

Child Intervention Practice Guidance

Coronavirus (COVID-19)

Revised August 18, 2020



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UPDATE AS OF **11:00 AM August 18, 2020**

UPDATES HIGHLIGHTED

As a legislative service, the Ministry is required to continue to fulfill its obligations under the Child, Youth and Family Enhancement Act, in particular assessing harm and danger and ensuring the well-being of children.

The safety and wellness of all of our staff and children we serve is paramount. As you are aware, the situation in Alberta is evolving rapidly and we are continuing to assess what it means for Child Intervention service delivery.

This Practice Guidance includes information regarding shifts that we are continuing to make in our approach to adapt Child Intervention service delivery during the COVID-19 pandemic.

Please note that these instructions will be adapted as Alberta Health's guidance to Albertans evolves. We commit to providing regular updates. All new updates will be listed on this page and highlighted in the relevant sections.

Updates on August 18, 2020:

- Added information related to Return to School and Masks for School to the **Supports for Caregivers** chapter.

If you notice any links are broken, please let us know at CS-CI-COVID-19@gov.ab.ca.

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Important Links

- [Alberta Health COVID-19](#)
- [MyAPS COVID-19 Response](#)
- [Alberta Health Services COVID-19 Response](#)

Relevant Forms

- [COVID-19 Reporting Form](#)
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- [Alberta Health Screening Questionnaire](#)
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Date Released:
May 20, 2020

Date Updated:
June 17, 2020

IN-PERSON WORK FOR CASEWORKERS/ASSESSORS/GENERALISTS (PRACTITIONERS)

Albertans have done a tremendous job adhering to the guidance that has been provided by the Chief Medical Officer of Health to manage the COVID-19 Pandemic. Child Intervention Practitioners have been a significant partner in helping manage spread of Covid-19 and keeping children and families safe.

Alberta is now at a place where gradual resumption of activities and reopening of businesses and services is underway. This doesn't mean that the threat of COVID-19 has disappeared; rather that the spread of this virus has been slowed down. For the foreseeable future, Albertans will need to continue to operate in a 'new normal' way and:

- Demonstrate Vigilance to slow the spread
- Follow public health measures
- Practice physical distancing
- Practice good hygiene
- Use personal protective equipment in certain situations

Casework Relaunch

As the province continues its staged relaunch, Children's Services needs to gradually resume normal legislative activities in a way that is safe and ensures the best interest of children in care remains a priority.

The health and safety of Child Intervention Practitioner's (CIPs) and of our agency partners has been vital and will continue to be so as Children's Services and partners move forward through the COVID-19 pandemic. By utilizing a staged approach towards the "new normal" in providing services to children, youth and families, we are continuously improving. As public health measures are modified, CIPs will transition into the next stage of our work, including continued collaboration with community partners and DFNA's. It is important for different regions of Children's Services to connect with

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First Nations Designates and DFNAs during this time to support connection for Indigenous children.

Throughout the staged approach process CIPs and agency partners will continue to ask initial screening questions and follow AHS and Practice Guidelines. And to support CIPs/agency staff, Personal Protective Equipment (PPE) will be required for the safety of workers and families while phasing back into working directly with families in the community. Children's Services will supply all required PPE to CIPs.

Things to consider in preparing to resume in person contact

By June 8th all CIPs should be completing home visits and face-to-face visits with children, parents, guardians, and caregivers. As things continue to evolve with the COVID-19 response, CIPs will be asked to be creative with the incorporation of technology while ensuring that they are also completing face to face as necessary.

Things to consider in preparing to resume in person contact:

- You **must** have completed the Staff Safety and Personal Protective Equipment Checklist and the GOA Formal Hazard Assessment specific to your role BEFORE resuming in person contact.
- **Supervisors must review the Field Level Hazard Assessment with all CIPs who then can proceed with in person and face to face work.**
- Face to Face/in person contact isn't necessary for all casework all of the time—the use of virtual connection has been extremely successful and so should be utilized to supplement face to face.
- Preplanning for in person contact should be completed between caseworkers, both child and foster/kinship support, if there are multiple workers involved with one home. Coordinating in person contact supports caregivers who may be overwhelmed with people contacting and entering the home.
- CIPs are required to resume their active delegated roles to have in person contact with children on their caseload, to continue to develop meaningful connections and build relationships. Exceptions to this may be based on resource capacity. For example, if a CIP is away on sick leave then the site will coordinate another delegated CIP to complete the face to face/in person contact.
- Approach face to face and in person contact with children, families and caregivers in a collaborative way that encourages all to share any concerns and demonstrates appreciation for the anxiety and concern families may have. This will help identify if circumstances require special supports and could include offering to wear a mask to make the child or family feel more comfortable and using/creating environments where physical distancing is easily managed.

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- In person and face to face does not necessarily always mean in the home. These decisions should be made in collaboration with the child, youth, family and/or caregiver and based on the need to physically enter a premises.

Considerations for an In-Person Visit

Prior to an in-person visit, the CIP and case team including agency partners, foster and kinship caregiver(s), and the child's network will assess the capacity of the parent and of the child to adhere to the guidelines set out by AHS, to decrease the risk to the child, the parent, and any child placement resource.

The following questions shall be considered:

- What is the ability and commitment of the parent and of the child to maintain safety during the visit?
- If the parent or child's capacity is limited, what supports can be provided to assist the family in adhering to the guidelines?
- Do the parent and child comply with AHS guidelines outside the visit?
- As long as safety can be maintained the benefit of in-person connection and contact for the child should be prioritized. This means that networks should consider alternate environments, various types of visits and create strategies prior to denying an in-person visit.

Select a Location

The location and activities should allow for physical distancing of 2 meters (6 feet), for the example, an outdoors location or a government or agency office (e.g. interview room). If a government or other office is used, hard surfaces will be cleaned appropriately (sanitized) both before and after the visit. This will include phone and electronics, if present.

Develop a Visitation Plan

The case team and network will develop a clear Visitation Plan that includes how the risks for COVID-19 exposure will be reduced. This Visitation Plan should include measures to decrease risk and promote infection protection, including limiting both the number of people in the visit and the length of the visit.

Documenting the Visitation Plan

The Visitation plan is documented on a contact log in CICIO indicating when and how it was shared with the parent and caregiver(s), and their agreement with the plan. Visitation plans are required to be captured under the Visitation plan tab in CICIO under the name COVID-19 Visitation Plan.

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Be Prepared with Personal Protection Equipment (PPE)

Ensure appropriate PPE supplies are available during the visit in the event they become necessary. (e.g., someone begins to display symptoms during the visit). If any health or safety concerns arise for any individual during the visit, the visit should be ended without unnecessary delay.

Screening Questions

When attending a pre-arranged face-to-face meeting, outlined above, contact the parent/guardian, caregiver, agency or community partner and ask the following screening questions as per AHS screening criteria:

- Have you travelled outside of Canada within the last 14 days?
- Have you had close contact with a confirmed or probable case of COVID-19?
- Have you had close contact with a person with acute respiratory illness who has travelled anywhere outside of Canada within the last 14 days before their illness?
- Have you had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19 virus?
- Is there anyone in the home with a fever and/or a cough or shortness of breath?

A *close contact* is defined as a person who:

- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment.

OR

- Lived with or otherwise had close prolonged contact (within two metres) with the person while the person was infectious.

OR

- Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

If the parent/guardian, caregiver or any member of the home does not present with any of the criteria, proceed with the visit. If any member of the home states they meet some of the criteria, consult with your supervisor and manager.

If the parent/guardian or any member of the home indicates they are sick and have a confirmed case of COVID-19, do not attend the home and cancel all non-essential home visits or meetings.

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Social Media

Face to Face/in person contact isn't necessary for all casework all of the time-the use of virtual connection has been extremely successful and so should be utilized when appropriate to **supplement** face to face contact.

In order to stay connected and facilitate virtual meetings with our children, youth and families, social media apps such as WhatsApp, Facebook and Messenger are approved for staff to download and use.

When creating social media accounts at this time, please ensure your supervisor or manager is aware an account has been made. Personal accounts **SHOULD NOT BE USED** to connect with children and families. Please ensure the privacy settings are set to the most secure. Any social media accounts should be identified as professional accounts by the use of "Children's Services" in the account name.

First Nation and Band Consults

In-person band consultations - As each First Nation is unique in their own relaunch plans, we strongly suggest contacting each Band and DFNA to discuss access to the community. DFNA Directors and staff, and First Nations Designates, continue to be available to discuss child intervention matters. Maintaining connections of a child to their community continues to be a priority, so please work in partnership with the Band to decide the best way to complete the consult, in person or consider alternative approaches through telephone or Skype.

Attending Funerals and Wakes

If a child in care's family member dies, they need to be supported to connect and receive comfort. If a family member passes away and a wake or funeral is being held, support the child in attending the funeral in person if the funeral/wake is following Alberta Health and AHS guidelines, including:

- The funeral/wake has maximum of 50 individuals for indoor or maximum of 100 individuals for outdoor ;
- Physical distancing (two meters) can be maintained; and
- The child will not be participating in activities that promote disease transmission (e.g. singing, cheering, close contact, sharing food or beverages, buffet-style meals).

If the child cannot attend the funeral/wake in person, explore other options to have the child attend the funeral/wake virtually, such as Skype or FaceTime.

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TIPS FOR ENGAGING FAMILIES WHEN WEARING PPE

Wearing PPE can be scary for both kids and adults. If you can, warn people ahead of time that you will be wearing PPE.

<p>1. Have a proactive conversation with the family about COVID-19.</p> <p>Check out what caregivers know and have told children about the virus.</p> <p>Top Tip: Consider using this resource (it's available in lots of languages!) to help children understand what all this means: <u>#COVIBOOK</u></p>	<p>3. Why are you wearing PPE?</p> <p>Let people know that you wear it to all your visits now to help keep families from getting sick and that it is changed after each visit.</p>
<p>2. Let people know you don't usually wear PPE and it feels awkward for you too. Acknowledge that it can make people look scary.</p> <p>Top Tip: Consider putting a smiley, prominent picture on the outside of your gown/clothes to accompany your ID badge so people can 'see' who they are talking to. Even people that have met you before might not recognize you with PPE.</p>	<p>4. Assure people that you can still do your job.</p> <p>Top Tip: Remember to still smile! How you feel shows on other parts of your face even if your mouth is covered up. Be expressive: body language matters even more now.</p> <p>5. Find creative ways to summarize your visit.</p> <p>Top Tip: Draw pictures and leave a business card in case there are questions.</p> <p>Double check – ask families what they have heard and what they understand. Some people rely on lip reading to help with communication.</p>

The following resources can be watched or shared with families to explain the new way of visiting:

- [PPE \(for Kids\)](#)
- [Physical Distancing \(For Kids\)](#)

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TIPS FOR WORKING AT A DISTANCE

- Make a conscious effort to plan in advance if you are attending a home with others.
- Explain the importance of physical distancing to the people you are visiting so they understand why you are keeping your distance.
- Identify and discuss with the family where in the house you are going to place yourself to conduct interviews/make assessments.
- This is public health direction to help stop the spread of COVID-19 and helps maintain the safety of everyone.
- Ensure that you maintain at least 2 meters (6 feet) between you and others in the home
- Discuss who will stand where and ask for reminders from your colleagues when you are engaged in the visit – it is possible you will forget!
- Ask those that do not need to be in the room to go elsewhere in the space for the duration of the visit if possible.
- It can be challenging to employ physical distancing practices in small spaces.
- Where possible and if privacy and weather permits, discuss with the family whether meeting outside could work.
- Limit the amount of people going into a space to those who are absolutely required. Consider connecting virtually to others during the visit.
- Where possible and if privacy and weather permits, discuss with the family whether meeting outside could work.
- Where possible and if privacy and weather permits, discuss with the family whether meeting outside could work.
- We are not used to being physically apart from people in our work. Feeling discomfort or awkwardness is normal.
- Be mindful – fear and mistrust of the medical system (and Children's Services) expressed by racialized and marginalized individuals, including those experiencing mental health issues, may be amplified by a CS worker wearing equipment typically reserved for the health care field.

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Stage 1 (Starts May 25)

During Stage 1, CIPs (CASEWORKERS/ASSESSORS) in collaboration with agency staff will consider which files they will be responding to as a priority.

CIPs/ agency partners will begin to conduct home visits and face-to-face visits for non-urgent matters. Using the scaling questions in the Practice Guide and in consultation with your supervisor, determine which specific children and families you will be seeing in person. When attending family homes or completing unannounced home visits the initial contact and screening will take place at the door, where the worker will ask the AHS screening questions regarding risk of illness in the home.

If CIPs have been asked to respond to a home on an urgent matter and have determined someone has symptoms or has been exposed to COVID-19, **THEY ARE NOT TO ENTER THE HOME**. If immediate action appears to be required, the appropriate emergency service will be called to assist before attending to the matter. Agency partners will conduct their own screening as well in line with their OHS guidelines. Information will be shared between CIP and agency staff in the event that a person in the home has tested positive for COVID-19 or is exhibiting symptoms.

