

Child Intervention Practice Guidance

Coronavirus (COVID-19)

Revised January 21, 2022



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Coronavirus (COVID-19)

UPDATE AS OF 11:00AM January 21, 2022

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 as of January 21, 2022:

The Following Chapters have been revised:

- Updated information related to Children's Services Rapid Testing program in **COVID-19 Reporting, Immunization and Rapid Testing** chapter.
- Updated information related to Children's Services Rapid Testing program in **Supports to Caregivers of Children in Care** chapter.

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

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May 20, 2020

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September 2, 2021

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

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.

In-Person Work

CIPs/agency partners will continue face-to-face visits on all matters. CIPs are required to continue their active delegated roles to have in person contact with children AND FAMILIES on their caseload, to continue to develop meaningful connections and build relationships. Things to consider in preparing for in person contact:

- Ensure that you have completed the GOA Formal Hazard Assessment specific to your role BEFORE completing in person contact.
- Supervisors should review the Field Level Hazard Assessment with all CIPs who then can proceed with in person contact with children, youth, families and caregivers. Ensure that this is completed with all new staff prior to in person contact being completed.
- When attending family, caregivers 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, as needed, regarding risk of illness in the home.
- In person 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 and their comfort level for in person visits.
- Preplanning for in person contact and appropriate measures to maintain safety should be completed between the case team prior to attending caregiver's homes. If multiple workers are involved with children in one home, coordinating the in person contact, supports caregivers who may be overwhelmed with several different workers contacting them and entering their home.
- Approach in person contact with children, families and caregivers in a collaborative way that encourages all to share any concerns which demonstrates appreciation for the anxiety and concern families may have.

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CI practitioners should use the COVID Screening Tool whenever possible to ensure no one in the home is sick before attending. If in person visits are cancelled or do not occur due to illness or COVID in the home, the manager must be involved in the decision. In exceptional circumstances, and with the approval of the manager, a face-to face contact may be completed via videoconference.

When CIPs are responding to urgent matters in person and have determined someone has symptoms or has been exposed to COVID-19, as the delegated worker responding to the urgent matter, the CIP is to continue and respond as required.

Ensure you have appropriate PPE prior to leaving your worksite. Ensure that you inform your supervisor if you may have been exposed to COVID-19 so that you are appropriately supported.

In Person Contact with Children in Care

- All face to face with children in care in their placements will continue. This means that delegated workers will 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 required to collaborate to ensure caregivers are not overwhelmed with people entering their home. Caregivers do have a voice in how the public health measure affects them and this must be taken into account when there are provincial and local municipal guidelines in place.
- CIPs are required to continue their active delegated roles to have in person contact with children and families on their caseload, to continue to develop meaningful connections and build relationships.
- 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 having your temperature taken with a non-invasive infrared or similar device.

Select a Location

Where possible, 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.

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In Person Visits/Interviews with Children in School Settings

It is important to be aware of school policies and their [guidelines](#) and public health measures that may have changed due to COVID-19.

Consideration should be made as to whether or not a child is required to be seen at school or if other arrangements can be made with the guardian or caregiver to meet with the child outside of school hours.

In the event that a child must be seen in the school, ensure that a phone call has been completed prior to attending in person. This will confirm whether a child is in attendance, and will provide an opportunity for the CIP to become familiar with the school's visitor policy.

When attending a school the CIP is required to follow AHS guidelines, wear appropriate PPE equipment and maintain physical distancing.

Children and youth aged 6-16 enrollment in School

We know that school has been an area of major disruption for children and youth in care. Please connect with your children, youth, families and caregivers to discuss what education options they have chosen for the children in their care. Please remind them that children between the ages of 6-16 are required by law to attend school in some form, whether it is through virtual means or in person.

Screening Tool Questions

When attending a pre-arranged in person meeting, outlined above, contact the parent/guardian, caregiver, agency or community partner and ask the screening questions as per the [Alberta Health Daily Checklists](#).

If require further information on what a [close contact](#) is please refer to the AHS website for further guidance.

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Personal Protective Equipment (PPE) and Physical Distancing

CIPs must wear a mask when they are in a CS office or facility, except while alone in work stations (unless proper physical distancing of 2 metres cannot be maintained). CIPs must wear a mask attending a family during a home visit. CIPs will continue to be required to wear a mask when transporting clients and/or agency partners, as well as ensuring anyone in your vehicle is using their mask.

CIPs will maintain physical distancing of 2 metres whenever possible.

