

Child Intervention Practice Guidance

Coronavirus (COVID-19)

Revised March 24, 2021



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UPDATE AS OF **3:00 PM March 24, 2021**

UPDATES HIGHLIGHTED

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

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

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

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

Updates on March 24, 2021:

- Updated information for COVID-19 Immunization for youth in the **Medical Appointments Chapter**.
- Updated information for COVID-19 vaccine eligibility for youth, traveling and etc. in the **Support for Caregiver Chapter**.

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



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Date Released:
May 20, 2020

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December 1, 2020

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

The health and safety of Child Intervention Practitioner's (CIPs) and of our agency partners has been vital and will continue to be so as Children's Services and partners move forward through the COVID-19 pandemic.

CIPs will continue to collaborate with community partners and DFNA's. It is important for different regions of Children's Services to connect with First Nations Designates and DFNAs during this time to continue to support the connections for Indigenous children.

As we continue on our path of working in the "new normal", it is important that we continue using critical thinking and the tools that are provided in the CI Practice Guidance. Using the AHS screening tool, considerations for in person visits, using PPE and consulting with your Supervisor will allow for you to make informed decisions when working with the children, youth, families and caregivers that we serve.

Things to consider when preparing to meet in person with children, youth, families and caregivers

CIPs/ agency partners will continue to have face-to-face visits for non-urgent matters during the public health emergency as outlined in the Chief Medical Officer of Health [record of decision](#).

As the COVID-19 response continues to evolve, CIPs will be asked to be creative with the incorporation of technology while ensuring that they are also completing face to face as necessary.

Things to consider in preparing for in person contact:

- You **must** have completed the Staff Safety and Personal Protective Equipment Checklist and the GOA Formal Hazard Assessment specific to your role BEFORE resuming in person contact.

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- Supervisors **must** review the Field Level Hazard Assessment with all CIPs who then can proceed with in person contact with children, youth, families and caregivers. Ensure that this is completed with all new staff prior to in person contact being completed.
- When attending family, caregivers homes or completing unannounced home visits the initial contact and screening will take place at the door, where the worker will ask the AHS screening questions regarding risk of illness in the home.
- In person does not necessarily always mean in the home. These decisions should be made in collaboration with the child, youth, family and/or caregiver and based on the need to physically enter a premises
- In person contact isn't necessary for all casework all of the time– the use of virtual connection has been extremely successful and so should be utilized to **supplement** in person visits/meetings when it is unsafe to do so in relation to COVID-19.
- Prior to making a decision to meet virtually with a child, youth, family or caregivers ensure that you are consulting with your Supervisor who would then record the decision and rationale as to why the visit is not taking place in person.
- In the event that your decision is to meet with the child, youth or young person using virtual means ensure that you:
 - Document a virtual face-to-face; by selecting “face-to-face alone with child” in CICIO to meet practice standards.
 - Virtual video contact counts as face-to-face to meet the practice standards. When entering your contact log, workers must select “face-to-face alone with child” and then record the contact method used in the contact note i.e phone.
- Preplanning for in person contact should be completed between the case team prior to attending caregiver's homes. If multiple workers are involved with children in one home, coordinating the in person contact, supports caregivers who may be overwhelmed with several different workers contacting them and entering their home.
- CIPs are required to continue actively working in their delegated roles to have in person contact with children on their caseload, to continue to develop meaningful connections and build relationships. Exceptions to this may be based on resource capacity. For example, if a CIP is away on sick leave then their site will coordinate another delegated CIP to complete in person contact.
- Approach in person contact with children, families and caregivers in a collaborative way that encourages all to share any concerns which demonstrates appreciation for the anxiety and concern families may have.

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In-Person

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

In Person Contact with Children in Care

- Mandatory face to face with children in care in their placements will continue. This means that delegated workers will conduct the required face to face contact with children, both alone and with caregivers as appropriate. Measures to maintain safety will be discussed with the placement in advance.
- CIPs, both child and foster/kinship support and the case team, are required to collaborate to ensure caregivers are not overwhelmed with people entering their home. Caregivers do have a voice in how the public health measure affects them and this must be taken into account. Foster/Kinship support workers, CIPs, and case team should coordinate their visits to reduce the possibility of overwhelming caregivers and children. There is still the flexibility to continue with virtual contact when it is not safe to meet in-person (e.g., when the safety of our workers or others might be at risk, or not yet required as defined in the guidance).
- CIPs are required to continue their active delegated roles to have in person contact with children on their caseload, to continue to develop meaningful connections and build relationships.
- CIPs and agency partners should be aware there may be additional precautions or expectations when visiting caregivers' homes and/or group care settings, such as wearing a mask or having your temperature taken with a non-invasive infrared or similar device.

Select a Location

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

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In Person Visits/Interviews with Children in School Settings

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

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

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

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

Children and youth aged 6-16 enrollment in School

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

Screening Tool Questions

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

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

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

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TIPS FOR ENGAGING FAMILIES WHEN WEARING PPE

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

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

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

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

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Family Time

*******A Public Health Emergency was declared on November 24th 2020 to protect the health system from COVID-19. [Enhanced measures](#) are in effect, particularly in Edmonton and Calgary Metropolitan Areas.**

[CMOH Order 38-2020](#) allows Children's Services to continue to provide social and protective services.

Visits between a child and a parent or guardian who does not normally reside with that child are allowed.*****

On November 24th, 2020 the Chief Medical Officer of Health (CMOH) declared a Public Health Emergency to protect the health care system from COVID-19. She also issued [CMOH Order 38-2020](#) .

The important work of child intervention will continue during this public health emergency period. Child Intervention practitioners will continue their legal responsibility of contacting and connecting with children, youth, families and caregivers to keep them safe and support their well-being. This guidance, as well as the CI Practice Guidance, continues to support decisions on whether contact is done in-person or by alternative means.