Manager consults should continue when a CIP is attending a home where, based on the responses to the screening questions, COVID-19 may be present.

Stage 1 includes the following priority categories of files:

Children 6 Years Old and Under

Children under six are the most vulnerable population that we serve. They are not attending school, cannot speak for themselves, and are unlikely to be able to individually access technology or have the ability to connect to family or other support networks on their own. The use of technology and virtual assessment for these children as a continued matter of course is not always reliable and may leave them at further risk. **Children under 6 must be seen in-person.**

CIPs will not be completing face to face visits with children who are in foster/kinship homes in Step 1 unless absolutely necessary. This will help reduce the number of people coming and going into the foster/kinship homes and group care.

Medically Fragile, Severe Neglect and Unexplained Injuries

Children who are medically fragile or are reported to be exposed to chronic and severe neglect, as well as children with unexplained serious injuries whose parent(s) or guardian(s) are in denial of the injury and/or who have unexplained serious injuries from an unknown perpetrator, **need to be seen on a priority basis.**

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Non-responding Families with Open Files under CYFEA

Despite our best efforts, not all families have responded to caseworkers attempt to communicate with them during the COVID-19 Pandemic. Some have not had access to sufficient technology, may have had to relocate or have been unresponsive for various other reasons. Due to these unsuccessful attempts to connect with these families, they **must be seen in person to assess current level of safety and risk and case plan and offer supports accordingly.**

High Risk Youth

A high-risk youth is a young person who is determined by the CIP as being at high risk and those who may have lost connection with their family, support network and CIPs. These youth can be more isolated and may have been limited in their ability to access mental health supports, shelters, and even hot meals and therefore continue to remain vulnerable. In some instances, their access to technology was also interrupted or disappeared. **In person reconnection by a CIP is required.**

Those with Expiring/Renewing Agreements (Families/Youth and SFAAs)

Children and families remain vulnerable at home during the COVID-19 response, especially since children are not attending school and there may be limited access to family or support networks and may require further supports beyond what the original case plan had contemplated. We need to ensure that needed supports continue to be in place to prevent loss of safety, so **these children, youth and families need to be seen in person.**

Families with Supervision Orders

In-person attendance at the homes of families with Supervision Orders is now required. Although we have been completing face to face visits with children and parents using technology over the past few months, it does not negate the need to be meeting with these families in person. We must ensure that we are adhering to court ordered terms. Consider whether or not your visit is required to be inside the home or if you are able to meet outside of the home to improve physical distancing.

Family Time

Family Time is essential to the children and youth in our care and for those children who are in the midst of reuniting with their families. Where possible, collaboration with their supervisor, case team (including caregivers in kinship and foster home) and family network, the CIP/agency partners will need to coordinate and make arrangements for in-person visits with children and their families while following the AHS and CS Practice Guidelines. In person visits may be supervised or unsupervised in accordance with the

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case plan. For children in care the reference to **parent** may be **replaced with a sibling or another significant person** CIPs and agency partners will prioritize visits with children and families who, prior to COVID 19 were in the process of reunifying and where technology has not been able to support ongoing contact (infants and toddlers). The focus will be on connecting children with families and being creative with families' visits, caregiver(s) and support networks involvement, while ensuring that physical distancing is maintained. Alternating in person visits with Skype/FaceTime etc. is acceptable during this time.

CIPs, agency partners and caregivers will need to utilize information gathered through collaboration to make the most reasonable case planning decisions possible. While there are multiple considerations to balance, the outcome remains to be keeping children and families connected in a safe and healthy manner.

Child in Care or Parent Living Outside of Alberta

When a child in care or a parent live outside the province, maintaining contact through alternative measures such as video calls, phone call and texts is recommended. Out of province travel is currently not permitted for children in care, unless approved by a Regional/DFNA Director. If an out of province in-person visit is essential, please elevate the request to the Regional/DFNA Director who will follow the [process](#) for exceptional travel out of province.

Stage 2 (Beginning June 8)

Throughout stage 2 you will gradually return to standard practices. In consultation with your supervisor and manager, you will jointly determine which files you are attending to on an in-person basis.

Family Enhancement Agreements where contact with the family has been maintained during COVID -19 using virtual means

Technology such as Skype and FaceTime has been extremely useful during the COVID-19 Pandemic. We need to be meeting with these families in-person, to continually assess the parent's willingness and ability to ensure their children's safety. During this stage, family/ support network meetings can resume while following the AHS and CI Practice Guidelines.

Support and Financial Assistance Agreements

Young people may not have been able to access support and the resources required for them to successfully transition to adulthood during the COVID-19 pandemic. Young people who are aging out and are transitioning to adult services may require guidance

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and support to aid them in their transition. **In person contact must be made with SFAA recipients where possible.**

Family time Continues

Family time is essential to the children and youth in our care. Where possible CIPs in consultation with their supervisor, case team (including caregivers in kinship and foster home) and family network will need to make arrangements for in person visits with children and their families while following the AHS and CI Practice Guidelines. In addition, measures to maintain safety will be discussed with the placement and family members/significant others prior to the visit.

In Person Contact with Children in Care

Mandatory face to face with children in care in their placements will resume. This means that delegated workers will begin to approach placements to conduct the required face to face contact with children, both alone and with caregivers as appropriate. Measures to maintain safety will be discussed with the placement in advance.

CIPs, both child and foster/kinship support and the case team, are expected to collaborate to ensure caregivers are not overwhelmed with people entering their home. Caregivers do have a voice in how the relaunch affects them and this must be taken into account. Foster/Kinship support workers, CIPs, and case team should coordinate their visits to reduce the possibility of overwhelming caregivers and children. There is still the flexibility to continue with virtual contact when it is not safe to meet in-person (e.g., when the safety of our workers or others might be at risk, or not yet required as defined in the guidance).

CIPs are required to resume their active delegated roles to have in person contact with children on their caseload, to continue to develop meaningful connections and build relationships

Exceptions to this may be based on resource capacity. For example, if a CIP is away on sick leave then the site will coordinate another delegated CIP to complete the face to face/in person

CIPs and agency partners should be aware there may be additional precautions or expectations when visiting caregivers' homes and/or group care settings, such as wearing a mask or having your temperature taken with a non-invasive infrared or similar device.

Family/Support Network Meetings, First Nation and Band Consults, Case Conferences

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Continuing to support families and maintaining connections with family is a critical piece of life long connections. This will need to be done in accordance with the AHS and CI Practice Guidelines. Some of these meetings may continue to proceed using technology, however efforts should be made to consider some in person meetings where physical distancing can be practiced.

Regional, Inter-Regional File Transfers, Interprovincial Requests

Not all families that we work with remain living in the same home, area, town/city or even the same part of the Province, and therefore will require their files to be transferred to other offices or regions. Interprovincial requests will require consultation with your supervisor.

Cultural and Spiritual events and gatherings outdoors

It is important for children, youth and young people to maintain a connection to their culture and spirituality. At this time there is a limit of 100 people that can gather in an outdoor event and indoor/seated audience events. There is no cap on the amount of people who can attend worship gatherings as long as physical distancing is maintained and masks are worn when it is not possible to physically distance.

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Date Released:
March 31, 2020

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June 12, 2016

COURT AND LEGAL MATTERS

Court Operations and Procedures

Provincial courts continue to hear child intervention matters. The court is undertaking a staged resumption of court operations in accordance with all public health guidelines.

Please check within your region for court operations, including the scheduling of court matters and appropriate court procedures.

Child intervention practitioners in the regions are advised to consult with their assigned lawyer through Family and Surrogate Court Litigation (FASCL) or local legal counsel to discuss the legal status of any particular case and next steps.

Similarly, child intervention practitioners in Delegated First Nations Agencies (DFNA) offices are advised to consult with the DFNA's legal counsel to discuss the legal status of any particular case and next steps.

Discuss appropriate court procedures, such as service requirements, with your regional court services staff, court coordinator or legal counsel. As courts start opening up, there will be greater expectations that both caseworkers and parents attend court. Caseworkers are encouraged to connect with their legal counsel to determine whether their presence in court is required.

The [Alberta Courts website](#) provides additional information regarding court procedures. Announcements from the [Alberta Court of Queen's Bench](#) and the [Provincial Court of Alberta](#) and are linked for your reference.

Terms and Conditions of Court Orders

Children's Services is required to comply with each court order. All court ordered terms and conditions must be satisfied. Each court order should be reviewed on an individual basis to determine how compliance with the court order can be achieved within the current CI Practice Guidelines. Document activities showing compliance with court orders. If you have concerns with compliance, please consult with your supervisor and legal counsel as appropriate.

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Legal Authorities

In accordance with our standard practice, it is necessary to monitor legal authorities and any associated expiry dates. It is the caseworker's responsibility to address any legal authorities that are expiring. Our standard practice to consult with the assigned legal counsel regarding the particular legal authority and next steps continues. If a matter is adjourned, your legal counsel will advise of the date that the matter is adjourned to and provide other direction regarding next steps.

In accordance with our standard practice, any changes to existing court orders and new orders (including interim orders) need to be updated in CICIO.

In cases where you do not receive a copy of the current court order in a timely manner from the courts and are asked to provide a copy to medical professionals for a child's treatment, follow existing practice in your Region/DFNA. Consult with your supervisor/manager and/or legal counsel about what documentation can be provided to demonstrate Children's Services legal involvement with the child/family.

In summary, compliance with courts orders is required. Legal authorities must be monitored and actioned as appropriate. Consult with legal counsel if there are concerns with compliance with each court order and maintaining the appropriate legal authority.

Children's Services must also comply with all provincial and federal legislation, as may be applicable. For additional information regarding the federal Act titled, "*An Act Respecting First Nations, Inuit, and Metis Children, Youth and Families*," please see the CI Portal webpage linked [here](#).

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SUPPORT AND FINANCIAL ASSISTANCE AGREEMENTS

Message from Statutory Director

The courts placed an injunction on the Regulation change that was to come into force on April 1, 2020, reducing the age of eligibility. The proposed change to the SFAA program to decrease the maximum age of recipients from age 24 to 22 **IS NOT PROCEEDING** at this time.

SFAA Directive issued by Elden Block, Statutory Director on March 27, 2020:

Justice Friesen of the Court of Queen's Bench has ordered an interim injunction prohibiting a change in the Support and Financial Assistance (SFAA) program, which would have lowered the age eligibility requirement from 24 to 22. The change, proposed to take effect on April 1, 2020 through amendments to the Child, Youth and Family Enhancement Regulation, will **not** take place while the injunction is in effect. The court has prohibited government from lowering the age limit pending a trial on the merits of a specific case. **Therefore, the maximum age for eligibility for the SFAA program remains age 24.**

I direct compliance with the court's direction. The Director's administration of the SFAA program will continue unchanged, including the availability of an administrative review and appeal for SFAA recipients. Individuals notified of a change in the SFAA program effective April 1, 2020 have been notified that the proposed change will not take effect.

The ministry will maintain its commitment to the temporary transition funding and support arrangements that have already been negotiated. However, if any young person age 22-24 who meets the criteria for SFAA as per existing policy under the *Child, Youth and Family Enhancement Act* wishes to enter into a SFAA, they may contact their worker to make those arrangements. Existing policy should be applied in determining what services and supports will be negotiated.

Contact

Everyone has been innovative in continuing to support children, young adults and families during this time. Caseworkers have been developing proactive plans with all young adults that includes a self-isolation strategy, sourcing of food, medical supplies, emotional support, alternative childcare and what the young persons identifies as a need to assist in isolation and parenting.



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As we continue to move forward to the “new normal” and work that needs to be done in the staged approach. Negotiation of an agreement, and any terms or supports can be done while maintaining appropriate physical distancing additionally, you **must** have completed the **Staff Safety PPE checklist** and **Hazard Assessment** before resuming in person contact.

In principle, we must assume many of the transition plans and resources that have been organized for these young adults may not be readily available. We will need to be flexible and responsive to their changing needs.

Some things to consider:

- If the young person is the primary caregiver for child/children, do they have a backup caregiver?
- Can they make a reciprocal agreement with another family perhaps or one of their neighbors if they need assistance to look after their dependent/s in an emergency?
- Is the identified caregiver able to sustain having the young adults' dependents in their care both physically and financially?
- Who are the people in their support network, who is the young person keeping in contact with? Who can they call if things are not going well, knowing that you may not always be available (caseworker) to help them? Can this person regularly reach out to family to help them feel supported? Is this a sustainable source of support?
- For plans that have been made, consider the potential health risks to all involved. For instance if a young person is being hospitalized, their dependents will have been exposed as well. Has the young person considered this when making arrangements?
- Ensure the young person has their children's medical information, health care cards, etc. and permission to get treatment if needed.
- Record the information of all activities in a contact log or in their Transition to Independence Plan.

To mitigate the potential risk to the health and safety of young adults and their families, CS is offering virtual soft supports to young adults aged 24 and older, to reduce the need for CI involvement during the pandemic.

