

Child Intervention Practice Guidance

Coronavirus (COVID-19)

Revised May 04, 2020

Alberta 

CI Practice Guidance:

Coronavirus (COVID-19)

UPDATE AS OF 11:00 AM May 04, 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 making 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 May 04, 2020:

- Information regarding **Youth Subject to a Medical Officer of Health Order to Isolate** has been added to **Documentation**.
- Additional clarification around instructions for completing the digital IRC form in **Intervention Record Checks**.
- New practice guidance has been developed for **Home Study Reports**.
- **Child and Youth Support Program** has been updated with instructions on payment process for private child care.

This Practice Guidance is designed for easy navigation and quick search for specific topics. To locate information on specific topics, you can use:

- The Table of Contents: By clicking on one of the topics on the Table of Content page, the link will bring up the specific page where the practice guidance of the topic is on.
- The "Bookmarks": By clicking on one of the topics in the Bookmarks from the tool bar, the bookmark will bring up the specific page where the practice guidance of the topic is on.
- The "Search" function: By typing in the search term in the text box on the Find toolbar (Ctrl + F), this will give you all the matched terms in the document.

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](#)
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[COVID-19 Reporting Form](#)
[Intervention Record Check](#)
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ASSESSMENT OF HARM AND DANGER

As Child Intervention (CI) Practitioners, we have an important part to play when CI is providing services to children, youth and families. During the COVID-19 Pandemic, we are taking even more measures to help CI Practitioners stay safe.

The intent of this process is to facilitate critical thinking and to challenge assumptions to ensure that decisions are made based on thorough assessment and analysis, and in the best interests of the child(ren). We need to ensure that any options that may not have been considered are discussed and weighed as potentially protective or preventative to the imminent need identified.

This guidance will assist caseworkers involved in Intake and Assessment to:

- determine the level of response, and
- what the response will look like.

*Use whichever scaling question(s) make the most sense for each situation.

Incidents of Abuse in Alberta

The 2008 Alberta Incidence Study of Reported Child Abuse and Neglect found the majority of reports received are not urgent. It is therefore important for us to slow down and support families rather than react to crisis. The majority (85 per cent) of substantiated investigations fall in the category of non-urgent/other maltreatment related concerns indicating a risk of harm; danger to development or well-being; or the reported concerns were complicating factors rather than abuse or neglect (e.g., poverty in situations of neglect) (Trocmé, Kyte, Sinha, & Fallon, 2014).

Preliminary Screening Scale at Intake or Assessment: Based on what you know about this family situation and everything that has been explored, on a scale of 0-10 where:

- **10** = considering what you know to date, this case is likely in the 85 per cent of our work where we have some worries but the child(ren)/youth is not at risk of being seriously harmed or dying; and
- **0** = considering what you have read, this case represents the 15 per cent (urgent incidents such as, but not limited to physical abuse, sexual abuse, neglect under the age of six, etc.) and the child(ren)/youth is at risk of serious harm and requires a co-ordinated approach with police and/or the child(ren)/youth being interviewed without the parents' knowledge.

What gets you to that number, prevents you from being higher, next steps?

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Secondary Screening Scale: If you feel this is an 85 per cent matter (non-urgent concern), on a scale of 0-10 where:

- **10** = given the information you know today, the concerns can be alleviated over the phone or via Skype interviews with all participants; and
- **0** = by calling or requesting phone interviews, we could increase the risk of harm/danger to the child(ren)/youth as they are at home and not visible to others during the COVID-19 outbreak.

Is a call to the family being made to make the CI practitioner feel better with no increased safety to the child(ren)/youth (remember, telling someone to stop a behaviour does not necessarily, in and of itself, increase safety.)? What gets you to that number, prevents you from being higher, next steps?

In cases of family violence, please also ask:

How would you approach the assessment, knowing you cannot see the family in person or know where the alleged perpetrator is, to ensure the risk to the victim and child(ren)/youth is not increased as a result of Children's Services (CS) contact?

Critical Thinking and Scaling Questions

Scaling Question #1

On a scale of 0-10, thinking about all the children, youth and families we have to work with in the midst of isolation and COVID-19, where:

- **10** = this intake definitely includes some worries. It is clear we need to work with this family but the work does not require an immediate CS response. Based on what we know about the harm, danger and existing strengths and safety, we are confident there is a plan/people in place to ensure the child(ren)/youth's immediate safety. We can either conduct our assessment remotely or they can wait for our services; and
- **0** = we have not been able to ensure there is a plan/network in place to keep the child(ren)/youth safe and the harm to the child(ren)/youth was significant. We cannot determine whether there are enough existing strengths or safety, and do not know if there is a network who could help. We are confident seeing the child(ren)/youth in person is the only way to fulfill our legislative responsibilities and keep the child(ren)/youth from being seriously harmed.