Face-to-face contacts may be critical and require in-person meetings. Child Intervention Practitioners may wish to conduct some face-to-face contacts using media support.

The work of child intervention does not fall into the category of "private social gathering" as described in the Order (Section 11). "Visits" between a child and a parent or guardian who does not normally live with that child will continue as an exemption under the Order.

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

In person visits may be supervised or unsupervised in accordance with the case plan. For children in care the reference to parent may be replaced with a sibling or another significant person. Child Intervention Practitioners and agency partners will prioritize visits with children and families who, prior to COVID 19, were in the process of reunifying and where technology has not been able to support ongoing contact (infants

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and toddlers). The focus will be on connecting children with families and being creative with families' visits, caregiver(s) and support networks involvement, while ensuring that physical distancing is maintained. Alternating in person visits with Skype/FaceTime etc. is acceptable during this time.

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

Prior to the visit the case team will assess the parent's ability and willingness to adhere to the public measure guidelines set out by AHS. By doing this it will decrease the risk to the child, the parent, and any child placement resources.

The following questions shall be considered:

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

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

Develop a Visitation Plan

The case team and network will develop a clear Visitation Plan that includes how the risks for COVID-19 exposure will be reduced. This Visitation Plan should include measures to decrease risk and promote infection protection. Visits are limited to children, their parents/guardians and siblings at this time.

Documenting the Visitation Plan

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

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Be Prepared with Personal Protection Equipment (PPE)

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

Cultural and Spiritual events and gatherings

It is important for children, youth, and young people to maintain a connection to their culture and spirituality. While doing so ensure that all public health orders and safety measures including [gathering restrictions](#) and physical distancing are adhered to.

Social Media

Prior to making a decision **to meet virtually** with a child, youth, family or caregivers ensure that you are consulting with your Supervisor who would then document the decision and rational as to why the visit is **not** taking place in person.

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

When creating social media accounts 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.

SAFE INTERNET AND SOCIAL MEDIA USE

Please see *Safe Internet and Social Media Use* in **Supports to Caregivers of Children in Care** for more information.

First Nation and Band Consults

In-person band consultations - As each First Nation is unique in how they are responding to COVID-19 we strongly suggest contacting each Band and DFNA to discuss access to the community. DFNA Directors and staff, and First Nations Designates, continue to be available to discuss child intervention matters. Maintaining connections of a child to their community continues to be a priority. Continue to work in partnership by telephone or using a virtual method of contact.

CIPs are already required by policy to involve the First Nations Designate with information to assist in a child's case plan. As part of case planning, it is the

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responsibility of the CIP to provide updates and notify a First Nations Designate as soon as possible in the event that a child were to test positive for COVID-19.

Attending Funerals and Wakes

If a child in care's family member dies, they need to be supported to connect and receive comfort. If a family member passes away and a funeral or wake is being held, support the child in attending the funeral or wake in person as long as the funeral or wake is following public health orders and safety measures including, [gathering restrictions](#) and physical distancing of 2 metres.

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

Regional, Inter-Regional File Transfers, Interprovincial Requests

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

Child in Care or Parent Living Outside of Alberta

When a child in care or a parent live outside the province, maintaining contact through alternative measures such as video calls, phone call and texts is recommended. If an out of province in-person visit is essential, see the **Travel section in the Caregiver Supports Chapter** on obtaining consent for travel outside of Alberta.

TIPS FOR WORKING AT A DISTANCE

- Make a conscious effort to plan in advance if you are attending a home with others.
- Explain the importance of physical distancing to the people you are visiting so they understand why you are keeping your distance.
- Identify and discuss with the family where in the house you are going to place yourself to conduct interviews/make assessments.
- This is public health direction to help stop the spread of COVID-19 and helps maintain the safety of everyone.
- Ensure that you maintain at least 2 meters (6 feet) between you and others in the home
- Discuss who will stand where and ask for reminders from your colleagues when you are engaged in the visit – it is possible you will forget!

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- Ask those that do not need to be in the room to go elsewhere in the space for the duration of the visit if possible.
- It can be challenging to employ physical distancing practices in small spaces.
- Where possible and if privacy and weather permits, discuss with the family whether meeting outside could work.
- Limit the amount of people going into a space to those who are absolutely required. Consider connecting virtually to others during the visit.
- Where possible and if privacy and weather permits, discuss with the family whether meeting outside could work.
- Where possible and if privacy and weather permits, discuss with the family whether meeting outside could work.
- We are not used to being physically apart from people in our work. Feeling discomfort or awkwardness is normal.
- Be mindful – fear and mistrust of the medical system (and Children’s Services) expressed by racialized and marginalized individuals, including those experiencing mental health issues, may be amplified by a CS worker wearing equipment typically reserved for the health care field.

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June 12, 2020

COURT AND LEGAL MATTERS

Court Operations and Procedures

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

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

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

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

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

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

Terms and Conditions of Court Orders

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

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Legal Authorities

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

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

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

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

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

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SUPPORT AND FINANCIAL ASSISTANCE AGREEMENTS

Message from Statutory Director

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

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

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

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

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

Contact

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

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

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

Some things to consider:

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

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

Financial Support

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

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

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

CODING AND PAYMENT PROCESS

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

Common Account Codes:

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

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

File closures in CICIO can occur post Bridge funding completion.

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

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

Alberta Works - Income Support

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

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

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

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

Persons with Developmental Disabilities /Assured Income for the Severely Handicapped

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

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

Advancing Futures Bursary

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

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

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

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

Provincial and Federal Funding

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

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

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

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Support Services

Mentoring Program

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

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

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ADOPTION AND PRIVATE GUARDIANSHIP

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

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

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

Planned Transitions

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

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

Information Sharing with Potential Adoptive Parents

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

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

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

Moving to a PPA Placement

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

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REPORTING COVID-19

Child Intervention Practitioners are being asked to report and track situations of confirmed POSITIVE COVID-19 cases. Please report information related to a child receiving services (in care or not in care) and/or a parent or caregiver (foster/kinship) who has completed the testing for COVID-19 by Alberta Health and Alberta Health Services, and received a positive result.

