best interests. It is recognized that resources will need to be shared.
PROCEDURE:

1. Foster parents will make every effort to support the school and teachers in order to ensure consistency across all adults.
2. Foster parents will be the first contact for the school.
3. Carpe Diem’s Case Managers will introduce themselves and leave a letter outlining the role they may play within the school setting.
4. Case Managers are the next in line as contact for the school.
5. The school will be given the Carpe Diem phone number to access should there be an emergency at the school and the foster parent and Case Manager cannot be reached.
6. The placing agency’s legal guardian is required to sign all the legal documents of the school, including any changes to the placement.
7. In recognition of the importance of school continuity, foster parents will refrain from taking vacation during the academic school year, unless this can occur with the child remaining in the foster home.
8. Case Managers and Carpe Diem staff will make every effort to ensure communication remains positive between the school, home, and placing agency.

Listed below are practical day to day living skills necessary for one’s responsible self-reliant functioning in the home and the community:

- The child’s ability to dress himself/herself
- Personal hygiene
- Learning process
- Use of leisure time
- Interaction with others
- Spending money

Children learn life skills by example, supportive instruction, and throughout their own experiences, these being successful or unsuccessful. We model life skills by helping the child to accomplish new tasks. We should not do for the child what he/she is quite capable of doing for himself/herself.

2.3 POLICY REGARDING NOTIFICATION OF RIGHTS

At the time of admission, the child and foster family will be required to review the rights and responsibility policies with the representative of the foster placement agency present. Said policies shall be reviewed at each Plan of Care and noted on the Plan of Care Attendees form.

2.4 POLICY REGARDING CONTRACT MEETING OR PLAN OF CARE

A contract meeting is formulated by the Carpe Diem team, the child’s CAS worker, the family’s worker and where feasible, the family of origin. The purpose of this is to clarify roles, expectations and treatment goals. Copies of the Plan of Care will be distributed to all involved parties.
Upon admission to the program, a Service Agreement must be signed between the Referring Agency and Carpe Diem.

2.5 POLICY REGARDING REFERRAL CRITERIA

The Carpe Diem team assesses all referrals. This team includes:

a) Manager of Placement and Crisis
b) Supervisors of Case Managers
c) Carpe Diem Case Managers
d) The appropriate Carpe Diem Foster Parents

It is recognized that children referred to Carpe Diem may be at various stages of their journey in care. We accept referrals for children of all CAS status, children of both sexes, and children who are in care, regardless of their age. Because our foster parents provide care in their own private family homes, there may be times when an appropriate match cannot be found. Children with a background of fire setting, and/or, extreme physical aggression towards either their peers or adults, children with a long history of stealing or inappropriate sexual behaviour demonstrated towards other children may not be appropriate for Carpe Diem foster care. On the other hand, there are times when we may have a setting with enough supervision to provide safe care for such a child.

2.6 POLICY REGARDING MEETING DEVELOPMENTAL NEEDS

Carpe Diem has a policy regarding meeting developmental needs of the children and adolescents which can be broken down into three main areas:

- Basic Needs
- Emotional Needs
- Psychological Needs

2.6.1 CHILDREN’S BASIC NEEDS

SAFETY AND SECURITY:

- Structure, organization and programming
- Consistency and predictability
- Controls (external and internal)
- Empathy, understanding, caring and reassurance
- Trust
FOOD:

- Teaching ways to shop and store food
- Helping with food preparation and menu planning according to age and ability
- Special menu for special occasions
- Being aware of cultural background and differences

HYGIENE AND ENVIRONMENT:

- Teaching and establishing emergency procedures (i.e. fire drills)
- Hygiene (teaching and assisting in basic cleanliness)
- Regular check-ups (doctor and dentist)
- Housekeeping skills (teaching and modeling appropriate level of skills)
- Keeping all medication locked away

CLOTHING:

- Providing appropriate, fashionable, seasonable clothing
- Teaching care and repair of clothing
- Being aware of the “peer” issues re: clothing
- Teaching community acceptance standards
- Keeping in mind cultural differences

2.6.2 CHILDREN’S EMOTIONAL NEEDS

A) ACCEPTANCE:

- Listening to children in a non-judgmental way
- Giving encouragement and support
- Applying limits on unacceptable behaviour
- Providing appropriate physical contact
- Supporting, encouraging and reinforcing positive gains in children

B) BELONGING:

- Providing skill and age appropriate levels of responsibility for each child
- Planning and supporting appropriate involvement in community activities
- Encouraging mutual respect and the recognition of personal space and privacy

C) SELF ESTEEM:

- Providing positive reinforcement and praise
- Helping each child set realistic and achievable goals
- Building on proven skills and abilities
- Providing times of positive one to one contact with each child
• Providing positive adult role models
• Providing life enhancing past times i.e. hobbies, sports, interests
• Encouraging and supporting positive attempts for relationship building
• Providing for individual participation in acceptance levels of grooming, hygiene and dress

2.6.3 CHILDREN’S PSYCHOLOGICAL NEEDS

TRUST OF ADULTS:

In order to establish trusting relations with adults, children require:

• A structured, safe and predictable environment
• Positive alternatives to maladaptive behaviours
• Clear, consistent limits
• Affection and nurturance
• Praise and encouragement
• Acknowledge and support of existing bonds with significant others
• Respect for cultural uniqueness and values

SELF Esteem:

In order to develop a more positive self-esteem, the child needs:

• Praise and encouragement
• The opportunity to be involved in community activities to enhance social skills development
• To be able to identify existing strengths and build on those in a progressive manner
• To learn a repertoire of positive alternatives to replace negative behaviours
• To develop a sense of pride in their appearance, including following a basic hygiene routine
• The opportunity to express their unique cultural identity
• Acknowledgement and support of existing bonds with significant others

PEER RELATIONSHIPS:

In order for the child to establish and sustain positive peer relationships, he or she needs:

• The opportunity to socialize
• To learn to compromise and problem solve
• To develop empathy: to become aware of how their behaviour impacts on others
• Periods of structured play to develop and strengthen positive peer relationships
• To comprehend what is age appropriate social activity
• To gain self-assurance in their own skills and abilities: to enrich cooperation and positive interaction with peers
SELF ACTUALIZATION:

- Helping with development or awareness of behaviours and resulting consequences
- Encouraging self-awareness in areas of skills, limitations, attitudes, deficits, strengths and feelings
- Teaching negotiating skills
- Understanding and learning regarding his/her view of self

PRIVACY:

- Every child is entitled to have an expectation of some level of privacy
- Frequently a child will receive visits from his guardian (i.e.: at Plan of Care Intervals) or family where there is an expectation of privacy unless (in the case with the family visit) it is decided that it is in the best interest and needs of the child that the visit be supervised.
- There is an expectation of privacy when a child is calling his or her lawyer. Ombudsman, guardian and to some degree (as referenced above) the Natural Family.

CHILD’S RIGHTS AND COMPLAINTS PROCEDURE

- Upon admission the CAS worker or designate will inform the child and where applicable the natural family, of his / her rights and responsibilities
- The CAS has the added responsibility of informing the Natural Family where the child will be residing and when access can be arranged

2.6.4 POLICY REGARDING POSSESSION AND REMOVAL OF GOODS

Carpe Diem supports the practice of children and youth purchasing and possessing items and goods that are beneficial for the person’s well-being. It is Carpe Diem’s practice to remove items that are deemed to be unsafe or not in keeping with our best practices or items that have been obtained through fraudulent means (i.e.: stolen). Some examples of this would include weapons or illegal substances etc.

When an item is removed from the child or youth, Foster Parents will meet with the person and explain why the item was removed and in some cases a plan may be developed to correct any cognitive distortions or to return the item from where it came. In some serious cases, Foster Parents will complete an Incident report and contact the Case Manager who will advise the guardian.

This practice will be shared with the child at admission.

2.7 POLICY REGARDING INVOLVEMENT WITH NATURAL FAMILIES

It is the belief of Carpe Diem that the natural families be involved, when feasible and supported by the referring agency, while the child is placed in one of the Carpe Diem foster homes. The involvement we are referring to would be in the form of:
• Visits at the visitation centers, when appropriate (supervised or unsupervised)
• Attendance at Plans of Care, when appropriate
• Attendance at school meetings, when appropriate
• Attendance at pre-placement meetings, when appropriate
• Involvement in the child’s life, school presentations, activities (i.e. any clubs to which the child may belong), when appropriate
• Involvement in the summer program for the child, when appropriate.

Any decisions, as to whether the natural family should be involved with the child, would be discussed thoroughly with the referring agency. This is essential to hear their input and knowledge regarding the legal status of each individual case.

We have found that if the communication between Carpe Diem and the natural family is positive, then the child sees their placement in a very different light. The foster families related to our program feel the same way and attempt to include the natural family as much as is possible in the planning process. Also, foster families are encouraged to have photos of the children’s natural family in the child’s living space, if appropriate.

Carpe Diem also supports Plans of Care being held close to the natural family’s residence, when possible, in order that they may attend. When supported by the placing agency, Carpe Diem would be pleased to access a Behavioural Assessment through Branching Out that would include input from the natural family. We would also supervise family visits that take place on our grounds or as part of one of our programs.

It is a policy of Carpe Diem that children always have access to their natural families as the court so dictated. Foster parents are informed clearly that they should not use threats to remove visits to the natural family as a mode of discipline. Foster parents are also aware that they need to talk respectfully of the foster child’s family, regardless of their own personal beliefs about the parents’ behaviour.

2.8 POLICY REGARDING REFERRAL AND ADMISSION PROCESS

2.8.1 REFERRALS

Workers of any recognized Community Agency or Children’s Aid Society would make the majority of referrals. The process of referral should include an admission application to be sent to the Manager of Placement and Crisis, accompanied by the families/children’s histories and diagnostic assessments, as well as recent psychiatric and psychological reports. This is to be reviewed by the Carpe Diem team and consultants, if necessary.
2.8.2 PLACEMENT PLANNING PROCESS

The Carpe Diem team is to ensure that the child is a good match and will review the referral information for appropriate matching. Criteria for appropriate matching include child’s cultural, linguistic and socio-economic background; kinship ties; religious background; developmental, emotional, social, medical and education needs; child’s interests, abilities, strengths, and problems; availability of recreational facilities, appropriate schools, proximity to own family, treatment facilities, etc. To ensure that mutual expectations in terms of treatment responsibilities are clear, a case conference will be arranged for all the professionals involved, if deemed necessary.

2.8.3 PRE-PLACEMENT AND PLACEMENT

When this is possible, i.e. a non-emergency, planned placement, we would expect that the admission process would include two pre-placement visits, including one optional overnight stay, so that the child could familiarize him/herself with the foster parents and the other children in the home.

After pre-placement visits are completed, and if consensus on placement is reached, the child could immediately be placed.

2.8.4 TRANSFER AND CLOSURE MEETINGS:

We believe that stability in placement is paramount to a child’s success.

In the event that a child may be considering a move to another Carpe Diem Foster Home, Case Managers when planning this move with the Child’s Guardian (CAS or Natural Family) will complete the Case Transfer File and ensure that the new Foster Parent is aware of all of the information regarding the child.
When possible, pre-placement visits, preferably through our relief system, will occur in a sensitive manner.

In the event that the child is being discharged from one home to another or to a home within CAS’s direction, Carpe Diem will conduct a meeting with all involved and discuss what occurred to contribute to this move. Whenever possible a meeting will occur with the child to gain his/her perspective.
3.0 FACILITIES

3.1 POLICY REGARDING HOME SAFETY

Carpe Diem ensures that foster children are placed in homes free from hazards.

3.1.1 SAFETY FEATURES:

The following should be considered when determining the suitability of the foster parents’ or applicant’s home in relation to the age or capabilities of a child:

- cigarette butts, matches or other dangerous objects are inaccessible to children
- steps or railings are sturdy, appropriately spaced and in good repair
- toxic plants are inaccessible to children
- electrical cords are in good repair
- electrical objects are covered and not overloaded
- balcony doors are secured
- electrical appliances and cords are out of children’s reach
- cleaning materials are inaccessible to children or kept in locked cabinets
- drugs and medications are locked up
- fire extinguisher is accessible and in good working condition
- toys are safe, clean and in good repair (see 0203-04)
- decorative mobiles are out of reach
- halls, exits and stairways are secured to protect children
- general housekeeping standards are consistent with the community norms
- safety locks are on windows and screens for the protection of children
- cords from blinds and drapes are inaccessible to young children
- rugs are properly secured to prevent falls or mishaps

3.1.2 STORAGE OF HAZARDOUS GOODS:

All cleaning materials should be properly identified and labeled. Empty containers with permanent labels and descriptions should not be reused for other substances or as toys.

Cleaning fluids should not be accessible to children. Fluids should not be left at the floor level in utility rooms or washrooms.

Drugs and medications should be stored as directed and inaccessible to children.

Alcoholic beverages should be inaccessible to minors.
3.1.3 SMOKE DETECTORS:

All approved foster homes are required to have a working single station smoke detector with alarm devise, approved by Underwriter’s Laboratories of Canada, between the bedroom area and common areas of the house.  (See Section 6)  Smoke detectors also must be installed on each level of the dwelling. These must be tested regularly. (Carpe Diem reminds foster parents to check through the Chronicles Newsletter at the clock changes for Daylight Savings Time).

3.1.4 FIREPLACES:

All fireplaces should:
- be installed as per the specification of the local fire department
- be safety insulated
- have fireplace screens or front guards to catch sparks
- have combustible deposits removed regularly, especially in the chimney
- It is recommended by Carpe Diem that a working fire extinguisher be accessible to the fireplace.

3.1.5 STORAGE OF COMBUSTIBLE MATERIALS:

The following precautions should be taken when storing combustibles:
- gasoline should be stored in the garage or other area not attached to the house
- flammable liquids and gasoline should be stored in an Underwriter’s Laboratories of Canada approved container and out of children’s reach. Locked storage is preferred.

3.1.6 FIRE EXTINGUISHERS:

Foster parents should have in their home at least one fire extinguisher, readily accessible weighing not less than 1 kg (2 1/2 lb.) and in working condition for class B and C fires. It is suggested by Carpe Diem that a second extinguisher be available and that local by-laws concerning fire extinguishers should also be reviewed.

3.1.7 FLASHLIGHTS:

Every foster home should have a flashlight in working order and accessible in case of an emergency. The location should be known to all family members.

3.1.8 EXITS AND HALLWAYS:

All exits and hallways should be kept clear at all times.

3.1.9 FIREARMS AND WEAPONS:

All firearms and weapons must be made inoperable when not in use and inaccessible to children at all times. Firearms should be stored unloaded, and separately from the ammunition. Ammunition should be locked up.
3.1.10 FIRST AID KIT:

Foster homes should be equipped with a readily available first aid kit and manual. Foster parents must have up-to-date training in first aid.

Suggested kit items may include:
- roller bandages (25.4 mm or 1 in.)
- roller bandages (51.2 mm or 2 in.)
- large gauze pressure dressings
- sterile gauze bandages
- pressure dressings (76.2 mm x 76.2 mm or 3 in. x 3in.)
- sterile gauze dressings (102 mm x 102 mm or 4 in. x 4 in.)
- sterile surgical pads
- waterproof adhesive tape (25.4 mm or 1 in.)
- adhesive strips
- triangular bandages
- box of cotton tipped applicators
- rubbing alcohol
- antiseptic soap
- safety pins
- sharp needle
- blunt nosed scissors
- thermometer (fever strip)
- hot water bottle
- ice pack

3.1.11 POISONOUS PLANTS:

Foster parents should be aware that the following house plants are poisonous and should take appropriate precautions:

- Hyacinth (bulbs)
- Elephant’s Ear
- Oleander
- Mistletoe
- Dieffenbachia
- Calla Lily
- Narcissus (bulbs)
- Castor Bean
- Philodendron
- Daffodil (bulbs)
- Rosary Pea
- Arnica
- Poinsettia

In addition, caution should be taken when applying herbicides, fungicides and/or insecticides, since they may render normally harmless plants toxic.

3.1.12 SAFETY IN HIGH RISE:

Foster parents who are providing care in apartments should be aware of special safety considerations.
1. Fire Emergency procedure:

a) Foster parents should check with the owner or manager of the building to see if there is a safety plan approved by the fire department.
b) The plan should be reviewed with all foster children at the beginning of their stay in each foster home. (See Section 6)

2. Elevators:

a) Young children should not be allowed to use the elevators unattended.
b) Children should not be allowed to play around elevators.

3. Balconies:

a) Balconies are particularly dangerous to young children.
b) No child(ren) should be allowed to play on a balcony unsupervised.
c) Windows, screens and sliding doors should be secured.

4. Laundry chutes and garbage chutes are dangerous to children. Children should not be left unsupervised around chutes that do not have safety guards.