Financial Support

Young adults may require supports/funds to care for the child/children, negotiate with the parent for gift cards/vouchers or short-term financial assistance to support any childcare arrangements. These activities should be coded under 00380 child and youth expenditures in CICIO.

Those young people who already had bridge funding set up, and who want to continue on this transition path, will be approved to do so. However where possible a SFAA should be signed and negotiated.



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Bridge funding approval forms must be signed by the appropriate provincial leads/designated staff. Approval forms are to be filed in the Legal section of the CYFE client file. In order to support the timely implementation for bridge funding, financial expenditures should follow the following documentation process:

CODING AND PAYMENT PROCESS

1. The SFAA agreement for an approved client must have either an expired or end dated legal authority but must remain unclosed in CICIO for the duration of the bridge funding – this allows clients to continue to have a usable and active ID#.
2. Payments directly to clients may be made through CYFS and to Contracted Agencies through CMAS using standard procedures and processes.
3. SFAA Transition tool # 1 Updated March 4, 2020
4. Financial coding should follow the typical SFAA case structure:
 - a. client ID #;
 - b. program code 01469 (SFAA);
 - c. Account code as per service;
 - d. Period of Assistance (POA); and
 - e. Enter – “Bridge Funding [Month]” in the Cheque Message/payment message

Common Account Codes:

1. Living allowances (rent etc.) - 527100 (Supported Independent Living)
2. Contracted facilities - 527110 (Payments to Institutions)
3. Support worker – 543480 (Community Youth Worker)

Regions must ensure a client list is tracked offline in the regional SFAA Transitions Workbook which includes client ID #.

File closures in CICIO can occur post Bridge funding completion.

All other young people who are eligible for a SFAA will be able to enter into an agreement and negotiate financial supports as usual.

- Caseworkers must continue to provide emotional support to young adults during and after the pandemic, regardless of their status. When connecting with young adults with an active SFAA, please follow the directions outlined in the [CI Practice Guidance](#) found on the CI portal.
- CS, Community and Social Services and Advancing Futures must work collaboratively at all times to ensure young adults' needs are met. This is especially true during the COVID-19 Pandemic.

Alberta Works - Income Support

When appropriate, CS will continue to refer young adults for Income Support to Alberta Works.

Until further notice, Alberta Supports Centres are suspending in-person services; however, are taking applications online and by telephone. More information can be found [here](#).



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Due to interim measures in response to the COVID-19 outbreak, it is expected to take several business days to process the first payment rather than the usual timeline of three to five business days.

If a young person has an Income Support application in progress and has questions or concerns, they should contact the worker who assisted them or call the Alberta Supports Contact Centre at 1-877-644-9992, or in Edmonton at 780- 644-9992.

Persons with Developmental Disabilities /Assured Income for the Severely Handicapped

Allocation of CS post-SFAA temporary funding will not affect eligibility if a Persons with Development Disabilities (PDD)/Assured Income for the Severely Handicapped (AISH) file **has not** been activated.

CS should continue to allocate temporary funding as needed for young adults and others with complex needs. Existing post-SFAA temporary funding allocations will be honored until the end of the agreement term. If additional funding is required, young adults should be given the option to sign a new SFAA or extend their temporary funding arrangement for a limited time. Caseworkers are to sign new SFAAs with eligible young adults who require ongoing support from the ministry.

Advancing Futures Bursary

The Advancing Futures Bursary (AFB) program's primary focus is ensuring all AFB youth are safe and continue to have access to their psychosocial supports and funding currently in place.

Program coordinators are now working from home and continue to provide day-to-day support to youth on their caseloads.

- Although AFB is not providing face-to-face meetings, they are connecting with youth via the phone, e-mail, Skype, FaceTime and text.
- Offices will remain closed to walk-ins during the pandemic.
- AFB funding is taxable.

If you have any questions, please email: CS.AdvancingFutures@gov.ab.ca

Provincial and Federal Funding

The provincial and federal governments are providing a number of financial relief programs to help those in need of assistance during the COVID-19 pandemic. These programs are not being managed through Alberta Supports. You can access more information about [**Emergency Isolation Support**](#) on the Alberta.ca website or by calling 310-0000.

For more information and to apply for federal assistance programs, including Employment Insurance, go to the service [**Canada Website**](#).

If the young adult is not receiving income support, they can still apply.



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Support Services

Mentoring Program

The Mentoring program serves young adults up to the age of 24. Please keep the following in mind when accessing this program:

- It typically takes a few months to process Mentoring program applications.
- Approved applicants are placed on a waitlist until a suitable mentor is found. This can take several months.
- Once matched, the applicant can access supports from their mentor for up to one year.
- As such, the Mentoring program may not be an appropriate resource for new applicants or those with a pending 24th birthday, so alternative supports must be provided.
- Young adults with an existing mentor can continue to receive this support as agency contracts have not been impacted by the upcoming regulatory SFAA age change.
- In light of COVID-19, the Mentoring program is only providing supports via phone, text and skype as offices have been closed to the public.
- If you have questions, please connect with the program.
- More information regarding the Mentoring program can be found [here](#).

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ADOPTION AND PRIVATE GUARDIANSHIP

Plans to move forward with pursuing legal permanency by current caregivers can continue. If the case team supports the plan, as per policy, the *Addendum to Home Assessment Report (Child Specific – Legal Permanency)* [[ADOP12108](#)] should be completed.

Application packages can be prepared and if the court agrees to file, then it becomes a question of when a judge (private guardianship) or justice (adoption) can review the matter and grant the order. With the current COVID-19 Pandemic, the courts have paused hearing and reviewing any non-emergent matters. As such, not all judicial centres will file an application at this time, and these matters will have to wait until courts resume their normal activities.

If you are unable to file an application at this time, address or complete any requirements and processes that are independent of other systems in anticipation of when courts will resume full operations.

Planned Transitions

For cases where legal permanency and transition periods are being planned, they should be reviewed on a case-by-case basis with the case team, as circumstances are variable. Dependencies in decision-making around proceeding with a planned transition include:

- whether travel is involved;
- how long a transition is planned for;
- number of visits; and
- the comfort level of all involved in having contacts/exposures at this time.

Information Sharing with Potential Adoptive Parents

As per policy (5.3.1), information sharing is a staged process. Undertaking it requires that the Confidentiality Agreement and Acknowledgement of Information Shared [[ADOP11368](#)] be reviewed and signed with the prospective legal permanency family. Signing of the document can be accomplished through email, and if there is no capacity to scan a copy, a photograph of the signature page can be emailed until it can be provided in hardcopy.

Once the confidentiality agreement has been signed, child-specific hardcopy documentation can be provided to the prospective legal permanency family for their review and consideration. This documentation will have been redacted for third party information, and should the match NOT proceed, these materials are to be returned to the caseworker.

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Meetings can then be set up between involved parties for further discussion of child-specific information. While in-person meetings are often recognized as best practice in information-sharing, current restrictions do not impede the process. Meetings can be conducted over platforms such as FaceTime or Skype, or through tele-conferencing.

Moving to a PPA Placement

PPA placements can be set in cases of current caregivers being ready and supported in this step. For these situations, formal information sharing is not impeded by current restrictions and can be conducted over technology. Follow information-sharing policy (5.3.1), and set PPA after all necessary processes and requirements have been met.

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SUPPORTS FOR PERMANENCY

Signing or Modifying Supports for Permanency Agreements

Policy should be referenced (12.2 Entering into an Agreement and 12.3 Negotiating Provisions) for general guidance on how to enter into and what can be negotiated within a Supports for Permanency (SFP) Agreement, and how this is to be done. Given the current restrictions to meeting with clients during the COVID-19 Pandemic, it is possible to negotiate an agreement by way of telephone, Skype, FaceTime or another platform. Reviewing and signing of a SFP Agreement can be done by email. If a SFP recipient is unable to send a scanned copy of an agreement, sending a photo of the signed agreement is acceptable for the time being. All agreements should be captured in the electronic case management system.

Additional Respite

The number of hours a family can receive respite services for in any given year is regulated at 576. Per Regulations, there is no capacity to increase the number of hours for respite under SFP. If the family has not negotiated for the maximum number of hours allowable in their current SFP Agreement, a new agreement can be entered into that provides for a greater number of hours. If the family has already negotiated for the maximum allowed under SFP, and the child qualifies for Family Support for Children with Disabilities (FSCD) services, additional hours through FSCD could be explored.

Additional Needs Funding and Exceptional Circumstances

SFP provisions are strictly regulated, so latitude can only be exercised within their established parameters. For instance, respite can be used strategically, as can additional needs funding, so long as maximums allowed within the regulation are not exceeded.

For example, if a child's facility is closing necessitating the child's return to the family home, and the family is having or likely to have difficulty managing the child's needs, the case team should first work with the family to identify natural supports and other available support services they can access. If the child is eligible for FSCD support, for instance, collaboration with that program to broker support services is appropriate.

Family circumstances will vary; however, if the SFP case team determines a breakdown is likely without provision of exceptional supports, an assessment for Intervention Services may be indicated.

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Additionally, if it has been confirmed that due to school closures a child will need technology in order to support their continued learning, and the school is unable to provide the child with the necessary technology, additional needs funds can be applied to purchase the required device(s). Under normal circumstances, additional needs funds could be used for such a purpose if it was agreed in negotiation that it meets an emotional or behavioural need of the child. This provision has a lot of latitude, intentionally.

FSCD Interim Policy Changes

It is important to be aware when making decisions during assessment, case planning and providing SFP, that FSCD has made interim policy changes in response to COVID-19. Depending on the child and family's situation, in-person contact with their FSCD worker or disability service providers may be limited or modified. Additionally, their disability services and supports may be limited or modified. These changes could have a direct impact on safety planning, a network's capacity and/or a family's functioning. More information on FSCD interim policy changes can be found [here](#), however, it will be important to get in contact with your families' FSCD workers to learn about specific impacts to their services.

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MEDICAL APPOINTMENTS

Current policy 9.1.3. Medical Care should still be followed. If children and youth require medical attention during the COVID-19 pandemic, it is important that child/youth has access to appropriate medical care. Whenever possible, the child/youth should see their regular physician for any medical concerns that arise. The caregiver should take as much responsibility as possible for arranging the examination.

Document all appointments, details of treatments, consultations and decisions in a contact log in the electronic information system. Ensure that the outcome of the examination, whether any further follow up is required, and the name and contact information for the physician is documented in a contact log and under the medical tab in the electronic information system. If a child or youth has had a medical, dental or optical examination, obtain the results from the caregiver and record the results.

If the child is showing symptoms of COVID-19, the [AHS online health assessment](#) should be completed and Health Link 811 should be called for further information if directed by the self-assessment tool and how to access testing if required. If a child/youth tests positive for COVID-19 or is required to self-isolate based on [Alberta Health Guidelines](#), the COVID-19 Reporting form (found on the [CI Portal](#)) needs to be completed and sent to CS-CI-COVID-19@gov.ab.ca.

Immunizations

If a child or youth is scheduled to have routine immunizations given based on the Alberta Health Services (AHS) guidelines, these appointments should continue to occur during the COVID-19 pandemic. It is important that public health guidelines are followed to maintain physical distancing while out of the home and that guidelines of individual medical offices are also adhered to. If a child or caregiver is feeling unwell or has symptoms on the date of appointment, the appointment should be rescheduled to a later date.

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Documentation

Child Intervention Practitioners are being asked to record and track situations of suspected and/or confirmed COVID-19 cases. Please report any information related to a child receiving services (in care or not in care) and/or a parent or caregiver (foster/kinship) who meets the [criteria for mandatory self-isolation](#) according to Alberta Health and Alberta Health Services. Please complete the [COVID-19 Reporting Form](#) and send it to CS-CI-COVID-19@gov.ab.ca. Ensure you provide an update regarding outcomes for any reports submitted once the subject of a report is no longer symptomatic, is no longer self-isolating and/or receives their test results. Phone or email follow up on the report may occur if there are questions or to determine or confirm the outcome of a reported incident.

Youth Subject to a Medical Officer of Health Order to Isolate

For any youth who is the subject of a Medical Officer of Health Order regarding non-compliance or refusal to isolate and is to be remanded to a facility identified by AHS for isolation:

1. If the youth has not yet been remanded to the facility for isolation, the caseworker should collaborate with AHS and local police authorities to develop a plan to have the youth transported to the facility.
2. The youth's delegated worker will be identified as the key contact to AHS and the facility, including their office phone number and/or work mobile number.
3. If a decision that a youth is subject to a Health Order occurs after hours, contact the 24-hour Child Intervention Line (1-800-638-0715) and a delegated worker can respond as required.
4. A special caution needs to be entered into the electronic information system (CICIO), by the delegated caseworker or after hours worker, identifying the youth is subject to a Health Order and the facility they were placed in.

Notification to Parents

For any child that has been directed to self-isolate, is being tested for COVID-19 or has tested positive for COVID-19, notification to the child's parent(s) is required for all children in temporary care. If a child is in permanent care, but maintains contact with their parent(s), notification is also required. Any updates on a child's status should also be communicated to the parent(s). **THIS IS THE RESPONSIBILITY OF THE CASEWORKER.**

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Forms:

[COVID-19 Reporting Form](#)



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INTERVENTION RECORD CHECKS

As of March 19, all IRCs can be sent to the centralized IRC mailbox for processing – CS-IRCrequest@gov.ab.ca.