CIPs should have hand sanitizer and additional masks on hand to provide to clients if they do not have their own. CIPs are expected continue their delegated roles even if a client refuses to wear a mask. If there are specific concerns about a visit, CIPs should be consulting their manager.

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</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>

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talking to. Even people that have met you before might not recognize you with PPE.	Double check – ask families what they have heard and what they understand. Some people rely on lip reading to help with communication.
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The following resources can be watched or shared with families to explain the new way of visiting:

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

Family Time

The CIPs and agency partners will continue to coordinate and make arrangements for in-person visits with children and their families while following the Alberta Health Guidelines. The CIPs will continue their legal responsibility of contacting and connecting with children, youth, families and caregivers to keep them safe and support their well-being including completing all face-to-face contacts. The CIPs will ensure appropriate PPE supplies are available during the visit in the event they become necessary.

The [CMOH Order 42-2021](#) section 6.2 allows CIPs to continue entering homes to complete legislatively required visits and perform other duties. Section 6.2 of this order also allows CIPs to arrange an indoor family visit with siblings or family members from multiple households.

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, collaborate with their supervisor, case team (including caregivers in kinship and foster home) and family network. The Child Intervention Practitioner/agency partners will need to coordinate and make arrangements for in-person visits with children and their families while following the Alberta Health and CI Practice Guidelines.

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.

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.

Cultural and Spiritual events and gatherings

It is important for children, youth, and young people to maintain a connection to their culture and spirituality. While doing so, ensure that all public health orders and safety measures are followed.

First Nation and Band Consults

In-person band consultations - As each First Nation is unique in how they are responding to COVID-19 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. Continue to work in partnership by telephone or using a virtual method of contact.

CIPs are already required by policy to involve the First Nations Designate with information to assist in a child's case plan. As part of case planning, it is the responsibility of the CIP to provide updates and notify a First Nations Designate as soon as possible in the event that a child were to test positive for COVID-19.

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 funeral or wake is being held, support the child in attending the funeral or wake in person. While doing so, ensure that all public health orders and safety measures are followed.

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

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

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to other offices or regions. Interprovincial requests will require consultation with your supervisor.

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 an option as some provinces may have travel restrictions still in place. If an out of province in-person visit is appropriate for the child, travel must be approved by a manager as per Policy 7.4.2.

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COVID-19 REPORTING, IMMUNIZATION AND RAPID TESTING

COVID-19 Rapid Testing

Rapid testing screening programs can identify pre-symptomatic and asymptomatic cases – people who don't know they are infected with COVID-19 – so they can be isolated early. The tests are intended to help slow the spread of COVID-19 through early detection. Through an arrangement with Alberta Health, Children's Services will be providing rapid testing kits to ministry foster and kinship caregivers. Rapid tests are another tool, along with health measures already in place to keep children and families we work with safe. Participation in the home rapid testing is optional, as this is a voluntary program. **Rapid testing is for symptomatic and asymptomatic children.** If a child or youth is symptomatic, caregivers are to isolate the child immediately and book a PCR test at an Alberta Health Services (AHS) assessment centre.

Eligibility for Children Services Rapid Testing Program

Criteria for rapid testing includes:

- The child lives in a ministry foster or kinship home, not an agency home
- The caregiver is willing to participate and committed to 2xs per week testing
- **The child being tested is aged 2 -11 years old** - kindergarten to Grade 6 (does not include caregivers, their biological children or other children in the home)
- There are 2 or more children in care in the home
- The child is not yet fully vaccinated against COVID-19
 - The program is expected to end by June 2022, allowing appropriate time for that age group to be vaccinated.
 - Once a child is fully vaccinated they are no longer able to participate in the program
- The child is willing to participate (caregiver to inform the caseworker of the child's refusal and caseworker to capture in a contact log).
- The child's guardian consents for their child to undergo rapid testing (guardian can withdraw consent at any time).
 - For the purposes of the Rapid Testing program participation only, guardian consent may be provided verbally, see documentation below

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Note: Caregivers may choose to access rapid testing through other means and for other children in care through the publicly available program or through the education program for schools on outbreak status. Consent for children in care is required.

Note: If a child does develop COVID19 suspend rapid testing (of any kind) for 6 weeks following their isolation period

Rapid Testing Distribution

- Caregiver self identifies to their caseworker and/or support worker that they want to be part of the program.
- Eligibility of the home is determined by the caseworker and/or support worker.
- Caseworker will obtain consent from the child's guardian(s).
- Caregivers will receive the tests through their respective local offices
 - Caseworkers to follow up with their manager for distribution plan

NOTE: Caregivers can also access test kits for their biological family members through Alberta Health designated facilities.

