

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

**HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL,
DALE GYSELINCK and LORRAINE EVANS**

Plaintiffs/Moving Parties

and

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant/Responding Party

Proceeding under the *Class Proceedings Act, 1992*

**VOLUME I OF VI: MOTION RECORD OF THE DEFENDANT,
HER MAJESTY THE QUEEN IN THE PROVINCE OF ONTARIO**
(Motion for Certification, returnable January 24, 2017)

June 14, 2016

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Court File No.: CV-14-0018

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Proceeding under the *Class Proceedings Act, 1992*

AFFIDAVIT OF KEVIN MORRIS

(Sworn June 13, 2016)

I, **Kevin Morris**, of the City of Guelph, in the Province of Ontario, **MAKE OATH AND SAY:**

1. I am a retired Ontario public servant with over 30 years of experience in the Ministry of Community and Social Services (“**MCSS**” or the “**Ministry**”) and the Ministry of Children and Youth Services (“**MCYS**” or the “**Ministry**”) primarily in the areas of provincial child welfare policy and Ministry program management. I worked for 10 years as a MCSS Area Office Program Supervisor dealing with children’s services.¹ Between 1989 and 1992 I was the Coordinator of Children’s Programs in the Ministry’s Corporate Operational Coordination

¹ MCYS was created in 2004 and assumed responsibility for oversight of provincial child welfare services. Prior to that, child welfare services fell within the mandate of MCSS.

Branch. Between 1994 and 2004 I was a Senior Policy Analyst with the MCSS Children's Services Branch with lead responsibilities in the child welfare program. At the time of my retirement in 2007, I held the position of Senior Policy Analyst and Acting Manager with the MCYS Child Welfare Secretariat.

2. Since my retirement from the Ontario Public Service, I have continued to work as a consultant on a part-time basis in the child welfare sector.

3. In these capacities, I have been directly involved in the Ministry's role with respect to the provincial child welfare program, including oversight of Children's Aid Societies and the care they provide to Crown wards. As such, I have direct knowledge of the matters to which I hereinafter depose, except where I indicate that such information has been obtained from other sources or documents, in which case I believe such information to be true. Attached hereto as **Exhibit "1"** to this affidavit is a true copy of my *curriculum vitae*.

A) The Role of Children's Aid Societies with Respect to Crown Wards

4. Since 1966, the Courts in Ontario have had the power to make orders that children found to be in need of protection be made wards of the Crown.² However, the Ministry has never directly cared for children subject to Crown ward orders. Rather, Children's Aid Societies ("CAS") have always exercised that function.³

5. Since 1966, Crown ward orders have directed that children subject to any such orders be placed in the care of the local CASs. I am advised by Patty Bingham, Project Manager with

² *The Child Welfare Act, 1965*, SO 1965, c 14, ("CWA 1965") at s. 25(c); *The Child Welfare Act, 1978*, SO 1978, c. 85, ("CWA 1978") at s. 30(1); *Child and Family Services Act, 1984*, SO 1984, c. 55, ("CFSA 1984") at s. 53(1); *Child and Family Services Act*, RSO 1990, c C. 11, ("CFSA") at s. 57(1)

³ Direct care was provided by the society caring for the child, pursuant to legislation: see CWA 1965 at s. 32(1); CWA 1978 at s. 40(1); CFSA 1984 at s. 59(1); and CFSA at s. 63(1)

MCYS, that she has collected a sample of Crown ward orders made since 1966 and that they all direct that children subject to the orders be placed in the care of a CAS. Attached hereto as **Exhibit “2”** to this affidavit are true copies of the sample orders from the last seven decades. Any identifying information has been redacted.

6. CASs are independent not-for-profit corporations.⁴ There are currently 47 CASs in Ontario. Each CAS carries out its protection and care mandate within a geographic territory as specified in its designation under the *Child and Family Services Act* (“CFSA”).⁵ Prior to and since 1966, the board of directors of each CAS has been responsible for appointing a local director, creating by-laws and ensuring that the CAS meets the standards of service prescribed through legislation and regulations.⁶ From 1966 to the present, the number of CASs in Ontario has fluctuated from a low of 46 to a high of 55. Attached as **Exhibit “3”** is a chart listing the number of CASs in Ontario over the last seven decades.

7. Since 1966, the functions of the CASs have been prescribed by legislation and have remained consistent.⁷ These functions include:

- a) investigating allegations or evidence that children who are under the age of sixteen years or are in the CASs care or under its supervision may be in need of protection;
- b) protecting, where necessary, children who are under the age of sixteen years or are in the CASs care or under its supervision;

⁴ One CAS is operated by a First Nation Band under the *Indian Act*, RSC 1985, c I-5, pursuant to O.Reg 116/11 of the CFSA.

⁵ CFSA at s. 15(2); CFSA 1984 at s. 15(2); Prior versions of the legislation did not provide for territorial designation.

⁶ CWA 1965 at s. 6; CWA 1978 at s. 6; CFSA 1984 at s. 15; CFSA at s. 15

⁷ CWA 1965 at s. 6(2); CWA 1978 at s. 6(2); CFSA 1984 at s. 15(3); CFSA at s. 15(3)

- c) providing guidance, counselling and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;
- d) providing care for children assigned or committed to its care;
- e) supervising children assigned to its supervision;
- f) placing children for adoption; and
- g) performing any other duties given to it through legislation.⁸

8. CASs have the exclusive responsibility to take steps to protect children in their territorial jurisdiction who may be in need of protection, including apprehending them and bringing protection applications to the court.⁹ The Ministry plays no role in a CAS child protection investigation or a CAS case management decision involving a child who is or may be in need of protection. While the Ministry has the authority to participate as a party in child protection proceedings, I am not aware of any case in which the Ministry has done so.¹⁰

9. The basis on which a CAS makes a decision that a child may be in need of protection is not limited to situations where a child has suffered physical or sexual abuse. It also includes situations in which there is emotional abuse, neglect, refusal to consent to medical treatment, where a parent is unable or unwilling to adequately care for a child, and situations in which there is a *risk* of physical and sexual abuse and other forms of abuse and neglect.¹¹

⁸ CWA 1965 at s. 6(2); CWA 1978 at s. 6(2); CFSA 1984 at s. 15(3); CFSA at s. 15(3)

⁹ CWA 1965 at ss. 20-24, 41 and 50; CWA 1978 at ss. 21-25 and 49; CFSA 1984 at ss. 29, 40, 52 and 68; CFSA at ss. 40-44 and 72

¹⁰ CFSA 1984 at s. 39(1); CFSA at s. 39(1); Prior versions of the legislation do not expressly identify the parties to a child protection proceeding.

¹¹ CFSA at s. 37(2); The CFSA's predecessor legislation includes similar categories: CWA 1965 at s. 19(1); CWA 1978 at s. 19(1); CFSA 1984 at s. 37(2)

10. Where the court makes a finding that a child is in need of protection, the court is to make an order that is in the best interests of the child and the least disruptive to the child.¹² The range of orders the court can make includes the following:

- a) **Supervision order:** that the child be placed in the care and custody of a parent or another person, subject to the supervision of the CAS, for a specified period of at least three months and not more than 12 months.
- b) **Society wardship:** that the child be made a ward of the CAS and be placed in its care and custody for a specified period not exceeding twelve months.
- c) **Crown wardship:** that the child be made a ward of the Crown, and be placed in the care of the CAS.¹³

11. Crown ward orders are made when a court determines, based on evidence presented by the parties, including the CAS, that the child can no longer live with his or her parent(s) and a less intrusive option that is in the child's best interests is not available (e.g. placing the child with relatives). The CFSA imposes timelines on the amount of time a child can remain in the temporary care of the CAS as a Society ward or under a voluntary agreement. Therefore, Crown ward orders are often made after other options have been explored and determined not to be appropriate in the circumstances. Once a Crown ward order is made, the goal is to find a stable home for the child.¹⁴ Crown ward orders provide the child with a legal status that makes them

¹² The circumstances to be considered in determining the best interests of the child were set out in statute beginning in 1978: CWA 1978 at s. 1(b); CFSA 1984 at s. 37(3); CFSA at s. 37(3)

¹³ CWA 1965 at s. 25; CWA 1978 at s. 30; CFSA 1984 at s. 53; CFSA at s. 57

¹⁴ CWA 1965 at s. 30; CWA 1978 at s. 37; CFSA 1984 at s. 66; CFSA at s. 70

eligible for adoption or alternate permanent placements.¹⁵

12. Crown wardships are typically terminated when a child is adopted or when he or she turns 18 years old.¹⁶ However, CASs may continue to provide some support and services to former Crown wards once they have “aged out” of the system.¹⁷

13. During the period of Crown wardship, CASs exercise all parental responsibilities in respect of Crown wards,¹⁸ including meeting the requirements under legislation, regulations, directives, standards, and Ministry policy regarding the care, supervision and best interests of the children placed in their care.¹⁹

14. These responsibilities are carried out by CAS workers who exercise their professional judgment in accordance with legislation, regulations, directives, standards, and Ministry policy, and based on internal CAS policies, procedures and training. CAS workers exercise these responsibilities under the supervision of senior CAS staff operating under the direction of the CAS’s board of directors. Based on their positions, training and direct ongoing contact with the children and their families, the CAS workers are best positioned to exercise their professional judgement in deciding what is in the child’s best interests.