The IRC has been converted to a digital form and can be accessed on the [CI Portal](#). This should be completed electronically and emailed to the centralized IRC mailbox for processing.

The following instructions for completing the digital IRC form should be provided to the individual requesting the IRC:

- They need to have [Adobe Acrobat Reader](#) on their device to complete the digital form.
- Do not print out the digital form to complete. This should only be completed digitally.
- Ensure all sections on the first page are complete, including consents where they need to check the tick box, type in their name, and fill in the date,
- Attach a scan or photo of their government issued identification,
 - The ID should include the requestor's name, birth date and signature.

This digital form is intended for use with agencies, caregivers and members of the public required to have an IRC completed.

For Hard-copy IRC request forms received– staff are to scan all of the documents required (form and identification) and email them to CS-IRCrequest@gov.ab.ca (we would like to keep everything electronic as there may be significant mail interruptions).

If the office gets a call from the public, as there is not an office open to receive the documents, staff are to provide the requestor with the digital IRC form and instructions above and ask the requestor to email the digital form and their identification to CS-IRCrequest@gov.ab.ca.

The completed IRCs will then be sent back to the region or the individual who requested it. If the requester has any questions or if they receive a positive check they were not expecting, they can contact the individual who completed their IRC.

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CRIMINAL RECORD CHECKS

Agency Staff

Due to the COVID-19 Pandemic, the Statutory Director is authorizing all Category 4 Directors the ability to authorize agencies on an as need basis to use Statutory Declarations [\[CS2557\]](#) as an interim measure for Criminal Record Checks (CRCs) for staff who are urgently required to support children and youth under the *Child, Youth and Family Enhancement Act*. This must be tracked and confirmation recorded once the formal CRC has occurred.

Wage Staff

On an emergent basis, the Statutory Director has authorized Regional Directors and Human Resources to allow for a CRC that has been completed within one year along with a Statutory Declaration [\[CS2557\]](#). The Statutory Declaration is to include a statement by the applicant that they are declaring they are not under investigation and have not had any criminal charges or convictions since the last CRC. This must be tracked and confirmation recorded once an updated CRC has occurred.

Criminal Record Checks - Options

During the COVID-19 Pandemic, CRCs remain a vital part of our work. Prior to the COVID-19 Pandemic policies, systems and practices have been in place for informal and formal CRCs. Please continue to use established processes first.

Some police detachments have indicated they currently cannot complete CRCs. When you encounter this barrier, the following options can be utilized.

Criminal Record Checks for Immediate Placements

Following unsuccessful attempts to utilize existing procedures and relationships:

- RCMP partners attached to Child Advocacy Centres (CACs) can provide emergency, informal CRCs if necessary:
 - Calgary & Area CAC:
 - Cpl. Michelle Burke, 403-428-5474, cell 403-470-25889
 - Cst. Gabby Spencer, 403-428-5394
 - Central Alberta CAC:
 - Sgt. Ian Ihme, 403-406-2421, cell 403-3522650
 - Cpl. Holly Erb, 587-272-2233, cell 403-392-0431
 - Cst. Holly Porterfield, 403-272-2233
 - Zebra CAC:



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- Cpl. Angela Heath, 780-391-4255, cell 780-915-3652
 - Cst. Rosanne Vandenbilche, 780-391-5068, cell 780-880-7763
 - Cst. Sadie Bulger, 780-391-5109
 - Cst. Erin Sowers, cell 780-232-0659
- Caribou CAC:
 - Cpl. Michelle Mosher, 780-814-7223, cell 780-343-5635
- Wood Buffalo and Little Bear CAC do not have full-time assigned RCMP staff. Please utilize detachments.
- For after-hours inquiries, if the CAC staff are unavailable, call the RCMP Operational Control Centre at 780-400-5810 and ask for the on-call provincial GIS member.
- **Note:** further RCMP resources available after hours are being explored, and will be updated in future Practice Guides.

Formal Criminal Record Check

Following unsuccessful attempts to utilize existing procedures:

Edmonton Police Service (EPS) now has an online option for obtaining CRCs at <https://secure.tritoncanada.ca/v/public/landing/edmontonpoliceservice/home> (use Chrome when accessing this site as Explorer does not work).

- **Note:** The EPS online system can only provide CRCs with Vulnerable Sector Checks for the **greater Edmonton area**. If the applicant lives outside of the greater Edmonton area, and only requires a CRC (not a Vulnerable Sector Check), EPS can accommodate.
- The greater Edmonton area includes the communities of:
 - Beaumont
 - Sherwood Park
 - St. Albert
 - Morinville
 - Fort Saskatchewan
 - Leduc
 - Spruce Grove
 - Stony Plain

The EPS online system Vulnerable Sector Checks are continuing, but are only open to do fingerprinting by appointment on Fridays.

New Kinship Caregivers with Existing Criminal Record Checks

Policy 2.1.2 Kinship Care Application and Approval Requirements (Placement Resources) states CRC results must be current within six months of the date of the application. This requirement for existing CRCs is being extended in the interim to 12 months.



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Respite and Relief Caregivers

Respite: If a caregiver is unable to provide care, respite caregivers are licensed and already have the required CRCs to care for children temporarily placed in their care.

Relief: As per current policy, CRCs may be considered additional information requested by the caseworker (see Policy 3.4.3 Relief Care Placement Resources). If there are barriers to obtaining a CRC, follow the instructions above. Similar to the needs of immediate kinship placement, policy allows for the use of a Statutory Declaration [CS2557]. Consider and evaluate other sources of information, including immediate collaterals, reference checks, the voice of the child (as age appropriate) and cross-reference any information found within an Intervention Record Check (IRC).

Current Caregivers Requiring Updated CRCs for Licensing

If a licensed caregiver's CRC is due for renewal and expires between April 1 and June 1, 2020, extend the three year requirement by an additional three months. Make sure the expiry date is noted in CICIO and revisited in three months' time.

New Adults Residing in Caregiver Home

During this time, there may be circumstances where adults return to reside in a caregiver's home. Please follow the guidance for CRCs described above.

Further options for CRCs continue to be explored and will be updated in future Practice Guides. Should there still be barriers after following the Practice Guide and speaking with your supervisor, please email your questions to CS-CI-COVID-19@gov.ab.ca.

Consider and evaluate other sources of information, including immediate collaterals, reference checks, the voice of the child (as age appropriate) and cross-reference any information found within an IRC.

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HOME STUDY REPORTS

Home Study Reports (HSRs) for Prospective Kinship or Foster Caregivers and Applicants for General Adoption or Private Guardianship

NOTE: This section is specific to applicants who are NOT current caregivers to children in government care. These applicants are seeking to become approved for kinship care, foster care, or adoption/private guardianship of children not yet in their care.

- The foundational practice expectation for the home assessment process is in-person information gathering. Based on current public health requirements, this requires some modification.
- These instructions are to assist workers in applying these agreed-to modifications, as necessary, to their particular case circumstances.
- Preparing and completing SAFE Home Study, Assessment and Support for Kinship Caregiving (ASKC Pilot), or regulated Home Assessment Reports (collectively Report) is a critical process in planning for children's placements and evaluating the overall suitability of both prospective and current caregivers.
- Guided by legislation, regulation and policy, the home assessment process dictates evaluation of outside evidence (e.g. Criminal Record Checks, Intervention Record Checks and medical and personal references).
- Ensuring continued evaluation and approval of placement resources is more complicated under current circumstances, necessitating adaptations in practice and pragmatic decision-making

HSRs Underway

- If the home assessor for the HSR has had at least one interview in the applicant's home to assess safety issues, the balance of the interviews may be conducted through use of technology such as Zoom, Skype, FaceTime or other video-conferencing mechanisms.
- If SAFE is being used Questionnaire 2 **must** have been completed during the in-home interview.
- Use appropriate privacy settings on the technology to maintain confidentiality and review *Enhancement Policy and Practice Supports on Technology and Social Media Use*. (Please refer to and follow the attached *Basic Video Interviewing Tips*).

HSRs – Supporting Documentation Requirements

- The foster caregiver licensing process requires accompanying documentation before the application process can begin. Kinship Caregivers are not licensed. They do require, however, similar documentation to support placement.

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- Having this initial documentation ensures that applicants meet a minimum threshold of suitability prior to starting other resource-intensive processes.
- Documentation includes Criminal Record Checks (CRCs), Intervention Record Checks (IRCs), and supporting medical and personal references.
- While acquiring and presenting documentation for review remains the responsibility of the applicant(s), under current practice conditions please assist applicants to obtain the required documentation.
- Currently, there are interim processes in place to assist applicants in completing required CRCs and IRCs. These include the use of Statutory Declarations, online CRCs and IRCs, and informal checks supported by Statutory Declarations. Please refer to **“Intervention Record Checks”** and **“Criminal Record Checks”** for more information.
- Obtaining any remaining required supporting documentation will likely require collaboration between the licensing officer or support worker and the applicant.
- For medical references, medical appointments are still available, including online appointments.
- Medical reference documentation is acceptable electronically, provided it comes directly from the office of the professional making the report.
- Personal references usually completed by telephone are expected to continue in this manner.
- Applicants may provide other supporting documents electronically.

HSRs – Interviewing via Technology and HSR Approval

- For HSRs that have not yet commenced, conducting interviews through use of technology such as Zoom, Skype, FaceTime or other video-conferencing mechanisms is also allowable. This limits potential disease exposure for both the report writer and the family and ensures our system’s ability to meet the continued demand for placement resources. (Please refer to and follow the attached *Basic Video Interviewing Tips*).
- The number of interviews required to complete the HSR remains as outlined in Policy.
- If SAFE is being used Questionnaire 2 must be completed during an in-home interview.
- Use appropriate privacy settings on the technology to maintain confidentiality and review the *Enhancement Policy and Practice Supports on Technology and Social Media Use*.
- Before finalizing an HSR commenced by video-conferencing technology, a delegated Children’s Services worker – e.g. a licensing officer or support worker – must conduct at least one site visit to assess the family.
 - The attending worker must read the draft Report prior to attending at the home
 - All family members should be present
 - Complete the initial *Environmental Safety Assessment for Caregivers* during this visit. This is an opportunity to interact with the family more thoroughly and see the home fully. This is essential prior to approving a new home.
 - Should the worker find *any* concerns (relationship or environmental safety) during the visit, address those concerns.

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- The family should be aware that this visit requirement is part of the assessment process and may impact their approval
- Follow Alberta Health Services screening procedures on all family members and the attending worker prior to entering the home. Note all health screening results on the file.
- If screening indicates a health concern, follow Alberta Health Services recommendations or direction and reschedule the visit.
- Maintain proper social distancing.

HSRs – General Adoption Applicants

- Applicants for general adoption must submit all documentation required to support their application before the home assessment process may begin (i.e. a criminal record check, an intervention record check, a completed medical reference, and personal references).
- Interim processes for IRCs and CRCs are **not** applicable to general adoption applicants.
- Provide applicants with any available information and guidance on how to obtain necessary documentation.
- Where a home assessment process was previously initiated, and at least one interview was conducted in the applicant's home to assess safety issues, the balance of the of the interviews may be conducted through use of such technology as Zoom, Skype, FaceTime or other video conferencing mechanisms. (Please refer to and follow the attached *Basic Video Interviewing Tips*). Where applicants have submitted all required documentation, the home assessment process may be initiated and conducted through use of technology so long as the assessment process includes one visit to the applicant(s) home to assess safety issues. Approving the applicant(s) for adoption is contingent on this requirement.
- If SAFE is being used Questionnaire 2 must have been completed during the in-home interview.
- Refer to and follow the detailed direction provided in the above section – *HSRs – Interviewing via Technology and HSR Approval*.
- If there are case specific circumstances that require special consideration, have your case team follow a third-person consult process for joint decision-making.
- As needed, contact Adoption Services for assistance.

Addendums or Home Study Reports (HSRs) for Current Caregivers Moving to Legal Permanency (Adoption or Private Guardianship)

NOTE: This section is to assist staff and practitioners in moving forward with completion of addendums or home study reports (HSRs) for families who are current kinship or foster caregivers to children in government care, and who are moving forward with a plan of legal permanency (adoption or private guardianship) of children or youth currently in their care.

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- The foundational practice expectation for the home assessment process is in-person information gathering. Based on current public health requirements and restrictions, practice protocols have had to be adapted.