Partner agencies may also choose to access rapid tests for unvaccinated children placed in agency kinship and foster care homes. Agencies or service providers who wish to apply to implement a rapid COVID-19 testing program can access further information at [Rapid testing program | Alberta.ca](#). Guardian consent is still required to participate.

Administering, Storing and Disposing of Rapid Tests

Administering

- Follow proper hygiene when administering rapid tests
- Neither PPE nor gloves are required for at home testing, simply washing hand prior to and following the testing is an appropriate measure.
- Rapid tests are more effective if used regularly, testing should occur twice weekly (72 hours apart)
- Caregivers may also choose to use them selectively before events, gathering etc.
- Any test that is being administered can bring up many feelings for children. The following guide can be provided to caregivers for tips to reduce fears and worries a child may have about being tested
 - [Commitment to Comfort](#)
- If a child tests positive they are to use the isolation guidelines and book a PCR test through an Alberta Health Assessment Center. For tests that provide an inconclusive result, the caregiver is to retest the child immediately, **if the second test yields another inconclusive result the caregiver is to retest and treat it as a positive; the child is to begin isolation immediately.** Positive tests are to be reported to the caseworker.

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Note: If a child tests positive for COVID rapid testing is to cease until 6 weeks after formal diagnosis.

Additional resources for administering:

[Rapid Antigen Screening Video](#)

[Rapid Testing at Home](#)

- This video was created for employers however it is appropriate for home use tests. The [COVID-19 Rapid Test Information for Caregivers](#) fact sheet has been developed for caregiver to accompany the video

Disposal

Used rapid tests can be disposed of in the garbage, no special disposal required.

Storage

Rapid test kits must be stored at room temperature and cannot freeze.

Documentation

1. Document any related rapid testing discussions on an electronic contact log.
2. Complete the Consent by a Delegated Director, Biological Parent and/or Legal Guardian form (CS2047)
 - a. Indicate under 'Matter Considered'
 - i. I have been asked to consent to the following: *for the participation of my child in the rapid testing program*
 - ii. Indicate on the form if consent was given verbally.
3. File electronically in document management:
 - Child's Person page in document management
 - Folder: Health and Well-Being
 - Document Type: **Consent and Approval - Health and Well Being**
 - Name: Rapid Testing Consent - Verbal **or** Rapid Testing Consent - Signed
 - Upload consent form (if printed, scan and then upload)
 - Note: If printed, keep original on physical file and scan or photograph a copy to be uploaded in document management. If consent form remained digital, then digital copy is considered a master record and should not be printed and placed on the physical file.

Tracking and Reporting Information

Connect with Supervisor/ Manager in your area to received further instructions on tracking and reporting information.

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COVID-19 Positive Case Reporting

As of December 23, 2021, Intervention Practitioners are **no longer** required to report and track positive cases to the Ministry CS-CI-COVID-19@gov.ab.ca mailbox.

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.**

Note: Rapid testing notification will be done initially (one time) after eligibility and consent is confirmed by caseworker. Caseworker will have an all-encompassing conversation that covers differences in notification of rapid testing and notification of a positive test.

COVID-19 Immunization for Child & Youth 5 and Over

COVID-19 immunizations are available for all Albertans 5 years of age and over. If a child has an underlying medical condition, you **MUST** consult with a doctor and record this discussion and doctor's recommendations on a case note in the youth's file. Follow [the Enhancement Policy Manual](#): Intervention Section, Policy 9.1.7 Immunizations to obtain appropriate consents when arranging for the COVID-19 vaccine for the child or youth.

- The current consent form "Immunization Consent Form and Information Sheet [[CS11584](#)]" does not include "COVID-19 vaccine". The CIP must confirm that the "Other" option is checked on the Immunization Consent form and that "COVID -19 Vaccine" is written in prior to the parent or guardian signing.

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- Where available, arrange for the child to have same vaccine for each dose of the immunization in order to reduce the likelihood of being limited by any future restrictions i.e. travelling to jurisdictions that do not recognize mixed series doses.

For youth not in care or in temporary care who express interest in receiving the COVID-19 vaccine and whose parents/guardians do not support this, continue to work with the family to provide education related to the benefits and safety of the vaccine. In some cases, a youth under the age of 18 may be declared a 'mature minor' by a health professional for the purposes of making the decision related to the COVID-19 vaccination.