¹⁵ CWA 1965 at s. 84; CWA 1978 at s. 68; CFSA 1984 at s. 134; CFSA at s. 63.1

¹⁶ CWA 1965 at ss. 34 and 82; CWA 1978 at ss. 42 and 86; CFSA 1984 at ss. 67 and 152; CFSA at ss. 71 and 158

¹⁷ The provision respecting extended care was first introduced in *An Act to amend the Child Welfare Act*, SO 1972, c 109, s. 5; Prior to this, s. 34 of CWA 1965 provided authority for the CAS to apply, with the approval of the Director, to the Court to extend the Crown wardship from age 18 to age 21 where the youth was dependent for educational purposes or because of mental or physical incapacity. The possibility of extended care has continued, see *The Child Welfare Act*, RSO 1980, c 66, s. 42; CFSA 1984 at s. 67(2) and the associated O. Reg. 550/85 at s. 34. The current extended care scheme is found in the CFSA at s. 71.1 and the associated O. Reg. 206/00 at ss. 13-14

¹⁸ The societies carry out this role pursuant to legislation: CWA 1965 at s. 32; CWA 1978 at s. 40; CFSA 1984 at s. 59; CFSA at s. 63

¹⁹ CFSA at ss. 56, 61, 63.1; CFSA 1984 at ss. 99-101. Earlier legislation described the functions of the Society more generally: see CWA 1965 at s. 6 and CWA 1978 at s. 6. Note that the vast majority of these requirements apply to the CAS’s work with any child in care, regardless of his or her legal status.

B) The Crown's Role with Respect to Crown Wards

15. Since 1966, the role of the Crown with respect to Crown wards is exercised by the Ministry primarily through its general supervision and oversight of CASs. This role is performed by the Director appointed under the CFSA. As a matter of practice, the functions of the "Director" are carried out by a number of Ministry employees appointed as Directors, including regional Directors who supervise the CASs throughout Ontario.²⁰

16. In addition to its general supervisory functions, since 1979 the Ministry has also performed Crown ward reviews in accordance with a legislative requirement introduced that year.²¹ The nature of the Crown ward reviews has changed over time.

17. From 1979 to 1984, the power of the Director under the Crown ward review provision was limited to directing the CAS to initiate a status review application in court in appropriate circumstances. It was then up to the court to make a determination about the child's best interests, including whether to terminate the Crown wardship.²²

18. In 1984, the Crown ward review provision was amended to broaden the Director's powers to "give any other direction that, in the Director's opinion, is in the child's best interests" in addition to directing a CAS to initiate a status review application.²³

19. Since 1979, the Ministry has been required to "at least once during each calendar year, review the status of every child who was a Crown ward throughout the immediately preceding

²⁰ CFSA at ss. 5, 6 and 17; See prior versions of the legislation with similar wording: CWA 1965 at s. 2; CWA 1978 at s. 2; CFSA 1984 at s. 5

²¹ CWA 1978 at s. 39

²² CWA 1978 at s. 38-39

²³ CFSA 1984 at s. 62

24 months, and whose status has not been reviewed ... during that time”.²⁴ In accordance with this provision, the Ministry performs reviews for children who have been Crown wards for two years or more. Crown ward reviews were phased in for the first three years beginning in 1979. During this period, a sample of individual files was reviewed. From approximately 1982 until 1997, Crown ward reviews were conducted for all eligible Crown wards every two years. Since 1998, Crown ward reviews are conducted once per year for each eligible Crown ward.

20. While the process and focus of Crown ward reviews have undergone some changes since 1979, generally as a matter of practice Crown ward reviews are performed by trained Ministry staff or former CAS workers on contract with the Ministry, who attend each CAS and conduct on-site file reviews for each eligible Crown ward. Today, this review includes a review of the Crown ward files, questionnaires completed by Crown wards who wish to complete them and, if they request it, interviews with Crown wards. Reviewers assess the CASs compliance with the CFSA and its Regulations, Ministry standards and policy directives in relation to the care of each Crown ward, identify strengths and weaknesses in the agency’s procedures and share information with the CAS about best practices across the system. From time to time, the reviewers may also make recommendations on issues to be addressed in a particular file. Attached hereto as **Exhibit “4”** is a Memorandum dated December 19, 1978 enclosing the “Crown Ward Administrative Review Program”.²⁵ Attached hereto as **Exhibits “5”, “6”, and “7”** are the Crown Ward Review Guides dated April 4, 2001, September 2004, and 2006 (with revisions added in 2007), respectively. Attached hereto as **Exhibit “8”** is the Crown Ward Review Process Tools & Business Practices, revised August 2011. Attached hereto as Exhibit

²⁴ CFSA at s. 66; similar language is contained in the CFSA’s predecessor legislation: CWA 1978 at s. 39; CFSA 1984 at s. 62

²⁵ Note: A two page appendix listing names and birthdates of Crown wards is not included.

“9” is the Crown Ward Review Manuel, revised February 2014.

21. The Ministry retains copies of documents generated by the Crown ward reviewers; however the reviewers do not make or keep copies of the CAS Crown ward files reviewed or any other CAS files. The Ministry has kept copies of Crown ward review documents since 1979. These records do not include copies of CAS files or records.

C) Determining the Size of the Proposed Class and the Identity of Class Members

22. It is my understanding that the proposed class definition is “all persons who became Crown wards in Ontario on or after January 1, 1966”. It is possible to determine the number of members in the proposed class and their names at the time they were made Crown wards from 1991 to the present. However, information about the number of Crown wards is not readily available for the period from 1966 to 1991 as a result of the manner in which these records are compiled and maintained. Based on the records available, the number of people who were Crown wards between January 1, 1991 and May 31, 2016 is 43,010. Based on available data for the period between 1966 and 1991, I believe that there were at least 51,000 Crown wards in that time period. Therefore, based on the information available, the number of Crown wards in Ontario since 1966 is at least 94,000 and is likely higher.

23. Set out below is a description of the records available, the challenges in providing a precise class size and class list for the period between 1966 and 1991, and the method used to estimate the class size.

C) Crown Ward Records

24. A Crown ward order is issued when a child becomes a ward of the Crown. Pursuant to a

regulatory requirement which has existed since 1966, the Director receives a copy of every Crown ward order.²⁶ All records are currently stored, along with adoption records, in one of three different storage systems at the Custodian of Adoption Information Unit at MCSS.

25. All Crown ward orders and adoptions records received by the Custodian of Adoption Information Unit before 1984 are stored on 1,267 microfilm reels. Each reel contains an average of 6,000 pages of Crown ward and adoption records. In cases where a child was made a Crown ward and then adopted, the Crown ward order would be located within the child's adoption records. Attached hereto as **Exhibit "10"** is a copy of a memo dated June 7, 2016. The memo was prepared by Carolyn Young, a summer law student with the Crown Law Office – Civil at the Ministry of the Attorney General, and includes a description of the Crown ward and adoption records stored on microfilm reels.

26. In the normal course, Crown ward orders would be located on the microfilm reels using the name of the child at the time the order was made and their date of birth. Since the reels contain Crown ward orders as well as adoption records, the only way to determine the total number of Crown ward orders received by the Ministry before 1984 would be to review each page of each of the 1,267 microfilm reels and tally the total number of Crown ward orders.

27. I am advised by Ms. Young, , that she spent approximately 1.5 days at the Custodian of Adoption Information Unit reviewing the microfilm reels. As set out in Ms. Young's memo at **Exhibit "10"**, she estimates that it would take 5,781 hours to review all of the documents on the

²⁶ *Regulation 50 under the Child Welfare Act, 1960*, RRO 1960, Regulation 50 at s. 12; *Regulation made under the Child Welfare Act, 1965*, O. Reg. 271/65 at s. 27; *Rules of the Provincial Court (Family Division)*, O. Reg. 386/79 at s. 72; *Rules made under the Unified Family Court Act, 1976*, O. Reg. 387/79 at s. 77; *Rules of Practice and Procedure under the Unified Family Court Act*, RRO 1980, Regulation 939 at r. 78; *Rules of the Unified Family Court*, RRO 1990, Regulation 202 at r. 106; *Family Law Rules*, O. Reg. 114/99 at r. 25(15)

microfilm reels, and to identify and print copies of the Crown ward orders. Attached hereto as **Exhibit “11”** are photos from the Custodian of Adoption Information Unit showing sample documents on a microfilm, the microfilm storage cabinets, and a drawer of microfilm reels.