If you are reporting on behalf of caregivers who have tested positive, please ensure you are not reporting on their biological children or other biological family members (i.e. Grandmother or Uncle). The reporting form is only for Children with intervention status and their caregivers, who have tested positive.

Please complete the [COVID-19 Reporting Form](#) and send it to CS-CI-COVID-19@gov.ab.ca. Ensure you provide an update regarding outcomes for the positive reports submitted once the subject of a report is no longer symptomatic, or receives confirmation of recovered status. Phone or email follow up on the report may occur if there are questions or to determine or confirm the outcome of a reported incident.

Information regarding COVID-19 self-isolation or symptoms, reporting is no longer required, as of November 30, 2020. Please continue to use CICIO for documentation of any information regarding COVID-19 that is not reportable (i.e. symptoms, testing, self-isolation).

Note for positive cases in group or campus-based care: If there is a confirmed positive COVID-19 case for a child or youth in group or campus-based care copy (cc:) your Regionally Appointed Contact for Group and Campus-Based Care reporting when forwarding the COVID-19 Reporting Form to CS-CI-COVID-19@gov.ab.ca. If you are unsure of your Regionally Appointed Contact for Group and Campus-Based Care inquire at CS-CI-COVID-19@gov.ab.ca

- The Regionally Appointed Contact for Group and Campus-Based Care will then ensure the completion of the [Group Care Confirmed COVID-19 Case Reporting Form](#) that is also sent to CS-CI-COVID-19@gov.ab.ca
- If the facility is licensed by a DFNA inform the appropriate [DFNA Director](#). DFNA Directors are asked have the [Group Care Confirmed COVID-19 Case Reporting Form](#) completed and sent to CS-CI-COVID-19@gov.ab.ca

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Youth Subject to a Medical Officer of Health Order to Isolate

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

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

Notification to Parents

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

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Forms:

[COVID-19 Reporting Form](#)

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June 12, 2020

SUPPORTS FOR PERMANENCY

Signing or Modifying Supports for Permanency Agreements

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

Additional Respite

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

Additional Needs Funding and Exceptional Circumstances

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

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

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

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

FSCD Interim Policy Changes

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

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MEDICAL APPOINTMENTS

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

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

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

Immunizations

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

COVID-19 Immunization & Youth 16+

The Province of Alberta recommends that every Albertan eligible to be vaccinated is immunized. **Vaccination Phase 2B** is expected to start in April; this includes all Albertans born 1957-2005 (ages 16 - 64) with any [underlying high-risk health condition\(s\)](#). This will effect some youth in care, as well as caregivers in these categories.

Please review your caseload for eligible youth 16 and over. Contact parents or guardians and caregivers of youth in care who meet the eligibility criteria for Phase 2B COVID-19

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immunization. Consult with the foster or kinship support worker as well to ensure caregivers of eligible youth are supported in accessing vaccinations for the youth.

Please follow all regular Immunization Policy and Practice Supports and obtain appropriate consents when arranging for the COVID-19 vaccine for youth. 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.

Refer to [the Enhancement Policy Manual](#): Intervention Chapter 9.1.7 Immunizations for further information.

Prior to having a youth receive the COVID-19 vaccine:

- Confirm the youth's [eligibility](#) to receive the vaccine.
- Obtain consent of the legal guardian or parent, if appropriate.
 - Document consent by ensuring that the [Immunization and Consent Form and Information Sheet](#) is completed prior to the vaccine being administered.
 - If the guardian cannot be located to provide consent, the Category 4 Director or DFNA Director or their designate may consent to the immunizations.
- Current consent forms do not include "COVID-19 vaccine". The CIP must confirm that the "Other" option is checked on the Immunization Consent form and that "COVID -19 Vaccine" is written in prior to the parent or guardian signing.
- If the child or youth is under a PGO or PGA, the [director provides consent](#) for the COVID-19 vaccine unless a medical reason exists to not proceed.
- Book an appointment for the COVID-19 vaccine by going [here](#) starting April 1, 2021.

Discuss with the parent or guardian **and** caregiver as to who will be responsible for booking the appointment and who will be in attendance when the vaccine is administered.

Note: Information and booking dates can change often. Be sure to keep yourself updated by clicking [here](#).

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INTERVENTION RECORD CHECKS

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

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

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

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

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

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

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

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

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CRIMINAL RECORD CHECKS

Agency Staff

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

Wage Staff

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

Criminal Record Checks - Options

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

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

Criminal Record Checks for Immediate Placements

Following unsuccessful attempts to utilize existing procedures and relationships:

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

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

Formal Criminal Record Check

Following unsuccessful attempts to utilize existing procedures:

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

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

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

New Kinship Caregivers with Existing Criminal Record Checks

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

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Respite and Relief Caregivers

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

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

Current Caregivers Requiring Updated CRCs for Licensing

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

New Adults Residing in Caregiver Home

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

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

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

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HOME STUDY REPORTS

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

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

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

HSRs Underway

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

HSRs – Supporting Documentation Requirements

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

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

HSRs – Interviewing via Technology and HSR Approval

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

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

HSRs – General Adoption Applicants

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

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

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

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

Documentation Required to Undertake an Addendum or HSR

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

Addendum Guidelines and Expectations

When to Complete an Addendum

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

Home Study Report Guidelines and Expectations

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When to Complete a Home Study Report:

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

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

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

ACSW: Telephone or online social work services are permissible.

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

Video Interviewing Tips

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

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

If things go wrong – it is OK to reschedule

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

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

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

- **If noise interrupts the conversation**

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

- **If someone enters the room unexpectedly**

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

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SUPPORTS FOR CAREGIVERS

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

Staff and caregivers are also required to follow any *additional* bylaws and safety measures in force in the caregiver's community.