3.1.13 SAFETY IN RURAL AREAS:

Agriculture equipment and machinery is often found in rural areas. Special caution should be taken to secure equipment so that children will not get hurt. All children placed in rural areas should be cautioned.

3.1.14 WATER SUPPLIES:

Homes that use wells as a water supply should have them checked routinely to ensure that they are free of contaminants.

3.1.15 SWIMMING POOLS:

Where there is a swimming pool on the grounds of the foster home, the foster parent should ensure that there is evidence of compliance with all local by-laws and public health requirements.

3.1.16 CAR SEATS:

Carpe Diem has a staff member who has taken the St. John Ambulance Technician course. This staff inspects all car seats as they come into the head office. All Volunteer Drivers, placement students and staff have been given direction from the Car Seat Technician. Written notice has been provided for the foster homes in the monthly Chronicles newsletter, and in Resource Meetings that up-to-date information can be found at Transportation Canada’s website: www.tc.gc.ca/roadsafety
3.1.17 INFANT SAFETY:

For the most current information, Carpe Diem encourages its foster parents to use the Health Canada Website at www.hc-sc.gc.ca Home > Consumer Product Safety > Reports & Publications > Publications for Consumer Education > Is Your Child Safe?

The following is an example of the resources available on the website:

Introduction
Baby Slings & Baby Carriers
Baby Walkers
Bath Seats
Blind and Curtain Cords
Bunk Beds
Car Seats
Change Tables
Children’s Clothing
Cosmetics
Crib
Pacifiers
Playgrounds
Playpens
Portable Bed Rails
Safe Sleep
Safety Gates
Second-Hand Products
Strollers
Suspended Baby Jumpers
Toys

In addition, any bulletins sent out by placing agencies or the government are sent out in the monthly newsletter so each home has a hard copy.

3.2 GENERAL SAFETY UPDATING

Carpe Diem believes in keeping foster families as updated as possible regarding safety. The Health Canada Website is regularly listed in the Monthly Chronicles Newsletter and on the website for foster parents to investigate.

Examples of the kind of information it is possible to access are:

General Household Products
Household Chemicals
Lighters, Matches, and Candles
Trampolines
General Safety Tips
Other Resources
Index / CPS Contact Information
4.0 FINANCES

4.1 POLICY REGARDING DAILY CHORES, EMPLOYMENT AND USE OF MONEY

a) Children only perform chores that would be considered regular for a child of the same age OR developmental level.

b) Adolescents are encouraged to find employment suitable to their developmental level and progress in school. Children are taught how to manage their allowance and any work earnings, either by foster parents/life skills mentors/or other caring adults.

PROCEDURE:

The above mentioned items are recorded in the child or youth’s Plan of Care on a regular basis.

4.2 POLICY REGARDING ALLOWANCES and PURCHASES

A money planning and management approach will be used with allowances and monies earned from employment. It is recommended that half of the child’s allowance will be given in cash to be used as disposable income. The other half could be used as earnings to meet pre-set goals of the child’s choice. This half could be placed in a personal bank account for the child. The Foster Parent, Guardian and Child will negotiate the monies earned from employment with a view to guiding the young person to save. The child will ultimately have the final decision in spending his employment earnings.

The Child will be guided on purchasing and saving. The foster parent will assist older children, working outside of the home, on how to manage their income.

Foster parents are responsible for calculating and requesting the monthly allowance for each child. This needs be claimed on a monthly basis on the Foster Parent’s expense sheet. Foster parents are responsible for keeping a monthly record of such monies.

Children can participate in daily chores in order to feel good about receiving an allowance. For those children with outside employment, the foster parents can teach the child how to use money wisely as well as encourage him/her with a good savings plan.

Children and youth are encouraged to perform only the regular/normal chores for their age and development level. Foster parents, in conjunction with children/youth, are encouraged to share experiences related to managing their allowance or work income. The child/youth will have access to their Case Managers regarding any problems in this area.

It is strongly recommended that each child have a joint bank account with the foster parent to encourage saving for a specific goal. We suggest that children save half of their allowance, whenever possible.
PERSONAL CHILD ALLOWANCES PER MONTH

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Monthly Allowance</th>
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<tbody>
<tr>
<td>3-5 years</td>
<td>$10.00</td>
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<tr>
<td>6-11 years</td>
<td>$20.00</td>
</tr>
<tr>
<td>12 and older</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

4.3 POLICY REGARDING EXPENDITURE GUIDELINES

4.3.1 PER DIEM RATE

The Treatment Per Diem Rate is paid to foster parents to compensate them for the following: treatment plan rewards and out-of-pocket expenses involved in meeting a child’s physical, social, emotional and educational development on a day to day basis.

The Treatment Per Diem Rate is designed to cover normal day to day expenses such as:

- food, including school lunches, pizza days, school trips (see below under School – Educational Expenses), outings to McDonalds and treats
- shelter and household operation – children’s rooms must be appropriately decorated according to age and sex
- personal care supplies and toilet articles such as shampoo, toothpaste, face cloths, sanitary napkins and over the counter medication (i.e. cough syrup, Tylenol, Benadryl, vitamins, etc.), unless prescribed by a physician and noted on a medical report
- toys, games and family recreational costs, including the cost of restaurant meals
- normal wear and tear on furniture, appliances, bedding and linens

The Treatment Per Diem Rate will not decrease due to cuts from the Ministry in the per diem. Each foster family will remain on their present per diem per child.

MISSING PERSON: When a child is absent from the foster home for more than seven days, the per diem rate to the foster family will be stopped, unless prior arrangements have been approved by the Manager of Foster Care. In consultation with the CAS Worker, Case Manager and Carpe Diem, a decision may be made regarding the child’s future placement. If this should occur, this may also have an impact on vacation time earned. Should a child need to be removed from a foster home as a result of an investigation, the per diem will be reviewed on an individual basis.

4.3.2 CLOTHING:

1. Initially, a clothing requirement list should be submitted to the Carpe Diem Case Manager for approval upon their admission.
2. On an expense sheet, complete in full, an account of the articles purchased and the price. Monthly clothing expenses are $80.00 per month. If forms are completed accurately and bills are included, clothing refunds will be paid to foster parents along with their per diem cheque for that month. Separate receipts need be obtained for each child. **Attach all original receipts as photocopies will not be accepted.** This ensures that accounting can keep a running summary of expenditures per child.

3. All children should have adequate and appropriate seasonal clothing.

4. Special items such as skates, bikes, hockey equipment, etc., are not considered clothing. Before purchasing any of the above mentioned articles, contact your Carpe Diem Case Manager for approval. We have been able to provide for such items by splitting the cost between Carpe Diem, the foster parents and the child (i.e. savings from their allowance).

<table>
<thead>
<tr>
<th>Example:</th>
<th>Bike – cost</th>
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</thead>
<tbody>
<tr>
<td>Breakdown:</td>
<td>Child</td>
<td>$40.00</td>
</tr>
<tr>
<td></td>
<td>Foster Parent</td>
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</tr>
<tr>
<td></td>
<td>Carpe Diem</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

**4.3.3 SCHOOL – EDUCATIONAL EXPENSES:**

Transportation costs to and from school, school dances, pizza day and hot dog day costs are **included** in the basic Per Diem Rate and are not considered to be reimbursable.

School trips are the responsibility of the foster parents. When trips are expensive, some solutions can be applied as per the example with the bike under Item 4 in the Claims for Refund (i.e. one third from the child, one third from the foster parents and one third from Carpe Diem).

**4.3.4 RECREATION:**

Normal recreational costs of every day family life are included in the Per Diem Rate. Registered swimming classes, hockey, gymnastics etc., may be covered if prior approval is agreed upon.

Each family is responsible for providing individual children with **one** appropriate community activity: sport activities, lessons (swimming, piano), cubs/brownies, etc. After Carpe Diem’s approval, the foster parents will be reimbursed for such expenses. Transportation and eating out is not to be included in the reimbursements for these activities. This is the foster parents’ responsibility.

**4.3.5 CAMP:**

Where practical and appropriate, Carpe Diem will facilitate a summer camp experience (either an overnight or day camp) for foster children. Foster parents are responsible for registering and planning holidays in conjunction with the Carpe Diem Case Manager. Only children capable of handling overnight camp will be able to attend. Camp will be treated as part of foster parent’s vacation time if funded by Carpe Diem.
Carpe Diem will gladly assist foster families with their children’s summer planning, but please keep in mind it is the foster parent’s responsibility to ensure that children have a good, positive and productive holiday. Please register for summer programming on time to avoid disappointments.

4.3.6 RELIEF PROGRAM:

Every foster family should have regularly scheduled relief time. For children who have no regular family visits, Carpe Diem will schedule a relief weekend once every six weeks. Natural Families may be included in this relief structure for those children who have access.

Relief from Christmas Eve through to Boxing Day (December 24 – December 26) is only permitted under exceptional circumstances and must be approved well in advance by the Managing Director. Appropriate alternative arrangements should accompany this request.

4.3.7 OTHER NEEDS OF CHILDREN:

Any exceptional costs related to the child’s special needs must be discussed with, and approved by, the Carpe Diem Case Manager.

- Christmas allowance – You will be notified in the fall of each year about Christmas spending. We truly appreciate foster parents for providing appropriate holidays for children in their homes, i.e. Christmas, birthdays, etc. We are aware that they usually spend some of their own money towards presents.
- Birthday allowance – Foster parents can expense $50.00 towards a gift and party for their foster child in the month of their birthday. No receipts are necessary.
- A cheque for $10.00 or $20.00 (depending on the age of the child) will be sent to the child in a birthday card from Carpe Diem.

4.3.8 TRANSPORTATION:

Mileage will be reimbursed for home visits, court and psychiatric appointments. Foster parents are responsible for other transportation such as school, local medical, dental and therapy appointments and recreational activities.

Transportation pertaining to relief weekends will be mutually decided upon between the foster parents and the relief parents. It is the responsibility of relief and foster parents to arrange transportation for children’s relief weekends as well as relief holidays. Transportation costs are not refundable for relief weekends.

The foster parents are advised that should a child travel out of province or country, Carpe Diem (Case Manager) and CAS Worker must be notified and letters of permission and consent must be obtained from CAS (Guardian) prior to such time of travel. At least 2 weeks-notice should be given for out of province excursions and 90 days for out of country excursions in order to obtain the appropriate documentation.
4.3.9 HEALTH AND RELATED EXPENSES:

All billing in excess of Provincial Health Plan coverage should be approved by the Carpe Diem Case Manager. All other medical related fees beyond OHIP coverage such as nursing care, therapy (such as art, play and stimulation) must be approved in advance by the CAS worker.

Any dental fees not covered by the foster child’s insurance plan (i.e. Greenshield, etc.) are required to be pre-approved by CAS (Guardian) prior to work being initiated.

4.3.10 PERSONAL EFFECTS:

The following items are considered to be reimbursable personal effect expenses for Carpe Diem foster parents:

- Uniforms, i.e. Guides, Brownies, Cubs, etc. Authorization from a Carpe Diem Case Manager is required.

Other special situations must be discussed and approved by the Carpe Diem Case Manager.

4.3.11 COMPENSATION FOR DAMAGE:

Carpe Diem will consider compensation to Foster Parents when willful damage caused by a child in care may cause undue financial loss. This procedure does not apply to normal wear and tear.

1. Foster parents must report the damage to the Carpe Diem Case Manager immediately.

2. The Carpe Diem Case Manager will investigate the incident to:

   - ensure there is evidence that the damage was caused by the specific child and to determine the extent of the damage
   - to determine that the foster parents have provided adequate supervision
   - to explore if the loss is recoverable through insurance
   - to explore restitution by the child and/or placing agency

3. A Damage Claim Form must be completed (within 3 business days) by the Carpe Diem Case Manager together with the foster parent. This form will then be sent to the Managing Director for consideration. An incident report must be completed by the Carpe Diem Case Manager together with the foster parents.

4. Upon being satisfied that compensation should be made, and having determined that amount of compensation, payment will be made to the foster parents.

5. If the foster parents are not satisfied with the results of their claim, they can proceed as per our complaints procedure. (see Section 6)
4.4 POLICY REGARDING LICE

If you or one of your children have little critters crawling in their hair, yes… the dreaded “L” word, here are some helpful hints and facts to remember.

- Head lice are tiny wingless insects with flattened bodies. They are approximately 1/8 inch long and can take on the colour of the hair to which they are attached. As a result, they are very difficult to see.
- Lice can only crawl (they do not fly or jump). The best way to avoid getting them is to avoid head to head contact and sharing items such as brushes, hair accessories, etc. Also, lice like clean, fine hair. Using gel or hair spray in the morning will help to make it a little more difficult for lice to attach to your child’s hair.
- Female lice lay 3 to 5 eggs per day and live for 30 days. Lice eggs take 7-10 days to hatch and another 7-10 days to be mature enough to mate.
- To kill lice, there is no need to use expensive chemical shampoos, which can be dangerous if over used or misused, and studies have shown that they can create long-term health problems. Mayonnaise or olive oil is cheaper, safer, and just as effective as chemicals, plus it conditions the hair. Saturate hair completely with mayonnaise or olive oil (it must be extremely greasy to drown the lice). Wrap hair as tightly as possible with plastic wrap, then cap with a towel. Let stand 2-3 hours. Shampoo thoroughly. Rinse with white vinegar and then with water.
- Now that you have killed the lice, you must remove all of the nits (tear shaped and are brownish / yellow; they are not white) and are often mistaken for dandruff. They lie very close to the scalp, especially behind the ears, at the crown of head and at the nape of the neck. To ensure that you find all the nits, check the entire hair shaft. Look for red scabs caused by scratching or from nits and bugs crawling through the hair or sucking blood from the scalp. They are firmly attached to the hair shaft.
- Hair should be combed out with a nit comb. It is beneficial to invest in a good metal nit comb as the plastic nit combs are not very effective.
- Lice die within 24 – 48 hours once off the head and unable to feed on a blood meal. If you are seeing head lice reoccur within 1 – 3 weeks of treating, chances are this is the same infestation and not a new occurrence. If any lice eggs (nits) were missed in the combing process, you must complete the treatment cycle again.

Now that you have killed the lice and removed the nits, you must clean other items that may have come into contact with the lice as follows:

- Bedding and clothing must be washed in hot water OR placed in a hot dryer for 20-30 minutes OR simply set aside for 48 hours.
- Carpets must be vacuumed.
- Items such as stuffed animals / toys that lice may adhere to must be set aside for 48 hours.
As the natural products are safer to use and are less expensive, please note that Carpe Diem will not cover the cost of expensive chemical shampoos, etc. However, if you feel that you simply cannot deal with treating your child(ren) because there are too many nits and it is simply too overwhelming, you can procure the services of “The Lice Squad”. They can be reached @ 1-866-838-LICE or www.licesquad.com. You provide them with the city you live in and they will direct you to an individual who works from your area. The Lice Squad charges $55.00 / hour + GST and the average time is usually about 2 hours depending on the length and thickness of the hair, the number of people they are treating, etc. (they can do the same amount of work in 2 hours that it would take the average individual 8 hours to do as they are highly trained and have the proper equipment to use).

After much thought, Carpe Diem has decided to add some financial compensation as we know how stressful lice can be. Carpe Diem will therefore pay for one hour of Lice Treatment for your household if you decide to use this service.

We hope that the information provided will be helpful to you although we also hope that you never need to use it.

4.5 FOSTER PARENT EXPENSE GUIDELINES

NOTES: Original receipts are required for ALL expenses with the exception of Allowance and Birthday. The cutoff date for expenses is the last business day of the month. Late expenses may be processed the following month. Reimbursement for all expenses from the previous year must be included with your January expenses, received no later than January 31st.

CLOTHING: MAX $80.00 per month ~ if needed Please obtain separate receipts for each child; especially for initial clothing as often these receipts must be submitted to the CAS for reimbursement. When listing clothing expenses on your expense sheet, it is not necessary to list each item (i.e. a brief description such as clothing, shoes, etc. and the total will suffice as the breakdown is on the actual receipt). Please submit all receipts on a monthly basis.

BIRTHDAY: $50.00 ~ no receipts required

ALLOWANCE: Ages 3-5 ~ $10.00 per month Ages 6-11 ~ $20.00 per month Ages 12 and over ~ $40.00 per month

RECREATION: Carpe Diem will pay for 1 recreational activity per child. Please check with your Case Manager before registering for any activity.
If equipment is required for the recreational activity (i.e. skates), please check with your Case Manager for approval to purchase or to check the inventory at Head Office.

SCHOOL PICTURES: $30.00 MAX per school year ~ if however there are Graduation pictures during that school year as well, Carpe Diem will cover $30.00 MAX for grad pictures as well.