Once a minor is deemed a mature minor by a health professional for the purposes of making the decision related to the COVID-19 vaccination, they correspondingly have authority to manage the disclosure of health information related to the COVID-19 vaccination. The parent or guardian does not have an automatic right of access to the mature minor's confidential information unless the mature minor provides written consent.

Talk to their health care provider for more information.

If you have any questions consult with your supervisor or email the COVID mailbox: CS-CI-COVID-19@gov.ab.ca

Proof of COVID Vaccination

CIPs will support caregivers (including facilities) in obtaining the proof of COVID Vaccination for children and youth in care through alberta.ca/CovdRecords. This site requires personal healthcare number, name, birthdate, and month and year of vaccination to access the record. CIPS will ensure that a copy of the vaccination record is on the child's file. CIPs are also required to document the dates of the vaccinations in CICIO if they haven't done so following the child or youth's vaccination. Once the Document Management function comes online through the CICIO Release 4.0, CIPS will upload a copy of the proof of COVID Vaccination to CICIO. A copy should also be provided for children/youth who would benefit from carrying their own card.

If there is a problem accessing the child's records, proof of COVID vaccination can also be requested from the [Participating Registry Agents](#), pharmacy, physician's office, public health centre, or as a last resort by calling 811.

CIPs will support young adults receiving services to obtain a copy of their COVID vaccination record.

Children and youth under the age of 18 do not need to show personal identification in addition to the proof of vaccination.

Child Intervention is not part of the Restrictions Exemption Program requiring proof of vaccination or negative rapid test result. CIPs will not request clients' proof of COVID Vaccination when providing in-person services. CIPs do not need to provide proof of COVID Vaccination to the clients when providing in-person services.

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Children's Services is also not covering the costs of rapid tests for caregivers, staff, parents/guardians, agency staff or others. This includes not covering the costs for rapid tests to attend a place that participates in the Restriction Exemption Program. Note: A rapid test may be considered for a child coming into care who is ill or has been exposed to a COVID positive case with supervisor approval.

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SUPPORTS FOR CAREGIVERS

All staff must follow the [CI Practice Guidance](#) and [CI Staff Safety Guidance](#). Staff and caregivers are also required to follow the most current Alberta Health and municipal guidelines to ensure they are following [the current provincial public health orders and safety measures in the caregiver's community](#).

Given the extended period of time of the public health restrictions and the impact on the children and families CS provides services to, it is very important to resume previous practice including caseworker in-person contact with children and caregivers. This also means that CS should be proactively planning and facilitating face-to-face access, family-time and participation at cultural events and celebrations for children and youth in care. In-person does not have to 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 and their comfort level for in-person visits.

Rapid Testing

Rapid testing screening programs can identify pre-symptomatic, asymptomatic and symptomatic cases so they can be isolated early to stop the spread. Through an arrangement with Alberta Health, Children's Services will be providing rapid testing kits to authority foster and kinship caregivers who have two or more eligible children-in-care in their home. PCR (polymerase chain reaction) or Rapid Screening tests are another tool, along with health measures already in place to keep children and families we work with safe. Participation in the home rapid testing is optional, for this voluntary program. Caregivers may choose to access rapid testing through other means and for other children in care through the publicly available program or through the [education program for schools](#). Consent for children in care is required.

To ensure PCR testing is available to those who need it most, only people at high risk of severe outcomes or work in high-risk settings need to book a follow up PCR test if they get a positive result on a rapid antigen test. For more information, visit [Rapid Testing at Home](#). If a child or youth is symptomatic, caregivers are to isolate the child and notify the caseworker.

Note: CS distribution of rapid tests for children in care is limited and is subject to availability.

The [COVID-19 Rapid Testing Information for Caregivers](#) document (located on the CI portal) can be provided to caregivers interested in participating in the rapid testing program.

- eligibility requirements and how to access CS rapid tests for children in care,
- the requirements for guardian consent, and
- how to access rapid tests for themselves or other household members.

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Any test that is being administered can bring up many feelings for children. The following guide can be provided to caregivers for tips to reduce fears and worries a child may have about being tested

- [Commitment to Comfort](#)

In circumstances where the caregiver is not willing to administer rapid tests and the guardian wants their child to have rapid testing (or vice versa) discuss with them what their worries may be and continue to work with the caregiver or guardian to provide education related to the benefits of rapid testing. There may also be circumstances where the child is resistant or refuses to have the rapid tests administered on them. Caregiver should discuss this further with the child's case team.