Youth 16+ COVID-19 Vaccine Eligibility

Vaccination Phase 2B includes all Albertans born 1957-2005 (ages 16 - 64) with any underlying high-risk health condition(s). This will effect some youth in care, as well as caregivers in these categories. **Phase 2B** is expected to start in April.

Caseworkers will contact caregivers to confirm the eligibility of any youth 16+ with high-risk underlying health problems. These do not include ADHD or mild or well-controlled asthma (no emergency visits or hospital admissions in the last year). Caseworkers will discuss arrangements for youth immunization if appropriate. This will include signed consents as necessary and determination of who will book and go to the appointment with the youth. Some youth's parents or guardians may be involved in these discussions.

FAMILY GATHERINGS AND COMMUNITY EVENTS

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

<https://www.alberta.ca/enhanced-public-health-measures.aspx>

*******IMPORTANT UPDATE*******

CMOH Order 04-2021 of March 1, 2021, prevents anyone not normally residing in a residence to enter or remain in that residence, with some exemptions.

These exemptions are:

- a) to provide health care, personal care or housekeeping services;

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- b) for a visit between a child and a parent or guardian who does not normally reside with that child;
- c) to receive or provide child care;
- d) to provide tutoring or other educational instruction;
- e) to perform construction, renovations, repairs or maintenance;
- f) to deliver items;
- g) to provide real estate or moving services;
- h) to provide social or protective services;
- i) to respond to an emergency;
- j) to provide counselling services;
- k) for a visit between a person who is at the end of their life (last four to six weeks, as determined by that person's primary health care provider) and a family member, friend, faith leader or other person as long as no more than three visitors enter the private residence of the dying person at one time;
- l) to provide personal or wellness services;
- m) to provide physical or performance activity instructions.

This means that caseworkers may continue to enter homes to complete legislatively required visits and perform other duties (h). It also means that relief and respite care may continue under exemption (c).

A person who resides on their own may have two other persons with whom they regularly interact, attend at their private residence. These must be the same two people for the duration of the Order. The person living on their own may attend at the private residence of a person with whom they regularly interact.

All indoor private social gatherings are banned unless all persons are members of the same household or, for a person residing on their own, the two people with whom they regularly interact.

EDUCATIONAL SUPPORTS

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

For up-to-date information please refer to Alberta Health or Alberta Education.

[K-12 learning during COVID-19](#)

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

POLICY REFERENCES

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

Children between the ages of 6-16 are required by law to attend school in some form.

COVID-19 has caused school disruption for children and youth in care and created additional stressors for caregivers. Please connect with your caregivers to discuss any worries they may

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have. They may require extra support to manage the ongoing changes and unpredictability in caring for the children and youth placed in their home.

The *COVID-19 Caregiver Preparedness Plan* (see below) assists caregiver(s) and the case team with pro-active planning to address any barriers caregivers may have. This includes contacting the school to determine what educational supports they will provide if the child/youth is sent home from school but is healthy enough to continue with their studies. If the school has limited or no supports available then further exploration and flexibility by CS will be needed to provide additional supports in the home based on the individual needs of the family.

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

Not all school divisions will offer at-home learning. For those divisions that do offer it, at-home learning for children and youth in care is an *exception* to the expectation that they physically return to in-school learning. Any caregiver may request an exception to have at-home schooling for children in their care and a full review of such a request is to be facilitated by the caseworker or caregiver support worker. *Any exception to children and youth in care physically returning to school, however, requires a manager's **approval**.*

If there are special circumstances (medically or immuno-compromised children or developmental, behavioural *or other significant concerns*) caregivers will need to bring those situations to the attention of their caseworker(s) and the school(s). In some instances, “significant concerns” may relate to supporting children in achieving a more effective educational situation through at-home learning, but both the short term and long-term implications of these choices must be considered. While caregiver health risks must be assessed and mitigated, the best interests and long-term well-being of the child are paramount.

STEPS NECESSARY PRIOR TO MANAGER APPROVING AN EXCEPTION

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

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

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

Step 3 – A respectful and thorough discussion of the specific worries that result in the requested exception is necessary. What are their worries? Why are they taking that position? The voices of all concerned or involved parties should be heard as part of this discussion when it is developmentally appropriate to do so. Where biological parents have voiced a concern, their perspectives also need to be considered. The child's caregiver(s) provide their perceptions and opinions, as may other members of child or youth's support network, any other guardians, as well as the school and teacher(s). The child's medical doctor, mental health practitioner or other healthcare or professional support practitioner *may* be engaged by the caseworker, if required. Workers should be mindful of their own biases and / or paradigms during these conversations and present only unbiased and evidence-based information.

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

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

It is important to remember with at-home learning that children do not have the benefit of a definitive break between home and school. This definitive break often allows them to process

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their day and learn to deal with good or bad experiences. Caregivers also benefit from the separation of the recognized time-periods for different activities. It is important that caregiver well-being be supported as a method of supporting children in care and preventing placement breakdown.

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

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

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

MANAGER'S CONSIDERATIONS

As always, decisions will need to focus on the overall well-being and safety of the child. Following these discussions among the concerned or involved parties, the *manager* will review the request for an exception to allow at-home learning. The manager will then decide based on all the information whether to grant the exception allowing the child or youth to participate in at-home learning. The manager will document this decision in the electronic information system.

CAREGIVER DISAGREES WITH MANAGER'S DENIAL OF EXCEPTION

As these are complex decisions and have impacts on the child(ren) and the caregiver and their family, it is important to ensure that caregivers, as impacted parties, have the ability to elevate their concerns. The following is the process to use if a caregiver is in disagreement with the manager's refusal to allow at-home learning.

Process:

- If a manager denies a request for an exception, the caregiver may ask that an Associate Director reconsider the request.
- If the caregiver is dissatisfied with the Associate Director's decision, they may request a further review by the Regional Director.
- The Regional Service Delivery Director's decision will be considered the final decision.
- Caregivers can file an Administrative Review of the Regional Director's this decision.