Documentation Required to Undertake an Addendum or HSR

- As required by CYFEA Regulation and policy, having a current caregiver move to Legal Permanency requires documentation to support their application. Documentation includes but may not be limited to Criminal Record Checks (CRCs), Intervention Record Checks (IRCs), and personal references.
- In order to begin the addendum or home study assessment process, it is necessary that all supporting documentation be provided by the caregivers, or confirmed as current within their provider file.
- While acquiring and providing supporting documentation remains the responsibility of the applicant(s), under current practice conditions please assist applicants to obtain the required documentation.
- Currently, there are [interim processes](#) in place to assist applicants in completing required CRCs and IRCs. These include the use of Statutory Declarations, online CRCs and IRCs, and informal checks supported by Statutory Declarations. Please refer to the Practice Guide on the [CI Portal](#) for more information.
- Obtaining any remaining required supporting documentation will likely require collaboration between the support worker and the applicant(s).
- If a medical reference is required, the documentation is acceptable electronically, provided it comes directly from the office of the professional making the report.
- Personal references usually completed by telephone are expected to continue in this manner.
- Applicants may provide other supporting documents electronically.

Addendum Guidelines and Expectations

When to Complete an Addendum

- As these are current kinship or foster caregivers, most will already have a completed HSR which approved them as placement providers. In these situations, completing a thorough Addendum to Home Assessment Report (Child Specific Legal Permanency) (ADOP12108) for the purposes of legal permanency will generally be the appropriate assessment process to follow.
- As there is a pre-existing relationship and previous in-person contact with the caregiver, a worker who is familiar with the family, can complete addendum interviews necessary to the addendum.
- These interviews can be conducted through use of technology such as Zoom, Skype, FaceTime or other video-conferencing mechanisms.
- Use appropriate privacy settings on the technology to maintain confidentiality and review CYFEA Policy and Practice Supports on Technology and Social Media Use. (Please refer to and follow the attached Basic Video Interviewing Tips).

Home Study Report Guidelines and Expectations



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When to Complete a Home Study Report:

- Depending on individual case circumstances, the case team may decide that completing an entirely new HSR is warranted. The SAFE Home Assessment [ADOP3461] or the regulated Home Assessment Report [CS2637A] are both acceptable HSR models for this purpose.
- If a new HSR is needed, follow a third person consult process to document the decision that a full reassessment of the current caregiver(s) is required.
- Rationale for full reassessment should be documented on the provider file.
- As there is a pre-existing relationship and previous in-person contact with the caregiver, a worker who is familiar with the family can complete home study assessment interviews necessary to the HSR.
- If a new HSR is warranted, the mandatory “in person” visit would already have been completed since the child is already in the home. The balance of the interviews may be conducted through use of technology such as Zoom, Skype, FaceTime or other video-conferencing mechanisms.
- The number of interviews required to complete the HSR remains as outlined in Policy.
- If SAFE is being used Questionnaire 2 must have been completed during an in-home interview. Questionnaire 2 can be conducted by, maintaining social distancing protocol prescribed by the Chief Medical Officer. This questionnaire can be done in the backyard, “in person” with each applicant individually or anywhere else as long as physical distancing is respected.
- Use appropriate privacy settings on the technology to maintain confidentiality and review CYFEA Policy and Practice Supports on Technology and Social Media Use. (Please refer to and follow the attached Basic Video Interviewing Tips).
- Follow Alberta Health Services screening procedures on all family members and the attending worker prior to entering the home. Note all health screening results on the file.
- If screening indicates a health concern, follow Alberta Health Services recommendations or direction and reschedule the visit.
- Maintain proper social distancing.

These guidelines are reflective of current circumstances and may be reviewed and amended as these evolve or change.

For questions on the practice guidelines, email cs-ci-covid-19@gov.ab.ca.

ACSW: Telephone or online social work services are permissible.

See: Standards of Practice section E.3 Technology in Social Work Practice and NASW, ASWB, CSWE and CSWA Standards for Technology in Social Work Practice (2017): https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf

Video Interviewing Tips

- Find a quiet, private, well-lit place, free from possible interruptions.
- Avoid coffee shops and other communal spaces.



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- Ensure privacy for the interviewee. Use strong privacy controls on the technology.
- Ensure your internet connection is stable.
- Check that your computer's audio is working.
- Test your computer's webcam.
- Close any unnecessary web browser tabs and applications. Make sure you are not downloading anything in the background.
- Place your phone in silent mode.
- Position your webcam so that you have a neutral background that is free from distractions.
- Avoid the instinct to look directly at your interviewee on the screen. Instead, when you speak, you want to direct your gaze at the webcam. When you do this, your eyes are more likely to align with the interviewee's eyes on the other end.
- When you are listening, you can look back at the screen.
- Use hand gestures when it feels appropriate and keep your movements close to your body. Avoid fidgeting or letting your gaze drift away from the device.
- Set out a glass or bottle of water for yourself.
- Adjust the lights in the room. If things appear dark or dim, you may want to bring in an extra desk lamp to brighten the space.
- Throughout the interview, keep your mood upbeat and convey optimism with your body language. One way to achieve this is to have good posture. Sit in your chair with your back straight and your shoulders open. When you are listening, nod and smile when appropriate to communicate that you are giving them your full attention.

If things go wrong – it is OK to reschedule

With technology, there is always a chance things could go wrong. Here are some backup plans to have ready just in case.

- **If your video or audio stops working**

Before the interview, ask them for a phone number where you can reach them if you experience technical difficulties. If the video cuts out, call them at that number. Ask if you can continue the interview by phone or if you can reschedule.

- **If noise interrupts the conversation**

If noises (sirens, construction, etc.) interrupt your video interview, apologize for the interruption and ask for a few moments until the noise has subsided. You may want to mute the microphone if the noise is severe.

- **If someone enters the room unexpectedly**

If family members, housemates or pets enter the room while you are interviewing, apologize to the interviewee, ask for a few moments, mute your microphone and turn off your camera, and then step away to deal with the interruption. Make sure that the room is secure before beginning the interview again

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Date Released:
March 31, 2020

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August 17, 2020

SUPPORTS FOR CAREGIVERS

Educational Supports

Return to School

As guardians, Children's Services Child Intervention Practitioners make decisions based on the best interests of the children in our care. Alberta's Chief Medical Officer of Health (CMOH) Dr. Hinshaw and the American Academy of Pediatrics indicate it is best for children's and youth's overall health and well-being to physically return to school.¹ Child Intervention has considered the evidence of the importance of returning to school in supporting a child's socialization, their developmental health and positive educational outcomes. We have also considered the potential risks to children and caregivers of children returning to school, along with the extra health protection measures to be taken by schools in reducing those potential risks. Alberta's *Education Act* requires children and youth between the ages of 6 and 16 attend school. Meeting all these requirements are part of the intent of Alberta Education's *Return to School Plan* (the Plan). Dr. Hinshaw (CMOH) and the Education Minister have both indicated, however, that changing circumstances may influence the Plan.

We will update our Practice Guidance as necessary to reflect any changing circumstances or guidance from Alberta Health or Alberta Education.

POSSIBLE RETURN TO SCHOOL SCENARIOS:

Educators and school divisions have roles to play and the ability to make decisions about what type of schooling they will offer and how they will deliver it. Although many caregivers have the delegated responsibility and may enroll a child or youth in school or vocational training, our standard practice does not adequately cover our current circumstances. As a result, guardians and caregivers will need to collaborate on making decisions about the best school option for the children and youth in our care.

¹ "[t]he AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families."
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

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Possible return to school scenarios for children:

In-Class Learning – students return to class physically with extra health protection measures in place. (Preferred for the majority of children.)

At-Home Learning – *some* school divisions are offering the option of on-line learning at home provided by the school and regular teachers. (Possible exception to physical return to school. Requires manager approval.) This is *NOT* Home Schooling.

In-Class Learning – Children physically attend school

Children have not been in a structured learning program for six months. The learning needs and well-being of the children in care are the priority in supporting their return to school. For many of our children, the specific supports they receive in school are an important part of their well-being. As guardians, Children's Services Child Intervention supports the decision that, in most circumstances, students should physically return to school this fall. We must also be aware, however, that *CS Child Intervention is not always the sole guardian of the children in our care*. Parents (and others) may also play a role in the decision of children returning to in-class learning in some cases.

Caseworkers and caregivers who have concerns about Alberta Education's *Return to School Plan* and their school's specific options should speak with the individual school(s) about their concerns. They should explore the specific options available. While caseworkers need to be sensitive to the caregivers' concerns, the legal requirement is that children between 6 and 16 must attend school. Decisions about a child in care's schooling and its method of delivery are not delegated to caregivers, but are the responsibility of CI as the child's guardian. The caregivers' and other guardians' input and opinions, however, are both valuable and necessary and will factor into the decision about the school program choice.

The caseworker's role is to assist caregivers in managing their concerns sufficiently to ensure our children receive the schooling they require and are entitled to receive. Preventative health measures at Alberta schools are available here: <https://open.alberta.ca/publications/covid-19-information-parents-guide-2020-21-school-year> Open discussions about what is expected of caregivers in September as well a realistic assessment of risks and requirements should help alleviate most concerns. Foster and kinship support caseworkers should understand what the return to school options are for the children in the homes of their caregivers. Caseworkers should also be familiar with the various return to school options offered by the school divisions in their area. Each school division has made their return to school plan available on line.

The following link contains useful general information on returning to school from the American Pediatrics Academy: <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Return-to-School-During-COVID-19.aspx>

Last Updated: 8/11/2020 **Source:** American Academy of Pediatrics (Copyright © 2020)

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POSSIBLE EXCEPTION:

At-Home Learning – Programming provided by school, teacher led, at home, online

Not all school divisions will offer at-home learning. For those divisions that do offer it, at-home learning for children and youth in care is an *exception* to the expectation that they physically return to in-school learning. *Any exception to children and youth in care physically returning to school requires a manager's approval.*

If there are special circumstances (medically or immuno-compromised children or developmental, behavioural or other significant concerns) caregivers will need to bring those situations to the attention of their caseworker(s) and the school(s). While caregiver risks must be assessed and mitigated and their concerns considered, the best interests of the child are paramount.

Steps Necessary Prior to Manager Approving an Exception

Step 1 – A request is made by the caregiver, bio-parent or other guardian to the caseworker to exempt a child or youth in care from physically attending school.

Step 2 – The caregiver, bio-parent or other guardian sets out *in writing* (point form is fine) their worries or concerns for the specific child if the child returns to in-class learning. Caseworkers can do a three-column Signs of Safety® mapping to assist with this. It is important to both hear and acknowledge caregivers' worries. Mapping with the family will help to organize thoughts and clarify feelings as it makes these more concrete and therefore able to be responded to appropriately.

As indicated above, the caseworker's role is to assist caregivers in managing their concerns sufficiently to ensure our children receive the schooling they require and are entitled to receive.

Step 3 – A respectful and thorough discussion of the specific worries that result in the requested exception is necessary. What are their worries? Why are they taking that position? The voices of all concerned or involved parties should be heard as part of this discussion. These parties should include the child (if developmentally appropriate), the child's caregiver(s) and support network, any other guardians, as well as the school and teacher(s). The child's medical doctor, mental health practitioner or other healthcare or professional support practitioner *may* be engaged by the caseworker, if required. Workers should be mindful of their own biases and / or paradigms during these conversations and present only unbiased and evidence-based information.

Some things to consider (there are others!) if a caregiver requests a child do at-home learning:

- What are the barriers to the child returning to in-school learning?
- What is the specific risk for the child in physically returning to school?
- What part of that risk is not adequately addressed through the guidance provided by CMOH and the school board?

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- Who has determined that the risk has not been adequately addressed?
- How will the child's social, emotional, mental and physical well-being be supported?
- What time-period is being considered for at-home learning? (Full year? Quarterly? Other?)
- What supports would the child need to be successful in at-home learning?
- How would caregivers support that?
- What capacity to support at-home learning do the caregivers have?
- What are the caregivers' expectations for other supports? For themselves? The child?
- Are there any extra costs associated with in-home learning?
- How will those costs be covered?
- How specifically will the well-being of both the caregiver(s) and the children be supported?
- When does this decision need to be made and communicated to the school?
- When and how often will this decision be reviewed?

It is important to remember with at-home learning that children do not have the benefit of a definitive break between home and school. This definitive break often allows them to process their day and learn to deal with good or bad experiences. Caregivers also benefit from the separation of the recognized time-periods for different activities. It is important that caregiver well-being be supported as a method of supporting children in care and preventing placement breakdown.

Step 4 – What actions can be taken, and by whom, to mitigate these worries about this child? For a specifically compromised child, we will want to confirm with the child's physician for the child or youth that the means recommended by the CMOH and the local school board cannot protect this child.

Step 5 – Caseworker reviews the request for an exception with the caregiver. After considering the best interests of the child and mitigating the concerns raised, does the caregiver still wish the child to participate in at-home learning?

Step 6 – Caseworker documents the content and results of their discussion with the parties involved or concerned in the electronic information system. Attach any supporting documentation and refer to the manager for a decision on the exception request.

Manager's Considerations

As always, decisions will need to focus on the overall well-being and safety of the child. Following these discussions among the concerned or involved parties, the *manager* will review the request for an exception to allow at-home learning. The manager will then decide based on

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all the information whether to grant the exception allowing the child or youth to participate in at-home learning. The manager will document this decision in the electronic information system.