Scaling Question #2

On a scale of 0-10, thinking about all of the children, youth and families we have to work with in the midst of isolation and COVID-19, where:

- **10** = if the child(ren)/youth is not seen by me today, they would remain safe in the care of their parents. There would still be worry but the risk of actual harm is low. There are others who can connect with the family (if needed) and there is a safety plan that can be reviewed, refined, or developed over the phone; and
- **0** = if the child(ren)/youth is not seen by me today, the potential of them being harmed (or abandoned) is extremely high. There is no one else who can connect with the family, or has recently seen the family. There is no safety plan and one cannot be developed with the family over the phone.

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Scaling Question #3

On a scale of 0-10, thinking about all of the children, youth and families we have to work with in the midst of isolation and COVID-19, where:

- **10** = a visit from a caseworker would be useful in normal circumstances but the situation as it is now can be easily managed by a collaborative effort by the family, network, community members and the CI practitioner. This can be done either through a visit outside the home with social distancing, texting, calling, video, photos or other technology. This approach will give everyone confidence in the safety of the child(ren)/youth; and
- **0** = the situation today is so concerning that it requires a caseworker to see the child(ren)/youth in person and family to lead a safety planning process.

Scaling Question #4

On a scale of 0-10, thinking about all of the children, youth and families that we have to work with in the midst of isolation and COVID-19, where:

- **10** = I can think of at least two people (family or network) to collaborate with. There is another way to assess the safety of the child that does not include me going out today; and
- **0** = there is no one we can collaborate with to help build safety for the child. The only way to assess the safety of the child is for **ME** to see the family today.

Decision Making and Process Considerations

Once the worker provides their number, ask them to identify what would bring them up to their number, and what would bring their number higher. They should be able to articulate, in behaviourally specific language, what the harm and danger is; what the existing safety and strengths are; and what we know about a plan and/or people who are in place to help. From there, the next steps in assessment will be determined in the following way:

1. If the decision is to go out and complete an assessment face-to-face because it is deemed urgent, what steps will be taken to ensure everyone's safety?
2. If the decision is to complete the assessment through means other than face-to-face, what method (Skype, FaceTime, etc.) will be used? Who will use it and with whom? How will it be used? What will it be used to determine? What questions need to be asked? Who needs to be consulted?
3. If the decision is not to complete the assessment at this time but to hold for services at a later time, when is follow up required? Who will be responsible for ensuring follow-up occurs? What will the follow-up look like? What action needs to be taken?

*Note: If the decision is for the assessor to complete a face-to-face visit, consultation must also occur minimally with a manager in order to develop a plan that will keep everyone as safe as possible. All assessments that do not require an immediate response must be reassessed every five days (business days, not including weekends).