SCHOOL SUPPLIES: Foster Parents may expense up to $25.00 for a backpack and an additional $25.00 for other school supplies at the beginning of the school year. If there is higher start up fees for high school students such as student fees, etc., please obtain approval from your Case Manager ~ this will be looked at on an individual basis.

SCHOOL TRIPS: School trips under $25.00 are to be covered by your per diem rate. If financial support is required for trips exceeding this amount, please obtain approval from your Case Manager in order to expense a portion of the cost of the trip.

YEAR BOOKS: Carpe Diem will pay $25.00 towards the purchase of a year book. The balance should be paid by the foster child from their allowance.

PIZZA DAYS: Pizza days / hot dog days @ school are covered by your per diem rate.

OTC MEDICATION: Over the counter medication is covered by the per diem rate. Only prescriptions will be reimbursed. Please check regarding agency plan.

PERSONAL HYGIENE PRODUCTS: Personal hygiene products such as deodorant, sanitary napkins, etc. are covered by your per diem rate.

SUNSCREEN: Sunscreen is covered by your per diem rate.

HALLOWEEN: Halloween costumes are covered by your per diem rate.

BABYSITTING: A MAX of $25.00 per household can be expensed for resource meetings only.

INFANT FORMULA: Carpe Diem will pay for all formula.

DIAPERS: Diapers are covered by your per diem rate.
LICE SHAMPOO: Lice shampoo is covered by your per diem rate. In order to keep the costs down in this regard, please refer to the Lice Newsletter and if you do not have one, please request a copy from Kim Friesen, Office Manager kim.friesen@carpediem.ca

PULL-UPS: A MAX of $20.00 per month will be reimbursed for Pull-ups for children OVER the age of 5 who require them for therapeutic reasons.

BABY SUPPLIES: Please obtain approval from your Case Manager before purchasing ANY baby supplies as there is an inventory @ Head Office.

TUTORING: Please obtain approval from your Case Manager ~ this will be looked at on an individual basis as per the child’s treatment programs.

CAMP: Carpe Diem covers the cost for children to attend Pioneer Camp or alternative camp (to be discussed on an individual basis) for 2 weeks each summer. Basic camp supplies such as sleeping bags, insect repellent, sunscreen, netting, etc. is covered by your per diem rate. Disposable cameras for camp are also covered by your per diem rate.

MILEAGE: Mileage to and from regular medical / dental appointments is NOT covered by Carpe Diem. Therapy or Specialist appointments or medical appointments that are a greater distance than normal will be reimbursed.

VACATION: Foster parents are entitled to 3 weeks paid vacation for a 12 month period (January – December). If a child is placed in a foster home mid-year or is discharged from a home throughout the course of the year, adjustments to your vacation pay may be required. This is a sensitive and difficult subject and every effort will be made to avoid disruptions in your pay, however please understand that at times adjustments are necessary due to length of time a child is in your home (i.e. if full vacation has been taken earlier in the year and a child is discharged from your home, adjustments will need to be made). If however a child is in your home for a period of time and vacation time has not been taken, we will pay a pro-rated amount as your vacation pay for that child. We will be happy to explain this further on an individual basis, when and if this should occur.

Please note that vacation periods are less disruptive to the child(ren) if taken when the child(ren) are not in school.
CELL PHONES: Carpe Diem Residential Treatment Homes for Children Inc. strongly recommend that all cell phone plans for youth be strictly ‘pay as you go’ and foster parents should avoid the use of all contracts both short and long term. If foster parents choose to commit to such contracts, Carpe Diem will not financially compensate any of these charges.

5.0 HUMAN RELATIONS / PERSONNEL

5.1 ROLES AND RESPONSIBILITIES

FOSTER PARENTS

In addition to providing a stable, nurturing, structured and safe environment for the child in their homes, the foster parents have the following responsibilities:

- Ability to provide and implement individualized therapeutic programs for the child
- Attend all case conferences for each child in their home: participation and assistance in treatment planning, problem solving and information sharing is required
- Understanding the significance of the natural family for the benefit of the child
- A stable, well balanced family environment and the ability to use support and understanding of the individual needs
- Ability and desire to have ongoing professional development, personal awareness (i.e. specialized skills, limitations) and attending courses, workshops, etc.
- Willingness to accept feedback/consultation
- Understanding the importance and feeling that they are an integral part of the program, involving all members
- Willingness to share family information with Carpe Diem staff such as changes to foster family roles or compilation
- To transport foster children to all medical/dental appointments and recreational activities as required

CARPE DIEM DIRECTORS AND MANAGEMENT TEAM

Carpe Diem Directors and Management Team are responsible for overseeing the following responsibilities:

- Ensure all ministry requirements are met at all times
- Finance foster home
- Provide 24 hour emergency service to all personnel
- Meet with Foster Parents and Supervisors/Case Managers as required to discuss the plans of treatment and/or behaviour management strategies
- Provide support and consultation to Supervisors/Case Managers and Foster Parents in crisis situations or abuse allegations and investigations.
• Assess prospective Foster Parents and provide training as deemed necessary by a Director / Management Team in conjunction with a Supervisor/Case Manager
• Continue to develop and assess the Carpe Diem Program on a regular basis
• Interact with external resources (i.e. school, medical facilities, psychological facilities and other professional organizations)
• Provide regular support meetings
• Ensure all Supervisors/Case Managers and Foster Parents are aware of all procedures and policies of child welfare agencies
• Implement ongoing training for Foster Parents in Crisis Prevention/Intervention and First Aid
• Support Case Managers during case conference and writing of reports
• Provide consultants to ensure appropriate consultation for individual child and family needs
• Assess child’s treatment needs in conjunction with a Supervisor/Case Manager

**CASE MANAGER SUPERVISOR**

Reporting to: Manager of Foster Care

The Case Manager Supervisor is responsible for the smooth operation of the designated area (Grand West or the Central North East). The CMS will use strong clear communication skills in order to ensure that all children and Foster Parents’ needs are met. The CMS will also coordinate the Case Managers in such a way that the Foster Parents, CAS and Community Partners are assured of our professionalism and competence.

The role of the Case Manager Supervisor includes building and maintaining professional relationships with Case Managers, Foster Parents, CAS and Community Partners. Some of the activities include the following:

• Maintaining regular contact with Case Managers
• Teaching behaviour management and discussing strategies with CM’s
• Reinforcing positive relationship building
• Communicating agency information / Reporting regularly to the Leadership Team
• Ensuring that all paperwork for your area is completed on time
• Providing regular supervision
• Ensuring that the communication system is effective for the area
• Being available for Case Manager’s support
• Attending professional appointments
• Coordinating and Providing resources for identified areas of concern
• Liaising with other professionals
• Advocating for your area’s needs
• Problem Solving any issues in a strength-based context
• Understanding Foster Cam
• Assisting with On Call
• Assigning Students to Case Managers for practicum supervision
• Placing children
Assisting in other areas as required
Performing administrative duties, including:
Ensuring paperwork requirements are met
Answering phone calls and emails promptly
Using FosterCam
Using Microsoft Outlook exclusively
Managing work load in an efficient and responsive manner

Supporting the agency and team, including:

- Representing the agency in a positive, professional manner
- Attending all staff meetings and individual supervision meetings
- Communicating clearly and honestly to directors and team members
- Supporting team decisions positively and consistently
- Assessing professional and team strengths and setting goals
- Receiving, providing and acting upon feedback
- Planning activities to relieve stress for your Team
- Stepping in and chairing meetings as required

Case Manager Supervisors will have face-to-face contact with the Case Managers scheduled at least once per month and as desired thereafter, weekly during orientation of new Case Managers. This relationship building time will be used effectively to review professional growth, families, children and case management planning.

CMS will ensure that communication is meeting their reporting needs by ensuring that Case Managers are informing you of any changes and successes that can be communicated to the Leadership Team and the Director.

CMS will notify the Leadership Team and the Director of any changes to their area. They will attend:

- Leadership Team Meetings
- Team meetings
- Clinical Consult Team Meetings
- Therapeutic Assessment Groups (TAG)
- Area CM Meetings
- Resource Meetings
- Related PPRC Meetings
- ARs and POCs when possible
- Staff Training days

Secondary Responsibilities:
- To assist with and participate in any celebratory activities i.e.: the Christmas Party, Foster Parent Appreciation Event.
- To attend any fundraising events hosted by Carpe Diem.
• To attend any meetings held by Child Welfare Agencies
• To attend training as necessary

Financial Responsibilities:
• To ensure the foster homes are staying within the recognized budget for clothing, recreation, etc.
• To monitor and approve Case Manager financial requests

Primary Interaction:
• Case Managers
• Leadership and Director
• CAS supervisors
• School personnel, including Principals and Special Needs Team members
• Psychologists, Play Therapists, other collaterals as required
• Office Administrative Team re: drives, approvals etc.

Physical Demands: On occasion there may be some lifting when children are moving placements or when cribs etc. need to be purchased and assembled. There may be times when active play is appropriate, i.e. PlayDaze.

Working Conditions and Environment: work is divided between head office, home office and the community. Attendance at the Head Office in Brampton is required regularly.

Although the hours of work may vary, your time can be flexible to accommodate a 40 hour work week. Meetings are generally held during the day or just after school hours. However, evening hours may be required.

Knowledge and Skills Required:
• A degree/diploma in a social work related field (CYW, MSW, BSW, etc.)
• Excellent interpersonal and clinical skills with adults and children
• Strength based approach
• Thorough knowledge of the child welfare system
• Ability to work in stressful situations with calm and poise
• Relationship building skills and tolerance for different styles and approaches
• Problem solving skills that use creativity and flexibility
• Willingness to look at and change professional approaches
• Team work skills, both with professionals and with families
• Ability to maintain organization and meet administrative deadlines
• Good report writing skills
• Excellent presentation skills at professional meetings
CASE MANAGER

The role of the Case Manager includes building and maintaining professional relationships with foster parents including:

- Maintaining regular contact through telephone and visits
- Teaching behaviour management and discussing strategies
- Reinforcing positive relationship building and limit setting
- Maintaining appropriate fostering role and boundaries
- Providing basic interviewing techniques
- Communicating agency information (gatekeeping)
- Assisting with paperwork requirements and responsibilities
- Providing monthly supervision
- Being available for venting, defusing, discussion, support
- Attending professional appointments (i.e., school, doctor)
- Providing resources for identified areas of concern
- Liaising with other professionals (CAS workers, teachers)
- Ensuring foster parents feel valued for their efforts
- Support foster parents to get Incident Reports into the office within 24 hours in order to forward to the agency/worker
- Respond to a Foster Parent call with in one business day, or delegate responsibility

Building and maintaining therapeutic relationships with foster children, including:

- Maintaining regular contact through phone, visits
- Providing resources and support (i.e., counseling, school)
- Advocating for appropriate services
- Ensuring continuity during transitions
- Basic interviewing and counselling
- Providing ‘reward boards’ or b-mod programs
- Communicating information
- Ensuring the children feel valued and supported
- Working with natural families where appropriate

Performing administrative duties, including:

- Ensuring paperwork requirements are met
- Answering phone calls and emails promptly
- Preparing home studies as assigned
- Completing annual reviews
- Communicating information re: drives, relief, holidays, etc.
- Managing work load in an efficient and responsive manner
- On-call coverage
Supporting the agency and team, including:

- Representing the agency in a positive, professional manner
- Attending team meetings
- Communicating clearly and honestly to directors and team members
- Supporting team decisions positively and consistently
- Assessing personal and team strengths and weaknesses, and setting goals
- Providing feedback about other cases
- Receiving and acting upon feedback received

Case Managers will have a face-to-face contact with the primary foster parent at least once per month, every week for the first month of a new placement. This might be at a Resource Meeting, a Plan of Care, a school meeting or just an informal visit at the home. In addition, the Case Manager will strive to talk to the primary foster parent once per week.

Case Managers will bring month end envelopes received at the Resource Meetings to the Head Office on or about the 25th of each month. Envelopes should include: monthly expense sheets, monthly reports for each child, any school information, medical and dental reports, and any other pertinent information for the child’s file. Where foster parents do not attend the Resource Meeting, it is then their responsibility to get the month end documentation to the Head Office by the last business day of the month.

Case Managers will notify their direct Supervisor of any change in one of their foster homes. They will attend staff meetings, including the Therapeutic Assessment Group (TAG), the Clinical Consult Team, and the large Team Meeting in addition to their monthly Resource Meeting.

Case Managers will ensure that foster parents are keeping a Life Book on each of their children and will ask to see it on occasion. They will remind foster parents to bring the Life Book out at each Plan of Care.

Case Managers will arrange private meetings with individual children/youth periodically. Information will be shared with the foster parents and legal guardian when appropriate.

5.2 DISCIPLINE

The word “discipline” is derived from the word disciple. It describes the teaching and learning process by which children develop socially acceptable behaviours as they grow.

While there are a wide variety of theories and approaches related to discipline, the goal remains constant -- to assist children in developing self-control, self-confidence and ultimately, self-discipline and sensitivity in their interactions with others.

Children’s past and present experiences in their family and culture can influence their pattern of behaviour.
At Carpe Diem, we practice effective discipline as a proactive response to behaviour. It takes time and effort to discipline effectively and to focus on discipline as a teaching process. It teaches the children that there are consequences for actions. It teaches social responsibility. It teaches problem solving techniques. It teaches self-control through the use of inner values. Appropriate discipline enhances self-esteem through the use of positive reinforcement that strengthens relationship building skills. It provides opportunities to consider what has been done “right” rather than what has been done “wrong”.

It is important to ensure that consequences need to make sense, to be related to what the young person needs to learn, and they must be fair. Effective consequences take time to consider and to follow through. The use of natural, logical consequences is supported in all foster families.

Foster parents are encouraged to make use of their ‘team’ if they find themselves at a loss, or feeling exceedingly frustrated. We know that fostering is very stressful, and that we are often triggered in our own way by the behaviour of foster children. The team can include the home’s Case Manager, the After Hours On-call staff, other foster parents, the area supervisor etc. Reaching out for help and ideas is seen as strength.

5.3 UNACCEPTABLE DISCIPLINARY PRACTICES

The following disciplines are “UNACCEPTABLE” with foster children and/or natural children:

- Corporal punishment by the foster parents, by another child, or by a group of children. The following types of disciplines must not be condoned by the foster parents or any other third party, these including, but not limited to:
  
  a) Striking (directly or with a physical object)

  b) Shaking, shoving, spanking or any other form of aggressive physical contact

- Deliberate harsh, humiliating, and/or, degrading responses that could result in the humiliation of the child, or the undermining of the child’s self-esteem. Examples of this include, but are not limited to:

  a) Requiring that the child will not maintain a position where they feel discomfort in their environment

  b) Forcing the repetition of physical movements

  c) Forcing the consumption of food

- Deprivation and/or restriction of basic needs (e.g. food, shelter, clothing or bedding)

- Placing or keeping a child in a locked room

- Threatening removal of the child from the foster home as a form of behaviour control
• Extensive and prolonged withholding of emotional response or stimulation after the undesirable behaviour of the child has stopped

• Deliberate destruction of the child’s property in retaliation for the undesirable behaviour

• Restricting, threatening or forbidding visits with the foster child’s natural parents in retaliation for the undesirable behaviour

5.4 APPROPRIATE METHODS AND CHOICES

Choose from the following list of disciplines:

• Natural consequences
• Clarifying expectations or reinforcing limits
• Offer children a simple choice
• Redirecting
• Logical loss of privileges
• Time out
• Reward system

Gaining an understanding of the triggering events which provoke/stimulate an unwanted behaviour may help you in your choice of discipline.

Please see Policies & Procedures regarding Physical Intervention.

CONTRAVENTION OF DISCIPLINE PROVISIONS:

Foster parents and workers are expected to comply with Carpe Diem’s policies and procedures and the requirements of the Child and Family Services Act with respect to unacceptable disciplinary practices. At the same time, Carpe Diem’s Case Manager is expected to know the capabilities of his/her foster parents and additional supports they may require. Failure on the part of the foster parent to comply could result in forms of remediation, or closure of the foster home.

Carpe Diem has written policies and procedures regarding the investigation of a complaint against a foster family regarding discipline.

5.5 IMPORTANCE OF RELIEF

Regular relief is provided once every six weeks. However, given the emotional context of holidays and special events, children will spend statutory holidays in their foster home, unless they are going home for a visit with their natural family. (e.g. Christmas, Easter Sunday, Thanksgiving dinner, etc.)
All relief must go through the Relief Co-ordinator. This is important so that we know where the children are at all times, in case of an emergency or if the agency worker needs to be in touch. It is the relief parent’s responsibility to complete the Relief Log form to ensure prompt payment.