For further information on [rapid testing criteria and CS distribution](#), refer to the [COVID-19 REPORTING, IMMUNIZATION AND RAPID TESTING](#) Chapter.

COVID-19 Immunization for Child & Youth 5 and Over

COVID-19 immunizations are available for all Albertans 5 years of age and over. If a child or youth has an underlying medical condition as identified by [Alberta Health](#), you **MUST** consult with a doctor and record this discussion and the doctor's recommendations in the youth's file. If you have any questions, consult with your supervisor or email the COVID mailbox: CS-CI-COVID-19@gov.ab.ca.

Caseworkers will discuss arrangements for child or youth's immunization as needed, including signed [consents](#) as necessary and determine who will book and go to the appointment with the youth. Some child or youth's parents or guardians may be involved in this discussion.

When booking vaccination:

- Refer the parent(s) or guardians with to Alberta.ca for information on [COVID-19 vaccines for children](#) to help with decision-making. Document [consent or non-consent](#) on the youth's file. Parents may request a doctor's consult regarding vaccine use.
- Caregivers of these youth may choose to receive the vaccine.
- Where available, arrange for the child to have same vaccine for each dose of the immunization in order to reduce the likelihood of being limited by any future restrictions i.e. travelling to jurisdictions that do not recognize mixed series doses.

Proof of COVID Vaccination

Caregivers can print the proof of COVID Vaccination for children and youth in their care. The CIP will assist caregivers if they are not able to print the Proof of Vaccination card. Caregivers are to keep a copy for their own records and utilize as required. A copy should also be provided for children/youth who would benefit from carrying their own card.

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At this time, Children's Services is not requiring caregivers, adoptive parents and general adoptive homes to be vaccinated. Children's Services is not asking applicants, caregivers or parents/guardians to provide proof of vaccination or rapid testing.

Children's Services is not covering the costs of rapid tests for caregivers, staff, parents/guardians, agency staff or others. This includes not covering the costs for rapid antigen, rapid PCR, or lab based PCR tests to attend a place that participates in the **Restriction Exemption Program**.

Note: When free rapid tests are not available, CS may consider covering the cost for a rapid test for a child coming into care who is ill or has been exposed to a COVID positive case with supervisor approval.

Staff should be planning with caregivers to critically think and explore how the safety and well-being needs of children and youth will be met in a placement. This includes the caregiver's role in the child's Ongoing Connections plan, meeting the health and safety needs of a medically fragile child or youth and working with caregivers as well as parents/guardians who may have worries about someone's vaccination status. Vaccination status is not a barrier to children participating in family time.

Family Gatherings and Community Events

Caregiver families are subject to the same health and safety guidelines provided for all community members. When caregivers are planning for events, it is important they continue to monitor Alberta Health and municipal guidelines to ensure they are following the current provincial public health orders and safety measures in their community. Caregivers may also need to discuss with the child's team (parents, child's caseworker and/or child's network) an alternate plan as circumstances might change due to COVID-19 related issues.

Attending Funerals and Wakes

If someone important to the child in care passes away, they need to be supported to connect and receive comfort. If a funeral, wake or other activity is being held, the children or youth should be supported to attend in person and participate when possible.

Educational Supports

COVID-19 guidance and health measures for schools may change without notice.

For up-to-date information, please refer to [Alberta Health](#) or [Alberta Education](#).

Also see, [Return to School 2021-2022 - Caregiver Message - August 23, 2021](#) on the CI Portal.

POLICY REFERENCES

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

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COVID-19 has caused school disruption for children and youth in care and created additional stressors for caregivers. Please connect with your caregivers to discuss any worries they may have. They may require extra support to manage the ongoing changes and unpredictability in caring for the children and youth placed in their home.

The *COVID-19 Caregiver Preparedness Plan* (see below) assists caregiver(s) and the case team with proactive planning to address any barriers caregivers may have.

Masks for Children in Care

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.

Personal Protective Equipment (PPE)

If PPE is required for caregivers, contact your supervisor/manager to determine how best to access it. 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.

Isolation and Quarantine Requirements

If you test positive, have symptoms or are exposed to COVID-19, see [isolation and quarantine requirements](#).

COVID-19 Caregiver Preparedness Plan

The [COVID-19 Caregiver Preparedness Plan](#) is an individualized plan required for current and **new** foster and kinship caregivers. The plan should be reviewed and updated as circumstances change.

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.

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The following questions are to promote a robust discussion to assess and identify potential support needs for the caregiver and the child(ren) placed in their home. The questions should be based on the family's individual circumstances and may not all need to be asked.