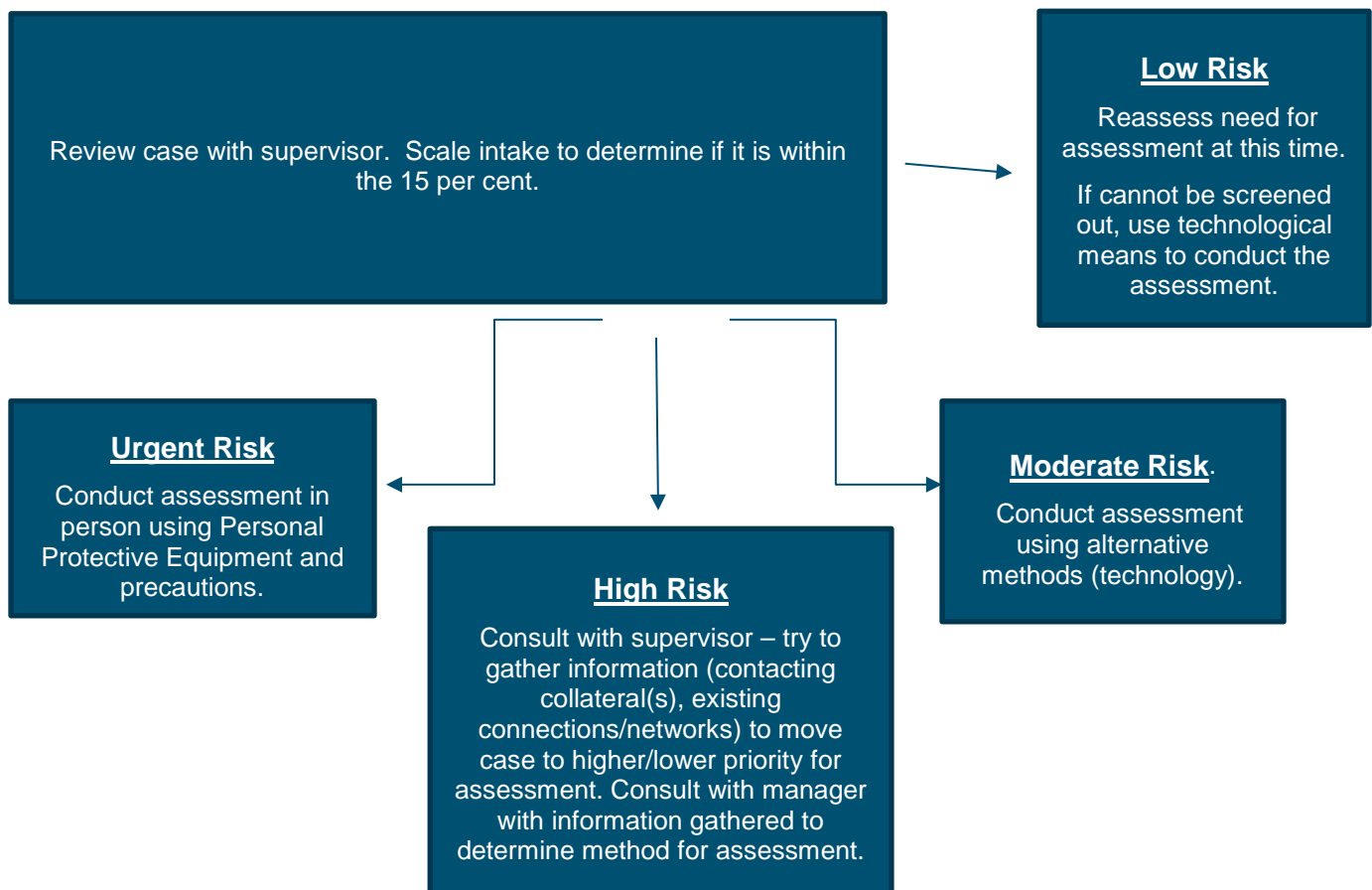
Additional Scaling Question

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On a scale of 0-10, thinking about all of the children, youth and families that we have to work with in the midst of isolation and COVID-19, where:

- **10** = there are some worries but nothing that requires an immediate CS response. We are confident there is a plan/people in place that ensure the child(ren)/youth's immediate safety and we can conduct the rest of our work remotely, and/or we are confident the support network has and will continue to regularly lay eyes on the child(ren)/youth, and support networks have had regular contact with CS; and
- **0** = we cannot know if the child(ren)/youth's immediate safety is ensured unless we see them in person. We have not attempted to or are unable to contact someone in the network who could help, possible remote contact options don't increase safety or our confidence, seeing the child in person is the only way to fulfill our legislative responsibilities, and if we don't do something immediately, the child could be seriously harmed.



The draft algorithm indicates the following action based on the scoring:

Low Risk – reassess need to provide a response at this time. If possible, screen out. If not, proceed with assessment using technological means.

Moderate Risk – conduct the assessment using electronic means.

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High Risk – consult with supervisor and attempt to gather more information to provide additional clarity on the intake call – can we collect more information to support scoring the matter lower on the scale? In the event that agreement cannot be met, engage a manager for third person consult.

Imminent and Severe Risk – conduct an assessment in person using necessary screening questions and Personal Protective Equipment when necessary.

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COURT AND LEGAL MATTERS

To protect the health and safety of all court users, the courts are limiting all regular operations until further notice.

All levels of court continue to hear urgent matters. At this time, child protection matters will continue to be heard in the Provincial Court of Alberta.

The courts will determine how Child Intervention (CI) matters will be handled on a case-by-case basis. The Child Intervention practitioner will consult with the assigned lawyer through Family and Surrogate Court Litigation (FASCL) to discuss the legal status of any particular case. If a court date has been postponed, the FASCL lawyer will direct next steps and notification to interested parties. The terms and condition of each order will remain in effect.

The [Alberta Courts website](#) will be updated daily with new information regarding court processes. Please check this [site](#) for the most up-to date information. Announcements from the [Alberta Court of Queen's Bench](#) and the [Provincial Court of Alberta](#) 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 guidelines of Alberta Health and the Chief Medical Officer of Health. If a concern arises with Children's Services ability to comply with a Court Order, please contact your legal counsel for legal advice. In some situations, it may be necessary for legal counsel to return to court to seek to vary the Court Order.

Access and Visits

Questions have been raised concerning court ordered access. Our primary concern is ensuring the safety and well being of staff and children, youth and their parents. Maintaining a child's connections continues to be important, probably more so in challenging times. All staff must follow Alberta Health and Alberta Health Services (AHS) guidelines to mitigate the risk of COVID-19. We are required to comply with court orders that issue direction regarding access.