In the exceptional circumstance that at-home learning is approved, foster and kinship support workers and caseworkers are expected to continue to co-ordinate and connect with caregivers AND the children or youths' teachers to ensure their foster and kinship families have sufficient support to participate in their education online. This may include appropriate devices and sufficient internet access for the work expected of the children (i.e. Chromebooks or iPads). Foster and kinship support workers and caseworkers are expected to ask how to help caregivers access what they need.

It appears many schools have some Chromebooks or other tablets to lend, rent or sell to caregivers. Assist caregivers in accessing these devices, especially for lower grades. Rental costs will be covered by CS as an educational expense. Younger children can likely share these in the same home given lighter school demands and with proper sanitizing between users. If a caregiver is unable to access required devices through their schools, one should be purchased for them and claimed by the caregiver as an educational expense. If a caregiver has difficulty paying for the device directly, foster and kinship support workers or caseworkers are expected to arrange for the device to be purchased and provided to the child.

Higher grades or technology-heavy learning may require more robust devices such as full laptops, or even supplementary devices such as headphones, etc. Consider individual circumstances and any special needs in determining the most suitable supports.

Home Schooling (*NOT* at-home learning; generally not the option of choice for children in care):

Home Schooling is a formal program requiring the caregiver take full and complete responsibility for delivery of the child's education in accordance with the *Education Act* and applicable Regulations. They must plan and deliver appropriate education to the child(ren) in question. There is no teacher involvement, however, the school division must approve any plan the parent creates. Demands on the caregiver as educator are very high and requirements are stringent.

Pure home schooling relies entirely on the caregiver and not on teachers creating lesson plans, providing readings or sending homework to be completed. Any extra supports are the responsibility of the home-schooler. As a result, home schooling is usually not considered the best option to meet the needs of children in care. Should home schooling be considered for a particular child in care, ongoing discussions with Education about specific home schooling requirements are necessary. These discussions will include the caseworker(s), as well as the caregiver(s) and others. Generally, CI does not support home schooling for children in care, as it is difficult to meet any extra educational and well-being support needs. Information in this Practice Guidance does not affect children already being home-schooled.

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As previously stated, we will update this Practice Guidance as new evidence emerges.

Further information on the Ministry of Education *Return to School Plan* is available [here](#). Information on the appropriate school division's (authority) contact information and individual schools can be found [here](#).

MASKS for SCHOOL

Mask wearing for children in school for Grades 4-12:

- Grade 4 to 12 students and staff must wear masks where physical distancing cannot be maintained, including on school buses and shared areas such as hallways.
- Masks are not required while students are seated in the classroom during instruction if following the physical distancing guidance for schools.
- Masks are required in the classroom when close contact between students, or students and staff, is occurring. Masks should be used for the duration of this activity.
- Exemptions will be made for students and staff who are unable to wear a mask due to medical or other needs.
- Mask use for Kindergarten to Grade 3 students is optional.* (Some schools may require.)
- All students and staff will get 2 reusable masks. Government will distribute more than 1.6 million masks to 740,000 students and 90,000 staff.
- School staff will get one reusable face shield to use in schools at their discretion. A mask must still be worn while wearing a face shield.

Masks for Children in Care:

Many municipalities have passed by-laws requiring face covering or mask wearing in public indoor spaces and/or public transit. Information on specific bylaws, including exemptions, can be found on the respective municipality's website, e.g. [City of Edmonton](#), [City of Calgary](#). Staff and caregivers should be aware of the applicable by-laws. Please check your local municipality's website regularly as these bylaws change frequently.

DO NOT use the Government of Alberta (GoA) procurement system to order masks for children and youth in care. Masks for children and youth in care will be sourced outside of the current GoA procurement system.

Children two years old and up to Grade 4

CI will reimburse the cost of up to five (5) reusable cloth masks for each child in care over the age of two and up to Grade 4. The cost is not to exceed \$15.00 per mask.

Children in Grades 4-12

For children in Grades 4-12 who receive two (2) reusable cloth masks at school, CI will reimburse the cost of up to an additional three (3) reusable cloth masks not to exceed \$15.00

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cost per mask. This means children in Grades 4-12 will have five (5) reusable cloth masks, one for each school day.

SFAA, SIL, Others not elsewhere covered

As above for children in Grades 4-12, CI will reimburse the cost of three (3) reusable cloth masks not to exceed \$15.00 cost per mask.

Requests for Exceptions

To meet specific needs of a child or youth, caseworkers can approve exceptions to the above cost or number limits or for the use of disposable masks over reusable masks. This includes replacing lost or damaged masks.

Requests for exceptions must be discussed with the case team. The caseworker will make a determination if the exception will be allowed and the costs covered.

Reimbursement

CI will reimburse caregivers for masks purchased for children in care through submission of a Child Maintenance Invoice on the child's file. Caseworkers may approve additional mask purchase if loss or breakage occurs. The same cost limits apply. CSD agencies to follow their usual process for child-related expenses.

Masks for Caregivers:

Caregivers have already received disposable masks. Where masks are mandated in public indoor spaces and/or on transit, caregivers are responsible to purchase or secure their own masks. As members of the public, caregivers would be required to have masks in any event.

Reusable Cloth Mask Requirements:

<https://www.alberta.ca/masks.aspx>

Make sure cloth masks:

- have multiple layers of fabric
- fits securely against your face
- allows for clear breathing
- can be laundered

Making a mask

There are many ways to make a cloth mask. Health Canada provides instructions with sew and no-sew options.

- Choose a fabric or cloth that can withstand frequent cycles through washing and drying machines
- Use multiple layers of tight woven fabric – 4-layers is optimal.
- Use a combination of fabrics such as a high thread count cotton (e.g. 600-thread count pillowcases and cotton sheets) with spun bond polypropylene or polyester.
- Use different fabrics or colours for each side of the mask. This helps you to know which side faces your mouth and which side faces out.

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How to care for your cloth mask

- Store masks in a sealed and clean storage bag and place in a dry area of your home.
- Put cloth masks directly into the washing machine or in a bag that can be emptied into the washing machine. Throw out the bag after you have used it to store masks.
- Launder with other items using a hot cycle, and then dry thoroughly.
- Inspect the mask for damage prior to reuse.

Foster and Kinship Support Caseworkers and Child Caseworkers

All staff must follow the [CI Practice Guidance](#), [CI Staff Safety Guidance](#) and most current Alberta Health and Alberta Health Services (AHS) guidelines to mitigate the risk. (See: alberta.ca/covid-19 and [novel coronavirus \(COVID-19\)](#))

❖ Refer to COVID-19 Caregiver Preparedness Plan

The [COVID-19 Caregiver Preparedness Plan](#) is an individualized plan required for all foster and kinship caregivers. It identifies the supports required and planning needed to assist caregivers should a member of their household exhibit symptoms of or test positive for COVID-19, or require isolation in the home. Caregivers who are over the age of sixty and/or have pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) as well as any person who is medically fragile, will require prioritized planning if they themselves test positive or someone in their household tests positive for COVID-19. In any of these circumstances, extra safety precautions including PPEs **may** be required.

Personal Protective Equipment (PPE)

Contact your supervisor/manager to determine how best to access PPEs for caregivers. The development of the *CI PPE Visual for Foster and Kinship Caregivers: [Do I need Personal Protective Equipment?](#)* provides PPE guidance instructions in a visual format. Caregivers of young children who test positive for COVID-19 may require more PPEs as they will not be able to maintain physical distancing (six feet apart) while caring for the child. The [Support Resources for Caregivers](#) on the [CI Portal](#) is also another helpful document to share community resources available for caregivers.

Albertans are legally required under Public Health Order to isolate for:

- 10 days if they have a COVID-19 symptom (cough, fever, shortness of breath, runny nose, **or** sore throat) that is not related to a pre-existing illness or health condition **or** if they test positive for COVID-19 (10 days or until symptoms resolve, whichever is longer).

Masks for School

Please see Masks for School in Educational Supports above for more information.

Environmental Safety Assessment for Caregivers (FC3606)

An Environmental Safety Assessment for Caregivers (ESAC) [\[FC3606\]](#) is completed to establish that the physical environment is conducive to the health, safety and well-being of children.



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Please follow current Policy and practice regarding completion of the ESAC except for the following approved specific adaptations in response to current COVID-19 circumstances.

With the relaunch and resumption of legislative responsibility, please return to standard policy and practice regarding in-person ESAC. If safety concerns exist related to COVID-19 and an ESAC cannot be completed in person, consult with your supervisor and discuss an alternative approach such as the completion of an ESAC remotely. The Statutory Director is allowing delegated staff to complete an ESAC with a caregiver via FaceTime (or similar virtual video application) in place of an in-person home visit. At this time delegated staff may continue to complete ESAC remotely however there are still times, when an ***in-person ESAC is required***. These are noted below. Please follow the Relaunch and Safety Guidelines outlined for all CI practitioners.

How to Complete a Virtual ESAC “Walk Through”

1. Ensure the caregiver has Wi-Fi, a compatible device and FaceTime (or whatever video application you have chosen to use). Some caregivers may need to practice using the technology and to work through any troubleshooting prior to completing the ESAC.
2. Forward a copy of ESAC form [FC3603] to the caregivers prior to commencing your virtual visit. Ask the caregiver to print out the form or have it available to be read easily on their phone or tablet.
3. A delegated Children’s Services worker – e.g. a licensing officer or support worker – will complete the ESAC.
4. The worker will discuss with the caregiver the reason and rationale for the items listed on the ESAC as it relates to child safety and well-being.
5. The worker will confirm the items listed on the ESAC by asking the caregiver to show the items/location (e.g. hot water tank set to medium) during a ‘walk through’ of their home.
6. Discuss with caregivers any worries identified during the ‘walk through’ and develop a plan with the caregiver to address them. For example: When completing the ESAC virtually how confident is the worker that they were able to assess the safety of the home?
7. Worker will record on the ESAC that the home visit was completed virtually.
 - Confirm compliance with items on the ESAC as well as any safety concerns and outstanding items.
8. Document also on a contact log that the home visit was completed virtually. Document all discussions with the applicant or caregiver, including any outstanding items or worries.
9. Plan with the caregiver how any outstanding items or worries will be addressed, as well as when and how the worker will follow up with the caregiver.
10. Support the caregiver to meet the obligations outlined in the ESAC on an ongoing basis.

In-Person ESAC is Required:

1. Residential Facilities Licences
 - a. Licences that are expiring after June 8th will return to standard practice. This includes requirements for in person Environmental Safety Assessment for Caregivers with caregivers and placement resources. If safety concerns exist related to COVID-19 and an ESAC cannot be completed in person, consult with your supervisor and discuss an alternative approach such as the completion of an ESAC remotely. Preplanning for in

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person contact should be completed. If there are multiple in home visits required, planning should include which in person contact are priorities to be completed in the home first. The licensing officer and licensee should collaborate to arrange in person or on site visits and address any worries or questions. Coordinating in person contact supports those who may be overwhelmed with people contacting and entering the home or facility.

CI Practitioners will follow AHS guidelines, Relaunch and Safety Guidance for Staff.

2. During Home Study Report (For potential foster and kinship care applicants)
 - a. Before finalizing a Home Study Report commenced by video-conferencing technology a delegated Children's Services worker – e.g. a licensing officer or support worker – must conduct at least one site visit to assess the family.
 - b. During this visit, the delegated Children's Services worker will complete the initial Environmental Safety Assessment for Caregivers. This is an opportunity to interact with the family more thoroughly and see the home fully. Refer to “**Home Study Reports**” chapter for more information.
 - c. Follow all COVID-19 screening and safety precautions outlined by AHS.

When In Person ESAC May Be Required: (consult with supervisor)

1. For kinship homes particularly, if ESAC cannot be verified remotely, or if there is no photo/video option (i.e. landline or flip phone only) the ESAC will then be completed in person by a delegated worker, prior to or at the time of placement (see Policy 2.1.2 Kinship Care Application and Approval Requirements)
2. If attempts are made to complete the ESAC virtually, however technology is not supported.
3. If the worker has concerns that can potentially be addressed by an in-home visit. For example, the worker suspects there are more people living in the home than indicated on the application or in conversations.
4. If attending a home in person, follow all COVID-19 screening and safety precautions outlined by AHS.

Foster and kinship support workers and caseworkers can access the [CI Portal](#) for a list of available resources for sharing with caregivers.

Caregivers can access the [AFKA website](#) and [ALIGN website](#) for a list of available resources for caregivers.

Policy References

Please see [Appendix 1](#) for policy references related to educational supports.

Financial Support

As per current policy and compensation guides, all caregivers receive financial compensation to care for children in their home. All children in care are additionally entitled to receive further specific financial benefits to support them in their placements, some of which are prescribed and some of which are tied to the particular unique situation for the child and the caregiver.

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During the Covid-19 Pandemic, existing policy should be interpreted flexibly in order to assist children and caregivers to address the day-to-day challenges and impacts Alberta Health and Alberta Health Services (AHS) guidelines have on Albertans.