Relief time is based on a 24 hour period. Therefore if you drop your child off at 4:00 p.m. one day, he/she must be picked up by 4:00 p.m. the following day. If on a two day relief, then at 4:00 p.m. 48 hours later, etc. That is not to say that relief homes cannot keep a child for a longer period of time, however, these arrangements must be mutually agreed upon by both parties.

Extra or emergency relief, when provided, must go through your Case Manager. When approved, the Case Manager will then notify the Relief Co-ordinator of dates of the relief requested.

**Please note that only Carpe Diem approved homes may be used for relief for foster children.** All relief homes are home studied and have appropriate documentation on file. If there is a family that is interested in providing relief to our children, please have them contact the Head Office.

Each family responds to fostering in their own unique way and each family has to deal with stresses. For example:

- Disruption in the family dynamics
- Stress of coping with the child in transition
- The stress of coping with great expectations, working in conjunction with Directors, Case Managers, CAS Workers, Natural Parents, school and day care

All family members, including the foster child, have to deal with existing family patterns, activities, relationships, decision making and problem solving, which are unknown or new to the foster child.

Due to the many intense therapeutic relationships between foster child and foster family, we strongly recommend that each foster family, as well as each foster child, receive regular relief as required.

We provide one weekend relief every six weeks per child and three weeks of vacation per year per family as deemed necessary by a team member. Whenever possible, Carpe Diem strives to have a consistent relief home for the child.

**RELIEF HOME**

A Home Study must be completed prior to placing a child in the care of a relief home. This will include but not be limited to Police Checks with vulnerable sector reporting, Child Welfare Checks, medicals, and references.

The relief home should have the following information provided on the Relief Information Form by the full-time foster parent:
• Child’s health card number
• Detailed instructions regarding medication administration including name, dosage, etc.
• Case Manager’s name and phone number
• Brief description of the child’s behaviour
• Telephone contact and/or visits allowed
• Description of antecedents that may trigger a child’s behaviour and/or discipline practices that have proved successful

6.0 INTERNAL COMMUNICATIONS

6.1 PROCEDURES FOR REVIEW OF COMPLAINTS AGAINST A FOSTER PARENT

• Foster children should be encouraged to talk to Carpe Diem staff (Case Manager, Supervisor, Manager of Foster Care, Manager of Placement and Crisis, Director) about any concern they may have as soon as they state there is a problem.
• Children should be allowed free access to his/her CAS Worker or Carpe Diem staff with any concerns they may have.
• If Carpe Diem staff or the child’s legal guardian is not available when they call, foster children should be encouraged to leave a message and phone number where they can be reached, or to call the On-Call Worker.
• In most situations, discussion and clear communication with the CAS Worker and Carpe Diem staff will resolve the matter. This should take place no later than five business days.
• The Case Manager, Supervisor, Manager of Foster Care or Director will discuss the next steps with the child and foster parents involved, and written records will be entered into the child’s and foster parent’s file. The CAS Worker will be involved here.
• Should the child feel uncomfortable in the home, he/she can be placed in a relief home until the investigation is completed.
• Depending on the seriousness of the investigation:
  1. the matter may end here or
  2. Carpe Diem parents may be cautioned and/or
  3. The child may be moved on an emergency basis.
  4. The placing agency will be informed immediately.
• Cases of a serious nature will be reported to the appropriate authorities.
• Foster parents who continue to use unacceptable disciplinary measures after one caution will have children removed and will be subject to closure.
• Written report of the incident must be sent to the Ministry of Children and Youth Services

Complaints, by either the foster parents or children, can be reported to:
  a) Foster Parents
  b) Carpe Diem
  c) Placing Agency
  d) Child Advocate
  e) Ministry of Community and Social Services
Children are informed of the above at the same time as their Rights in Care are discussed; that is at admission and at every 180 Day Plan of Care intervals (or more frequently if applicable).

**Carpe Diem will endeavour to support the foster home as much as possible. The foster home will be given names of foster parents within the agency who have managed the same experiences.**

### 6.2 COMPLAINT AGAINST FOSTER FAMILY - DISCIPLINE

**POLICY:**

Carpe Diem will investigate complaints regarding any foster parent’s unacceptable disciplinary practices. The focus will be on both ensuring the safety of the child at all times and dealing with foster parents in a fair and open manner.

**PROCEDURE:**

Carpe Diem must respond to a complaint concerning the care of a foster child within 24 hours of receiving the complaint, investigate if arranged within five working days and inform the foster parents of the outcome of the investigation within five working days of concluding the investigation. Procedures for the investigation must include:

- advising the foster parents of the complaint
- determine seriousness of incident and risk to the child
- interviewing complainant
- interviewing foster family
- interviewing children in the home
- interviewing collateral’s

A record of the investigation should be included in the foster family’s file. The record should include:

- date and nature of the complaint
- source of complaint
- method of investigation
- results of interviews held
- conclusion
- recommendations action

The following should be included as criteria when determining what action should be taken by the licensee in regard to the investigation of such a complaint:

- seriousness of the offense
- actual or potential risk or harm to the child
- past performance of foster parents in general
- frequency of occurrence
- previous disciplinary action taken
- behaviour of the child
The CAS Worker for the child involved will be notified and kept apprised of developments.

6.3 POLICY REGARDING FOSTER PARENT TRAINING & DEVELOPMENT

Carpe Diem provides both mandatory and voluntary training and development for foster parents in the form of:

- Mandatory Monthly Resource Meetings from September to June (3-4 hours in length)
- Monthly Chronicles Newsletters
- Mandatory First Aid & CPR training provided by Carpe Diem (if you do not receive this training through Carpe Diem, it will be your responsibility to obtain this mandatory training independently and at your own financial expense)
- Mandatory training in Crisis Intervention and Prevention by Carpe Diem’s certified trainer, and regular recertification (if you do not receive this training through Carpe Diem, it will be your responsibility to obtain this mandatory training independently and at your own financial expense)
- Access to Safeguards training as an OARTY member agency
- Individual consultation with Dr. Richard Berry or the Clinical Consultation Team,
- Community training sessions
- Individual meetings with Case Managers, Supervisors and/or Manager of Foster Care / Manager of Placement and Crisis to support the learning and development necessary to support a particular child or placement

Carpe Diem has also entered into individual arrangements with foster parents to assist with areas of particular interest and more formal training.

New foster parents often communicate daily with their Case Manager until they have completed their orientation period. This represents a significant commitment to the foster family of Carpe Diem time and resources. Training often occurs during Case Manager and Foster Parent visits, as much of the training and feedback may be of an interpersonal nature.

6.4 POLICY REGARDING FOSTER PARENT INQUIRIES

It is the policy of Carpe Diem that inquiries from a foster parent will be responded to as soon as possible, with the time not to exceed three days. Foster parents are also aware that they may access the On-Call Worker at 905-799-2947, press 8, to speak to a staff member at any time. On-Call Worker’s cell numbers are also available on the Carpe Diem web site or monthly Chronicles in the event that the On-Call transfer is not successful.

6.5 POLICY REGARDING FIRE SAFETY

Prior to placing a child in a foster home, Carpe Diem is required to ensure that the foster parents have a fire evacuation plan posted in a place accessible to the child, at the developmental level the child will understand. The following is designed to assist in developing fire safety procedures.
Foster parents are encouraged to check the Health Canada website for Fire Prevention regularly at www.hc-sc.gc.ca Home > Consumer Product Safety > Household Products > Fire Prevention

EMERGENCY TELEPHONE:

Foster parents should have an accessible list of emergency telephone numbers, preferably beside the telephone. The phone needs to be in a location that can be accessed in case of emergency.

If there is no land line available in the home (e.g., the foster home uses cell phones for their primary number), a working cell phone must be available to the foster child in the home at all times.

FIRE DRILLS:

When developing a fire evacuation plan, the following factors should be considered:

- contact the local fire department for drill and evacuation procedures
- have regular fire drill practices
- ensure that the emergency procedure is simple and that all family members know what to do
- ensure that where there is a disabled or dependent member of the family, there is a plan to assist this person in escaping during a fire
- plan alternate escape routes
- practice using the alternate routes
- ensure that the warning signal is clearly recognizable
- choose a safe area outside and away from the house to assemble in the event of evacuation
- plan a location from which the fire department can be contacted
- arrange an appropriate temporary place of shelter
- ensure that foster children are advised of the evacuation plan for each home at the time of each placement

FIRE RESPONSE PROCEDURES:

The following are recommended in the event of a fire emergency:

- assist family members as quickly as possible (Do not wait to dress them, even in cold weather.) If possible, attempt to close doors and windows in order to isolate the fire. Turn off all appliances and the stove if possible
- assemble at a designated location
- contact fire department

NOTE: Never re-enter a burning building unnecessarily. Smoke and gases from a fire may be fatal.
6.6 FOSTER HOME SUPERVISION

Each full time foster home is supervised by a qualified Case Manager who has regular contact with the home (i.e., weekly). The foster parents and Case Manager work as a team with the CAS Worker to provide the best care for the child.

Case Managers give both positive and constructive feedback to foster parents. While the relationship is supportive and team oriented, the Case Manager is responsible to the Director of Carpe Diem for the conduct of the home.

In cases that are difficult or where the foster family may need some extra guidance, the Case Manager’s Supervisor or the Manager of Foster Care may attend meetings with the foster parent.

Carpe Diem will review the Service Agreement annually, and will perform an annual foster home review. This interview shall include foster parents and all members residing in the home. A self-evaluation will be given for the foster parents to complete.

Any concerns about the foster home will be first shared with the foster parents, and a plan shall be implemented for change. Concerns will be documented and discussed in a timely manner.

When a licensee approves a foster family but no child is placed with the family, the staff person referred to in Sub-Section 1 (Supervisor of Resource) shall maintain contact with the foster family at least every three months.

6.7 FOSTER HOME CLOSURE

In the event of an involuntary foster home closure the decision shall be made, where possible, between the Case Manager, the Carpe Diem Supervisor, the Manager of Foster Care and the Director. The process and reasons are to be recorded to the file.

A letter informing the foster parents of the closure will be provided outlining the reasons for the closure. At the time of closure, all records concerning the foster child shall be relinquished to the agency. All service agreements shall be terminated. A letter of reference may be provided by Carpe Diem based on the record of service. In situations where the foster parents oppose the licensee’s decision to close their home, the procedures shall include:

- a minimum of one interview with the foster parents
- a letter signed by the licensee or his/her designate sent to the foster parents in accordance with any terms in the Service Agreement stating that their home is officially closed and that any agreements they have entered into with the licensee or its workers are terminated

There are times when a foster home decides to close voluntarily. The reasons for this are varied and usually quite personal. In this case, the Case Manager will facilitate the closure with Carpe Diem and the Child Welfare Agency, where applicable. A letter will be generated from the Director to the foster home and CAS. Re-placement of the children will occur with the cooperation of and at the discretion of the CAS Worker.
Upon closure of a home the foster parents must relinquish any documentation (including information on a PC) they have concerning children who have been in their care.

6.8 STAFFING AND SUPERVISION

Each foster home is assigned a Case Manager who has education and experience working with children and adults.

All new Foster Parents are required to provide weekend relief for children in our program. The Relief Coordinator or assigned Case Manager will review these weekends to provide support and strategies.

As a full-time Foster Parent, contact with the Case Manager occurs weekly. This includes support, treatment strategies and behavioural management techniques. Resource Meetings occur monthly from September to June to provide training and support to foster parents. Attendance is a requirement for fostering.

A 24 hour telephone line is available to all Carpe Diem Foster Parents. The On-Call Worker number is 905-799-2947, press 8.

Carpe Diem has experienced relief homes available. Through years of experience and trust building, Carpe Diem has established a strong network of professionals willing to share “training” and expertise with each other. This input has created an environment for a positive and equal learning opportunity for all members.

Some homes may require the assistance of a C.Y.W./one to one worker for a period of time. These people are recognized as Family Support Workers. This may occur with approval from the Carpe Diem Case Manager.

The Family Support Worker will be assigned a number of hours to assist the foster family by providing therapeutic value within the foster home with consultation from the foster parent and Case Manager.

It is important to note that Carpe Diem believes in supporting the foster parent by providing increased training or access to the Case Manager or services through our sister agency, Branching Out. It is our philosophy that facilitating attachment does not occur by having the child spend fun quality time with someone other than the foster parent! Children and foster parents may take advantage of therapeutic recreation activities provided by Branching Out, or many of the therapy options provided. Carpe Diem also offers agency wide annual events such as Wonderland, to provide positive family events from which to build positive experiences and memories.

6.9 POLICY REGARDING RELIEF AND EMERGENCY RELIEF

Carpe Diem provides full-time foster parents with regular, consistent relief usually every six weeks, for 48 hours. In the case of an emergency, or where a home requires unplanned relief, the
Case Manager will respond to the foster home within 24 hours to indicate the result of problem-solving. Driving to and from relief placements are the shared responsibilities of the two homes.

Relief may consist of planned, unplanned, formal or informal arrangements. Camp, day care, and use of babysitting or Family Support Workers are forms of relief. Carpe Diem encourages the use of community resources and college placement students as methods to provide relief to full-time foster families.

Foster homes are encouraged to support each other with informal relief arrangements such as play dates and informal babysitting.

PROCEDURE:

1. All Carpe Diem Relief Homes have been home studied and approved.
2. Whenever possible, the Relief Co-ordinator tries to schedule children with a consistent relief home.
3. The full-time foster parent and relief foster parent make contact the week ahead of the scheduled relief to confirm times etc.
4. The full-time foster parent provides the relief foster parent with a Relief Information Sheet.
5. Debriefing is strongly encouraged so that the child knows all the adults in his world communicate clearly and directly.
6. Relief from Christmas Eve through to Boxing Day (December 24 – December 26) is only permitted under exceptional circumstances and must be approved well in advance by the Managing Director. Appropriate alternative arrangements should accompany this request.
7. Carpe Diem will advise CAS Workers on a weekly basis of regular weekend relief via email. Emergency or vacation periods will be advised via the Case Manager.

In the case of emergency relief, the foster home will contact their Case Manager to make necessary arrangements.

6.10 CLASSIFICATION OF FOSTER HOMES

Carpe Diem keeps an up-to-date list of approved foster homes organized in the following way:

- Full-time homes
- Relief/part-time homes

All homes are screened and selected, supervised and reviewed annually. (Please see Section 3 for more detail.) Although Carpe Diem does not have homes specifically classified as Emergency Beds (0207-10), the On-Call Worker number is active 24 hours, 7 days per week. 905-799-2947, press 8.
6.11 COMPLAINT FROM A FOSTER PARENT

It is the policy of Carpe Diem that Case Managers maintain contact with their assigned foster home on a weekly basis, typically by phone, email or in person. It is hoped that any concerns a foster parent may have would be discussed and resolved with the Case Manager at this time.

If a foster parent has a complaint that is not satisfied by the Case Manager, the procedure is:

1. The foster parent requests a meeting with the Case Manager and the Supervisor for the area or home. The Supervisor will respond within 24 hours to set a meeting date. Should the complaint be of a serious nature, the meeting will be set within 5 business days.

2. If not resolved at this meeting, the Supervisor will ask the foster parent to put the concern in writing so that it may be brought to the Leadership Team Meetings.

3. The complaint will be reviewed by the Leadership Team, and the results will be communicated to the foster parent through a phone contact or a meeting.

4. The outcome will then be put in writing to the foster parent within five business days of the result being determined.

5. If necessary, a foster parent can request a personal meeting with the Director of Carpe Diem to appeal an outcome once the letter has been received.

7.0 ASSESSMENT & SCREENING OF FOSTER PARENT APPLICATIONS

7.1 POLICIES REGARDING FOSTER PARENT APPLICATION APPLICATIONS

SELECTION OF FOSTER PARENTS

All potential foster parents (both relief and full-time) follow the selection process outlined in Section 3. This includes providing Carpe Diem with a Police Check with Vulnerable Sector Screening (VSS), and passing the home inspection process outlined below. Families are assessed based on their ability to:

a) meet the special needs of children,
b) provide an environment conducive to children’s developmental levels,
c) learn new skills,
d) use feedback appropriately,
e) use adequate language and communication skills,
f) co-operate with others,
g) offer a commitment to children in need of secure homes.
PROCEDURE:

All foster homes are thoroughly home studied as outlined in Section 8. Special attention is paid to assessing the relative health of the family unit by interviewing each family member individually.

All homes start by providing relief care. The intent is that this may minimize the occurrence of families changing their mind, and the resultant move for foster children.

CAPACITY OF THE FOSTER HOME

Carpe Diem may not place more than four children and two children younger than two years of age in a foster home.

Where all the children in the foster home are related, groups larger than four, or with more than two children under two, may be placed in a foster home with the approval of the Ministry.