28. As is further set out in Ms. Young’s memo at **Exhibit “10”**, all Crown ward orders and adoptions records received by the Custodian of Adoption Information Unit between 1985 and 1990 are stored on approximately 121,600 microfiche. Each microfiche contains anywhere from one to 72 pages. In the normal course, Crown ward orders would be located on the microfiche using the name of the child at the time the order was made. As with the microfilm reels, the microfiche include Crown ward and adoption records.

29. As a result, the only way to determine the total number of all Crown ward orders received by the Ministry between 1985 and 1990 would be to review each page of each microfiche and tally the total number of Crown ward orders. In her memo at **Exhibit “10”**, Ms. Young explains that she spent 1.5 days reviewing the microfiche and estimates that it would take her approximately 5,932 hours to review all the microfiche, and to identify and print all Crown ward orders. Attached hereto as **Exhibit “12”** are photos of sample microfiche, some of the storage cabinets and a drawer of microfiche.

30. Crown ward orders received since 1991 are stored electronically in the Adoption Crown Ward (“ACW”) database. In the normal course, the ACW database can be searched using an individual’s name at the time the order was made, date of birth, or the date of the Crown ward order. Based on a May 31, 2016 report from the ACW database, the total number of new Crown ward orders received since 1991 is 43,010. Attached hereto as **Exhibit “13”** is a table prepared by MCYS that sets out the annual number of new Crown wards since 1991, based on the ACW

database.

D) Estimating the Size of the Proposed Class

31. The exact size of the proposed class cannot be readily determined due to the manner in which copies of Crown ward orders received between 1966 and 1990 are stored, as described above.

32. To my knowledge, the Ministry did not keep statistics about the number of new Crown ward orders received in each of these years. As a result, the only way in which the class size can be accurately determined for the period from 1966 to 1990 is through the manual review of the microfilm and microfiche described above.

33. The Ministry does have some information that allows for an approximation of the class size for the period from 1966 to 1990. Attached hereto as **Exhibit "14"** is a April 12, 1978 Memorandum from Edward Magder to J.K. MacDonald which indicates that as of December 31, 1966, the first year that Crown ward orders could be made in Ontario, there were a total of 11,172 Crown wards. This memo also sets out the total number of children who were the subject of Crown ward orders as of December 31st for the years 1967 to 1976. Attached hereto as **Exhibit "15"** are Fourth Quarter Reports for 1977 to 1984 setting out the total number of children who were subject to Crown ward orders at the end of each year in that period. I am not aware of similar data readily available for the period from 1985 to 1990.

34. The records available provide point in time numbers about the total number of Crown wards in Ontario rather than the number of new Crown ward orders made each year. As a result, the precise number of individuals that were made Crown wards between 1967 and 1990 is not easily known, and can only be very generally extrapolated from the data contained in these

reports.

35. What we do know is that 43,010 Crown wards orders were made between 1991 and May 31, 2016. Based on the ACW data at **Exhibit “13”**, the total number of new Crown ward orders made each year between 1991 and 2014 is 1,717.²⁷ If this average is applied back to 1967 and added to the 11,172 Crown ward orders from 1966, we can estimate that the total number of Crown ward orders made between 1966 and 1990 is at least in the range of 52,000. I believe this is a reasonable estimate as the point in time number of Crown wards in this time period tends to be higher than the number of Crown wards in the years between 1991 and 2016.

36. Adding the likely number of Crown wards between 1966 and 1990 (52,000) to the known number of Crown wards from 1991 to the present (43,010), I believe that the proposed class will include at least 95,000 individuals, and is likely higher.

E) Compiling a List of Crown Wards

37. If the Ministry were required to compile a list of Crown wards, a list could be generated electronically from the ACW database from 1991 to the present. However, in order to generate a list for the period from 1966 to 1990, the Ministry would be required to conduct a manual review of the microfilm and microfiche as described above. As indicated at paragraphs 27 to 29, Ms. Young has calculated that this would take approximately 11,713 hours to complete, which is equivalent to one person working 35 hours a week, 50 weeks per year, for 6.8 years or a team of five people working full-time for over one year.

38. If a list was compiled, it would be limited to the name of the child at the time the order

²⁷ I have not included the total number of Crown ward orders made in 2015/2016 as the data available for this time period is not yet complete

was made, the child's date of birth, the date on which the child became a Crown ward and the name of the child's parents at the time the order was made. This information would not be of much assistance in locating former Crown wards because the records do not include current addresses or even last known addresses. In addition, in many cases, the names on the Crown ward orders would be different from the current names of former Crown wards. Name changes occur for many reasons amongst Crown wards, most notably when Crown wards are adopted. Former Crown wards may have also changed their names due to marriage or by choice as adults. Attached hereto as **Exhibit "16"** is a spreadsheet based on ACW data which demonstrates that 14,376 Crown wards were adopted between 1991 and May 19, 2016.

39. In addition, while adoption records may contain information about the adoption history of Crown wards, the Ministry is prohibited from making use of or disclosing information from these adoption records for the purpose of identifying or facilitating contact with class members.²⁸

F) Determining whether an individual was a Crown Ward

40. As set out at paragraph 24, a Crown ward order is issued when a child becomes a ward of the Crown. Pursuant to requirements which have existed since 1966, the Director receives a copy of every Crown ward order.²⁹

41. As indicated above, copies of the Crown ward orders received prior to 1991 are stored by the Ministry on microfilm or microfiche. Copies of Crown ward orders received from 1991 to

²⁸ CFSA at s. 165

²⁹ *Regulation 50 under the Child Welfare Act, 1960*, RRO 1960, Regulation 50 at s. 12; *Regulation made under the Child Welfare Act, 1965*, O. Reg. 271/65 at s. 27; *Rules of the Provincial Court (Family Division)*, O. Reg. 386/79 at s. 72; *Rules made under the Unified Family Court Act, 1976*, O. Reg. 387/79 at s. 77; *Rules of Practice and Procedure under the Unified Family Court Act*, RRO 1980, Regulation 939 at r. 78; *Rules of the Unified Family Court*, RRO 1990, Regulation 202 at r. 106; *Family Law Rules*, O. Reg. 114/99 at r. 25(15)

the present are stored in the ACW database.

42. Ontario is only able to definitively verify that an individual is or was a Crown ward with reference to their Crown ward order. If an individual is or was a Crown ward, their Crown ward order can be located by conducting a search of Ontario's records.

G) Crown Ward Records for the proposed representative plaintiffs

43. I was advised of the information contained in this section by Patty Bingham, Project Manager at MCYS. Following the receipt of the plaintiffs' Notice of Claim in June 2013 and the Amended Statement of Claim in March 2014, MCYS staff conducted comprehensive searches of Ministry records to determine whether Ms. Papassay or Ms. Grann had ever been Crown wards.

44. This undertaking included searches of the ACW database, the microfilm reels and the microfiche records. Based on these searches and further steps taken with respect to the CASs, it does not appear that Ms. Papassay or Ms. Grann were ever Crown wards.

45. With respect to Holly Papassay, the following steps were taken:

- a) On August 6, 2013, MCYS Client Services Branch ("CSB") began a search of the ACW database, Crown ward review records, microfilm and microfiche for any relevant records. No responsive records were located.
- b) Based on the information in the Statement of Claim that Ms. Papassay was born in Sioux Lookout, the MCYS Northern Regional office contacted Kenora Rainy-River Districts Child and Family Services to determine if that CAS had a relevant Crown ward record.