Please be mindful that every family has additional stressors and concerns they are dealing with now. Caregivers are balancing the needs of the children they are caring for, impacts of the easing of restrictions, children's schooling, the needs of their immediate and extended family, possible job loss, increased expenses due to COVID-19, etc.

Caregiver Well-Being

- What has really helped you manage so far during this Pandemic?
- Tell me about your best day/hardest day so far since the start of the Pandemic. What was the best part/hardest part? How did you manage your day?
- Who/what helped you? Is it hard for you to ask for help?
- Who are the people in your life that you can depend on if you are stressed and need help? How can they help you if you need them during the Pandemic?
- Do you have time for self-care? What would help you to take time to look after yourself?

Family Support Needs

- What extra challenges does your family have right now?
- What additional barriers are you worried about if a member of your household exhibits symptoms of, or tests positive for COVID-19, or requires isolation or if you experience an emergency situation that prevents you from providing care?
- What additional challenges are you worried about if a child in your care has to stay home from school or childcare (e.g. work outside the home, supported learning at home, etc...)
- What educational supports are available through the child's school if he or she is required to stay home?
- Is there someone within your cohort or support network who can assist you if child(ren) in your care are required to stay home?
- What support(s) do you already have that make providing for the child/youth in your care more manageable during the Pandemic?
- What additional support(s) would make providing for the child/youth in your care more manageable during the Pandemic?

Temporary Caregiver Options

- If you are temporarily unable to provide care or need a break, who could be an alternate caregiver and has a relationship with the child/youth?

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- Who does the child or youth and parent(s) say are important people in the child or youth's life? Could these people be alternate care options? Do you have any worries about these people being alternate caregivers?
Note: Refer to the ***On-Going Connections Plan***. Whenever possible ask the child or youth and parent(s) directly.
- Have you discussed alternate care with your family, friends, child's network, child's caseworker, etc.?
- If yes, have any identified alternate caregiver(s) stated they are willing to provide care if a member of your household exhibits symptoms of or tests positive for COVID-19, or requires isolation in the home?
- Do identified alternate caregivers have any other limitations to offering care? (e.g. not able to provide care in your home, do not have enough space in their home, are working from home or outside the home, a family member is immune compromised, they can only provide care on weekends and not much longer, etc).

Documentation

Document discussion with caregiver, all contacts, consultations, decisions, rationales 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)

Any supports needs identified on the COVID-19 Caregiver Preparedness Plan should be reflected on the Kinship Care Support Plan [[FC3899](#)], Kinship Care Support Plan (ASKC) sites only (FC11918) or Foster Care Support Plan [[FC3605](#)].

(See Financial Supports, Caregiver Support Plans and Child Care sections below.)

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.

Please follow current Policy and practice regarding completion of the ESAC. The expectation is that the ESAC is completed in person. If there are specific concerns with respect to Covid-19, any decision to complete an ESAC virtually must be done in consultation and with manager approval. If an exception is approved, please see below for *HOW TO COMPLETE A VIRTUAL ESAC "WALK THROUGH"* under "RESOURCES".

During Home Study Report (For Potential Foster and Kinship Care Applicants)

Home Study interviews should occur in-person in the applicants' home. The comfort level of applicants in having contacts/exposures may still vary and require accommodations. Should accommodation to

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in-person interviews be required, consultation and approval from your manager of the use of virtual technology is required. A manager may approve applicant interviews using a combination of in-person and virtual technology (e.g. Zoom, Skype, FaceTime or other video-conferencing platforms).

Note: Before finalizing, a Home Study Report commenced by video-conferencing technology a delegated Children's Services worker – e.g. a licensing officer or foster/kinship caseworker – must conduct at least one site visit to assess the family.

Please follow current policy and practice for the completion of home study reports.

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 unique circumstances of the child and/or caregiver.

Timely reimbursement for child-related costs is an important support for caregivers. Please process Child Maintenance Invoices as soon as possible to reduce financial stressors caregivers may be experiencing.

- Approaches taken to support children and caregivers during the Covid-19 pandemic are time-limited and will not be precedent-setting.

Caregiver Illness and Emergency Situations

Due to COVID-19, there is the possibility caregivers will temporarily be away from the home or otherwise unable to 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

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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.

Caregiver Support Plans

Supports necessary to maintain a child or youth 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 that a developed and documented plan is in place for every child in care. These plans must be attached in CICIO so that other caseworkers can ensure a plan is in place to support the child.