PROCEDURE:

Many Carpe Diem homes have fewer than four foster children. In determining the maximum capacity of each home, the following should be considered:

- the ability of the foster parent(s) to meet the physical, emotional, social and intellectual needs of the child(ren) in the home
- the special needs of any children placed in the home
- the physical space
- the ability of the foster parent(s) to evacuate all the children in an emergency
- the stated preferences of the foster parent(s)

HOUSING REQUIREMENTS:

Carpe Diem must ensure that each foster home is safe and is suitable for foster care. In addition to the requirements, other considerations are outlined below.

STORAGE:

Storage of various materials should be carefully planned to ensure both accessibility and safety.

Storage facilities may include:

- low level storage for clothing and items used daily by children
- a place for seasonal storage of clothing
- storage space for toys when they are not in use
- a space which is inaccessible to children to store hazardous products
- locked storage for drugs and medications
BATHROOMS:

Bathrooms should be arranged in the following manner to ensure both accessibility and safety.

- storage of cleansers and chemicals should not be in locations accessible to young children
- glass and breakable accessories should not be accessible to young children
- mirrors and wall attachments should be fixed securely to the wall
- locked places used for storing medicine should be inaccessible to children
- friction sticks or a rubber mat should be affixed to tubs to avoid slipping
- the maximum temperature of the hot water in the bathroom should be lowered to 49 degrees Celsius to avoid scalding accidents
- each child should have area/space for toothbrush, towel and face cloth
- locks on the door should be made inoperable when young children are in the home
- there should be no electrical appliances in the bathrooms

BEDROOMS:

No room without a window is used for a bedroom, nor should there be any bedrooms in a building detached from the home, in an attic, unfinished basement, or stairway or hall. It is Carpe Diem’s policy that any bedroom in a basement must have a window large enough for the child to escape from in case of fire.

Each child has a bed and clean mattress, and suitable bedding for the weather.

Foster children do not share a bed or sleeping room with an adult couple or adult of the opposite sex (except for infants or where a child is ill and the needs of the child require that the child be in the same room as an adult).
Foster children over the age of six are not allowed to share a bedroom with another child of the opposite sex. Beds, furniture and storage units should be set up to create the maximum amount of open floor space.
Except for infants, sleeping arrangements should be such that space is provided within the sleeping room for the child’s personal possessions and for a reasonable degree of privacy.

Foster children should be accommodated one or two sleeping in a room wherever possible.

HALLS:

Halls should not be used as sleeping areas and should be kept clear at all times in case of fire.

GARAGES:

Garages should not be used as sleeping accommodations. In cases where children have access to garages, tools, paints and other dangerous items must be inaccessible.
KITCHENS:

Special care should be taken in kitchens to ensure that sharp instruments and electrical appliances are inaccessible to young children.

Chemicals should not be stored in kitchens or in food containers.

Microwave ovens should be inaccessible to young children.

HOUSEHOLD:

Unused refrigerators should be stored with the doors removed. Plastic bags should be inaccessible to young children and high dressers, bookcases and other furniture should be checked for stability.

WINDOWS AND FLOORING:

All windows and screens should have the capability of being secured. In the case where a foster child’s bedroom is in the basement, the window must be large enough for the child to escape in the event of a fire or emergency.

Homes where there are young children should have appropriate flooring (e.g. carpeting or other cushioned materials).

Bedroom, bathroom and dressing areas should have curtains or coverings on the windows that allow for privacy.

OTHER CONSIDERATIONS:

In addition to the requirements outlined for selecting a home to be used for fostering, other considerations are outlined below:

- there is no business or hobby conducted from the home or in the immediate vicinity that could be harmful to the health and safety of the children
- there are no boarders or other visitors who may interfere with the care given to children, and any boarders have a police clearance with vulnerable sector screening (see overnight policy)
- any visitors residing in the home for longer than two weeks require a police clearance with vulnerable sector screening
- if the home being evaluated does not have suitable outdoor space, there should be a safe park nearby
- the indoor space is adequate for children’s play or recreation
- activity and sleep areas receive natural light
- the home is compatible with the norms of the local community and/or neighborhood in maintenance and landscaping
- the home is located as near as possible to needed community facilities such as school, health centers, religious and recreational centers
CARE GIVER(S) OVERNIGHT POLICY:

Visitor in a Non-Care Giving Role
When the primary caregiver (foster parent) is residing in the home and a visitor(s) will NOT be in a care giving role and will be residing in the home:

1. A visitor can stay in the home for up to 2 weeks with no documentation
   a. Foster parents are expected to notify their Case Manager within 48 hours of a visitor staying overnight in the home. Case Manager will then inform the child’s CAS Worker.

2. After 2 weeks, it is required that a Child Welfare Check and a Vulnerable Sector Police Check be completed then submitted to Carpe Diem. All costs incurred will be the responsibility of the applicant(s).
   a. At this time a member from Carpe Diem (Supervisor or Manager of Foster Care) will need to meet with the visitor and review expectations and philosophy.

3. After 3 months the visitor(s) will need to be added to the home study as an indefinite member of the foster family within the home.
   a. The visitor(s) will not need any additional documentation as long as they continue to not be in a care giving role.
   b. This will be reviewed during plans of care and in written format during the foster homes annual review.

At any time if it is decided that the visitor will be in a care giving role, a complete home study is required with all documentation. These guidelines also allow for a case by case review in order to best meet the needs of the child and foster home. These will be discussed with your Case Manager if the situation arises.

Visitor in a Care Giving Role
When the primary care giver is out of the home for a minimum of 1 night and a maximum of 14 nights:

1. Visitor(s) can stay in a care giving role if the following check list has been completed
   o Vulnerable sector police check
   o Child welfare check
   o Statement of Confidentiality
   o Drivers Abstract and Insurance
   o Meeting with Carpe Diem Manager to review policy and responsibilities
   o CAS written approval
Please note that during this time, the home would not be open to any placements while visitor is assuming the care giving role.

2. A full home study must be completed if the duration of time away from the home exceeds 14 nights.

At any time during this process the Management Team in consultation with the Case Manager and Supervisor can stop the process and relief will be used for the child. These guidelines also allow for a case by case review in order to best meet the needs of the child and foster home. These will be discussed with your Case Manager if the situation arises.

7.2 POLICY REGARDING HOME SAFETY

Carpe Diem ensures that foster children are placed in homes free from hazards.

SAFETY FEATURES:

The following should be considered when determining the suitability of the foster parents or applicant’s home in relation to the age or capabilities of a child:

- cigarette butts, matches or other dangerous objects are inaccessible to children
- steps or railings are sturdy, appropriately spaced and in good repair
- toxic plants are inaccessible to children
- electrical cords are in good repair
- electrical objects are covered and not overloaded
- balcony doors are secured
- electrical appliances and cords are out of children’s reach
- cleaning materials are inaccessible to children or kept in locked cabinets
- drugs and medications are locked up
- fire extinguisher is accessible and in good working condition
- toys are safe, clean and in good repair (see 0203-04)
- decorative mobiles are out of reach
- halls, exits and stairways are secured to protect children
- general housekeeping standards are consistent with the community norms
- safety locks are on windows and screens for the protection of children
- cords from blinds and drapes are inaccessible to young children
- rugs are properly secured to prevent falls or mishaps

STORAGE OF HAZARDOUS GOODS:

All cleaning materials should be properly identified and labeled. Empty containers with permanent labels and descriptions should not be reused for other substances or as toys. Cleaning fluids should not be accessible to children. Fluids should not be left at the floor level in utility rooms or washrooms. Drugs and medications should be stored as directed and
inaccessible to children. For storage of flammable and combustible materials. Alcoholic beverages should be inaccessible to minors.

7.3 POLICY REGARDING ASSESSMENT OF FOSTER PARENT APPLICATION

Carpe Diem approves foster homes only upon completion of the entire Selection Process. The process is:

- All the adults in the home attend an Information Session.
- Required documentation is sent to the family which is to be completed and returned. Upon receipt of all required documentation, a Home Assessor will be assigned to the family for the purpose of completing a Home Study Report. During the interview process in the home, each adult in the home and each family member or occupant of the presenting household (over the age of 6) are interviewed using the OARTY Home Study template as a guide. Acceptance for fostering will be impacted if any member of the household does not want to be involved in fostering. Once a decision to accept or reject the Applicant(s) is made, Carpe Diem will meet with the Applicant(s) within 5 business days. If the Applicant(s) is approved, the Home Study will be signed by both Foster Parents and the Licensee.

DOCUMENTATION:

The foster family is required to complete and provide the following documentation:

- Application form
- Reference letters for each (3 for a single person, 5 in total for a couple) ~ Home Assessor verifies reference letters and records comments
- Carpe Diem Medical form (written document from a Physician approved by the local Medical Officer of Health or Registered Nurse in the extended class regarding the general health and specific illnesses or disabilities of the foster parent applicant and family members and whether or not they might interfere with the provision of foster care)
- Criminal reference checks, with vulnerable sector screening
- Child Welfare Check
- Confidentiality statement
- Checklist re: physical home and safety
- Foster Care Service Agreement
- Plan for fire evacuation
- Insurance coverage for home and auto have been checked
- Valid Driver’s License
- Policy Acknowledgement Form
- Direct Deposit Form
- Updated Pet Vaccinations

Carpe Diem will base the criteria for acceptance into foster care on the following:

- The ability of the family to meet the special needs of the foster child, i.e. understanding and commitment to utilize appropriate discipline, willingness to work as part of a multidisciplinary team
• A commitment from ALL members of the family to welcome children with difficult behaviours and issues into the home
• A clean home that has adequate space for another family member
• A stable environment that encourages respectful communication
• Adequate language and communication ability
• A willingness to participate in new training
• An attitude of co-operation and commitment to the child and the team
• The ability to get along with other adults and within the system

7.4 POLICY REGARDING PLACEMENT SELECTION

Carpe Diem will consider the following key elements when determining suitable placement selection of foster homes for a foster child:

• Child’s cultural, linguistic and socio-economic background;
• Kinship ties;
• Religious background;
• Developmental, emotional, social, medical and educational needs;
• Child’s interests, abilities, strengths, and problems;
• Availability of recreational facilities, appropriate schools, proximity to own family, treatment facilities etc.

Carpe Diem will always consider the geographical or cultural isolation of the child and ensure that plans to maintain connections are part of the child’s plan of care.

7.5 APPROVAL AS RELIEF HOME

All homes are initially approved for relief coverage only. The applicants are informed at the Information Session that this is the procedure. Once approved, a letter is sent out to the home welcoming them on board as a Relief Home.

Each home will provide relief coverage for the agency for an undetermined period of time, usually ranging from one to six months. During this time, it is recommended that the home take a wide variety of children so they can determine their preference.

It is understood by all parties that the relief coverage period is a trial for both the foster home and Carpe Diem. The foster home can determine if they feel supported by the agency, and if they would like to go onto the wait list for full-time children. Carpe Diem can determine if the foster home has met the obligations of relief work, including written reporting and recording.

7.6 MOVING TO FULL-TIME STATUS

Once it is felt that a home can be considered for a full-time child, the Manager of Placement and Crisis will meet with the family to determine the suitability of moving to full time.
Pending approval, a Case Manager will be assigned to the home. The home will then be placed on a full-time wait list until an appropriate match comes available. Of course, there is no determination of how long this could take.

8.0 REGULATIONS

8.1 TIME LIMIT FOR ABUSE ALLEGATION INVESTIGATIONS POLICY

Carpe Diem does not have the legal authorization to conduct abuse investigations. It is our policy, therefore, that we report any abuse allegations to the child’s CAS worker (or Duty Worker) immediately, and to the Ministry within 24 hours as a Serious Occurrence.

According to the Societies’ protocol, the outcome of the investigation should be received in writing from the CAS within fourteen days at the conclusion of the investigation.

8.2 POLICY REGARDING PROTOCOL FOR ABUSE INVESTIGATIONS

This policy directive requires Carpe Diem to establish, with their local children’s aid societies, protocols for the investigation and reporting of allegations of abuse in foster homes, including child-on-child abuse.

The following information was sent by Peel CAS to Carpe Diem in November 2008, and represents, to our best knowledge, the most recent information. What follows is an excerpt from:

The Interagency Protocol: A Protocol addressing the sharing and/or transfer of child welfare services in situations that cross jurisdictional boundaries and involve more than one Children’s Aid Society. January 2007
Notes from Peel CAS Protocol

Protection investigations involving children in care
(Note: If a child in care alleges maltreatment by his or her own parent i.e. during access, use situation number one as a guide.)

Situation 2 a) Protection Investigations involving Children in Care of a Society currently residing in another Jurisdiction (Allegations against Present Caregiver). Protection allegations involving a ward of a Society currently residing out of the jurisdiction of their PARENT SOCIETY will normally be investigated by the LOCAL SOCIETY where the child is currently living. The outcome of the investigation will be communicated to all PARENT SOCIETIES involved in the investigation. Case Example: John is a ward of the Hamilton CAS (PARENT SOCIETY). He temporarily lives in a group/foster home in Ottawa (LOCAL SOCIETY). John alleges maltreatment, which occurred in Ottawa by a caregiver in the group home/foster home. Function Agency responsibility/lead:
1 Receiving the disclosure - LOCAL SOCIETY
2 Notification of all PARENT SOCIETIES - LOCAL SOCIETY
3 Notification of Police - LOCAL SOCIETY
4 Placement, Replacement of child and other victims - PARENT SOCIETY (with assistance from Local CAS for short term emergencies)
5 Worker and police interview
   child - LOCAL SOCIETY (with assistance from PARENT SOCIETY as required)
   other potential victims - LOCAL SOCIETY/with assistance from respective PARENT SOCIETIES
6 Contact of any parents of potential victims - Respective PARENT SOCIETIES
7 Police interview alleged perpetrator - Police in area where the incident is alleged to have occurred (in this example Ottawa Police)
8 Interview of alleged perpetrator - LOCAL SOCIETY
9 Safety Assessment - LOCAL SOCIETY
10 Medical for victim - LOCAL SOCIETY
11 Criminal Court - by police/Crown in area where charges laid – Support to child by PARENT SOCIETY
12 Verification/Registration decision - LOCAL SOCIETY
13 Investigation of alleged perpetrator's home situation (where appropriate) - Society Where Perpetrator resides.
14 Serious Occurrence Report - PARENT SOCIETY or OPR operator as per the area office requirement
15 Copies of child’s interview and a Written Outcome of the investigation sent by LOCAL SOCIETY to each PARENT SOCIETY for each youth interviewed
16 The LOCAL SOCIETY will send copies of the outcome of the investigation to their Ministry Licensing Office

8.3 SUPPORT TO FOSTER FAMILIES DURING ABUSE INVESTIGATIONS

POLICY:

As a private operator Carpe Diem will be present to support the foster home during all investigations. It is understood that Carpe Diem staff are not allowed to share details with the foster family prior to or during the investigation. Support, therefore, is in the form of assisting with the children in the home, or being available to talk to the worker if requested.

Carpe Diem will work to develop ways of supporting foster parents during investigations of abuse allegations against foster family members. This is completed during Resource Meetings (foster parents) and Orientation and Training of new Case Managers.
8.4 POLICY REGARDING CHILD’S OWN FAMILY (WITH THE EXCEPTION OF
CHILDREN/YOUTH WHO ARE CROWN WARDS WITH NO ACCESS

POLICY:

At the discretion of the Society, Carpe Diem foster parents and Case Managers are encouraged, through supervision and training to:

1. Recognize the importance to the child of his/her own parents and the child’s status as a member of the natural family. This includes, but is not limited to:
   - development of a life book that contains descriptions of the child’s family and the situation precipitating the child’s separation (see Section 2)
   - preserving the child’s identity as a family member of his/her own family

2. Include the child’s own parents in decision making for the child. This includes, but is not limited to:
   - their involvement in the child’s plan of care
   - their attendance at case planning meetings
   - their involvement in selecting a placement for the child
   - their involvement in all preparatory steps towards placement (e.g. pre-placement visiting)

3. Provide opportunities for the child’s own family to have regular involvement with the child. This can include, but is not limited to:
   - Planned visits (supervised or unsupervised)
   - arranging for and/or accompanying the child to medical and dental appointments
   - entering into counseling with the child aimed at resolution for the family, either through return of the child to his/her family or the acceptance of separation
   - making significant purchases for the child (e.g. toys, clothing)
   - payments for components of the child’s care
   - phone calls and letters
   - regular contribution to the child’s life book
   - gifts for special events (e.g. birthdays, Christmas)

4. Discuss appropriate ways of dealing with situations where contact with the child’s own family may be deemed to be harmful to the child and his/her plan of care.