At this point in time, workers who are required to comply with court ordered access are directed to case conference with the casework supervisor, manager and family regarding how to ensure access occurs in accordance with the court order Alberta Health and AHS

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guidelines. The case conference should include a discussion of potential use of telephone conference, video conference or other approaches to comply with court ordered access. If face-to-face contact is planned for a visit, then all staff, including agency staff, must ensure they are following AHS guidelines to mitigate the risk of COVID-19.

Review each Court Order to ensure compliance with all terms and conditions, including access terms and conditions. Consult with legal counsel if there are any concerns with complying with the Court Order.

Assessments and Testing

Court Orders may require assessments or drug testing. Compliance with Courts Orders is required. Document activities showing compliance with Court Orders. Consult with legal counsel if there are concerns with compliance with each Court Order.

Therapy Counselling and Treatment

Court orders may require therapy, counselling or treatment. Compliance with Courts Orders is required. Document activities showing compliance with Court Orders. Consult with legal counsel if there are concerns with compliance with each Court Order.

Court Procedures

Discuss service requirements with your regional court services staff, court coordinator or legal counsel.

In response to the current COVID-19 pandemic, the provincial government passed an amendment to the Provincial Court Act, which allows for electronic documents. There may be options offered in your region for the electronic signing of court documents and filing by email and fax submission. This service may not be available in all courts. Discuss court document requirements with your Regional court services staff, court coordinators or legal counsel.

Signing/Extending Agreements

At this time, meeting with families to sign agreements should not occur. In-person meetings with families would not comply with the current guidelines of Alberta Health and the Chief Medical Officer of Health. In cases where a Family Enhancement Agreement with Guardian, Enhancement Agreement with Youth, Custody Agreement, Support and Financial Assistance Agreement or Support for Permanency Agreement needs to be amended or extended, facilitate a case conference to discuss the terms of the agreement and any changes/ extensions that all parties would like to see. This case conference can be held virtually through videoconference.

- If an agreement is reached, document the conversation in a contact log in CICIO.
 - Create a new agreement with the details of the agreement identified in the plan. Upload this plan into CICIO. Indicate in the agreement that the terms were discussed during a case conference that is captured in the contact log.

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- Provide a copy of the new agreement to all relevant parties (via email or postal mail). If necessary schedule a follow-up conversation to ensure they understand the agreement.
- Once satisfied that the client understands the new agreement obtain their agreement by one of the following options:
 1. **Electronic Consent** - by sending the following phrase to request the client to send their electronic consent:
 - “Please respond to this message and indicate if you are in agreement with the terms and conditions of the attached [TYPE] Agreement of [DATE]”
 - If the client responds electronically with their consent, the caseworker will indicate on the agreement in the client signature space that “agreement provided electronically by [name of case worker], consent attached”
 - Both the agreement and electronic consent must be attached in the Legal Action section of CICIO (refer to the CICIO guide on attaching legal documents).
 2. **Paper Consent** - by having the client sign a printed copy of the new Agreement and returning to the caseworker by scanning the signed document, postal mail or dropping it off in person at an office.
 - If the client responds with a signed copy of the agreement, scan and upload the agreement into CICIO.
 3. **Verbal Consent** – if the client does not have the means to an electronic device or ability to return a paper copy, confirm they have read and reviewed the Agreement.
 - Document that you have shared the Agreement with them verbally in a contact log and that they have provided their consent.
 - On the client signature line of the Agreement, indicate:
 - Consent was taken verbally from [NAME] and see contact log dated [DATE]
 - Sign or add the case worker information
 - Upload the Agreement into CICIO.
- If an agreement cannot be reached, despite the presentation of alternatives, then the parties can terminate the agreement if they see fit.
 - If the agreement is terminated then CS will need to determine whether more intrusive steps are necessary.
 - Document this conversation in a contact log in CICIO.

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

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that are expiring during the COVID-19 Pandemic. Please note, that while many court matters are being postponed for 10-weeks, Child Intervention matters are still being heard as urgent matters. 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.

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.

Compliance with Courts Orders is required. Document activities showing compliance with Court Orders. Consult with legal counsel if there are concerns with compliance with each Court Order and maintaining the appropriate legal authority.

Complying with “An Act Respecting First Nations, Inuit and Métis Children Youth and Families”

During the COVID-19 health crisis, Children's Services is still required to comply with the Federal Legislation. In particular, it is important that we address the following when working with Indigenous children and families:

- Section 12 - Providing advance notice of significant measure (legal proceedings) to a child's parent, caregiver and Indigenous Governing Body (IGB).
 - The “[Notice of Significant Measure](#)” form that can be found on the [CI Portal](#) can be shared electronically as well as via mail during this time. It does not need to be provided in person.
 - As per usual case practice, if the child's safety prevents the advance notice of a significant measure, document in detail the reasons why advance notice was not provided in CICIO.
 - Document how notice is provided in all other cases.
 - Notice to an IGB is only required in situations where there the Federal Government has formally recognized an Indigenous group as an IGB. However, workers should continue to connect and consult with Indigenous partners, including the band designate, Métis resource person and DFNAs whenever possible and appropriate regarding planning for Indigenous children and families.
- Section 16 (3) -The family unity provision requires that CS reassesses a child's placement to determine if a child can return home to their parent(s)/guardian(s) or their family.
 - Workers should continue to work with families via case conference and family and natural support meetings that can be conducted via telephone or