- c) On February 4, 2014, the Director of Children's Services at Kenora Rainy-River Districts Child and Family Services advised the Northern Regional Office by email that the CAS had located records for Ms. Papassay. The records confirmed that Ms. Papassay was in that CAS's care pursuant to orders for temporary wardship from October 1978 to April 4, 1979, and then again from June 1979 to May 5, 1980. The CAS confirmed that Ms. Papassay was not the subject of a Crown ward order during the time they provided child welfare services, from October 1978 to November 1981. The CAS suggested that the Children's Aid Society of the District of Thunder Bay might also have relevant records, as Ms. Papassay's family relocated to Savant Lake, Ontario in 1981.
- d) On February 4, 2014, the Northern Regional Office contacted the Children's Aid Society of the District of Thunder Bay to determine if that CAS had a Crown ward record for Ms. Papassay.
- e) On February 5, 2014, the Executive Director of the Children's Aid Society of the District of Thunder Bay confirmed that the CAS located records related to Ms. Papassay. He reported that the records indicated Ms. Papassay had been placed in care pursuant to voluntary agreements from July 1982 to September 1982, May 17 1984 to May 30, 1984 and last from September 24 to October 22, 1984. The CAS confirmed that Ms. Papassay was not the subject of a Crown ward order during the time they provided child welfare services (1979 to 1985). The CAS also reported that Ms. Papassay's family moved to Winnipeg in 1985.

46. With respect to Toni Grann, the following steps were taken:

- a) On March 12, 2014, CSB conducted a search of the ACW database, Crown ward review records, microfilm and microfiche for any records regarding Ms. Grann. No responsive records were located.
 - b) Based on information in the Amended Statement of Claim that Ms. Grann was born in Brockville, Ontario, CSB asked the Eastern Regional Office to contact Lanark, Leeds, and Grenville Children's Aid Society to determine if that CAS had a Crown ward record for Ms. Grann.
 - c) On March 12, 2014, Allen Hogan, Executive Director of the Lanark, Leeds, and Grenville Children's Aid Society verbally advised the Eastern Regional Office that there were records for Ms. Grann indicating that she was in that CAS's care from July 24, 1967 to September 4, 1969. The CAS confirmed that Ms. Grann was not the subject of a Crown ward order during the time they provided child welfare services (1967 to 1969).
 - d) Based on information in the Amended Statement of Claim that Ms. Grann moved to Hamilton, CSB asked the Southwest Regional Office to contact Hamilton Catholic Children's Aid Society and the Hamilton Children's Aid Society to determine if either CAS had any records for Ms. Grann. Both societies advised that they were unable to locate any records.
47. On April 15, 2014, MCYS Regional Offices were instructed to send a request to all CASs asking them to review all of their Crown ward records and orders to determine if they had a Crown ward record respecting Ms. Papassay or Ms. Grann. The CASs were asked to respond to the MCYS Director with their search results by May 1, 2014.

48. On May 9, 2014, MCYS completed its review of the responses from all 46 CASs and confirmed that no Crown ward orders had been located for Ms. Grann or Ms. Papassay.

49. MCYS staff conducted a search and located the Crown ward orders for the remaining plaintiffs, Robert Mitchell, Dale Gyselinck and Lorraine Evans.

H) Data Available from Crown Ward Reviews

50. Over the years, the Ministry has collected data about the characteristics and experiences of Crown wards through the Crown ward review process ("CWR"). Since 1979, the data obtained from the CWR process has been summarized in a variety of reports, including Crown Ward Administrative Reviews and CWR Summary Reports. Attached hereto as **Exhibit "17"** is a true copy of the Crown Ward Administrative Review: Five Year Report, dated December 1984. Attached hereto as **Exhibit "18"** is a true copy of the 1988 Annual Report by Crown Ward Administrative Review Unit Ministry of Community and Social Services Operational Services. Attached hereto as **Exhibit "19"** is a true copy of the 1989-1990 Report Crown Ward Administrative Review Unit Ministry of Community and Social Services Operational Coordination dated August 2, 1991. Attached hereto as **Exhibit "20"** is a true copy of the Crown Ward Administrative Review Statistics 1991-1994 dated April 1995. Attached hereto as **Exhibits "21" to "27"** are true copies of the Crown Ward Review Summary reports covering the years 1997 to 2010, inclusive. Attached hereto as **Exhibit "28"** is a true copy of the Child Welfare Review Summary Report – 2012 dated January 2016. A summary report was not completed for 2011.

51. The information drawn from the Crown ward review process does not relate to all Crown wards, but only to children who are both eligible for review (i.e. Crown wards for at least two

years) and who are still in care at the time of the review. It does not include information on the children who were made Crown wards and were either adopted or aged out within two years of wardship.

52. Attached hereto as **Exhibit “29”** is a table setting out the characteristics of Crown wards from 1980 to 2012 based on data obtained from these reports.

I) Reasons Crown Wards Enter Care

53. The information compiled from the CWR process shows that many children who became Crown wards do not have a history of physical or sexual abuse. Attached hereto as **Exhibit “30”** is a table summarizing the available data as to the reasons why children who later became Crown wards were admitted into the care of a CAS and/or rates of abuse.

54. For example, between 1980 and 1984, inclusive, the number of children who entered care due to abuse was tracked within a category titled “neglect and abuse”. During this period, the proportion of individuals who were later made Crown wards who entered care for neglect and abuse ranged from 5.9% to 17%. By comparison, between 20.7% and 34.2% of Crown wards entered care due to “parental inadequacy” during this time. Crown wards entered care because they had special needs between 10.4% and 23.2% of the time in this period.

55. According to the CWR Summary Reports from 1997 to 2009, the average percentage of children who suffered physical or sexual abuse prior to entering care during this period was 32%. This percentage may be overstating the actual number of children who experienced some form of violence because one child may be represented in more than one category since physical and sexual abuse are tracked separately.

56. In 2010, MCYS began tracking the reasons that Crown wards enter care. As set out in the Crown Ward Review Summary report for 2010 at **Exhibit “27”**, 16% of all children who were subject to a Crown ward order in 2010 originally entered into the care of the CAS due to physical or sexual abuse.

J) Rates of Abuse Suffered by Crown Wards while in Care

57. The CWR reports are also a source of data about the number of Crown wards who suffered verified maltreatment during the time they were in the care of a CAS. This data was collected between 1991 and 2012. Attached as **Exhibit “31”** is a table setting out the rates of verified maltreatment of Crown wards while in care between 1991 and 2012. This information was drawn from the reports referred to above at paragraph 50.

K) The Ministry Does Not Maintain Crown Ward Records

58. Besides Crown ward orders and CWR records, the Ministry does not receive or keep records related to the day to day work of societies in relation to specific Crown wards, including details about why a child was made a Society or Crown ward.

59. Rather, any detailed information about the reasons a child became a Crown ward and the care they received while a Crown ward would be documented by the responsible CAS and included in the child’s file that is maintained by the CAS. To the extent that the CAS was made aware that a child suffered abuse while they were in the care of a CAS, the abuse and any related plan to protect the child would be included in the child’s CAS file. These records are to be maintained by each CAS in accordance with document retention policies specific to each CAS, as described below.

L) CAS Records Management, Access and Disclosure

60. CASs have been required to develop internal written records management procedures that comply with Ministry policies. Attached as **Exhibit “32”** is an April 1979 Ministry document titled “Standards and Guidelines for the Management of Child Abuse Cases under the Child Welfare Act by the Children’s Aid Societies”. Record keeping procedures and guidelines are set out at section 18. Attached hereto as **Exhibit “33”** is the Case Information Disclosure Policy (1985), which sets out Ministry guidelines with respect to the collection, storage and disclosure of CAS records. Attached as **Exhibit “34”** is the “Recordkeeping: Organization and Content” section from the Children in Care Manual, dated June 21, 1985. This policy, which is still in force, provides that the CAS should collect and maintain the following information with respect to child within its care:

- a) why the child is in care and reasons for the placement decision;
- b) a summary of steps that were taken to keep the child out of care;
- c) verification that the child was informed of the reasons for coming into care;
- d) a social history of the child;
- e) recording and case plans (three Quarterly Progress Reports and an annual Comprehensive Report/Review). These records document the current Plan of Care, the steps taken to achieve the plan, resources and timelines and the child’s wishes;
- f) conferences and reviews including progress being made, strengths and challenges and revised plans; and
- g) reports, including Admission Social History, Initial Assessment, strengths list and problem list, medical and dental reports and administrative and legal documents.

61. Also included in **Exhibit “34”** is the Ministry’s Children in Care Retention, Storage and Destruction of Records Policy, dated June 21, 1985.³⁰ This policy, which is still in force, provides that Crown ward records are to be kept indefinitely. Any current or former Crown ward over the age of 16 has the right to their CAS records within 30 days of making a request for them. In cases where the record contains information that may be disturbing to the requester, arrangements are made for the requester to review the records with a qualified CAS worker before they are released.

M) The Role of the CAS in Obtaining Compensation

62. I am aware that since 1971, the Criminal Injuries Compensation Board (“**CICB**”) makes compensation available to victims of crime. In 1978, the child protection legislation was amended to provide the CAS with care and custody of a Crown ward with the discretion to seek compensation on behalf of children in their care, which would include Crown wards.³¹

63. The Ministry does not seek compensation from the CICB on behalf of Crown wards. Rather, whether and when to seek compensation is determined by the CASs because they are best positioned to assess whether doing so is in the best interests of the child.