8.5 MEDICAL INFORMATION

8.5.1 POLICY REGARDING MEDICAL APPOINTMENTS:

It is Carpe Diem’s policy that children and youth will be accompanied by foster parent to all medical appointments (e.g.: Admission Medical, Medication Reviews, injuries and sickness). In the event that it is not possible to accompany the child, all necessary medical and personal information (e.g. Health Card Information, allergies, green shield etc.) will be supplied in writing to the delegate. The Child’s CAS Worker will always be notified of medical appointments.
In the event that the youth refuses to seek medical attention or refuses to have the Foster Parent attend with him/her, an explanation will be given to the Case manager and Child’s Guardian and this will be documented in an incident report in the youth’s file.

8.5.2 IMPROVED COMMUNICATION AND TRANSFER OF MEDICATION INFORMATION

This will improve safety, protection and quality of care for children who are prescribed psychotropic and other medications. This policy will also provide clear requirements regarding safe administration, storage and disposal of medication and effective communication and sharing of medical information.

POLICY:

It is Carpe Diem’s policy that medical and all related areas are well documented in each child’s file. In cases where a plan is required, it will be comprehensive and well documented.

It is also Carpe Diem’s policy that this policy be reviewed at orientation and then annually thereafter.

DEFINITIONS:

Blister Pack: Medication packaging consisting of a layer of foil with multiple raised pockets filled with medication. This type of packaging can be provided by a pharmacist to simplify the administration of multiple medications, as each section of foil represents a different date or time of day.

Hand Hygiene Practices: Appropriate techniques used to minimize the transfer of bacteria, which can include hand washing and/or the use of alcohol-based antiseptic rubs or gels. The Ontario Ministry of Health and Long-Term Care’s public information on hand hygiene can be found at: http://www.health.gov.on.ca/english/public/program/pubhealth/handwashing/handwashing_mn.html.

Medication Incident: Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer.

Medication Near-Miss: An event that could have resulted in unwanted consequences, but did not because either by chance or through timely intervention the event did not reach the patient.

Prescription Medication: A medication that requires a prescription from a provincially licensed health care professional, such as a physician or nurse practitioner extended care, and is typically dispensed by a licensed pharmacist.
**Pro Re Nata (PRN):** Medications that are prescribed “as needed” or “as the situation arises”.
These are medications that are prescribed not to be taken regularly or routinely but as required. Some medications may be prescribed as both a routine medication and on a PRN basis.

**Psychotropic Medication:** Any drug prescribed to stabilize or improve mood, mental status or behaviour.

**Sharps Container:** Sealed plastic containers that are puncture-resistant, leak proof, and clearly labelled as disposal containers for needles, syringes and other sharp objects. Sharps containers can be obtained from a local pharmacist.

**Short-Term Absence:** A period during which a child or youth will be residing in a location outside of the licensed residential setting (e.g., at camp or with extended family).

**Side Effects:** Side effects are the known and frequently experienced secondary, non intended reactions to a medication. They can vary by how frequently they occur and how serious they are.

**PROCEDURE:**

An Admission Medical will be completed within 72 hours (failure to meet this requirement will be explained and documented in the file). Upon admission, each child will have the *Carpe Diem Client Profile Form* completed by the admitting staff. This form includes all necessary medical information:

- Provincial Health Card / Green Shield Number
- DOB
- Current Weight and Height (this may be obtained after the admission medical)
- Name, dosage, frequency, duration and purpose of medication
- Medical History including assessments and medication history
- Allergies and any adverse reactions
- Any special instructions and/or monitoring procedures (e.g.: blood tests, etc.)

In the event that one of the following circumstances is present, this Admission Medical will occur ASAP after admission:

- Any infant under 6 months of age unless that child has been discharged from a hospital within the preceding 48 hours
- Any child/youth with an acute physical illness
- Any child/youth with a known medical or psychiatric issue where medication is required
- Any child/youth with a possible injury
- Any child/youth about whom there is a concern of a communicable disease
• Any child/youth that is the subject of a sexual abuse investigation where an earlier examination is deemed necessary by the Worker and Supervisor (i.e. for evidentiary purposes)

In the event of a relief weekend or a short absence, Case Managers and Foster Parents will plan to use original pill bottles or Blister Packs that have clear instructions attached to them. Staff will have a practice of making medical professionals aware that blister packs are preferred as the child will be going away to camp and/or scheduled weekend relief. In the case where a child meets the high risk criteria, the case worker will seek out a health practitioner’s verbal or written consent which will assist with planning for the child’s short term absence.

In the event where a child is transferred to another home or another Case Manager, the initial Case Manager and Foster Parent will ensure that the Internal Transfer Form is completed. In the case where the child is moved to a new Carpe Diem foster home a new Service Agreement will be completed. In the case where a child is discharged, all medical information and plans will be indicated on the Discharge Form.

8.6 PSYCHOTROPIC MEDICATION

CAS Workers will sign the psychotropic medication form at each plan of care, noting the date of the next medical review. If a doctor recommends a medication change, the CAS Worker MUST approve it before any medication is given.

The Foster Parent and/or Case Manager and/or Doctor cannot make any medication changes without guardian approval; written or verbal (if verbal, written consent to follow). When possible these medications will be issued in a blister pack.

With each new psychotropic medication prescription the worker shall complete an Approval to Administer a Psychotropic Drug Form. This will also be renewed as mentioned earlier with each Plan of Care.

8.7 HOSPITALIZATION, MEDICAL AND/OR SURGICAL TREATMENT

It is Carpe Diem’s policy that the legal guardian shall be informed any time a child is admitted to the hospital on both a planned or emergency basis. Attendance or non-attendance (i.e. Foster Parent / Carpe Diem Staff) will be documented in the incident report along with any other pertinent information (i.e. treatment and diagnosis).

In the case of a planned admission, the CAS will need to sign any required forms and consents for the hospital.

In the case of an emergency admission, the Foster Parent will phone their Case Manager or On-Call Worker immediately so that the proper consents can be obtained by the on-duty CAS Worker, and the Serious Occurrence Form submitted.

The Case Manager will keep the CAS Worker informed, in a timely manner, of any changes.
8.8 EMERGENCY MEDICAL CARE

It is Carpe Diem’s policy that foster parents are able to respond to a child’s basic emergency medical needs. Therefore, each foster home has one foster parent trained in basic first aid methods, and documentation is in the foster home file.

8.9 ILLNESS OR MEDICAL EMERGENCY

POLICY:

In the case of illness of children in care, or in the case of a medical emergency, the following procedures shall be followed:

PROCEDURE:

- The FOSTER PARENT shall consult their family physician or the emergency department.
- The FOSTER PARENT shall inform their CASE MANAGER and/or the On-Call Worker immediately. The Case Manager and/or the On-Call Worker will immediately contact the CAS Worker and/or CAS Designate.
- A written Incident Report and/or Serious Occurrence Report must be submitted within 24 hours.

8.10 PRESCRIPTION DRUGS

Carpe Diem shall reimburse the foster home for medication prescribed by physicians or dentists. Non-prescription drugs, i.e. vitamins, cough syrup, Tylenol, Benadryl, etc., are to be covered by the foster parents. In the case of CAS agencies who carry Green Shield, make sure you have the child’s Green Shield number when ordering prescription drugs.

Please note the above information regarding psychotropic medications. These must be reviewed regularly by the prescribing doctor, and approved by the CAS Worker at each Plan of Care.

8.11 IMMUNIZATIONS

IMMUNIZATION OF SCHOOL PUPILS ACT (Bill 142), 1982

The bill has, as its purpose, increased protection of children against diphtheria, measles, mumps, polio, whooping cough, rubella and tetanus. The act authorizes the medical officers of health to require the suspension from school for 20 days of any pupil who has not been immunized and not exempt for medical or religious reasons and who will not complete the prescribed program of immunizations.
POLICY:

Children receive immunizations as per the chart below:

<table>
<thead>
<tr>
<th>Age at Vaccination</th>
<th>DtaP-Ipv- Hib2</th>
<th>Pneu</th>
<th>MMR</th>
<th>Men-C</th>
<th>VAR</th>
<th>HB7</th>
<th>Tdap9</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 months</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 months</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 months</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-6 yr. old</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 to 16 yrs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

PROCEDURE:

- The CAS WORKER, at the time of admission of a child to care, shall obtain the record of immunization from the parent

- If the parent(s) cannot give the information, or it is otherwise unavailable, the CAS WORKER shall contact the family physician or the school (where applicable) for the record

- The CAS WORKER shall ensure that the up to date Ministry of Health Immunization Card is given to the FOSTER PARENTS

- Please note that any additional immunizations (i.e. the flu shot) require the CAS Worker’s permission

8.12 POLICIES REGARDING HEALTH CARE RESPONSIBILITIES

SUMMARY

Carpe Diem has written policies and procedures in respect to health care that protects the child and ensures prompt and appropriate medical care.

In developing the written policies and procedures, Carpe Diem’s emphasis is on ensuring that the health needs of the child are met.

8.13 AUTHORIZATION

It is Carpe Diem’s policy that ALL psychotropic medication must be authorized by the child’s legal guardian/CAS Worker. The Psychotropic Medication Form is to be completed at EACH 90/180 Day Plan of Care, where the worker signs the form.
8.14 ADMINISTRATION OF DRUGS

A CAS Worker must authorize any administration of over the counter medication and/or psychotropic medication as approved by a physician.

ALL medication must be kept in a locked box or cupboard, out of the reach of children.

When foster children go to Relief Weekends, planned home visits or to Camp, medications must be sent in the most up-to-date prescription bottle so that clear instructions can be seen or sent in a Blister Pack.

Foster parent is required to provide necessary medical information and enough medication for the short-term absence in original containers as applicable), and any other relevant medication administration instructions to the receiving person or agency. For regular planned absences, establishing a written plan for 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 Plan of Care. For occasional planned absences (i.e. camp), obtaining and documenting support (written or verbal) from the prescribing health practitioner for the short-absence, 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.

Schools may administer medication with the CAS approval; they are responsible for fulfilling their procedure requirements.

8.14.1 SAFE ADMINISTRATION, STORAGE AND DISPOSAL OF MEDICATION

The intent of the policy is to improve protection for vulnerable children and youth who take psychotropic and other medications and to provide clear requirements for residential licensees regarding safe administration, storage and disposal of medication.

POLICY:

In addition to the systems that are in place to monitor children on a daily basis (e.g., Therapeutic Milieu, Plans of Care, Monthly Reports, Incident Reports, Serious Occurrence Reporting, Guardian Visits, Health Practitioner Appointments), it is Carpe Diem’s Policy to ensure that the following procedures will enhance our current practices regarding safe administration, storage and disposal of medication.

PROCEDURE:

ADMINISTRATION, STORAGE AND DISPOSAL – GENERAL

- Caregivers and Case Workers will use infection prevention and control procedures, including the use of proper hand hygiene practices based on the Ministry of Health and Long-Term Care’s guidelines which include hand washing prior to administering and self-administering medication.
• Preparation of medications in a location where there is adequate space and lighting.
• Administration of prescription medication only to the child or youth for whom the medication is prescribed.
• Storage of medication as directed in original labelled containers and/or blister packs. If required, additional labelled containers can be obtained from a local pharmacy.
• Appropriate disposal of unused or expired medication, including the use of Sharps Containers for needles and syringes, prohibiting disposal in inappropriate areas (such as the garbage, toilet, sink), and separate and secure storage of unused or expired medication until it can be disposed of properly. The Case Manager and Caregiver will coordinate this.

8.15 MEDICATION SAFETY AND MONITORING

• On a regular basis the Foster Parent / Caregiver will document in the Plans of Care and Monthly reports any changes in weight, height, emotions and physical state or any adverse reactions to medication.
• The Foster Parent and Case Manager will develop an individual response plan to handle situations where a child or youth misses a medication or refuses to take their medication. This will be documented in the Plan of Care and in an incident report.
• The Foster Parent, in conjunction with the Case Manager and Health practitioner, will advise children and youth about the dangers of mixing medication with other medications, substances, or non-prescription medications, including herbal remedies.
• Case Manager in conjunction with the foster parent will obtain information about prescribed medications and possible side effects and provide opportunities for a child or youth to speak to a health practitioner or pharmacist directly, where possible.
• Case Manager will share information about medication and possible side effects with the child or youth in language suitable to their age and understanding and with staff or foster parents responsible for administering medication when there is a change in medication, and they must document the reason for the medication change in the child or youth’s Plan of Care. The Case Manager in conjunction with the foster parent must maintain a copy of medication information including possible side effects and administration instructions in the child or youth’s Plan of Care.
• The Case Manager will ensure that the foster parent follows up on any completed medical tests or lab work ordered by a health practitioner. This will be documented in the Plan of Care.
• Contact information for a local pharmacy and poison control centre or similar body to be used to address questions or concerns as needed.
• Seeking medical advice from a health practitioner as needed and documenting any actions taken in the child or youth’s Plan of Care.
8.15.1 POLICY REGARDING MEDICATION AT DISCHARGE

It is Carpe Diem’s policy that all medication be discharged with the Child or Youth and accompanies him/her on the move. At the very least arrangements will be made such that the child will have **at least a 7 day supply (in original containers)**. This information must be documented on the Discharge Form.

Case Manager to provide a copy of the medical information contained in the Plan of Care, medications in original containers (as applicable), and any other relevant information to the receiving person or agency; and if no medication or less than a seven day supply is provided, documenting and communicating the reason(s) to the receiving person or agency.

This will be communicated to the Case Manager and the Child’s CAS worker on day of move.

8.16 MEDICATION INCIDENTS AND NEAR-MISSES

- Foster Parents and Case Managers will identify, monitor and respond to medication incidents including seeking emergency medical attention as required and notifying the youth (if appropriate) and CAS Worker or Designate immediately. This will be documented on an Incident report.
- Carpe Diem will internally review any medication incidents and near-misses to minimize the potential for future incidents.
- Foster Parents / Case Managers will document any action taken to address medication incidents and near-misses in the child or youth’s Plan of Care and in an incident report.

8.17 POLICIES REGARDING POLICE RECORDS CHECK

POLICY & PROCEDURES re DOCUMENTATION OF POLICE RECORDS REQUIREMENTS & CHILD WELFARE CHECKS

Carpe Diem will strictly adhere to the following:

- The requirement that for all new employees, students and volunteers (for students and volunteers, no more than 30 days after commencement) who commence employment / placement (probationary or otherwise) and who work directly with children and youth, the Police Records check must be declared suitable for Vulnerable Sector employment and completed prior to the commencement of employment/placement or fostering. For foster parents and other residents of the foster home aged 18 years and over, policies and procedures must include the requirement that the VSS Report is completed as part of the foster parent approval process.
- Precautionary measures to be taken to ensure the safety of children and youth for any length of time where Carpe Diem has not received the results of VSS, particularly with respect to conditional offers and probationary periods, although people without the appropriate clearances cannot start working with children at all.
- Carpe Diem will respond to a police record or VSS Report, in the following way:
That a record of charges does not necessarily preclude employment or participation in an agency’s activities.

Criteria to be considered are the nature of and circumstances surrounding the charges and any convictions, references obtained from past employers, rehabilitative and other efforts subsequently made by the candidate.

- If Carpe Diem considers it appropriate once the results of the VSS Report are received, measures will be taken to terminate the relationship if employment, student placement or volunteering is commenced before the results of the VSS Report were obtained.
- Carpe Diem will store Police Records Check in the appropriate file which is required to be safeguarded.
- That the successful candidate must apply to the police for a VSS Report and must consent to the release of information on the VSS Report to Carpe Diem at the candidate’s cost.
- The requirement that for all new employees, students, volunteers, foster parents, drivers and Family Support Workers who work directly with children and youth, a Child Welfare Check through their local CAS Agency must be completed and submitted. If there is a cost, this will be the responsibility of the individual(s). If a Child Welfare Check is returned with “No Record” it is filed along with their other documentation. However, if there is a “Record on file” this will be reviewed by a phone call and/or interview with the Manager of Foster Care and depending on the information received, the Manager of Foster Care will determine whether we will proceed or not.

8.18 POLICIES REGARDING FOOD AND NUTRITION

8.18.1 POLICY re: TRAINING

Carpe Diem will provide foster parents training at one of the monthly Resource Meetings on food and nutrition requirements that will meet the developmental needs of children and youth in foster care. Carpe Diem will also provide the website address or hard copies of Canada’s Food Guide (subsequently CFG) to assist foster parents in meeting this requirement.

PROCEDURES:

1. The Carpe Diem Staff person responsible for planning and running the Resource Meeting will devote time annually to a review of the CFG.
2. Time will be allowed for foster parents to brainstorm ways of meeting the recommendations (e.g. adolescent servings of milk and vegetables)
3. The website for the CFG will be published in the Carpe Diem Chronicles.
4. Case Managers will have copies of the CFG available for any foster parents who require them.