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- videoconference to address concerns and determine a plan for a child returning home.
- If a child was in the process of returning home or to family and those visits were required to be postponed due to the COVID-19 health crisis, continue to facilitate regular access for the child and their family as you would for court ordered access.
- Document the efforts to keep the child connected to their family during this time and the plan for the transition once the health crisis has ended.

Additional Information

For additional information, consult your regional court services staff, court coordinator or legal counsel.

For additional information regarding the operation of Provincial Courts in relation to family and child protection concerns, please visit [AlbertaCourts.ca](https://albertacourts.ca) for the most up to date information.

The Provincial Court website provides guidance for Calgary and Edmonton Provincial Courts regarding which matters will be heard, where and how they will be heard.

For the ***Calgary Provincial Court Pandemic Plan*** click [here](#).

For the ***Edmonton Provincial Court Pandemic Plan*** click [here](#).

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ONGOING CONTACT WITH CHILDREN, FAMILIES AND PARTNERS

Effective immediately, Child Intervention (CI) standards such as face-to-face contact every three months and monthly contact with children, families and caregivers is suspended. While ongoing contact is required in order to support children and families with open files, consider alternative approaches to maintaining contact through email, telephone, Skype, etc. There may be circumstances where face-to-face contact is required. All staff must follow Alberta Health and Alberta Health Services (AHS) guidelines to mitigate the risk. Before conducting any face-to-face or in-person contact, consultation with a supervisor is required.

If case conferences have been scheduled, consider whether or not they need to proceed or whether or not they can be done via teleconference, Skype, etc. If in-person contact is necessary, please use all precautions advised by Alberta Health and AHS, including social distancing, cleansing of spaces, etc.

As of March 16, 2020, all group care and residential facilities are being asked to limit onsite guests to *essential visitors only*.

Family/Sibling Visits

CI Practitioners will need to continue to maintain contact with families; however, alternate options in place of home visits and face-to-face meetings should be used, such as FaceTime, Skype, phone or text. There may be circumstances where face-to-face contact is required. All staff must follow Alberta Health and AHS guidelines to mitigate the risk. Before conducting any face-to-face or in-person contact, consultation with a supervisor is required. If you, as a contract service provider, have been a part of facilitating access, you will be involved in those discussions.

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 no more than 15 individuals;
- Social 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).

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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.

Social Media

In order to stay connected and facilitate virtual meetings with our children, youth and families, the use of 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 are currently on hold; however, maintaining connections of a child to their community continues to be important, so please consider alternative approaches through telephone or Skype.

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HOME VISITS

Effective immediately, home visits should no longer occur for regular, ongoing case management activities. Home visits should continue for urgent matters that require immediate attention at intake, assessment or that arise during ongoing case management.

For unannounced visits such as urgent matters, the initial contact and screening will take place at the door, where the worker will ask pertinent questions regarding risk of illness in the home.

If Child Intervention (CI) staff 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 INTO THE HOME**. If immediate action appears to be required, the appropriate emergency service will be called to assist before attending to the matter.

Screening Questions

When required to attend a pre-arranged face-to-face meeting for urgent matters outlined above, contact the client, agency or community partner and ask the following screening questions as per Alberta Health and 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 client or any member of the home does not present with any of the criteria, proceed with the visit. If the client or any member of the home states they meet some of the criteria, try to

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reschedule the visit for a time when they are symptom free or use alternate options such as FaceTime, Skype, phone or text if available.

If the client 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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SUPPORT AND FINANCIAL ASSISTANCE AGREEMENTS

Message from Statutory Director

The courts recently 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 are to be 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

To maintain appropriate physical distancing, the negotiation of an agreement, and any terms or supports, can occur electronically and entered into CICIO.

- Additionally, you will need to review the circumstances of those young adults who had a transition plan, but for whom circumstances may have now suddenly changed. For

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example, young adults who no longer have child care as a result of recent facility closures.

- 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.
- Due to the pandemic, home visits should no longer occur for regular, ongoing case management activities. Home visits should only occur for urgent matters that require immediate attention at intake, assessment or during ongoing case management. That said, young adults will still require support and Children's Services (CS) will attempt to ensure they remain connected to their family and natural supports within the guidelines provided by Alberta Health and Alberta Health Services.
- In order to stay connected and facilitate virtual meetings with young adults, the use of 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 privacy settings are set to the most secure. Any social media accounts should be identified as professional accounts by the use of "CS" in the account name.
- Caseworkers should provide weekly check-in's/calls with young adults.