Child Maintenance Invoice

To support timely reimbursement for caregivers and young adults, 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](#)).

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.

AUTOMATIC RELIEF/RESPITE

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

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 – Removals and Placements, pg. 9](#)).

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 worker and approved by a supervisor.

POLICY REFERENCES

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

Travel

*****Please see updates regarding travel on [Alberta.ca](#) and [Government of Canada](#) *****

If the director is not the sole guardian of the child or youth, travel **cannot** proceed without approval from the guardian. See Policy 7.4.2 Approving Travel.

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In addition to what is currently outlined in Policy 7.4.2, the following should be discussed with caregiver(s) as relates to travel:

- They must follow Alberta Health Services safety guidelines.
- what additional safety measures will be taken to mitigate risk of exposure to COVID-19 or other influenza-like illnesses to ensure child or youth safety and well-being including masks for when physical distancing is not possible and hand sanitizer when hand washing is not available,
- any special needs including increased health risks the child or youth may have with potential exposure to COVID-19 or other influenza-like illnesses and planning to address these needs (other professionals may need to be consulted), and
- travellers may be subject to additional restrictions and health measures during their travels and at their final destination. Ensure that the caregiver is aware of any restrictions or advisories at their expected destination, as this information may change.

TRAVEL WITHIN ALBERTA

- Travel within Alberta must be approved by a casework supervisor as per Policy 7.4.2.
 - Please See: [COVID-19 travel requirements](#).

TRAVEL BETWEEN PROVINCES

- Travel between provinces must be approved by a manager as per Policy 7.4.2.
 - Please See: [COVID-19 travel requirements](#).

TRAVEL OUTSIDE OF CANADA

- Travel outside of Canada must be approved by a Category 4 Director or DFNA Director as per Policy 7.4.2. Requests for travel must follow the [COVID-19 travel requirements](#).

DOCUMENTATION

Document all contacts, consultations, decisions, rationales and caregiver's plan on the contact log in CICIO.

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.

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- Consider these exceptional circumstances on a case-by-case basis and 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.

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.

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Links:

[Child Maintenance Invoice Form](#)

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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
		beginning of this document as a guide. 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".
3.3.6 (Placement Resources) Foster Care Financial Compensation	Financial compensation to care for children in their home; child <i>entitlements</i> .	Additional Compensation: equipment or supplies to facilitate or support placement Special Costs: consider exceptional expenditures; caseworker consultation required
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	An Intervention Record Check (IRC) is required for	Must be provided out of the caregiver's home by	A Criminal Record Check (CRC) with	Must follow Alberta Health and AHS

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Child Care Options	Babysitting	Relief	Respite	Alternate Child Care	Modified approach during COVID-19
	<p>maturity, skill level and experience of the babysitter as well as the number and special needs of the children.</p> <p>The babysitter must be able to reach the caregiver in the event of an emergency.</p>	<p>the relief care provider as well as any additional information requested by the caseworker.</p> <p>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.</p>	<p>licensed foster parents or residential facilities.</p> <p>Caregivers must provide the caseworker's contact information to the caregiver for emergency use, in addition to the caregiver's contact information.</p>	<p>Vulnerable Sector Search and an IRC.</p> <p>The foster and kinship support worker or caseworker will conduct face-to-face interview of the childcare provider.</p> <p>Caregivers must provide the caseworker's contact information to the alternate caregiver for emergency use, in addition to the caregiver's contact information.</p>	<p>guidelines to mitigate the risk.</p> <p>AHS Screening</p> <p>IRC as per current practice</p> <p>CRC as per current practice. See CI practice guide for further information.</p> <p>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.</p>
<p>Compensation</p> <p>See Compensation Guide -</p>	<p>Babysitting will be reimbursed as per the Caregiver Rate Schedule [FC1263]</p>	<p>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.</p>		<p>Caregivers compensate alternate childcare, or may have costs included in their support plan.</p>	<p>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</p>

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Child Care Options	Babysitting	Relief	Respite	Alternate Child Care	Modified approach during COVID-19
For Foster and Kinship Caregivers for further details.	For any other reasons, caregivers compensate the babysitter.	<p>Relief care will be reimbursed as per Caregiver Rate Schedule [FC1263] if it is for mandatory training or other business related to caregiving.</p> <p>If there are exceptional circumstances of the home, regular relief or respite may be included and reimbursed through a support plan.</p> <p>For any other reasons, caregivers compensate the relief caregiver.</p>			<p>approval is not required.</p> <p>If a caregiver is sick due to COVID-19 and requires relief/respite, see Policy 3.3.6 Emergency Situations (Placement Resources).</p> <p>Caregiver may be reimbursed for alternate child care arrangements PREAPPROVAL IS REQUIRED.</p>
Documentation	Not Applicable	<p>Record all contacts, consultations, decisions and rationale for decisions on</p> <p>Contact Log in CICIO, as appropriate.</p> <p>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.</p>		<p>Record all contacts, consultations, decisions and rationale for decisions on</p> <p>Contact Log in CICIO, as appropriate.</p>	Same as current practice.