Use the following guiding principles in family based care during COVID-19 as you interpret policy on financial support:

- Stability is important during these challenging times.
- Caregivers and children may require additional support.
- Traditional forms of natural and formal supports may not be accessible or feasible.
- With the requirements on physical distancing and schools being closed, respite is a priority for caregivers who care for multiple children with various needs; creativity and flexibility in the provision of respite is a priority.
- Approaches taken to support children and caregivers during the Covid-19 Pandemic are time limited and will not be precedent setting.
- The relationships with foster and kinship support workers and caseworkers are intended to be supportive. In this circumstance with staff potentially off or inaccessible, CS foster and kinship support workers AND caseworker's supervisors/managers (with delegated expenditure authority) can approve and authorize the payment of reimbursement for COVID-19 related supports. Identifying support needs will continue in collaboration with the child's network and pre-approvals of financial supports will be in consultation with the child's case team.

Childcare

Please see the [Childcare section](#) and [Appendix 2](#) below for more information.

Recreation Fund

The full recreation fund is available between April 1 and March 31 each year. At this time, recreation that supports children and youth in a foster or kinship care placement may not be what has been traditionally considered appropriate use of the recreation fund. Support creativity and flexibility in the use of the recreation fund. Examples include the purchase of crafts or yard play equipment items such as street hockey sticks and nets, a basketball net, sand box and toys, etc. to use within the home or back yard.

Additionally, current Policy, including 2.3 Kinship Care Support Plan (Placement Resources) and 3.3.5 Foster Care Support Plan (Placement Resources) supports the ability to cover additional needs outside and beyond the recreation fund including "exceptional recreation".

Please see the [Caregiver Support Plans](#) section below. Foster and kinship support workers and caseworkers should work with each caregiver to ensure they have adequate supports.

Camp/Vacation

Given the current uncertainty as it relates to the duration of the COVID-19 Pandemic, it will be very important to remain flexible in terms of the interpretation of all financial provisions. It is very possible that in person camps will not be available this summer; instead workers and



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caregivers could consider online activities, etc. While travel outside of Alberta is not currently permitted, we should be mindful this may change and opportunities for vacation may be available before the end of this fiscal year. (See Travel section below for additional information)

Remember: Recreation and vacation/camp allowances can also be applied in any combination.

Caregiver Illness and Emergency Situations

Current policy states, in consultation with the caseworker, compensation for child care related expenses, other in-home or placement supports may be provided to caregivers if they must be away from home or are unable to provide care in emergency situations, due to personal illness, sickness or death within the immediate family. Due to COVID-19, there is the possibility caregivers will temporarily be away from the home or unable to temporarily provide care. Should a caregiver become ill, the plan and options will be dependent on the individual circumstances of the caregiver family and must be developed in partnership with the entire casework team based on the best interests of the child (see: [COVID-19 Caregiver Preparedness Plan and Instructions](#)). In these situations, compensation for supports such as relief or respite will be provided by CS (except when this falls under CSD partner's contract) through a Kinship or Foster Care Support Plan. Please see [Policy Kinship Care: 2.4 Emergency Situations and Foster Care: 3.3.6 Emergency Situations](#) (Placement Resources). See also: [Childcare](#) below for additional information.

Approved Absences

Current policy indicates kinship and foster caregivers are eligible to receive basic maintenance (as well as skill fees for foster caregivers) during a child or youth's *approved temporary absence* from the kinship or foster home. Reasons for an approved absence are listed in Policy 3.3.6 Financial Compensation (Placement Resources). **Absences related to COVID-19 will also be considered approved absences.**

Current policy provides for seven days at full basic maintenance and skill fees for foster caregivers followed by seven days at 50 per cent, and seven days at full basic maintenance for kinship caregivers followed by seven days at 50 per cent during an approved absence.

During the COVID-19 pandemic, the time period for providing full basic maintenance (as well as full skill fees for foster caregivers) during a child or youth's approved temporary absence has been extended to 14 days. This timeframe can be further extended by the caseworker's manager in order to maintain the placement.

Learning Supports

See the [Educational Supports](#) section above.

Special Rates

Special rates expiring between April 1, 2020 and June 30, 2020 that continue to be supported by the foster care support caseworkers and where there are no changes, may be extended for



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a period of three months. If all parties do not agree upon the three-month extension or changes to the special rates are required, co-ordinate a teleconference between the foster caregiver(s), foster care support worker, and caseworker to determine what changes need to be made. Follow current procedures for reviewing special rates.

As of July 1st, 2020, special rates negotiations will return to standard practice and renewals will be negotiated prior to their expiration.

All extensions and new agreements must be documented in CICIO.

Caregiver Support Plans

Any additional supports necessary to maintain a child or youth during the COVID-19 pandemic must be identified on the Kinship Care Support Plan [[FC3899](#)], Kinship Care Support Plan (ASKC) Pilot sites only (FC11918) or Foster Care Support Plan [[FC3605](#)]. In the event the caseworker or support worker is absent, it is important a plan is in place for every child in care and the plan is documented so other caseworkers can ensure a plan is in place to support the child.

Child Maintenance Invoice

To support caregivers and young adults in being reimbursed for funds in a timely manner, the Child Maintenance Invoice has been converted to an electronic form. The Child Maintenance Invoice can be found on the [CI Portal](#). The process for completing and submitting the form for payment includes:

1. The caregiver/young person completes the form, ensuring all relevant fields are filled in.
2. The caregiver/young person emails the completed, electronically signed form and all related receipts and/or approval letters to the caseworker/administrative assistant.
 - a. Pictures or scanned copies of receipts/approval letters are acceptable. The caregiver/young person should retain copies of all original receipts.
3. The caseworker/administrative assistant reviews the form and attached receipts/approval letters (pictures/scanned copies) to ensure accuracy. The administrative assistant completes shaded fields, including generating an invoice number (see directions [here](#)).
4. The caseworker/administrative assistant forwards the electronically signed form and all receipts/approval letters to the casework supervisor/expenditure officer.
5. The Casework supervisor/expenditure officer reviews and electronically signs the completed form, then forwards it to the administrative assistant for processing of payment.

Policy References

Please see [Appendix 1](#) for existing policy related to financial supports for caregivers.

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Childcare

(Babysitting, Relief, Respite, Alternate Childcare)

The policy-authorized use of childcare is *permissible* provided consultation with supervisor is completed and recommendations by Alberta Health Services safety guidelines are followed (see [Appendix 2](#)).

Licensed daycare, out-of-school and preschool programs are reopening. These providers are required to follow the guidance for safely reopening childcare programs. See: [Guidance for DayCare/Out of School Care \(Child Care\)](#).

Planning for Use of Childcare

When childcare is necessary and special consideration is required to support the health and well-being of the child or caregiver, the child's caseworker and foster or kinship support worker will plan with the caregiver and their support network to identify available options for childcare (see [COVID-19 Caregiver Preparedness Plan and Instructions](#)). Staff will support caregivers who do not have a plan with identifying potential childcare options.

Considerations in planning for childcare during the Covid-19 Pandemic may include:

- the caregiver is required to work outside the home;
- the caregiver is working in the home and the children are under school age or not in classes;
- caregiver is unable to care for the child due to attending essential appointments;
- continuation of current respite to support the complex needs of a child in the home;
- relief or respite will prevent the potential breakdown of a placement due to caregiver burnout; and
- contingency planning if a caregiver were to become ill.

When making a plan for childcare, it is important to develop alternate arrangements in case the original plan is impacted by illness or COVID exposure of an identified caregiver. Should relief or respite become necessary, the entire team will review the COVID-19 Caregiver Preparedness Plan with the caregivers to determine if the plan is still current or if adjustments are required.

Supervisor Consultation

Consultation with a supervisor is required before authorizing the continuation of current *regular* respite arrangements OR approving any babysitting, relief, respite or alternate childcare.

Guidelines for supervisors:

- Careful consideration should be given to the need for childcare arrangements and whether it balances the risk of COVID-19 exposure for children, youth and families.
- Ensure that the planning between the child's caseworker, foster or kinship support worker, caregiver and alternate caregiver identify the protocols required to mitigate exposure risk between the caregiver home and alternate caregiver home.

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- Purposefully support critical thinking and challenge assumptions to ensure that decisions made are based on a thorough assessment and analysis, as well as the best interests of the child(ren).
 - Utilize scaling question(s) that make sense for each unique situation.
 - Prompting questions may include:
 - If the decision is to utilize childcare arrangements because it is deemed necessary to maintain the placement, what steps will be taken to ensure everyone's safety?
 - If the decision is not to utilize alternative caregiving at this time, what supports are required to maintain the placement? Who will be responsible for ensuring that support? What action needs to be taken?
- If a supervisor assesses that a decision requires further critical thinking a 3rd person consult can be completed. The 3rd person consult may be with another supervisor.
- If a decision remains unclear elevate to a manager for further consultation.

Please note: All staff must follow Alberta Health and AHS guidelines to mitigate risk and caregivers are to report any potential risk exposure. It is essential to follow preventative measures and avoid contact with others who have COVID-19 symptoms, have travelled outside Canada, or were exposed to someone who has confirmed COVID-19.

Automatic Relief/Respite

Due to the COVID-19 Pandemic, caregivers may not be able to access relief/respite as easily. Until September 30th 2020, caregivers can either bank or be reimbursed for up to twelve days of relief/respite. This banked relief/respite may be used at one time. Caregivers will not lose any previously banked days accrued from between January and March 2020.

Prior approval is not required and the caseworker must be informed of the provider. All safety checks are required as per current policy.

(see: [COVID-19 Caregiver Preparedness Plan](#) and *Appendix 2: Existing Childcare Policy Supports for Children in Care and Modifications During the COVID-19 Pandemic*)

Families may wish to explore the possibility of partnering with a 'cohort family' if a caregiver family needs to self-isolate due to COVID-19 or COVID-19 symptoms as recommended by Alberta's Chief Medical Officer of Health. Please visit [Prevent the Spread](#) for the most up to date information on cohort families and groups.

A cohort family consists of:

- Two families who isolate together, not necessarily in the same home, but from everyone else and have limited contact with the outside.
- Families agree to isolate from everyone else but the two families. Both families limit their contact to the outside.
- This can continue as long as both families are healthy, have no underlying health conditions, are not high risk, have no symptoms and have not traveled.

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Documentation

In addition to documenting on a contact log, the resulting [COVID-19 Caregiver Preparedness Plan](#) must be attached and recorded in CICIO (See COVID-19 Caregiver Preparedness Plan – Instructions)

Children's Services must always be able to locate children in care. Please use the "Placement" tab under *Removals & Placements* in CICIO to edit placement information and adding in comments when children are in either **respite or relief care** (see: [CICIO User Guide, pg. 287](#)). The impact of COVID-19 requires flexibility in our approach to alternate childcare and supporting caregivers.

Below is a chart outlining current policy and COVID-19 adjusted practice. **Any childcare arrangements** must be discussed with child's caseworker as well as foster or kinship support caseworker and approved by a supervisor.

Policy References

Please see [Appendix 2](#) for existing policy related to childcare supports for caregivers.

Additional Information

Travel

All prior approved international travel is suspended.

- Travel to summer homes, cabins and cottages within Alberta is now permitted.
- Those choosing to travel within the province are reminded to consider local community guidelines and the health and safety of small communities.
- If planning a trip of this kind, prepare for minimal stops by packing food and stopping only if necessary.
- Currently, children in care **may not travel outside of Alberta** without prior approval. Some examples of where approval will be considered are:
 - To maintain Cultural Connections
 - To attend a funeral
 - For the purpose of Permanency Planning
 - To access respite care
 - To attend family visits

As guidance from Alberta Health Services regarding out of province travel changes, we will update this direction as it relates to potential vacation plans caregivers may have.

If there are exceptional circumstances to be considered, please elevate those requests to your regional director for approval.

Attending Funerals and Wakes

For information regarding attending funerals and wakes, please see "**Attending Funerals and Wakes**".



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First Aid Training for Caregivers

[Placement Policy - Foster Care 3.2.7 Environmental Safety](#) requires that each licensed foster parent hold a valid first aid certificate.

During the COVID-19 Pandemic, first aid training provided entirely in-person may be postponed or is limited in availability. What is available is a 90-day extension of first aid certificates by *some* agencies when in-person is not available, or there are in person or blended in-person and online versions of first aid available in some jurisdictions. Although blended versions of first aid are provided by accredited agencies, it has not been approved for caregiver use. This has created a barrier for caregivers requiring certification or recertification in first aid when entirely in-person first aid is not available.

In-person first aid training is still preferred for both new certifications and renewals. This is based on the need to practice a physical skill, as well as to understand the concepts and principles necessary to pass the written examination. Currently, **when an approved and entirely in-person first aid course is not available or advisable for certain caregivers***, the following options are available:

1. New Applicant Foster Caregivers

First aid training agencies offer an online blended version of First Aid.

- Caregivers complete the theory portion of training online and will then complete in-person training to complete their certification.
- This first aid training agency will state when the in-person training is required to be completed.
- Some agencies have postponed in-person training. They will accept online training as an interim measure until the in-person component of the training resumes.
- Recertification at the three-year mark would be required to be an entirely in-person process.