64. While the Ministry does not make claims for compensation from the CICB, since 1977 the Ministry has provided the following information and direction to CASs about the availability of compensation from the CICB:

- (a) Attached hereto as **Exhibit “35”** is an August 4, 1977 memo from J.K. MacDonald to the Local Directors of CASs in which he identifies the availability of compensation from the

³⁰ Section 174(3) of the CFSA has not been enacted, however the policy is still in force.

³¹ CWA 1978 at s. 51; The responsibility of the CAS to seek compensation on behalf of Crown wards in its care has continued, see CFSA 1984 at s. 77(3) and CFSA at s. 81(3)

CICB for victims of child abuse;

- (b) Attached hereto as **Exhibit “36”** is a December 1977 Ministry document titled “Children’s Services Legislation Changes Resulting from Consultation” which includes a reference to the private members Bill enabling the recovery of monetary damages for a child who has suffered abuse;
- (c) Attached hereto as **Exhibit “37”** is an excerpt from a January 1979 Ministry document titled “Protection and Care of Children: The Child Welfare Act, 1978 Part II Training Materials”. At page 131, it states that in cases where a child has a history of abuse, a Crown ward reviewer “may wish to recommend that the Society or the Official Guardian commence civil action against the abuser for damages”.
- (d) Attached hereto as **Exhibit “38”** is a January 1979 Ministry document titled “Protection and Care of Children: The Child Welfare Act, 1978 Part II Training Materials ABUSE”. Information about how to recover damages or compensation on behalf of an abused child is set out at page 23;
- (e) April 1979 Ministry document titled “Standards and Guidelines for the Management of Child Abuse Cases under the Child Welfare Act by the Children’s Aid Societies” at **Exhibit “32”**. Information about obtaining compensation for children who have suffered abuse is found at 29.
- (f) Attached as **Exhibit “39”** is a February 1981 Ministry document titled “Standards and Guidelines Child Abuse”. Information about obtaining compensation for children who have been abused is found at page 37.

(g) Attached hereto as **Exhibit “40”** is the December 1985 Revised and consolidated edition of the “Child and Family Services Act Training Handbook” titled “Rights and Responsibilities of Boards and Senior Management Staff of Service Providers under the Child and Family Services Act, Volume 2”. Information about obtaining compensation for children who have been abused is found at page 75.

(h) Attached hereto as **Exhibit “41”** is a copy of the “Compensation for Victim” section from the Ministry’s “Family Services Manual for CASs” dated June 21, 1985. This section outlines the role of the CAS in seeking compensation on behalf of abused children through the CICB or civil actions.

(i) Attached hereto as **Exhibits “42”** and **“43”** are excerpts from the 2009 and 2012 Ministry of Children and Youth Services Communiqués with respect to the ability of CASs to obtain compensation from the CICB for children who have been abused.

65. In addition to these general communications, I am aware that as part of the CWR process, from time to time, the Ministry has recommended to a CAS that a claim be brought on behalf of a Crown ward. For example, between 1991 and 1998, the Ministry reported that it had recommended that CASs should make applications to the CICB for compensation in 0% to 4% of cases. These recommendations would be made where the child’s CAS file indicated that the CAS believed that abuse had occurred in the child’s home or a foster or group home and there was no indication that an application had been considered or made. The reviewers did not report on the number of cases where applications had either been considered or made by CASs. Attached hereto as **Exhibit “44”** is a chart summarizing this information. The source of the statistics is the Crown Ward Administrative Review Statistics: 1991-1994, attached hereto as

Exhibit “20” and the Crown Ward Administrative Review Combined Annual Report 1997 – 1998, attached hereto as **Exhibit “21”**

66. As a matter of practice, the Ministry does not collect or maintain copies of the internal policies of CASs. However, I am aware that a number of CASs have developed their own internal policies for making CICB claims on behalf of Crown Wards. For example, attached hereto as **Exhibit “45”** is an excerpt from the Kawartha Haliburton Children’s Aid Society Intake Manual developed. I understand that this manual was developed and is used by the Kawartha Haliburton CAS, Durham CAS, and Northumberland CAS. Attached hereto as **Exhibit “46”** is a draft of the Akwesasne Child and Family Services policy on CICB applications.

67. In addition, I have reviewed paragraphs 23 and 24 of the affidavit of Elizabeth French in which she says that she is not aware of any policies at the Ottawa-Carleton CAS at the time she was there as counsel dealing with applications to the CICB or claims for civil damages to be made on behalf of Crown wards. I am advised by Tracy Engelking, Senior Counsel with the Ottawa-Carleton CAS, that the Ottawa-Carleton CAS has had a written procedure in place in or about at least 2002 for making applications to the CICB on behalf of children in its care. Attached hereto as Exhibit **“47”** is a copy of the current procedure.

N) Availability of Compensation from the CICB

68. I understand that the plaintiffs in this action claim that they are no longer able to pursue claims for compensation from the CICB. However, based on my review of publicly available information and information obtained from the Registrar of the CICB, Lorissa Sciarra, I believe that former Crown wards who have not yet pursued a claim to the CICB for compensation in

relation to physical or sexual abuse they may have suffered as children can still apply for compensation to the CICB.

69. Attached hereto as **Exhibit “48”** is information available on the CICB website about the process of applying for compensation from the CICB. Attached hereto as **Exhibit “49”** is the 2014-15 Annual Report for the CICB setting out information about the CICB, including statistics about claims received and accepted.

70. Since March 9, 2016, there is no longer a deadline for making applications for compensation in relation to domestic violence and sexual violence.³² For all other claims, the deadline is two years from the date of the crime, however the CICB has the authority to extend the deadline where it is warranted. Attached hereto as **Exhibit “50”** are statistics prepared by Ms. Sciarra, the Registrar of the CICB, setting out the number of extensions of the two year limitation period between 1997 and March 31, 2016, including statistics specifically reflecting extensions for child sexual abuse.

71. I am advised by Ms. Sciarra that the CICB receives applications from adults formerly in the care of the CAS from time to time. In such cases, with the permission of the applicant, the CICB requests and obtains the CAS files directly from the CAS, and the hearing often proceeds in writing on the basis of the information contained in the CAS file.

72. I am further informed by Ms. Sciarra that the CICB also receives applications from CASs on behalf of children in their care from time to time. The Registrar has identified 1,999 cases in

³² *Compensation for Victims of Crime Act*, R.S.O. 1990, c. C. 24, s. 6(2)

the CICB's database that were initiated by a CAS between 1996 and 2016. I am further advised that due to the manner in which this information is recorded in the CICB database, the number of claims is likely higher. For example, the manner in which information is entered into the database is not always consistent, so the fact that a child was in the care of a CAS may not have been captured. In addition, if the application process has not yet been completed while the child ceases to be in the care of the CAS, then the CAS is removed as the identified applicant. Finally, the database only contains cases initiated since 1996.

O) Communication to CASs about the Availability of Compensation for Crown Wards

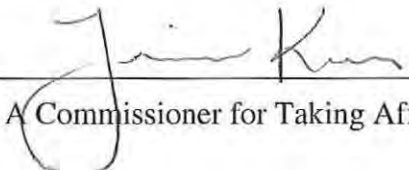
73. I have reviewed the affidavit of David Rosenfeld, sworn September 11, 2015. Exhibit "XX" to his affidavit is a document titled Minutes of Meeting of December 12, 1989. The minutes show that I was present at that meeting.

74. Between May 1989 and January 1992, I was the Coordinator for Children's Programs in the Ministry's Operational Coordination Branch. In that role I represented the Branch on an Official Guardian/MCSS Liaison Committee. This group included senior staff from the Children's Policy Branch, Operational Coordination Branch, MCSS Legal Services Branch and the Ministry of the Attorney General, including Wilson McTavish, then the Official Guardian. The minute reflects that at our meeting of December 12, 1989, the Official Guardian expressed concern that CASs were not doing enough to protect the legal rights of children in care. Ministry representatives indicated that there had been some discussion with staff of the Ontario Association of Children's Aid Societies ("OACAS") and information would be forwarded to CASs reminding them of their responsibilities related to children in care. On October 25, 1990, the OACAS sent a memo to all CAS Executive Directors and Board Presidents enclosing a


Criminal Injuries Board pamphlet entitled "We Care for Victims of Crime". Attached hereto as **Exhibit "51"** is a copy of the memo.

75. I swear this affidavit in response to the motion to certify the present action as a class proceeding and for no other or improper purpose.