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RESOURCES

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.
 - a. Confirm compliance with items on the ESAC as well as any safety concerns and outstanding items.
8. Document 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.

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March 31, 2020

Date Updated:
June 12, 2020

INTERVENTION RECORD CHECKS

As of March 19, 2020 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.

If the office gets a call from the public, 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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Date Released:
April 28, 2020

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November 3, 2021

HOME STUDY REPORT (HSR)

(Refer to **In – Person** guidance before conducting in person visits/interviews)

- Preparing and completing SAFE Home Study, Assessment and Support for Kinship Caregiving (ASKC), or regulated Home Study 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 study process dictates evaluation of outside evidence (e.g. Criminal Record Checks, Intervention Record Checks and medical and personal references).
- Home Study interviews should occur in person in the applicants' home. The comfort level of applicants in having contacts/exposures may still vary, so accommodations may be required.
- Should accommodations to in-person interviews be required, consultation and **approval** from your manager of the use of virtual technology is required. A manager may approve applicant interviews using a combination of in-person the use of virtual technology (e.g. Zoom, Skype, FaceTime or other video-conferencing platforms).
- The home study report process must include at least one site visit in the applicant's home by a delegated Children's Services worker (e.g. a licensing officer, caseworker, or foster/kinship caseworker).
- If there are case specific circumstances that require special consideration, have your case team follow a third-person consult process for joint decision-making.

HSRs Underway

- A minimum of four interviews are required and should take place in the applicants' home. Interviews must include joint and individual interviews with the applicants, as well as individual interviews with others residing/frequently in the home (i.e. children and other adults).
- When the SAFE template is being used, Questionnaire 2 **must** be completed during the in-home interview.
- The HSR process also includes interviews with references, and any other collateral contacts deemed necessary with the applicant's written consent. Best practice is to complete these interviews in-person.
- Use appropriate privacy settings on the technology platform you are using to maintain confidentiality and review *Enhancement Policy and Practice Supports on Technology and Social Media Use*.

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HSRs – Interviewing via Technology and HSR Approval

- Please refer to and follow the attached Basic Video Interviewing Tips
- As outlined in Policy, 4 interviews with applicants are required to complete the HSR.
- If the SAFE template is used, complete Questionnaire 2 during an in-home interview.
- Use appropriate privacy settings on the technology platform to maintain confidentiality, and review the *Enhancement Policy and Practice Supports on Technology and Social Media Use*.
- The home study report process must include at least one in-person/site visit in the applicant's home by a delegated Children's Services worker (e.g. a licensing officer, caseworker, or foster/kinship caseworker).
 - The attending Children's Services worker must read the draft HSR prior to attending the home
 - All family members should be present
 - Complete the *Environmental Safety Assessment for Caregivers* (ESAC) during this visit if a virtual ESAC was completed. 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.
 - The family should be aware that this visit requirement is part of the assessment process and may impact their approval

Video Interviewing Tips

Find a quiet, private, well-lit place, free from possible interruptions.

- Avoid coffee shops and other communal spaces.
- 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.

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- 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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Links:

Quick link to the [Intervention Record Check](#) Chapter.

CI Practice Guidance:

Coronavirus (COVID-19)

Date Released:
March 31, 2020

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September 21, 2021

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. Although negotiating an agreement in-person is preferred, it is possible to negotiate an agreement by way of telephone, Skype, FaceTime or another conferencing platform with manager approval.

Once terms are agreed to, a copy of the agreement can be emailed to the SFP recipient. The SFP recipient will need to print, sign, scan and email the document back to the worker as soon as possible.

SFP recipients should be advised that they are required to sign and mail the agreement with original signatures back to the worker. An original signed agreement is required on the file. 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 placement in a facility has broken down 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.

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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.

Additionally, if it has been confirmed that a child will need technology in order to support their continued learning, and their 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

For information pertaining to the steps FSCD has taken, please visit their [website](#). Contact your families' FSCD workers to learn about specific impacts to their services, if any.

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