CASEWORKER AND/OR CAREGIVER SUPPORT WORKER ROLE IN THE EVENT OF DISAGREEMENT (PRIORITY RESPONSE REQUIRED)

As those managing the day-to-day lives of children in care, caregivers are in a good position to assess how those children have responded so far to at-home learning. In the event a caregiver

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continues to choose to pursue at-home learning for the children in their care, the caseworker or support worker is expected to assist the caregiver to do so.

This assistance will entail forwarding the request for reconsideration of the manager's decision to the Regional Associate Director (AD), along with the caseworker's notes and any supporting documentation. The AD will provide the result of their reconsideration of the caregiver's request to the caseworker. The caseworker will immediately relay that response to the caregiver.

Should the caregiver request a further reconsideration by the Regional Director (RD), the caseworker will submit the request to the RD. The process is the same as set out above but also include the result of the AD's reconsideration.

The Regional Director will make a final decision on a caregiver's request for an exception to allow in-home learning. The RD will relay their decision to the caseworker. The caseworker will then advise the caregiver of the RD's decision.

If the caregiver decides to file for an Administrative Review of the RD's decision, the caseworker will assist the caregiver in filling out the Request for an Administrative Review of a Director's Decision [CS1625] form. This will ensure that the process is both timely and efficient.

CHILD OR YOUTH DISAGREES

If a child or youth disagrees with either the approval or denial of at-home learning, they may contact the Office of the Child and Youth Advocate (OCYA) for assistance. Young people who are receiving services under CYFEA and PSECA may contact the OCYA *at any point in time* to discuss issues or concerns and seek advocacy supports. The OCYA ensures that the young person's rights, viewpoint, and choices are considered at a time when decisions are made on their behalf. Contact: Toll-free: (800) 661-3446 or Email: ca.information@OCYA.alberta.ca
NORTHERN ALBERTA - Call: (780) 422-6056; SOUTHERN ALBERTA Call: (403) 297-8435

HOME SCHOOLING (NOT AT-HOME LEARNING; GENERALLY NOT THE OPTION OF CHOICE FOR CHILDREN IN CARE):

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

Pure home schooling relies entirely on the caregiver and not on teachers creating lesson plans, providing readings or sending homework to be completed. Any extra supports are the responsibility of the home-schooler. As a result, home schooling is usually not considered the best option to meet the needs of children in care. Should home schooling be considered for a

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particular child in care, ongoing discussions with Education about specific home schooling requirements are necessary. These discussions will include the caseworker(s), as well as the caregiver(s) and others. Generally, CI does not support home schooling for children in care, as it is difficult to meet any extra educational and well-being support needs. Information in this Practice Guidance does not affect children already being home-schooled.

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

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

MASKS FOR CHILDREN IN CARE:

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

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

Children two years old and up to Grade 4

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

Children in Grades 4-12

For children in Grades 4-12 who receive two (2) reusable cloth masks at school, CI will reimburse the cost of up to an additional three (3) reusable cloth masks not to exceed \$15.00 cost per mask. This means children in Grades 4-12 will have five (5) reusable cloth masks, one for each school day.

SFAA, SIL, Others not elsewhere covered

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

REQUESTS FOR EXCEPTIONS

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

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

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REIMBURSEMENT

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

MASKS FOR CAREGIVERS:

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

REUSABLE CLOTH MASK REQUIREMENTS:

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

Make sure cloth masks:

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

MAKING A MASK

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

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

HOW TO CARE FOR YOUR CLOTH MASK

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

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FOSTER AND KINSHIP SUPPORT CASEWORKERS AND CHILD CASEWORKERS

SAFE INTERNET AND SOCIAL MEDIA USE

There has been a rise in internet use for children due to increased accessibility for educational purposes. This has also increased access to social media and gaming platforms. Foster/Kinship Caseworkers and Child Caseworkers are reminded to have conversations with caregivers and children about safe internet use. All safety issues need to be discussed including; where internet access will occur, how it will occur and how the caregiver will monitor it.

See the [Kinship Care Handbook and Foster Care Handbook](#) on the CI Portal for information for caregivers on social media use and internet safety links.

COVID-19 CAREGIVER PREPAREDNESS PLAN

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

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

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

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

Caregiver Well-Being

- What has really helped you manage so far during this Pandemic?
- Tell me about your best day/hardest day so far since the start of the Pandemic. What was the best part/hardest part? How did you manage your day? Who/what helped you? Is it hard for you to ask for help?

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- Who are the people in your life that you can depend on if you are stressed and need help? How can they help you if you need them during the Pandemic?
- Do you have time for self-care? What would help you to take time to look after yourself?

Family Support Needs

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

Temporary Caregiver Options

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

Documentation

Document discussion with caregiver, all contacts, consultations, decisions, rationales on a contact log, the resulting [COVID-19 Caregiver Preparedness Plan](#) must be attached and recorded in CICIO (See COVID-19 Caregiver Preparedness Plan – Instructions)

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Review and update [COVID-19 Caregiver Preparedness Plan](#) as family circumstances change and as needed.

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

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

*****PERSONAL PROTECTIVE EQUIPMENT (PPE)*****

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

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

- 10 days if they [have any core COVID-19 symptoms](#) that is not related to a pre-existing illness or health condition **or** if they test positive for COVID-19 (10 days or until symptoms resolve, whichever is longer).

ENVIRONMENTAL SAFETY ASSESSMENT FOR CAREGIVERS (FC3606)

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

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

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

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These are noted below. Please follow the Relaunch and Safety Guidelines outlined for all CI practitioners.