8.18.2 POLICY re: FOSTER PARENT REQUIREMENTS

All foster homes are required to:

a) Provide varied, nutritionally balanced meals, prepared according to the most current CFG.
b) Provide three regular meals and snacks,
c) Accommodate special dietary requirements or modified meals, including medical, religious (including fasts of recognized faith groups), and lifestyle diets (e.g., vegetarian) and requirements for children and youth with unique needs related to feeding within the parameters of the most current Canada’s Food Guide).
d) Provide opportunities for children and youth to participate in menu or meal planning and meal preparation including appropriate oversight by foster parents.

PROCEDURES:

1. Foster parent is notified of any special dietary considerations.
2. Meal planning reflects the guidelines in the CFG for age, development etc.
3. Special dietary requirements or modified meals are provided for any foster children requiring them based on unique needs.
4. Opportunities are built into the routines for foster children to participate in menu or meal planning and preparation, according to their age and developmental level (e.g. meals, snacks, lunches).
5. Foster children are appropriately supervised during these times.

8.18.3 POLICY re PORTION SIZES

Foster parents are required to provide portion sizes based on the most current CFG which are adequate for the physical growth and development of children and youth. Also, children may have access to additional portions if requested by the child or youth, or placing agency/guardian/parent.

PROCEDURES:

- Foster parents know the appropriate sizes recommended by the CFG.
- If there are concerns, Carpe Diem will work with the child or youth, placing agency/guardian/parent, nutritionist, Nurse Practitioner or other health care professional.

8.18.4 POLICY re MEALTIMES

Foster parents will provide meals at set times whenever possible. It is recognized by Carpe Diem and foster parents that meals are a social family time.

PROCEDURES:

Each foster home will have an eating or dining area identified for meal times where social interaction can take place.
8.18.5 POLICY re MEDICAL & BEHAVIOURAL ISSUES RELATING TO FOOD

Foster parents are required to

- Put mechanisms in place to identify and respond to food allergies including anaphylactic reactions.
- Obtain medical advice for those children and youth, who refuse to eat, overeat or have possible eating disorders and notification of the placing agency and/or guardian/parent.
- Obtain medical and/or behavioural advice and support for children and youth with unique needs related to food, feeding and nutrition.
- Obtain behavioural advice for dealing with challenging eating behaviours that may not be medical in nature.

PROCEDURES:

All foster parents will have documentation related to:

- Notification about food allergies, when known.
- Options for a balanced diet and emergency procedures in the event of severe allergic reactions.
- Any food allergies or allergic reactions.

8.18.6 POLICY re FOOD AND NUTRITION EDUCATION

Foster parents will:

- Provide educational material for children and youth about proper nutrition in a format that is suitable to the child and youth’s level of understanding.
- Provide information to children and youth about food handling and food preparation, if the child or youth has an active role in these activities and in a format that is suitable to the child and youth’s level of understanding.

PROCEDURES:

- Educational material about proper nutrition is available (e.g., copies of the CFG)
- Opportunities are provided at appropriate times for foster children to have an active role in food handling and food preparation, according to the child’s age and developmental level.

8.18.7 POLICY re CULTURAL DIVERSITY

Foster parents will:

- Serve food that reflects the cultural diversity of the children and youth in their care.
- Support the preparation of traditional and cultural foods and/or celebrations involving food.

PROCEDURES:

Foster parents will make every effort to find out about the cultural background of the children in their care, and to include food that reflects that diversity in the menu.
8.18.8 POLICY & PROCEDURE re HYGEINE, SANITATION AND SAFETY

Foster parents will:
- Adhere to food handling, hygiene and food safety practices.
- Monitor children and youth working in the kitchen area.
- Provide food preparation information to children and youth in a format that is suitable to the child’s level of understanding.
- Identify foods, products or equipment not to be used by children or youth.

8.18.9 POLICY & PROCEDURE re DISCIPLINARY PRACTICES AND FOOD

Foster parents will adhere to the following:

**Prohibited Practices**
- Deprivation of food is prohibited. Deprivation is distinguished from food-related limits, routines and token reinforcement that are part of an individualized and documented treatment approach that is administered under the guidance of a health care professional or rehabilitation professional.
- Food must not be used to bribe, punish, reward or coax.

8.19 POLICIES REGARDING CULTURAL COMPETENCY

8.19.1 POLICY re RIGHTS ORIENTATION FOR CHILDREN & YOUTH

Carpe Diem/foster parent/legal guardian will review the rights of children and youth related to cultural competent care upon admission and at least every six months thereafter.

**PROCEDURE:**

- The Case Manager/foster parent/legal guardian will sign the Attendees form indicating who has reviewed the rights with the child and when, particularly in relation to cultural competency.
- These rights will be reviewed with the child in a language suitable for the child’s level of understanding.

8.19.2 POLICY REGARDING PROGRAM DESCRIPTION

Foster parent/Carpe Diem/legal guardian will ensure that the following is provided when possible and will be documented in the child’s file.

**PROCEDURE:**

- Provision of inclusive services that are non-discriminatory and in an environment that takes into account ethno-cultural, racial, linguistic and ancestral diversity. This includes the provision of services under the French Language Services Act.
- Accommodation of the gender-specific needs of children and youth.
• How the service provider accommodates the needs of Lesbian, Gay, Bisexual and Transgender children and youth.
• Opportunities for participation in leisure and recreational activities that promote physical, social and cultural benefits for the children and youth in their care.
• How children and youth of Aboriginal heritage will be assisted in preserving their unique cultural identity and in maintaining positive contact, involvement and participation with their Aboriginal community as identified in the plan of care.
• Provision of tailored support for children and youth with unique needs.

8.19.3 POLICY re RELIGIOUS ACCESS

Foster parent/Carpe Diem/legal guardian will ensure that the following is provided and is documented in the foster children’s file.

PROCEDURE:

Carpe Diem/foster parent will document:

• How a child or youth’s right to voluntarily access and benefit from religious and spiritual care will be implemented and maintained.
• Procedures for collecting and maintaining information regarding a child and youth’s religious affiliation or preference.
• Documentation of the name of the child or youth’s community spiritual/religious care provider, if available.
• Addressing the child or youth’s spiritual and religious needs in his/her plan of care and in transition planning.
• How the child or youth is advised of the right to receive spiritual/religious instruction.
• The voluntary nature of any religious programs offered by the service provider.
• How religious diets and fasts of recognized faith groups are observed.
• Clear direction to the effect that seeking conversions, proselytizing or criticizing other faith groups by staff, students or volunteers is not permitted.

8.19.4 POLICY re STAFF/FOSTER PARENT ORIENTATION TO CULTURAL COMPETENCY

Carpe Diem will ensure that there is evidence in the staff AND foster parent file that the program description related to cultural competency and the policies and procedures related to the rights of children have been reviewed within thirty days of the commencement of employment and at least annually thereafter.

PROCEDURE:

Carpe Diem shall provide:

• Orientation of staff. Carpe Diem’s program description related to cultural competency and the policies and procedures related to the rights of children and youth shall be reviewed with each
staff person by the Carpe Diem Supervisor within thirty days of commencement of employment at the agency and at least annually thereafter.

- Orientation of foster parents. Carpe Diem’s program description related to cultural competency and the policies and procedures related to the rights of children and youth shall be reviewed with each foster parent by the licensee within thirty days of commencement of fostering and at least annually thereafter.

8.20 POLICY REGARDING SMOKING

a) Smoking is not permitted in any Carpe Diem foster homes, relief homes or vehicles that Carpe Diem children will travel in. This includes additions that are attached to the foster home.
b) Neither children nor their belongings should therefore smell of smoke at any time, and workers should not be able to smell smoke when they visit or attend meetings at a foster home.
c) If children smell of smoke after attending visits with natural family members, this should be noted in an incident report and added to plan of care reports.
d) Cigarettes, lighters and ashtrays should be out of sight and reach of children in the foster home.
e) Foster Parents and/or Carpe Diem Case Manager will advise the legal guardian when an adolescent child is smoking. The child must also adhere to the above policies.
f) Foster homes who disregard this policy will have a disciplinary letter placed in their file. Further failure to comply may result in closure.

8.21 POLICY REGARDING PRIVATE INTERVIEWING

POLICY:

Carpe Diem Case Managers will have private interviews with children in Carpe Diem foster homes on a regular basis (minimum three times annually) in regard to the day-to-day care and their legal rights and responsibilities. The private interviews must be documented by the Carpe Diem Case Manager and notes must be placed in the child’s file. To ensure this takes place, new Case Managers are informed during their Orientation and Training, and receive ongoing Supervision.

8.22 POLICY REGARDING CARPE DIEM FOSTER PARENTS’ DUTY TO REPORT

According to the Child and Family Services Act, March 2000, any individual who receives a disclosure from a child/adolescent needs to make a first person report “forthwith” to the Children’s Aid Society.

PROCEDURE:

In concrete terms, this means that if a child discloses abuse to you, it is your responsibility to contact the Children’s Services Worker and Carpe Diem Case Manager or On-Call to share this information.
It is also important to document the disclosure in the exact words that the child used in an incident report and send this in to the Carpe Diem office as soon as possible but no later than twenty four hours. Carpe Diem will:

(1) Confirm that the incident report was received.

(2) Often the CAS worker will contact the Case Manager directly to set up interview times if necessary. As the Children in our care are already in the care of a Children’s Aid Society, it seems logical to contact the worker of record. In some cases this worker will negotiate with the local Children’s Aid Society to complete an investigation jointly, or due to location independently, and then share information.

If the child has made an allegation about you or another family member, it would be important to contact your Case Manager or call the Office immediately. In some circumstances the child will be placed in another foster home until the Children’s Aid Society worker of record provides direction about how or if an investigation should proceed. If a Children’s Aid Society worker arrives unannounced, please call the Office immediately. A Carpe Diem Case Manager will endeavor to get to your home as soon as possible to provide you or the other children in the home with support. The Carpe Diem Case Manager may or may not be part of the interviewing process.

As with all incident reports; it will be documented in the Plan of Care Report.

If you have any questions about the above information please contact your Case Manager or utilize the On-Call system.

8.23 POLICY REGARDING FOSTER HOME CLOSURE

It is the policy of Carpe Diem that the following situations shall be grounds for closure of a foster home:

- Failure by the foster parent to notify Carpe Diem if a foster parent or a member of the household, who is over 18 year of age, is convicted of a criminal offense after the initial police check is carried out
- Use of corporal punishment by the foster parent
- Registration in the child abuse register of the foster parent, or any other member of the household over 18 years of age
- The recommendation of a foster home review that has not been implemented
- Any changes within a home, i.e. other family members moving in or out of the household or accepting occupants such as boarders without prior consent of the Carpe Diem Case Manager
- A repeated lack of improvement when a situation has been addressed, verbally and in writing, with a foster parent (e.g. continued smoking in the home, lack of attendance at Resource Meetings, unprofessional conduct)
- Any behaviour that violates the child’s Rights
8.24 PROCEDURE for VOLUNTARY AND INVOLUNTARY CLOSURE:

1. If a foster family decides to cease fostering, it is expected that the foster parents shall inform their Case Manager of their intention to close well in advance in order to plan for replacement of children, where necessary.

2. In either case, a closing interview shall be held with the foster parents by a Carpe Diem Case Manager at which time both parties shall review the fostering experience and discuss the reason for closing.

3. At the time of closure, all foster parent records concerning the foster child shall be relinquished to the agency. All service agreements shall be terminated. A letter of reference may be provided by Carpe Diem based on the record of service. The procedure for closure is noted in the Carpe Diem/Placement Agency Service Agreement.

4. Carpe Diem’s Case Manager shall prepare a closing report, which shall include recommendations regarding future use of the home and forward it to his/her supervisor for approval.

5. If the foster family decides to cease fostering, Carpe Diem will request that they submit a letter of resignation.

6. The Director of Carpe Diem shall prepare a signed letter, stating that the foster home is officially closed, the reason(s) for closure and that any agreement entered into with Carpe Diem or its worker is terminated.

8.25 REPORTING OF SERIOUS OCCURRENCES

POLICY:

Carpe Diem informs foster parents about the serious occurrence reporting requirements. All foster parents follow the protocol.

DEFINITIONS:

Definition of serious occurrences follows:

- All deaths of children in foster care
- Serious illness, serious injury or unplanned hospitalization of the child
- All allegations and accusations of abuse* or mistreatment of the child
- Abuse* or mistreatment of a child
- Absence of the child from the home without permission for a significant** period of time or the child is missing and the foster parent considers the matter to be serious***
- Apprehension by the police and/or a charge under the Young Offenders Act
- Significant** alcohol or drug abuse
• Any complaint made by or about a foster child that is considered by the licensee to be of a serious nature
• Any complaints concerning the operational, physical or safety standards of service that is considered to be a serious nature
• Any disaster, such as fire or Boil Water Advisory, adverse water samples or any other serious occurrences concerning a foster child

*Abuse as defined in the Child and Family Services Act
**Significance is based on the age of the child and his/her need for supervision
***CFSA, O. Reg. 550-85, Section 95 (2) specifies reporting requirements where a child is absent from a residential service.

8.26 POLICY REGARDING INFORMATION ABOUT PREVIOUS ABUSE

Carpe Diem has a strong clinical basis and is always committed to minimizing the trauma experienced by foster or natural children. It is therefore Carpe Diem’s policy that any information obtained regarding previous abuse the child has suffered will be shared in a timely and sensitive manner with the potential foster parents. If information comes to light following the placement, that information will also be given to the foster parents. Support will also be provided to the foster parent if secondary trauma is a concern.

Carpe Diem’s Manager of Placement request as much information regarding previous history as is possible from the placing agency – especially information related to previous abuse or trauma. Special care is given to the matching of a new foster child with children previously placed.

8.27 POLICY REGARDING DISCIPLINE

Carpe Diem’s policy regarding discipline is highlighted at the Foster Parent Information Session and is detailed within the Program Description section.

The following disciplines are “UNACCEPTABLE” with foster children and/or natural children:

• Corporal punishment by the foster parents, by another child, or by a group of children. The following types of disciplines must not be condoned by the foster parents or any other third party, these including, but not limited to:
  a) Striking (directly or with a physical object)
  b) Shaking, shoving, spanking or any other form of aggressive physical contact

• Deliberate harsh, humiliating, and/or, degrading responses that could result in the humiliation of the child, or the undermining of the child’s self-esteem. Examples of this include, but are not limited to:
  a) Requiring that the child will not maintain a position where they feel discomfort in their environment
  b) Forcing the repetition of physical movements
c) Forcing the consumption of food

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

APPROPRIATE discipline is timely, fair, consistent, reasonable, appropriate, and includes natural and logical consequences.

In a situation where a child has lost all control and the ability to reason, he/she may become physically aggressive. Physical intervention may only be used to prevent the child from hurting him/herself, others or damage to property but only such damage that result in an unsafe environment for the child or other children.

A physical intervention can only be administered by persons who are trained in behaviour management techniques (CPI), including the use of physical restraints and should only be used after less intrusive behavioural interventions have been considered and, where appropriate, attempted first.

PROCEDURE:

- The use of physical restraints is only to be used in situations where the safety of the child or other persons is immediately at risk.
- Physical restraints are only to be used as a response to immediate safety concerns and not as “therapeutic holding”.
- Physical restraints are never to be used as punishment.
- Physical restraints should only be used after less intrusive behavioural interventions have been considered and deemed to be an inappropriate response to the circumstances.
- The methods that may be considered or employed to avoid the use of a physical restraint (for example diversion, de-escalation).
- The circumstances under which physical restraint may be used.
(The decision to use a physical restraint should be made on a case by case basis and take into account the following: a child’s health condition, whether the child is taking medication and if so, whether the use of a physical restraint would be an appropriate response, the child’s age, developmental stage, and social history.)

- An Incident Report is required after the use of any physical restraint as this constitutes a **Serious Occurrence (see Section 8.25)**. A Carpe Diem staff member should be notified immediately. The incident report must be submitted to Carpe Diem within 6-8 hours of the incident occurring as Carpe Diem must submit the Serious Occurrence to the Ministry within 24 hours of the incident occurring. The Case Manager will notify the Manager of Placement and Crisis Intervention who will then connect with the foster parents to debrief the situation.

Carpe Diem will review policies and procedures with respect to behaviour management techniques, including the possible use of physical restraints, with foster families during their initial orientation and at each annual review. This will be identified and recorded at the annual review process.

**All primary Foster Parents will receive Crisis Prevention and Intervention Training provided by Carpe Diem’s certified CPI Trainer.** Regular recertification will occur and is a requirement to continue to foster with Carpe Diem.