Sworn before me in the City of Toronto,)
 in the Province of Ontario)
 this 13th day of June, 2016)
)
)
)
)
)



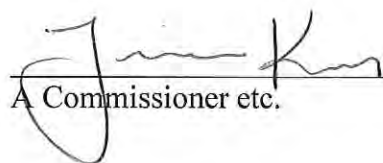
 A Commissioner for Taking Affidavits, etc.



KEVIN MORRIS

Jessica Kras, a Commissioner, etc.,
 Province of Ontario, while a
 Student-at-Law.
 Expires May 9, 2019.

This is **Exhibit "1"** referred to
in the Affidavit of Kevin Morris,
sworn on this 13th day of June,
2016.


A Commissioner etc.

**Jessica Kras, a Commissioner, etc.,
Province of Ontario, while a
Student-at-Law.
Expires May 9, 2019.**

KEVIN MORRIS

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kpmorris@rogers.com

CONTRACT PROBATION/PAROLE OFFICER in Peterborough, Ministry of Correctional Services May to October 1974

PROBATION AND AFTER CARE OFFICER, Oshawa: October 1974 to January 1981
(In 1977 Probation Services for youth was assumed by Ministry of Community and Social Services (MCSS))

- Full range of casework responsibilities. Initiated and supervised volunteer prevention recreation program. Part of first camping program for probationers through DARE. Established a Job Placement program for probationers and

PROGRAM SUPERVISOR, Peterborough Area Office: June 1981 to June 1989

- Primary contact with non-profit and profit children's service agencies funded or licensed by MCSS.
- Management, development and monitoring social services in the Peterborough Area. Program experience in Children's Mental Health, Child Welfare, Developmental Services, Child Care, Family Violence, Community Planning bodies etc.
- Area Child Welfare Specialist and Area representative to Regional and Head Office.
- Ministry Manuals Revision Task Group, 1984
- Provincial Foster Care Crisis Issues-Management Group 1989
- Chair of the Tri-Society CAS Services Coordination Project 1986 to 1989
- Area Training Coordinator for implementation of the Child and Family Services Act (1985)
- Member of the provincial task force, "Young Offenders Residential Review" in 1989.

Coordinator: Children's Programs, (May 1989 to January 1992) in the MCSS corporate office's Operational Coordination Branch, dealing with sensitive and complex policy and operational child welfare issues with senior corporate and Area staff, other ministries and provincial associations. Provided provincial coordination and effective implementation of programs funded or licensed under the Child and Family Services Act.

- Managed the ministry response to the Provincial Auditor's 1989 report on the Child Welfare program.
- Sole MCSS corporate witness at the Kingston, Child Welfare Pay Equity Tribunal hearings including four days of testimony and cross-examination.
- PROJECT MANAGER for the 1989 Staffing Qualifications Implementation Committee working with provincial associations. (OACL, Ontchild, OACAS, OACMHC)

- On-going liaison with Regional, Area offices and the Ontario Association of Children's Aid Societies on child welfare issues.
- Project Manager for the initial stages of implementation of the Safeguards in Children's Residential Programs Report (March to December 1991)

AREA OFFICE PROGRAM SUPERVISOR: February 1992 to May 20, 1994

- Child Care Coordinator within Area office Community Services Unit.
- Responsible for planning (child care management plan), financial allocations and monitoring.
- MCSS Contact for 23 funded agencies as well as Area representative on provincial Child Care Network.
- Area office contact with newly developed child care planning bodies in four counties and Region promoting service development and Area wide planning and systems support.
- Ensured effective implementation of jobsOntario Child Care.
- Supervised all of the Municipalities' childcare budgets as well as Resource Centres and First Nations programs.

SENIOR POLICY ANALYST, Children's Services Branch: September 1994 to May 2004

- Lead for CFSA funding policy and process. Managed 1996 elimination of CAS Service Planning and transition of children's services budget formats and process to the ministry's generic budget system. Policy issues management responsibilities related to impact of funding reductions and increased service pressures.
- Lead analyst responsibilities for policy input to CFSA service/budget formats and approval process, child welfare contingency fund eligibility criteria, funding issues management, CFSA In-Year Results requirements, definitions, formats and quarterly reporting.
- One of two MCSS representative on the Child Mortality Task Force 1996 and 1997 with the Deputy Chief Coroner of Ontario and senior children's aid society sector representatives contributing to research and on-going issues management related to child protection, child mortality reviews and inquests.
- The Ministry's sole corporate witness at five Coroner's Inquests (1996-1998) dealing with all issues related to the deaths of children who were receiving CAS services.
- Lead analyst responsible for development of allocation plan for additional child protection funds.
- Branch lead on Child Welfare Funding Framework design and implementation team.
- Project manager for implementation of "Who Does What" decision on 100% MCSS funding, including changes to CFSA funding regulations.
- Branch lead on child abuse standards compliance review process.
- Policy Lead for Aboriginal Child Welfare policy and issues management.
- Ministry representative negotiating with other provinces to develop the Inter-provincial protocol on movement of children and youth between provinces.

- Ministry corporate representative on the Intergovernmental Committee on Aboriginal Youth Suicide 2000 - 2004. This included representatives from Nishnawbe-Aski Nation as well as other provincial ministries and Federal departments.
- Ministry rep on the Inter-ministry Committee on Aboriginal issues coordinated by the Ministry of Aboriginal Affairs.
- Primary Ministry contact with the department of Indian and Northern Affairs Canada negotiating federal support for capacity building strategies and an expansion of prevention services.
- Policy lead dealing with the Ontario Association of Children's Aid Societies and other service providers on a number of the province wide strategies developed to assist CASs in managing child welfare costs including managing group care costs.
- Lead analyst on policy papers, directives and guidelines including:
 - Procedural Guidelines for Area offices on Section 68 Director's Reviews
 - Guidelines for Area Offices to ensure continued provision of child protection services
 - Clarification of Expectations related to Runaways and Guidelines and Serious Occurrence Reporting Procedures.
 - Policy lead managing the ministry defence against a Charter Challenge related to the designation of an Aboriginal CAS.
 - Policy lead managing the designation process leading to the creation of two Aboriginal CASs in 2004 and 2006.

Senior Policy Analyst and Manager (A), MCYS Child Welfare Secretariat: May 2004 to June 2007

- Founding member of a team that developed a broad package of legislative, funding and policy reforms to strengthen the province's child well-being and protection system.
- Policy lead for the Fast Track Information System.
- Managed project modifying 7 children's aid society (CAS) case management and recording legacy systems to meet new child protection standards requirements.
- Policy Lead in the design, development and pilot testing of a new Children's Aid Society Single Information System (\$12M in MOF funding).
- Continuing ministry's policy lead for Aboriginal child welfare issues, a role managed since 1997. Primary ministry contact for child welfare issues with the Association of Native Child and Family Service Agencies, Political Treaty Organizations and the Department of Indian and Northern Affairs Canada.
- Ongoing liaison with the Chiefs of Ontario's Committee on Child Welfare, consulting on developing funding and program policy related to Customary Care and negotiating First Nations leadership support for over 20 additional CFSA Indian and native provisions.
- Policy lead for the Registered Education Plans for children in care initiative, gaining ministry support for the initiative and negotiating policies and procedures with the Ontario Association of Children's Aid Societies and the Bank of Montreal.

- Policy lead for an Outside Paid Resources Shared Services feasibility project funded by the Ministry of Finance. (Ontario Buys) requiring extensive consultation and negotiations on contentious issues with stakeholders in the child welfare and for profit residential care sectors as well as the ministry.
- Sole MCYS corporate witness developing a submission on the evolution of child welfare and testifying at the Cornwall Public Inquiry dealing with historic child abuse. April, 2006
- 2007: Recipient of an Ontario Amethyst Award for 3 years of work on Child Welfare Transformation through the MCYS Child Welfare Secretariat.

Consulting contract work for MCYS since retirement.

Capacity Development Lead: March 2009 and March 31, 2010

Contracted by the ministry's North East Regional Office managing the organizational development of an Aboriginal agency seeking designation as a children's aid society.

Senior Business Advisor with the MCYS Child Protection Information Network (CPIN) project. January 2011 to December 2012. Developed and secured ministry commitment for a focussed engagement strategy and facilitated a number of business requirements sessions for the 7 Aboriginal CASs.

Formal Customary Care Guide Orientation and Training Project: December 2012 to March 31, 2014. Through a Lough-Barnes Consulting Group contract with MCYS, facilitated and coordinated CAS and First Nation orientation and training sessions held across the province.