2. Caregiver Recertification

Some training agencies will grant an extension for expiring first aid certifications and will consider first aid certificates valid **90 days beyond their expiry date**.

- **There may be training agencies who no longer offer this option due to Alberta's gradual relaunch and the resumption of in-person first aid training.**
- **Confirm with training agency that this grace period will be considered valid. Most agencies will list this on their website.**
- Caregivers are expected to complete first aid recertification *prior* to the end of the 90-day extension.
- If there are still COVID-19 related barriers after 90 days, further measures will be considered.

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* During the COVID-19 pandemic there is flexibility for caregivers who may be at greater risk for serious illness if required to complete first aid certification or recertification in-person. Such caregivers may be sixty years old or older and those persons with pre-existing medical conditions such as high blood pressure, heart disease, lung disease, asthma, COPD, cancer or diabetes. Consider these exceptional circumstances on a case-by-case basis. Consult with your supervisor and/or case team if a caregiver is considered high risk or there are medical conditions which impede the caregivers ability to complete in-person first aid training. Consider if further interim measures are required until it is safe for caregiver to complete in person training.

Contact approved first aid organizations and authorized training partners to review what first aid training options are available. For any in-person training, confirm that they are **following current COVID-19 Alberta Health Services guidelines** on sanitation and physical distancing.

See [First Aid Training](#) for further information about the COVID-19 response to training and for a list of approved training agencies for worksites.

Document

Record as Supplemental Training under the Credentials tab in CICIO.

Include one of the following applicable titles:

- First Aid – COVID 90 day extension expires MM/DD/YYYY
- First Aid – COVID Blended Online Interim (in-person training still required)
- First Aid – COVID Blended (Online/In-Person) expires MM/DD/YYYY

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Appendix 1:

Existing Policy Supports for Children in Care

Policy	Purpose	Staff Role During Pandemic
2.3 (Placement Resources) Kinship Support Plan [FC3899]	MANDATORY! Initial and on-going supports assist kinship care providers in meeting the needs of children placed in their homes; ensures kinship care providers have any supports they may need to successfully care for the children.	Complete a collaborative assessment with the kinship caregiver and child's case team to identify COVID-19 related support needs and include them on the kinship support plan. Review if circumstances change. Form FC3899: Check "Other" under "Situation" and write "COVID-19" in the line below. Include details of the situation requiring the kinship support plan. Include details of supports required under "Support Services".
2.4 (Placement Resources) Kinship Financial Compensation	Financial compensation to care for children in their home; every child is unique; caregivers may be compensated for <i>other needs</i> that <i>may arise</i> that are consistent with the care of the child; child <i>entitlements</i> .	Additional Supports: Use the listed compensation and entitlements <i>plus</i> there is extensive flexibility in addressing factors that could become a barrier to caring for a child. Please consider the guiding principles. Special Costs: exceptional expenditures; caseworker consultation required
3.3.5 (Placement Resources) Foster Care Support Plan [FC3605]	A foster care support plan applies when there are ... <i>exceptional circumstances</i> of a foster home to help provide foster parents with <i>the supports necessary to meet the needs of children in their care</i> .	Foster care support plans require the approval of the caseworker's supervisor; however, it is expected that such approval will not be unreasonably withheld and will be exercised in a manner enabling the provision of the right services to maintain the child's well-being. Use the principles outlined at the

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Policy	Purpose	Staff Role During Pandemic
		<p>beginning of this document as a guide.</p> <p>Form FC3605 - Check “Other” under “Situation” and write “COVID-19” in the line below. Include details of the situation requiring the foster care support plan. Include details of supports required under “Support Services”.</p>
3.3.6 (Placement Resources) Foster Care Financial Compensation	Financial compensation to care for children in their home; child <i>entitlements</i> .	<p>Additional Compensation: equipment or supplies to facilitate or support placement</p> <p>Special Costs: consider exceptional expenditures; caseworker consultation required</p>
Policy 9.2 (Intervention) Education	Accessing appropriate educational programming that meets the child’s needs.	Collaborate with Education and caregiver partners to develop a plan and advocate for appropriate programs and supports. This will include ensuring caregivers have access to all additional technology and any other additional support (i.e. tutoring support). Required supports can be claimed as educational expenses.

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Appendix 2: Existing Childcare Policy Supports for Children in Care and Modifications During the COVID-19 Pandemic

Policy 3.4 (Placement Resources) Child Care Arrangements for Caregivers

Child Care Options	Babysitting	Relief	Respite	Alternate Child Care	Modified approach during COVID-19
Reason	Short-term care (not overnight).	Caregiver away for an extended period of time.	Provided to caregivers caring for children with complex needs or for exceptional circumstances of a caregiver.	Caregivers who work out of the home or attend school and have alternate child care providers (e.g. nannies) who relate to the child in a parenting capacity. Note: This does not apply to licensed childcare providers (e.g. day care, family day home etc.) as defined under the <i>Child Care Licensing Act</i> .	Need for respite and identified as essential (ex. set up prior to COVID-19 and ongoing). Risk of caregiver burnout (need a break). Caregiver is temporarily unable to care for the child. Caregiver or family member is sick or tests positive for COVID-19.
Duration	Up to 12 hours on any one occasion; usually occurs in the caregiver's home.	Overnight, weekend, a week at a time.	As outlined in a support plan.	Regular and ongoing basis.	As required and discussed with the child's caseworker and foster and kinship support worker.
Safety Checks	Caregivers hire babysitters at their discretion, considering the maturity, skill level and experience of the babysitter as well as the number and special needs of the children.	An Intervention Record Check (IRC) is required for the relief care provider as well as any additional information requested by the caseworker.	Must be provided out of the caregiver's home by licensed foster parents or residential facilities. Caregivers must provide the caseworker's contact	A Criminal Record Check (CRC) with Vulnerable Sector Search and an IRC. The foster and kinship support worker or caseworker will conduct face-to-face interview of the childcare provider.	Must follow Alberta Health and AHS guidelines to mitigate the risk. AHS Screening IRC as per current practice CRC as per current practice. See CI practice

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Child Care Options	Babysitting	Relief	Respite	Alternate Child Care	Modified approach during COVID-19
	The babysitter must be able to reach the caregiver in the event of an emergency.	Caregivers must provide the name, address and contact information of the relief care provider, the dates the child will be in relief care, and the names of any other persons in the relief caregiver's home to the caseworker and foster and kinship support worker.	information to the caregiver for emergency use, in addition to the caregiver's contact information.	Caregivers must provide the caseworker's contact information to the alternate caregiver for emergency use, in addition to the caregiver's contact information.	guide for further information. Caregivers must provide the name, address and contact information of the childcare provider, the dates of childcare, and the names of any other persons in the alternate caregiver's home to the caseworker and foster and kinship support worker.
Compensation See Compensation Guide - For Foster and Kinship Caregivers for further details.	Babysitting will be reimbursed as per the Caregiver Rate Schedule [FC1263] For any other reasons, caregivers compensate the babysitter.	Automatic Relief/Respite: As per the Caregiver Rate Schedule [FC1263] , caregivers will be reimbursed for two days a month for each child placed in their home and can bank up to six days to be used at one time. Prior approval is not required. Relief care will be reimbursed as per Caregiver Rate Schedule [FC1263] if it is for mandatory training or other business related to caregiving. If there are exceptional circumstances of the home, regular relief or respite may be included and reimbursed through a support plan. For any other reasons, caregivers compensate the relief caregiver.	Caregivers compensate alternate childcare, or may have costs included in their support plan.	Automatic Relief/Respite: Due to potential need for further relief/respite after the COVID-19 Pandemic, a caregiver can bank up to 12 days that may be used at one time. Prior approval is not required. If a caregiver is sick due to COVID-19 and requires relief/respite , see Policy 3.3.6 Emergency Situations (Placement Resources). As per CI Practice Guidance: Coronavirus (COVID-19), caregiver will be reimbursed for alternate child care arrangements with NO	

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Child Care Options	Babysitting	Relief	Respite	Alternate Child Care	Modified approach during COVID-19
					PREAPPROVAL REQUIRED.
Documentation	Not Applicable	Record all contacts, consultations, decisions and rationale for decisions on Contact Log in CICIO, as appropriate. For the child: "Placement" tab under <i>Removals & Placements</i> in CICIO to edit placement information and adding in comments when children are in either respite or relief care.		Record all contacts, consultations, decisions and rationale for decisions on Contact Log in CICIO, as appropriate.	Same as current practice.

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Links:

[Child Maintenance Invoice Form](#)

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Date Released:
March 31, 2020

Date Updated:
June 16, 2020

GROUP AND CONGREGATE CARE

For more information as it relates to group and congregate care please refer to the [COVID-19 Facilities Practice Guidance](#).

As of March 16, 2020, all worksites as well as group care and residential facilities are being asked to limit onsite guests to **essential visitors only**. As Children's Services phased approach to resuming legislative responsibilities takes place the definition of "essential visitors" has expanded to include caseworkers, those involved in family visits and individuals with whom the child or youth has a significant connection.

All offices and facilities have been asked to post signage at entrances and reception. Signage can be accessed on the [AHS'](#) website.

All staff, children and essential visitors must be screened before being allow entry into the facility, including youth returning from and absence without permission, by using the Health Assessment Screening Questionnaire.

Ask questions about recent travel, close contact with anybody who is ill and any symptoms they may be experiencing. Please note any underlying/chronic health conditions that may make them more susceptible to severe COVID-19 symptoms.

All group care providers are to be practicing physical distancing and when participating in social events or clubs follow current public health guidance.

If a child has been absent without permission, screen them upon their arrival.

If you suspect a child or staff person is ill, has or has been exposed to COVID-19:

- Please immediately go to Alberta Health Services' (AHS) website for the most current instructions.
- You will be asked to complete a self-assessment and follow the instructions once completed.
- If required to isolate a child or self- isolate, follow the directions from AHS. These might be tailored to your specific situation.
- Document all direction received.
- Communicate these directions and instructions to your staff.
- Identify what, if any, additional supports are required.
- Implement instructions received.
- Call and report the situation to the caseworker and/or contract manager and inform them of any next steps directed or recommended by AHS.

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If a child who requires isolation refuses to stay at a facility, please contact the worker immediately.

Residential Facilities Licences

Licenses that are expiring after June 8th will return to standard practice. This includes requirements for in-person Environmental Safety Assessment for Caregivers with caregivers and placement resources. If safety concerns exist related to COVID-19 and an ESAC cannot be completed in person, consult with your supervisor and discuss an alternative approach such as the completion of an ESAC remotely. Preplanning for in person contact should be completed. If there are multiple in home visits required, planning should include which in person contact are priorities to be completed in the home first. The licensing officer and licensee should collaborate to arrange in person or on site visits and address any worries or questions. Coordinating in person contact supports those who may be overwhelmed with people contacting and entering the home or facility.

CI Practitioners will follow AHS guidelines, CI Practice Guidance and CI Staff Safety Guidance.

Criminal Record Checks

For information regarding obtaining Criminal Record Checks for agency staff, please see **“Criminal Record Checks”**.

Intervention Record Checks

For information regarding obtaining Intervention Record Checks for agency staff, please see **“Intervention Record Checks”**.

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Date Released:
April 22, 2020

Date Updated:
June 12, 2020

CHILD AND YOUTH SUPPORT (CYS) PROGRAM

Private Child Care Costs

Licensed daycares are operating with a reduced capacity and schools are closed due to COVID-19 and some CYS clients have to use private child care instead.

During the COVID-19 pandemic the monthly maximum of private child care is increased from \$300 to \$546 per child (for children up to grade 6). This correlates to the current maximum approved for a toddler in a licensed day care facility. The total monthly cost paid must correlate to the hours of childcare provided. The hourly rate is \$3.00 and the daily maximum is \$25.00.

This temporary increase does not apply for school age children (Grade 1-6) during July and August when the schools are normally closed.

The CYS program will allow the private childcare costs to be paid to relatives of the child or caregiver during the COVID-19 pandemic. Relatives include the following: grandparents, parents, uncle, aunt, niece, nephew, cousins, siblings, in-laws, step-parents or any of the above created through adoption.

The parent/guardian of the child must agree to the use of private child care services by signing the Authorization for Private Child Care form [[CDEV3656](#)]. Caregivers using private childcare are required to submit receipts and the Private Child Care Receipt Verification form [[CDEV3657](#)] each month to claim for child care benefits.

When looking for a private childcare provider, CYS caregivers can go to [Finding Quality Child Care](#) and [Childcare during COVID-19](#) for more information.

Payment Process

To process the payments for private child care cost, enter up to the maximum amount of \$300.00 under Private Child Care. For the amount above the \$300.00 maximum, up to a further \$246.00 can be entered under Benefit from Administrative Review.

The CYS Program Coordinator needs to maintain a spreadsheet that captures these additional costs and send it to the Regional Finance Budget Officer on a monthly basis. Regional Finance will ensure a journal entry will be processed, transferring the additional costs to the COVID-19 Prevention Program Code 34002.

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