### 8.28 GENERAL HEALTH CARE

**PROVINCIAL STANDARD:**

The placing agency shall ensure that the following medical and dental requirements are met for children in care:

- **Determination at the time of admission of:**
  
  - evidence of serious bruising or significant injuries and where there are specific indications that suggest either a medical examination or treatment is urgently required for the child, provision for the examination or treatment.
  
  - symptoms of communicable or contagious diseases or indications of exposure to communicable or contagious disease within 21 days prior to placement

  - placing agency is expected to communicate to Carpe Diem any known allergies prior to the admission of the child

- Carpe Diem requires a complete physical examination by a licensed physician or Registered Nurse Practitioner within 72 hours of admission to foster care or 30 days prior to admission, and annually thereafter. A complete physical examination must be completed within 24 hours in the following situations:
Any infant under 6 months of age unless that child has been discharged from a hospital within the preceding 48 hours;
Any child/youth with an acute physical illness;
Any child/youth with a known medical or psychiatric issue where medication is required;
Any child/youth with a possible injury;
Any child/youth about whom there is a concern of a communicable disease;
Any child/youth that is the subject of a sexual abuse investigation where an earlier examination is deemed necessary by the Worker and Supervisor (i.e. for evidentiary purposes).

- Carpe Diem requires a dental examination by a licensed dentist every six or nine months or when a child is requiring dental intervention. As agency mandates vary, please check with your case manager to determine how often these check-ups are required.

- Within 3 months of admission, Carpe Diem may require assessment and treatment of hearing and vision. If indicated, psychological, psychiatric assessments and treatments may be required where necessary and available.

- Carpe Diem requires establishment of an ongoing immunization program.

- All of the above is to be included in each foster child’s file, stating the date, the name of the physician, dentist or other professional, and is also documented within the Plan of Care Report as the Cumulative Health Record.

- Medical Forms must be completed any time a foster child visits a third party service provided, i.e. doctor, dentist, optometrist. Medical forms when completed, including date of visit, must be sent to the office to forward to child’s worker with a copy to be kept in the child’s file. Please contact your Case Manager regarding which agency form you need to utilize.

8.29 PSYCHOTROPIC MEDICATION:

Workers will sign the psychotropic medication form at each plan of care, noting the date of the next medical review. If a doctor recommends a medication or medication change, the CAS Worker MUST approve it before any medication is given. These must be reviewed regularly by the prescribing doctor. The Foster Parent and/or Case Manager and/or Doctor cannot make any medication changes without guardian approval.

HIGH RISK SITUATIONS:

For the purpose of this policy requirement, “High Risk” situations involving psychototropic medication include the following:

- Psychotropic medications are prescribed “as needed” (Pro Re Nata or PRN) and/or are used “as needed” more than twice daily or for three or more consecutive days
- A child or youth is prescribed two or more psychotropic medications at the same time
- A child under the age of 7 is prescribed psychotropic medication
• A psychotropic medication prescription that has not been reviewed by a health practitioner in more than six months
• Any psychotropic medication that is stopped suddenly and abruptly by a child or youth without being supported by a health practitioner treatment plan; or
• Any other situation which causes concern in the opinion of the licensee

8.30 ILLNESS OR MEDICAL EMERGENCY

POLICY:
The family physician or the foster parent shall be consulted in case of illness of children in care, or in the case of an emergency, the local hospital emergency department, for diagnosis and treatment.

PROCEDURES:
1. The FOSTER PARENT shall consult their family physician or the emergency department in case of illness or emergency
2. The FOSTER PARENT shall inform the CHILD’S CASE MANAGER and/or On-Call immediately of any serious illness or accident.
3. A written Incident Report must be submitted within 24 hours.

CONSULTANTS:
The FAMILY PHYSICIAN shall refer the child if there is a need for consultation with a specialist.

PRESCRIPTION DRUGS:
Foster Parents will use the appropriate Health Care insurance (i.e. Greenshield) for prescription drugs, dental appointments, etc. Non-prescription drugs, i.e. vitamins, cough syrup, Tylenol, Benadryl, etc. are to be covered by the foster parents.

8.31 VISION TESTING

POLICY:
Vision testing shall be completed on an annual basis and the Foster Parent will submit a medical form to Carpe Diem.

PROCEDURES:
• The CASE MANAGER shall request the FOSTER PARENTS to arrange an appointment for the child.
If glasses are required, the FOSTER PARENT shall have the prescription filled by an optician of their choice in the medium price range. Consult with your Case Manager for the allowable amount. Every agency is different.

GUIDELINES:

- Carpe Diem does not pay for contact lenses unless they are prescribed for a specific condition.
- Carpe Diem does not pay for tinted lenses.

8.32 REPORTING PROCESS -- WRITTEN AND VERBAL

8.32.1 ADMISSION REPORT

An admission report is a standard Carpe Diem questionnaire, which should be completed by the placing agency worker upon the child’s admission. This is a simple information sheet about the child’s immediate needs and a brief description of the child’s behaviour.

8.32.2 WRITTEN PLAN OF CARE and the PLAN OF CARE MEETING

- 30 days after the child has moved into the foster home
- 90 days after admission
- Every 90 or 180 days thereafter

The importance of the Plan of Care is to report on the child’s progress for the previous time period. The Desired Outcomes, Work Required, Person Responsible and Timelines are all specified using the SMART goal formula. This ensures that the child’s needs are met and allows all the involved professionals to hear about their roles and responsibilities.

The Plan of Care may represent a contract of all the parties involved and ensures that the child’s needs are met during placement.

The Plan of Care meeting may include the referring agency, the Carpe Diem Case Manager, foster parents, the child and his/her natural parents, where applicable. The Case Manager will examine and review the children’s file to ensure that the recorded information has been followed. Absences must be recorded.

The CAS guardian will initiate a meeting to review the child’s AAR at least once a year according to ON-LAC requirements.
Plans of Care include:

- Desired Outcomes for each of the Developmental Dimensions outlined by the ON-LAC Assessment and Action Record, appropriate for the child’s age
- A plan for achieving and maintaining clear expectations and responsibilities of the child, natural parents, Carpe Diem parents, staff as well as all other professionals involved in the case

8.32.3 THIRTY DAY PLAN OF CARE

A 30 Day Plan of Care is a short description of a child’s:

- Strengths, Aptitudes And Abilities:
- Summary Of Significant Events (Since admission or last reporting period, i.e. Court):
- List Of Resources (Include Who Provides Which Services):
- Health, Including Medication, Medical, Dental And Other Appointments
- Education:
- Identity:
- Family And Social Relationships:
- Social Presentation:
- Emotional And Behavioural Development:
- Self-Care Skills:
- Incident Reports And/Or Serious Occurrences:

Also included are Desired Outcomes for each Dimension. It is recognized that the Foster Parent Report will not have the same detail as a 90 day report, as the foster parent and child are just becoming acquainted.

The 30 Day Plan of Care is to contain pertinent information about changes in behaviour, adjustment to the foster family environment, mood changes and daily routines.

8.32.4 90/180 DAY PLAN OF CARE

Every 90 or 180 days, a Treatment Plan of Care will be written and a meeting will be held to discuss future planning for the child and family. The 90/180 Day Plan of Care includes the Foster Parent Report on the previous time period, and a list of Desired Outcomes. The foster parent prepares this report at least 2 weeks before the planned meeting, and often uses the Case Manager for consultation.

There is also an Additional Goals sheet that can be used for planning at the meeting. There are copies provided for the CAS worker, the foster parent, the Case Manager and the file. The Case Manager is responsible for bringing and completing this form.

More frequent contact will be provided if needed, depending on the Treatment Plan for the child.
Children 12 years and older attend their Plan of Care Meeting to participate in their long and short term goal setting. It is expected that this child has assisted with the writing of the Report, and has seen the entire document prior to the actual meeting.

8.32.5 MONTHLY REPORT

The Carpe Diem Foster Parent prepares a Monthly Report for each individual child. These may be submitted by email, or may be given to the Case Manager or handed into the office directly. It is the foster parent’s responsibility to ensure the Monthly Report and expenses are received by Head Office no later than the last business day of the month. Case Managers are available at the monthly Resource Meetings to receive reports. Please note that Expense Forms cannot be emailed as they must be accompanied by the original receipts to be accepted.

8.32.6 INCIDENT REPORTS

A foster parent is required to submit an incident report within 24 hours of an incident occurring. This is very important because the Incident Report is forwarded to the child’s worker. Incident Reports may be submitted in court, and foster parents may be asked to describe the incident reported. It is important, then, that these reports be written with care and attention to detail.

The incident also needs to be reported verbally to the Case Manager or after hours worker as soon as possible. Carpe Diem staff will then forward the Incident Report within 24 hours to the referring agency. At the discretion of the referring agency, the natural parents may be notified.

8.32.7 SERIOUS OCCURRENCES

FOSTER PARENTS MUST IMMEDIATELY INFORM CARPE DIEM OF ANY OF THE FOLLOWING SERIOUS OCCURRENCES INVOLVING A FOSTER CHILD:

- Death of a child
- Any ‘third party’ contact including police or hospital
- Serious illness, serious injury, unplanned hospitalization or psychotropic drug near misses
- Abuse or mistreatment of the child or allegations of such
- Complaints made by or about a foster child that is serious
- Complaints against the agency
- Apprehension by the police
- Fire or other disaster in the home
- Physical restraint of a child
- A “Boil Water” Advisory
- Absences of the child without permission for significant periods of time or the situation is considered serious
- Significant alcohol or drug abuse

The following steps will then take place:
• Carpe Diem will immediately inform the Child Welfare Agency
• The foster parent will complete an Incident Report within 6-8 hours of the incident occurring
• Carpe Diem will, within 24 hours, submit the Serious Occurrence form (including the Incident Report) to the Ministry
• Carpe Diem will provide the Follow-Up Report (if required) within seven (7) days.

8.32.8 ENHANCED SERIOUS OCCURRENCES

An Enhanced Serious Occurrence exists where an incident occurs that may be reported by the media or receives media attention. In this case the Enhanced Serious Occurrence Report must be reported within three hours of occurrence. The foster parent, therefore, must notify Carpe Diem immediately.

Please ensure that all contact with the media is managed through the Director of Carpe Diem or Designate. Please also refer to our policy on media contact. (See Section 8.32.14)

8.32.9 FOSTER PARENT RESPONSE TO RUNAWAYS OR MISSING CHILDREN

1. Immediately notify Carpe Diem that the child is missing and provide the following information, (as required):

   a) name of the child, date of birth, sex and a complete physical description
   b) status of the child:
      • Probation with an order to reside
      • Parental agreement
      • Society ward
      • Crown ward
   c) the worker’s name, with the agency address and telephone number
   d) any locations where the child may be and any possible associates
   e) any serious concerns (suicidal, homicidal, medical problems)
   f) photograph (if available)

2. Ensure that the Carpe Diem Case Manager or On-Call Worker is notified immediately. In consultation with Carpe Diem staff, a decision will be made regarding contacting the police. Carpe Diem will then contact the Child Welfare Agency.

3. An incident report must be submitted no later than 6-8 hours after the child has been reported missing as Carpe Diem needs to report this is a Serious Occurrence (third party contact). The report should include:
   a) the time of the missing person report
   b) the name & badge number of the police officer
   c) the occurrence number
   d) all instructions given to the police
4. On the return of the child to the foster home:
   a) inform Carpe Diem (either the Case Manager or the On-call Worker)
   b) notify the Police in cases where the police do not return the child
   c) ensure the Incident Report includes the time and details of the return
   d) Carpe Diem Case Manager or On-Call Worker will notify the CAS Agency

5. When a child is absent from the foster home for more than seven days, the per diem rate will be reduced, unless prior arrangements have been discussed. In consultation with the CAS Worker and Carpe Diem Manager of Placement, a decision may be made regarding the child’s future placement.

8.32.10 DISCHARGE FORM

A medical and discharge form will be completed at the termination of placement. A discharge interview can be conducted with the child / youth up to a week prior to discharge to assess the appropriateness of the child / youth’s placement. The worker of record (referring agency) will be contacted to assess the appropriateness of a follow up interview with the child to discuss placement issues if the discharge interview has not already taken place. Following the discharge, the Case Manager will support the foster parents.

After a child leaves a foster home, there is to be a follow up visit (when applicable) with the foster family in order to debrief the separation process and recommend any future contact for support for the individual child during this transition stage. The content of the contact is to be recorded in the foster family file and the Child or Youth’s file and used to assist future placement decision making.

It is acknowledged that Carpe Diem rarely is encouraged to maintain contact with children after discharge. In fact, any unauthorized contact must be reported and noted in an Incident Report. In some cases, phone contact or visits may be approved by the worker of record, if the foster parent and Carpe Diem is in agreement.

8.32.11 RELIEF HOME RESPONSIBILITIES

Relief Homes are responsible for the safety, welfare and security of the Carpe Diem foster children in their care. All essentials are included in the relief home per diem. There should be no extra expenses on the part of the relief home.
Foster and relief homes are required to make telephone contact in the week preceding the weekend or time, in order to get updates on information pertaining to the child. Arrangements for the drop off and pick up of children should be made, as this is the shared responsibility of the relief and foster home.

The full-time foster home should provide the relief home with a Relief Information Sheet that lists all relevant information for the child, including health card number and medication.
The Relief Home is responsible for filling out the Relief Home Report that records activities, unusual behaviour and is signed for pay purposes. Only relief homes that submit these reports get paid, as this form generates the payment.

8.32.12 POLICY REGARDING MEDIA CONTACT

Carpe Diem is committed to respecting the privacy of its employees, programs and current and past placements. All contact with the media must be specifically authorized by the Director or designate.

PROCEDURE:
- If approached by any member of the media; please have them contact the Director.
- If permission has been specifically granted, please ensure you represent Carpe Diem and its programs using a strength-based professional approach.
- You will not be authorized to discuss the particulars of any existing or past clients in our program without written consent from the child’s guardian and the Director of Carpe Diem.
- No client may be photographed or recorded without specific written consent from their guardian.
- Any unauthorized contact MUST be reported immediately to the Director and may be subject to a serious occurrence.

8.32.13 POLICY REGARDING WORKERS INFORMING CHILDREN ABOUT RIGHTS AND COMPLAINTS PROCEDURES

THE RIGHTS OF CHILDREN requires that children in care be informed of their rights and responsibilities in care and of complaint procedures at the time of admission to a placement.

CHILDREN’S RIGHTS IN CARE requires that children be informed of their rights and complaints procedures at the first plan of care and every six months thereafter.

Carpe Diem relies on the discretion of the placing agency to fulfill the requirement that parents and persons with lawful custody get notification of the child’s rights and the complaints procedure.

PROCEDURE:

1. The placing agency worker usually informs the children of their rights and responsibilities upon admission to the foster home.

2. At EACH 90/180 Day Plan of Care, the child welfare worker and Carpe Diem Case Manager decide who will inform the child. This person signs the bottom of the Attendees at Plan of Care sheet which goes in the child’s file.

3. Each foster home will have a copy of the Rights and Responsibilities booklet suitable for the child’s age and/or developmental level.
8.32.14 COMPLAINTS PROCEDURE FOR CHILDREN AND YOUTH IN FOSTER CARE

Information about complaint procedures is to be communicated to children and youth at the time of admission and reinforced at the first plan of care and at least every three months thereafter. It is explained to children at these times that they can speak to: the Case Manager of the foster home; their Legal Guardian; or any other adult employed by Carpe Diem. Case Managers can also discuss this with the foster child or foster parent at any time.

The outcome of a complaint will be reported back to the child and involved parties within five working days.

9.0 PLANNING

9.1 ANNUAL REVIEWS

Foster homes have an Annual Review each year, at which time the performance of the foster parents and the fit for fostering is evaluated. The foster parents also give recommendations to Carpe Diem about their own Goal Areas, and suggestions to Carpe Diem for improvement.

At this time, the goals from the previous year and the Service Agreement are reviewed. Goals are also set for the coming year. It is clearly outlined who will do what to facilitate the goal achievement.

The Annual Reviews are performed with the foster parents, the Case Manager, and the Case Manager Supervisor (usually). Each member of the family (over the age of 6) is interviewed at this time. Once the process is complete, the form is forwarded to the Director who reads the Review. A signed copy of the Annual Review will be put in the Foster Parent’s file.

9.2 POLICY REGARDING FOSTERING FOR OTHER AGENCIES

It is Carpe Diem’s policy that as a Carpe Diem Foster Parent you will not foster for other agencies as this becomes a conflict of interest. This includes children/youth and adults. Carpe Diem does realize that on occasion situations arise whereby this will be approved, however this will be looked at on an individual basis and needs to be approved ahead of time by the Manager of Foster Care. If the respite is approved the Manger of Foster Care will put a Note to File explaining why it has been approved.