Project / Committee Experience:

Community Service Experience

1978/85	Trustee on the Peterborough, Victoria, Northumberland and Newcastle Separate Board of Education for seven years. Board Chairman for two years.
1979/80	Chair of Operation Lifeline (Durham East) in response to Vietnam refugee crisis helped develop a local non-profit foundation to encourage sponsorship.
1988/89	Volunteer Trainer with United Way Board Development Program
1994-2003	Volunteer Security/ Intervener lead in a downtown Out of the Cold dinner and overnight accommodation program for Homeless Adults.

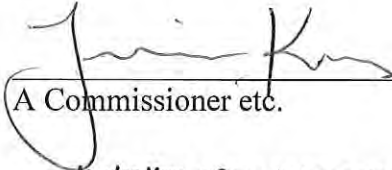
2003/04	Volunteer with the Dorothy Ley Hospice program, visiting client receiving palliative care support in their homes.
September 1999 – ongoing	Chorister with the Toronto Welsh Male Voice Choir 1 st tenor). Six years on the board.
October 2008 - ongoing	Canadian Red Cross Personal Disaster Management Volunteer in Guelph / Wellington.
April 2011 – ongoing	Personal support volunteer (palliative care and grief support) with Hospice Wellington.
February 2008 – ongoing	Volunteer driver with Guelph Wellington Family and Children' Services.

Education

TRENT UNIVERSITY, PETERBOROUGH - 1969-72 Bachelor of Arts: History/English

DE LA SALLE "OAKLAND'S", TORONTO AND MALVERN COLLEGIATE - 1963-69

This is **Exhibit “2”** referred to
in the Affidavit of Kevin Morris,
sworn on this 13th day of June,
2016.



A Commissioner etc.

**Jessica Kras, a Commissioner, etc.,
Province of Ontario, while a
Student-at-Law.
Expires May 9, 2019.**



DEPARTMENT OF PUBLIC WELFARE

 FORM 24
 The Child Welfare Act, 1965

ORDERS

RESPECTING WARDS OF THE CROWN

CHILD WELFARE BRANCH

FEB 13 1967

In the JUVENILE AND FAMILY COURT, DISTRICT OF RAINY RIVER

Before JUDGE F. G. CORNELL

MEETING

day, the

(name of judge)

day of FEBRUARY

1967

In the matter of

(name of child)

☐ a child apparently in need of protection.(check) ☐ a child in need of protection.☒ a ward of THE CHILDREN'S AID SOCIETY, DISTRICT OF RAINY RIVER
(name of society)

Child of

And in the matter of an application by THE CHILDREN'S AID SOCIETY, DISTRICT OF RAINY RIVER
(name of society)

under,

☒ section 25 (c)☐ section 26 (2)(check) ☐ section 26 (5)☐ section 31 (1) or 31 (2)☐ section 34

of the Act.

FINDINGS

1. I find,

(a) that [redacted] is a child in need of protection;

(name of child)

(b) that the date of birth of the child is [redacted]

(c) that the religious faith of the child is [redacted]

(d) that the location where the child was taken into protection is THE TOWN OF FORT FRANKLIN.

(attach out
1 or 2
where not
applicable,
and
initial)

2. I find,

(a) that

(name of child)

is a ward of

(name of society)

of

(b) that the child has been a ward of that society (or of any other society) for a total continuous period of [redacted] months;

(c) that the date of expiration of the last Order committing the child as a ward of a children's aid society is

(date)

The Child Welfare Act, 1965

FORM 14

ORDERS AFFECTING STATUS OF CHILD

(see note)

I order,

(a) that the child be made a ward of the Crown and committed to the care of the Children's

AID SOCIETY, DISTRICT OF HAINY RIVER

(name of society)

commencing FEBRUARY 1st, 1967

section

31 (1)

or

31 (2)

section

34

(b) that the Order made on (date) and that made the child

a ward of the Crown be terminated,

(c) that, with the approval of the Director given on (date), the wardship of

the Crown, in respect of the ward who has now attained the age of eighteen years, be

continued until the ward attains the age of twenty-one years.

ORDERS FOR MAINTENANCE OF CHILD

(see note)

I order,

section

26 (1)

(a) that

(name of parent)

do pay to

(name of society)

of

the sum of \$

for each day the

child is in the care of the society, commencing

, 19

section

26 (2)

(b) that the Order for payment made against

and dated the day of

(name of parent)

, 19

☐ be varied from \$ to \$

for each day the child is in the

care of the society, commencing

, 19

or

☐ be rescinded.

Statement of the facts upon which this (these) decision(s) is (are) based:

J. J. Connolly
(signature of judge)

(NOTE) - strike out all clauses not applicable.

File # 73-7108; 90865 On Imaging 14

GA 29,365

FORM 14
The Child Welfare Act

February 1976

ORDERS
RESPECTING WARDS OF THE CROWN

73-7109 cu

In the **PROVINCIAL COURT (FAMILY DIVISION) OF THE JUDICIAL DISTRICT OF YORK**
(name of court)Before **JUDGE P. QUAVILL**
(name of judge)Now, day, the **10th**

day of

August

CHILDREN'S SERVICES
BUREAU

SEP 5 1975

READ BY

In the matter of

(name of child)

☒ a child apparently in need of protection;(check) ☐ a child in need of protection.☐ a ward of (name of society)

Child of,

(name of parent)

And in the matter of an application by **Catholic Children's Aid Society of Metropolitan Toronto**
(name of society)

under,

☒ section 26 (a)☐ section 27 (2)(check) ☐ section 27 (5)☐ section 32 (1)

of the Act.

FINDINGS

1. I find,

(a) that

(name of child)

is a child in need of protection;

(b) that the date of birth of the child is

(c) that the religious faith of the child is

(d) that the location where the child was taken into protection is **Metropolitan Toronto**(strike out
1 or 2
where not
applicable,
and
initially

2. I find,

(a) that

(name of child)

is a ward of

(name of society)

(b) that the child has been a ward of that society (or of any other society) for a total continuous period of months;

(c) that the date of expiration of the last Order committing the child as a ward of a child-

ren's aid society is

(date)

SEE OVER

2000 014 (12/75)

The Child Welfare Act

FORM 14

ORDERS AFFECTING STATUS OF CHILD

(see note)

I order,

Catholic

(a) that the child be made a ward of the Crown and committed to the care of the Children's Aid Society of Metropolitan Toronto

(name of society)

section
26 (c)

commencing August 16th, 1975

section
32 (1)

(b) that the Order made on

(date)

and that made the child

a ward of the Crown be terminated;

ORDERS FOR MAINTENANCE OF CHILD

(see note)

I order,

section
27 (1)

(a) that

(name of parent)

do pay to

(name of society)

of

the sum of \$

for each day the

child is in the care of the society, commencing

19

section
27 (2)

(b) that the Order for payment made against

(name of parent)

and dated the

day of

19

☐ be varied from \$

to \$

for each day the child is in the

(check)

care of the society, commencing

19

or

☐ be terminated.

Statement of the facts upon which this (these) decision(s) is (are) based:

CERTIFIED TO BE A TRUE COPY
OF THE ORDER MADE HEREINSIGNED, SUPERVISOR,
CHILD WELFARE CO-ORDINATOR,

J. Clark

(signed) P. Gravelly

(signature of judge)

NOTE: strike out all clauses not applicable.



Provincial Court (Family Division)

of the District of Thunder Bay
(name of county, district or judicial district)

Form 34 (Page 1)
The Provincial
Court Act

Order

Court file no.
C/429/80

His Honour Judge
P. S. Glowacki

Judge
July 26, 1982
Date of Order

In an adoption proceeding a child may be identified by his/her given names in full followed by the first letter of his/her surname and his/her registration number. If this Order applies to an adoption proceeding, show one child only and include 'Place of birth' and 'Birth registration number'.

Child(ren)

Full name	Birthdate	Sex
Place of birth	Birth registration number	
Full name	Birthdate	Sex
Full name	Birthdate	Sex

Applicant(s)

Full name(s)
The Children's Aid Society of the District of Thunder Bay
Address for service (street & number, municipality, postal code)
309 S. Court Street, Thunder Bay, Ontario
Lawyer (name, address and phone no.)

On (motion or application) Application

of (name(s) of applicant(s)) The Children's Aid Society of the District of Thunder Bay

on reading the (description of document) Status Review Application filed by the Children's Aid Society of the District of Thunder Bay

and on hearing the evidence and on hearing submissions on behalf of the parties, and on consent of all the parties.

This court orders that: [redacted] is hereby made a ward of the Crown and committed to the care and custody of the Children's Aid Society of the District of Thunder Bay. The mother [redacted] to have access to the child [redacted] as agreed upon between the mother and the Children's Aid Society.