HOW TO COMPLETE A VIRTUAL ESAC “WALK THROUGH”

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

IN-PERSON ESAC IS REQUIRED:

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

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

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

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

WHEN IN PERSON ESAC MAY BE REQUIRED: (CONSULT WITH SUPERVISOR)

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

Child Intervention staff can access the [CI Portal](#) for a list of available resources for sharing with caregivers.

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

FINANCIAL SUPPORT

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

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

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 additional stressors related to the COVID-19 Pandemic, relief/respice is a priority for caregivers who care for multiple children with various needs; creativity and flexibility in the provision of relief/respice is a priority.
- Approaches taken to support children and caregivers during the Covid-19 Pandemic are time limited and will not be precedent setting.
- The relationships with foster and kinship support workers and caseworkers are intended to be supportive. In this circumstance with staff potentially off or inaccessible, CS foster and kinship support workers AND caseworker's supervisors/managers (with delegated expenditure authority) can approve and authorize the payment of reimbursement for COVID-19 related supports. Identifying support needs will continue in collaboration with the child's network and pre-approvals of financial supports will be in consultation with the child's case team.

CHILDCARE

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

RECREATION FUND

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

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

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

CI Practice Guidance:

Coronavirus (COVID-19)

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 be limited; instead workers and caregivers could consider online activities, etc. See Travel section below for information on obtaining consent for travel.

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

CAREGIVER ILLNESS AND EMERGENCY SITUATIONS

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

APPROVED ABSENCES

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

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

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

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LEARNING SUPPORTS

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

SPECIAL RATES

Special rates expiring between April 1, 2020 and June 30, 2020 that continue to be supported by the foster care support caseworkers and where there are no changes, may be extended for a period of three months. If all parties do not agree upon the three-month extension or changes to the special rates are required, co-ordinate a teleconference between the foster caregiver(s), foster care support worker, and caseworker to determine what changes need to be made. Follow current procedures for reviewing special rates.

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

All extensions and new agreements must be documented in CICIO.

CAREGIVER SUPPORT PLANS

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

CHILD MAINTENANCE INVOICE

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

1. The caregiver/young person completes the form, ensuring all relevant fields are filled in.
2. The caregiver/young person emails the completed, electronically signed form and all related receipts and/or approval letters to the caseworker/administrative assistant.
 - a. Pictures or scanned copies of receipts/approval letters are acceptable. The caregiver/young person should retain copies of all original receipts.
3. The caseworker/administrative assistant reviews the form and attached receipts/approval letters (pictures/scanned copies) to ensure accuracy. The

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administrative assistant completes shaded fields, including generating an invoice number (see directions [here](#)).

4. The caseworker/administrative assistant forwards the electronically signed form and all receipts/approval letters to the casework supervisor/expenditure officer.
5. The Casework supervisor/expenditure officer reviews and electronically signs the completed form, then forwards it to the administrative assistant for processing of payment.

POLICY REFERENCES

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

CHILDCARE

*****Specific exemption for entering homes for provision of child care in

CMOH Order 04-2021 of March 1, 2021 Section 4 (c).*****

(BABYSITTING, RELIEF, RESPITE, ALTERNATE CHILDCARE)

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

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

PLANNING FOR USE OF CHILDCARE

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

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

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

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- contingency planning if a caregiver were to become ill.

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

SUPERVISOR CONSULTATION

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

Guidelines for supervisors:

- Careful consideration should be given to the need for childcare arrangements and whether it balances the risk of COVID-19 exposure for children, youth and families.
- Ensure that the planning between the child's caseworker, foster or kinship support worker, caregiver and alternate caregiver identify the protocols required to mitigate exposure risk between the caregiver home and alternate caregiver home.
- Purposefully support critical thinking and challenge assumptions to ensure that decisions made are based on a thorough assessment and analysis, as well as the best interests of the child(ren).
 - Utilize scaling question(s) that make sense for each unique situation.
 - Prompting questions may include:
 - If the decision is to utilize childcare arrangements because it is deemed necessary to maintain the placement, what steps will be taken to ensure everyone's safety?
 - If the decision is not to utilize alternative caregiving at this time, what supports are required to maintain the placement? Who will be responsible for ensuring that support? What action needs to be taken?
- If a supervisor assesses that a decision requires further critical thinking a 3rd person consult can be completed. The 3rd person consult may be with another supervisor.
- If a decision remains unclear elevate to a manager for further consultation.

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

AUTOMATIC RELIEF/RESPITE

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

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

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

Please visit [Prevent the Spread](#) for the most up to date safety measures.

DOCUMENTATION

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

Children's Services must always be able to locate children in care. Please use the "Placement" tab under *Removals & Placements* in CICIO to edit placement information and adding in comments when children are in either **respice or relief care** (see: [CICIO User Guide, pg. 287](#)).

The impact of COVID-19 requires flexibility in our approach to alternate childcare and supporting caregivers.

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

POLICY REFERENCES

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

TRAVEL

*******Albertans are asked to avoid ALL non-essential travel outside Canada until further notice**

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

In addition to what is currently outlined in Policy 7.4.2, regarding all travel discuss with caregiver(s):

- what additional safety measures will be taken to mitigate risk of exposure to COVID-19 to ensure child or youth safety and well-being including masks for when physical distancing is not possible and hand sanitizer when hand washing is not available,

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- any special needs including increased health risks the child or youth may have with potential exposure to COVID-19 and planning to address these needs (other professionals may need to be consulted), and
- travellers may be subject to additional restrictions and health measures during their travels and at their final destination. Ensure that the caregiver is aware of any restrictions or advisories at their expected destination, as this information may change.

TRAVEL WITHIN ALBERTA

- Travel within Alberta must be approved by a casework supervisor as per Policy 7.4.2. At all time requests for travel must follow the [COVID-19 travel requirements](#).
- Travel **within Alberta** to destinations such as summer homes, cabins and cottages is now permitted.
- Those choosing to travel within the province are reminded to follow Alberta Health Services safety guidelines. Consideration should also be given to local community guidelines as well as the health and safety of small communities.