Financial Support

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.

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

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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 **on-going contact with children, families and partners** directive 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](#).

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.

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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.

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 were already 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;
- the comfort level of all involved in having contacts/exposures at this time; and
- whether the transition had already been underway or not.

If a transition had not yet commenced, it may be best to initiate it once current measures for social distancing and avoidance of any non-essential contact are lifted.

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.

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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.

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. For information regarding **Signing/Extending Agreements**, please see “**Court and Legal Matters**”.

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.

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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 in

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 social 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. Once a reporting form is submitted please ensure updates are submitted when the child receiving services (in care or not in care) and/or a parent or caregiver (foster/kinship) no longer have symptoms, are no longer self-isolating and/or receive their test results.

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 contact the appropriate police authority to locate/transport the youth to remand.
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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Updated

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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 1 piece of their 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.

If the IRC request is received at an office site – 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 ask the requester to scan all documents needed for the request (form and identification) and email them to CS-IRCrequest@gov.ab.ca.

The completed IRCs will then be sent back 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 email their questions to the centralized IRC email; it will be monitored and answered by email or telephone call, if requested.

For group or congregate care homes, IRCs may be completed at this time without scanning and sending a copy of the completed IRC form and identification to the centralized email. This is in order to expedite the onboarding of new staff in group and congregate care homes.

In order to complete an expedited or informal IRC, please have the agency email the following to the individual completing the check:

- Name;

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- DOB;
- Scanned copy or photograph of individual's ID (if possible);
- Driver's licence #;
- Personal email address;
- Names and dates of birth for all of their children and children they have acted as a parent for; and
- Agency they will be working with.

If the IRC is negative, the information will be emailed to the agency. If the IRC is positive, the information will be emailed to the individual requestor.

Once completed, please forward the above information, along with the outcome of the IRC, to CS-IRCrequest@gov.ab.ca so we are able to track these informal IRCs.

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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

SAFE Home Study, Assessment and Support for Kinship Caregiving (ASKC Pilot) and Home Assessment Reports

NOTE: This guidance 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 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

Guidelines and Expectations

HOME STUDY REPORTS - POTENTIAL FOSTER AND KINSHIP CAREGIVERS

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*).

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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.
- 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

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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
- 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.

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.

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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.
- 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**

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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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SUPPORTS FOR CAREGIVERS

Educational Support

This section provides guidance regarding how to support caregivers while schools are closed and learning is to be completed remotely and online.

Ministry of Education

Expectations by Grade:

- Kindergarten to Grade 6 - five hours per week with a focus on language/literacy and mathematics/numeracy;
- Grades 7 to 9 – 10 hours per week with a focus on language/literacy and mathematics/numeracy with an opportunity to incorporate science and social studies;
- Grades 10 to 12 - three hours per course per week with a focus on specified and core courses required for high school graduation requirements, including language (English, French and French language arts), social studies, mathematics, biology, chemistry and physics.

Assessment

Teachers are responsible for assessing progress and assigning a final grade. Every student will receive final grades and a report card appropriate to their grade level. Grade 6 and 9 provincial achievement tests are cancelled. Grade 12 students on track to receive 100 credits or more will still be eligible to graduate. Principals have some flexibility in awarding up to 15 credits. General diploma exams are cancelled.

Teacher's Role

Teachers have already contacted, or will soon contact, families and caregivers directly to provide information about learning expectations and educational materials for their individual children. They should have assessed the family's ability to access technology in support of their children's learning. Students, especially those in the lower grades or without technology access, are often receiving paper-based learning packages, with delivery and return negotiated between the teacher and the family. Teachers may have deemed this most appropriate for these students.

Children's Services Role

As custodians and guardians of children, Children's Services (CS) has an obligation to work with schools to ensure children's educational needs are met. This includes assisting caregivers with balancing the additional pressures of caregiving and implementing education plans, as well as ensuring children and youth in care have the right tools and support to participate fully in their education.

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Policy already stipulates children in care are entitled to have their education needs met and all education related expenses will be covered. This may include devices, internet connection, school supplies, tutors, or even toilet paper. Some families will need assistance in obtaining and using technology to support the children in their care. Please be creative in considering and supporting this access.

During the Covid-19 Pandemic, foster and kinship support workers and caseworkers are expected 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.

Caregivers' Role

Individual school websites or teacher contacts will have the most relevant information for individual students. School division websites may also have important updates. Caseworkers should ensure they are aware of the online learning that is happening for children they are responsible for. Information on the appropriate school division's (authority) contact information and individual schools can be found [here](#).