TRAVEL BETWEEN PROVINCES

- Travel between provinces must be approved by a manager as per Policy 7.4.2. At all time requests for travel must follow the [COVID-19 travel requirements](#).
- Those choosing to travel between provinces are reminded to follow Alberta Health Services safety guidelines. Travellers to other provinces or territories may be subject to additional restrictions and health measures at their final destination. Please check with local authorities before leaving Alberta and plan accordingly.

TRAVEL OUTSIDE OF CANADA

- **Avoid ALL non-essential travel outside Canada until further notice.**
- Travel outside of Canada must be approved by a Category 4 Director or DFNA Director as per Policy 7.4.2. At all time requests for travel must follow the [COVID-19 travel requirements](#).

DOCUMENTATION

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

ATTENDING FUNERALS AND WAKES

For information regarding attending funerals and wakes, please see “**Attending Funerals and Wakes**” in the **In-Person Work** chapter.

FIRST AID TRAINING FOR CAREGIVERS

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

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

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

1. New Applicant Foster Caregivers

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

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

2. Caregiver Recertification

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

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

* During the COVID-19 pandemic there is flexibility for caregivers who may be at greater risk for serious illness if required to complete first aid certification or recertification in-person. Such caregivers may be sixty years old or older and those persons with pre-existing medical

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conditions such as high blood pressure, heart disease, lung disease, asthma, COPD, cancer or diabetes. Consider these exceptional circumstances on a case-by-case basis. Consult with your supervisor and/or case team if a caregiver is considered high risk or there are medical conditions which impede the caregivers ability to complete in-person first aid training. Consider if further interim measures are required until it is safe for caregiver to complete in person training.

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

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

Document

Record as Supplemental Training under the Credentials tab in CICIO.

Include one of the following applicable titles:

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

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APPENDIX 1:

EXISTING POLICY SUPPORTS FOR CHILDREN IN CARE

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

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

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APPENDIX 2:

EXISTING CHILDCARE POLICY SUPPORTS FOR CHILDREN IN CARE AND MODIFICATIONS DURING THE COVID-19 PANDEMIC

POLICY 3.4 (PLACEMENT RESOURCES) CHILD CARE ARRANGEMENTS FOR CAREGIVERS

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

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Child Care Options	Babysitting	Relief	Respite	Alternate Child Care	Modified approach during COVID-19
	<p>special needs of the children.</p> <p>The babysitter must be able to reach the caregiver in the event of an emergency.</p>	<p>the caseworker.</p> <p>Caregivers must provide the name, address and contact information of the relief care provider, the dates the child will be in relief care, and the names of any other persons in the relief caregiver's home to the caseworker and foster and kinship support worker.</p>	<p>Caregivers must provide the caseworker's contact information to the caregiver for emergency use, in addition to the caregiver's contact information.</p>	<p>interview of the childcare provider.</p> <p>Caregivers must provide the caseworker's contact information to the alternate caregiver for emergency use, in addition to the caregiver's contact information.</p>	<p>CRC as per current practice. See CI practice guide for further information.</p> <p>Caregivers must provide the name, address and contact information of the childcare provider, the dates of childcare, and the names of any other persons in the alternate caregiver's home to the caseworker and foster and kinship support worker.</p>
<p>Compensation</p> <p>See Compensation Guide - For Foster and Kinship Caregivers for further details.</p>	<p>Babysitting will be reimbursed as per the Caregiver Rate Schedule [FC1263]</p> <p>For any other reasons, caregivers compensate the babysitter.</p>	<p>Automatic Relief/Respite: As per the Caregiver Rate Schedule [FC1263], caregivers will be reimbursed for two days a month for each child placed in their home and can bank up to six days to be used at one time. Prior approval is not required.</p> <p>Relief care will be reimbursed as per Caregiver Rate Schedule [FC1263] if it is for mandatory training or other business related to caregiving.</p> <p>If there are exceptional circumstances of the home, regular relief or respite may be included and reimbursed through a support plan.</p> <p>For any other reasons, caregivers compensate the relief caregiver.</p>		<p>Caregivers compensate alternate childcare, or may have costs included in their support plan.</p>	<p>Automatic Relief/Respite: Due to potential need for further relief/respite after the COVID-19 Pandemic, a caregiver can bank up to 12 days that may be used at one time. Prior approval is not required.</p> <p>If a caregiver is sick due to COVID-19 and requires relief/respite, see Policy 3.3.6 Emergency Situations (Placement Resources).</p> <p>As per CI Practice Guidance: Coronavirus (COVID-19), caregiver will be</p>

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Child Care Options	Babysitting	Relief	Respite	Alternate Child Care	Modified approach during COVID-19
					reimbursed for alternate child care arrangements with NO PREAPPROVAL REQUIRED.
Documentation	Not Applicable	Record all contacts, consultations, decisions and rationale for decisions on Contact Log in CICIO, as appropriate. For the child: "Placement" tab under <i>Removals & Placements</i> in CICIO to edit placement information and adding in comments when children are in either respite or relief care.		Record all contacts, consultations, decisions and rationale for decisions on Contact Log in CICIO, as appropriate.	Same as current practice.

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Links:

[Child Maintenance Invoice Form](#)

CI Practice Guidance:

Coronavirus (COVID-19)

Date Released:
March 31, 2020

Date Updated:
June 16, 2020

GROUP AND CONGREGATE CARE

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

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

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

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

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

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

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

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

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

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

Residential Facilities Licences

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

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

Criminal Record Checks

For information regarding obtaining Criminal Record Checks for agency staff, please see "[Criminal Record Checks](#)".

Intervention Record Checks

For information regarding obtaining Intervention Record Checks for agency staff, please see "[Intervention Record Checks](#)".

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Date Released:
April 22, 2020

Date Updated:
June 12, 2020

CHILD AND YOUTH SUPPORT (CYS) PROGRAM

Private Child Care Costs

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

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

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

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

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

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

Payment Process

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

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

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TEMPORARY COMMUNITY CLOSURE

Note: This chapter provides additional directions and supports for Child Intervention (CI) Practitioners working in/with a community that is temporarily closed. It is effective only during the temporary closure period and as directed by a Regional/DFNA director.

As Child Intervention (CI) Practitioners, we have an important part to play when CI is providing services to children, youth and families. When there is a temporary closure of a community due to the COVID-19 Pandemic, we need to take additional 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.

INTAKE AND ASSESSMENT

This information will assist caseworkers involved in Intake and Assessment during a temporary closure 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.

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).

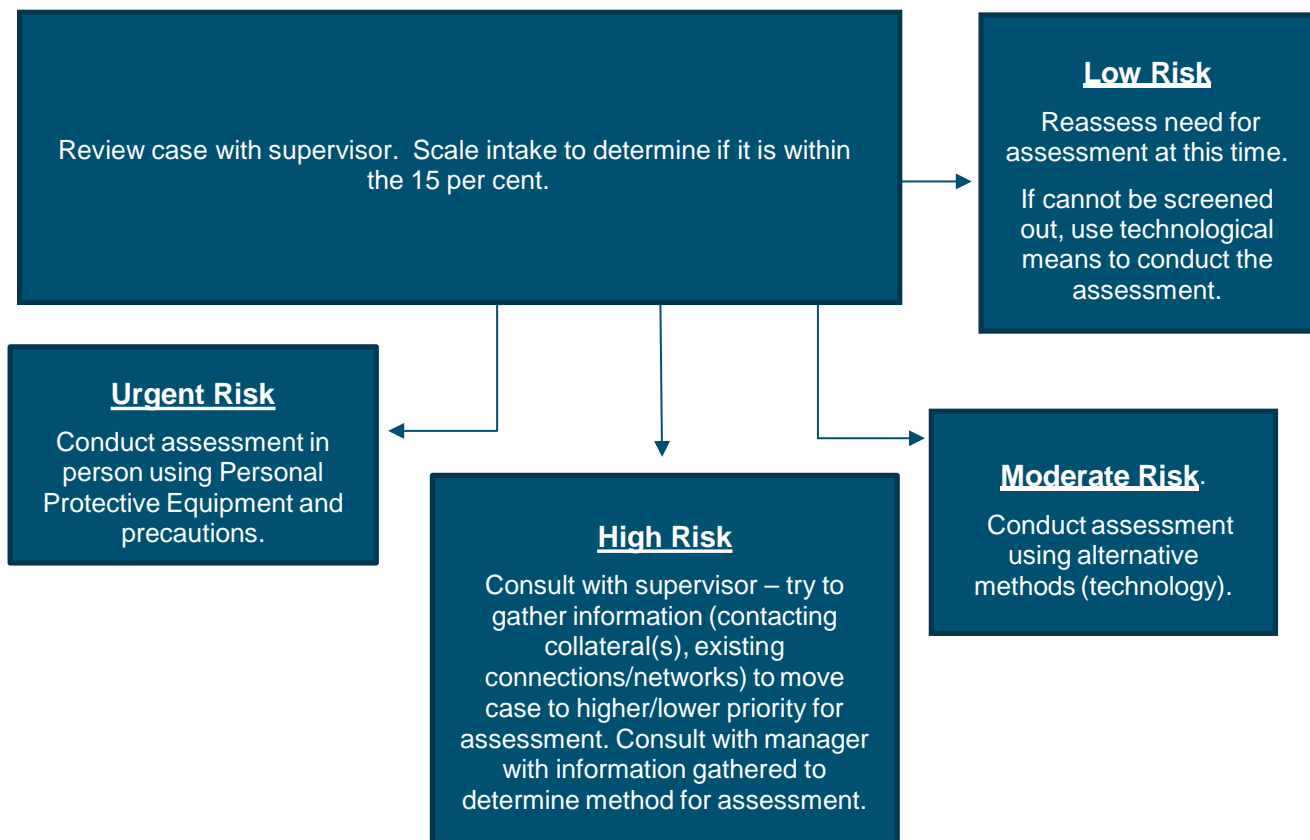
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Additional Scaling Question

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 level of risk:

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

– 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.

HOME VISITS

During a temporary community closure due to the COVID-19 pandemic, home visits should not occur for regular, ongoing case management activities. Caseworkers should provide weekly check-in's/calls. 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. See the **Screening Questions** section in the **In-Person Work** Chapter for more information.

If the client or any member of the home states they meet some of the criteria, try to 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.

ONGOING CONTACT WITH CHILDREN, FAMILIES AND PARTNERS

During a temporary community closure due to the COVID-19 pandemic, CI standards such as face-to-face contact every three months and monthly contact with children, families and caregivers may be 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. Before conducting any face-to-face or in-person contact, consultation with a supervisor is required. All staff must follow Alberta Health (AH) and Alberta Health Services (AHS) guidelines to mitigate the risk.

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 AH and AHS, including physical distancing, cleansing of spaces, etc.

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FAMILY TIME

CI Practitioners will need to continue to maintain contact with families during a temporary community closure. 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 community closure guidelines and COVID-19 guidelines from AH and AHS to mitigate the risk. Before conducting any face-to-face or in-person contact, consultation with a supervisor is required.

SUPPORT AND FINANCIAL ASSISTANCE AGREEMENTS

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 example, young adults who no longer have child care as a result of temporary facility closures.
- Young adults still require support and CS will attempt to ensure they remain connected to their family and natural supports within the guidelines provided by AH and AHS.
- 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.

IN-PERSON FIRST NATION AND BAND CONSULTS

In-person band consultations are on hold during a temporary community closure due to the COVID-19 pandemic; however, maintaining connections of a child to their community continues to be important, so please consider alternative approaches through telephone, video-conferencing or Skype.

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