While education may seem like it is a bit lower on the priority list right now, below are some resources for when there is time to focus on education:

- [Telus Internet for Good Program](#) – helps provide internet access to low-income families.
- [LearnAlberta.ca](#) - more than 4,000 digital resources aligned with Alberta's K-12 curriculum.
- [My Child's Learning: A Parent Resource](#) - provides parents with information specific to each grade level.

Further information from the Ministry of Education is available [here](#).

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Additionally, many Alberta school authorities have a variety of resources available to support parents and students in learning at home. The Edmonton Public Library has [tutoring](#) available.

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](#) 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.

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 social 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, BOTH foster and kinship support workers and caseworkers can approve and authorize the payment of reimbursement for COVID-19 related supports.

Childcare

Please see the [Childcare section](#) 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

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creativity and flexibility in the use of the recreation fund. Examples include the purchase of crafts or yard play equipment 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 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.

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. In these situations, compensation for supports such as relief or respite will be provided by CS 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). Also see the [Childcare section](#) 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.

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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 currently in place for foster parents that continue to be supported by the foster care support workers, and where there are no changes, may be extended for a period of three months from April 1, 2020. 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.

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](#)] 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 [here](#). 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.

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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.

Childcare

Current policy states foster and kinship caregivers may require resources to provide childcare while they attend appointments, other responsibilities and to allow for breaks from day-to-day demands of parenting. Childcare arrangements may include babysitting, relief, respite and alternate childcare (see [Appendix 2](#)). Due to the COVID-19 Pandemic, caregivers' access to childcare has become limited or has ceased altogether. The policy-authorized use of childcare has created confusion for staff and caregivers as it appears to conflict with recommendations by Alberta's Chief Medical Officer of Health to practice physical distancing and staying home to decrease exposure.

As a result, the use of childcare is not recommended at this time; other supports for caregivers should be explored. Caregivers are encouraged to stay inside (whenever possible), take all precautions when going out, and try not to use childcare that is not needed.

Caseworker, Kinship or Foster Care Support Worker and Support Network

There may be times, however, when childcare is essential 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 are to pre-plan with the caregiver as well as their support network to identify available options for childcare. Staff will support caregivers who do not have a plan with identifying potential childcare.

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 back up arrangements in case the original plan is impacted by illness or exposure of an identified caregiver. Should relief or respite become necessary, the entire team will review the plan with the caregivers to determine if the plan is still current or if adjustments are required.

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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.

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.

Before the continuation of current respite arrangements OR approving any alternate childcare, consultation with a supervisor is required. Careful consideration should be given to the need for alternate childcare and whether it balances the risk of COVID-19 exposure for children, youth and families. Planning between the child's caseworker, foster or kinship support worker, caregiver and alternate caregiver must identify the protocols required to mitigate exposure risk between the caregiver home and alternate caregiver home.

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

Documentation

In addition to documenting on a contact log, the resulting COVID-19 related plans must be recorded in CICIO in special cautions.

Enter a special caution for planning childcare options and temporary placements needed due to COVID-19. Please review current special cautions placed on the system and end date any that no longer apply in order to ensure all special cautions are current.

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 worker and approved by a supervisor.

Policy References

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

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Additional Information

Travel

All prior approved international and provincial travel is suspended. If there are exceptional circumstances to be considered, please elevate those requests to the Office of the Statutory Director through your regional director.

Attending Funerals and Wakes

For information regarding attending funerals and wakes, please see “**Attending Funerals and Wakes**” under “**Contact and Communication**”.

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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>
<p>3.3.6 (Placement Resources) Foster Care Financial Compensation</p>	<p>Financial compensation to care for children in their home; child <i>entitlements</i>.</p>	<p>Additional Compensation: equipment or supplies to facilitate or support placement</p> <p>Special Costs: consider exceptional expenditures; caseworker consultation required</p>
<p>Policy 9.2 (Intervention) Education</p>	<p>Accessing appropriate educational programming that meets the child’s needs.</p>	<p>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.</p>

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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 to 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.

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Links:

[Child Maintenance Invoice Form](#)

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Date Released:
March 31, 2020

Date Updated:
April 16, 2020

GROUP AND CONGREGATE CARE

As the situation unfolds, more information will be forthcoming as it relates to support group and congregate care.

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**. We are also asking all offices and facilities 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 social distancing and limit participation in social events or clubs.

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.

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

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Please refer to the [COVID-19 Facilities Guide](#) for more detailed information.

Expiring Residential Facilities Licences

Licences that are expiring can be extended for a period of up to three months. If you believe your agency falls into that category, please contact your licensing officer.

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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STAFF SAFETY

The Ministry of Children's Services takes employee safety very seriously. During the COVID-19 Pandemic, we are instituting even stronger measures to help you stay safe.

We continue to provide updated **practice guidance** on a daily basis or as needed. Please ensure you continue a routine of regularly reviewing that document for important changes. While employee safety guidance is embedded into the practice document, given the critical importance of this topic and for ease of reference, this information is also now being made available as a standalone document, and will be updated as changes occur.

For employees who work in group care [YYC and YAC] please also go to this link [COVID-19 Facilities Practice Guidance](#).

Workplace – Offices and Work Sites

As you know, Child Intervention offices are closed to the general public for the duration of the pandemic.

- **DO NOT** go to work when you have symptoms, and self-isolate for the timeframe set out by Alberta Health and Alberta Health Services (AHS).
- Promote good personal hygiene and workplace cleaning practices.
- Keep frequently touched common surfaces clean (telephones, computer equipment, etc.).
- Enforce social distancing (work spaces are separated, no shaking hands, limit the number of people meeting in one space/room).
- Work from homes strategies are in place. Work with your supervisor and manager to discuss the unique needs of your worksite and community.
- Although employees enjoy sharing food and treats, in this current climate please refrain from bringing in food to share with others, and remove treat or candy dishes. If you bring items to the workplace in containers that are recyclable, please take them home with you rather than disposing of them in the office recycling bins.
- Although the public is not permitted in our worksites at this time, under special circumstances, children and families may be welcomed into designated areas of our worksites. When doing so, they should remain in one room large enough to ensure a two meter distance between participants. If you are unsure, please speak with your supervisor or manager about which space is designated for this purpose.

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In-Person Visits - Family/Assessment Visits, Meetings, Transporting, Case Conferences

Effective immediately, in-person visits **should no longer occur** for regular, ongoing case management activities. The Child Intervention Practice Standards regarding face-to-face contact are currently suspended; however, it is important to maintain ongoing contact with children and families you are working with.

In-person visits should continue for urgent matters that require immediate attention at intake, assessment or special circumstances that arise during ongoing case management (court-ordered access, etc.). These circumstances must always be discussed with your supervisor in advance.

- Under no circumstances should you go on visits or be at work when you are feeling sick, have symptoms or have been advised by AHS to self-isolate.
- Prior to a visit or in-person meeting, conduct a screening (phone, email or in person) using the screening questions outlined in the Practice Guidance Document.
- **DO NOT** enter a home or have an in-person interaction where someone has symptoms of COVID-19.
- Social distancing (two meters, no shaking hands, limit the number of people meeting) must be followed during interactions.
- Immediately wash your hands with soap and water, or use hand sanitizer, after any meeting or in-person interaction.
- If you have to lift, move or touch a child or youth, wash your hands with soap and water or use hand sanitizer after the interaction has ended. Follow this procedure after every interaction.

Personal Protective Equipment (PPE)

There have been many questions regarding the use of PPE in our daily work with children, youth and families. To be clear, we do not expect delegated workers or administrative employees to interact with an infected or symptomatic person; therefore, the use of PPE is **NOT** required. Alberta Health and AHS have clear guidelines on using PPE, which are provided below.

Wearing Masks

Wearing a mask can be very important in certain situations. Alberta Health and AHS advise if you are sick, wearing a mask helps prevent passing the illness on to other people.

The Chief Public Health Officer of Canada has recommended the use of masks for all individuals when outside of their home. This includes staff who must meet with clients. It is important to note the use of masks recommended include all masks, including fabric masks.

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It is important that when putting on and taking off a mask, you are following proper precautions. According to the [World Health Organization](#), the following outlines how to properly wear and dispose of a mask:

- Before putting on a mask, clean hands with hand sanitizer or soap and water (for at least 20 seconds).
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it; if you do, clean your hands with hand sanitizer or soap and water (for at least 20 seconds).
- Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
- To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; and clean hands with hand sanitizer or soap and water (for at least 20 seconds).

Extensive Use of PPE

Where employees' duties require them to come in close contact with individuals who may be infected (e.g. residential care settings), PPE usage should follow [Alberta Health Guidelines](#) and associated [Point of Care Risk Assessment \(PCRA\)](#) for the use of:

- Surgical masks
- Gowns
- Eye protection
- Gloves

If you are an employee working in a congregate care facility, please see the [COVID-19 Facilities Practice Guidance](#) for detailed instructions on the proper and appropriate use of the different forms of PPE.

Alberta Health and AHS guidelines should be consulted on a case-by-case basis, as recommendations can change.

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Links and Forms

[COVID-19 Reporting Form](#)

[Alberta Health Screening Questionnaire](#)

[COVID-19 Facilities Practice Guidance](#)

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April 29, 2020

CHILD AND YOUTH SUPPORT (CYS) PROGRAM

Private Child Care Costs

Licensed daycares and schools are closed due to COVID-19 and some CYS clients have to use private childcare instead.

Effective immediately, 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.

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 \$246.00, this will 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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