In the event that the mother, [redacted] does not exercise her access for a period of three months, the said access order to terminate automatically upon application for termination and proof of non-access.

November 1982
Date

Signature of Judge or Clerk of the Court

Ontario Court
Provincial Division

44

Order
Child and Family Services

Form 34
Page 1

Court file no.

at 7765 Hurontario Street

Brampton, Ontario
address

Child(ren)

Full name	Birthdate (d,m,y)	Sex
Full name	Birthdate (d,m,y)	Sex
Full name	Birthdate (d,m,y)	Sex
Lawyer (name, address and telephone no.)		

The Honourable Judge

Date of Order
November 25, 1998



Applicant(s)

(name in full)
Children's Aid Society of the Region of Peel
Address for service (street & number, municipality, postal code)
8 Nelson St., Suite 204, Brampton, Ontario L6X 4J2
Lawyer (name, address and telephone no.)

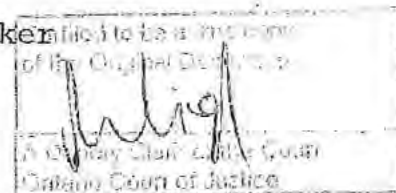
On (motion or application) Application

of (name) Children's Aid Society of the Region of Peel

in the presence of (name of parties and solicitors in court)

CAS Representative
Counsel for Child

CAS Worker
Child



On reading the (list documents filed on motion or application)

Notice of Hearing, Status Review
Affidavit of Service on child, father
Affidavit of worker (sworn September 25, 1998)
Affidavit of Service on mother
Agreed Statement of Facts dated November 25, 1998

and on receiving evidence and hearing submissions on behalf of the parties,

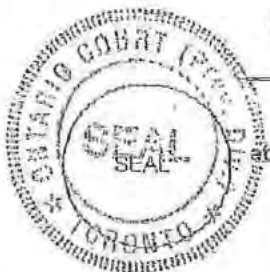
is the mother and is the father of the said child.

this court orders that:

- 1) The said child be made a Ward of the Crown and placed in the care and custody of the Peel Children's Aid Society.
- 2) Access to be at the discretion of the Society and the child.

February 2, 1999
Date of signature

[Signature]
Signature of judge or clerk of the court



Ontario Court of Justice

(Name of court)

311 Jarvis Street, Toronto, Ontario, M5B 2C4

Court office address

Court File
Number
CFO-10419/0
6-B2

Form 25:

Order

(General)

☐ Temporary☒ Final

The Hon. Justice P.
Jones

Judge (print or type,
name)

December 14, 2007

Date of order

Applicant(s)

Full legal name & address for service - street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

CHILDREN'S AID SOCIETY OF
TORONTO
30 Isabella Street
Toronto, Ontario
M4Y 1N1
Canada
Phone: (416)924-4646
Fax: (416)324-2550

Lawyer's name & address - street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

30 Isabella Street
Toronto, Ontario
M4Y 1N1
Canada
Phone: (416)924-4646
Fax: (416)324-2550

Respondent(s)

Full legal name & address for service - street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address - street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Children's Lawyer

Name & address for service for Children's Lawyer agent - street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any) and name of person represented.

The court heard an application made by (name of person or persons)
CHILDREN'S AID SOCIETY OF TORONTO.

The following persons were in court (names of parties and lawyers in court):

counsel representing the CHILDREN'S AID SOCIETY OF TORONTO;
Family Service Worker; and
counsel for the child.

The court received evidence and heard submissions on behalf of (name or names)
the parties.

Document filed: Statement of Agreed Facts

THIS COURT ORDERS THAT:

1. Service on father, _____, is dispensed with.
2. The female child, _____ shall be made a
Ward of the Crown and placed in the care and custody of the Children's Aid Society of
Toronto, with access as agreed by the parties and in consultation with the child.

January 10, 2007
Date of signature

Signature of judge or clerk of the court

-End of Document-

ENTERED TO BE A TRUE AND
CORRECT COPY OF THE ORDER
DEPUTY CLERK OF THE COURT
ONTARIO COURT OF JUSTICE
AT 211 JAMES ST., TORONTO, ONT.



Ontario Court of Justice

Court File Number

(Name of court)

557/07

Form 25: Order
(General)

at 102 East Main Street, Welland, Ontario, L3B 3W6

☐ Temporary
☒ Final

Court office address

Certified a true copy,
Pour copie conformeThis 22 day of April 2015
Jour deClerk of the Court
Greffier De La Cour
Ontario Court of Justice
Cour de Justice du OntarioThe Honourable Justice
A.T. Colvin

Judge (print or type name)

February 17, 2015
Date of order

Applicant(s)

Full legal name & address for service X street and number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

The Children's Aid Society of the Niagara Region
82 Hannover Drive, Box 24028
St. Catharines, ON L2R 7P7
Tel: (905) 937-7731 Fax: (905) 641-9446

Lawyer's name & address X street and number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

- Counsel
52 Hannover Drive, Box 24028
St. Catharines, ON L2R 7P7
Tel: (905) 937-7731 Fax: (905) 641-9446

Respondent(s)

Full legal name & address for service X street and number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address X street and number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Barrister & Solicitor
154 James Street, 2nd Floor
St. Catharines, Ontario L2R 5C5
Tel: 905-682-7882 Fax: 905-682-0264
Counsel for Louisa BakerBarrister and Solicitor
7 Front Street North, Box 505
Thorold, ON L2V 4W1
Tel: 905-227-9191 Fax: 905-227-7234
Counsel for the child

The court heard an Application/Motion made by the Children's Aid Society of the Niagara Region;

The following persons were in court: the mother; Counsel for the mother and agent for
Counsel for the child; the child; Counsel for the Children's Aid Society of the
Niagara Region and representatives of the Children's Aid Society of the Niagara Region;

The court received evidence and heard submissions on behalf of the parties;

THIS COURT ORDERS THAT:

1. The child, born shall be made a Ward of the Crown and placed in the care and custody of The Children's Aid Society of the Niagara Region.
2. and shall have access to the child as arranged by the Society and supervised in its discretion, in accordance with the child's views and preferences.


April 22/15

Date of signature

Signature of judge or clerk of the court

Child:

This is **Exhibit “3”** referred to
in the Affidavit of Kevin Morris,
sworn on this 13th day of June,
2016.


A Commissioner etc.

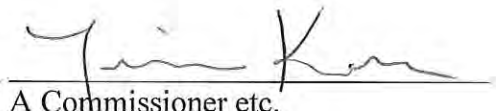
Jessica Kras, a Commissioner, etc.,
Province of Ontario, while a
Student-at-Law.
Expires May 9, 2019.

Number of Children's Aid Societies in Ontario Through the Decades

Year	# of Children's Aid Societies
1961	55
1970/71	54
1980/81	51
1986/87	51
1993/94	54
2004/05	52
2015/16	47

Information taken from MCSS/MCYS budget estimates.

This is **Exhibit “4”** referred to
in the Affidavit of Kevin Morris,
sworn on this 13th day of June,
2016.



A Commissioner etc.

Jessica Kras, a Commissioner, etc.,
Province of Ontario, while a
Student-at-Law.
Expires May 9, 2019.

memorandum

23-107
LW 110/47-21-4-8
1200P KM
Ontario

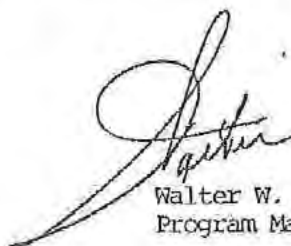
To: Bruce Heath
Steve Charko ✓
Olga Danylak
George Hart
Ron Childs
Bob Penny

Date: December 19, 1978

RE: COWAP Meeting in
2nd Floor Board Room
Friday, December 22, 1978

The enclosed material is for your information. On Friday we want particularly to discuss:

- (1) The Role of the Program Advisor.
- (2) The Implementation Time Table.
- (3) The Societies selected for early review.
- (4) Factors for consideration in scheduling other reviews.
- (5) Method of Notification of Societies.



Walter W. Blackburn
Program Manager.

WWB/eby
enc.

CROWN WARD ADMINISTRATION REVIEW PROGRAM

PROGRAM PLAN

- I. Purpose: To establish an administrative framework and procedures for the implementation of Section #39 of The Child Welfare Act, 1978:

"A Director or any person authorized by the Director shall, during each calendar year beginning in the year 1979, review the status of each child who during that calendar year and, in the absence of any further order by the court has been or will continue to be a crown ward for a continuous period of twenty-four months from the date of the order of Crown wardship or from the last review under this subsection, whichever is later, and the Director may after any such review direct the Society having care of the child to make an application pursuant to subsection 2 of section 38 to a court for a review of the child's status."

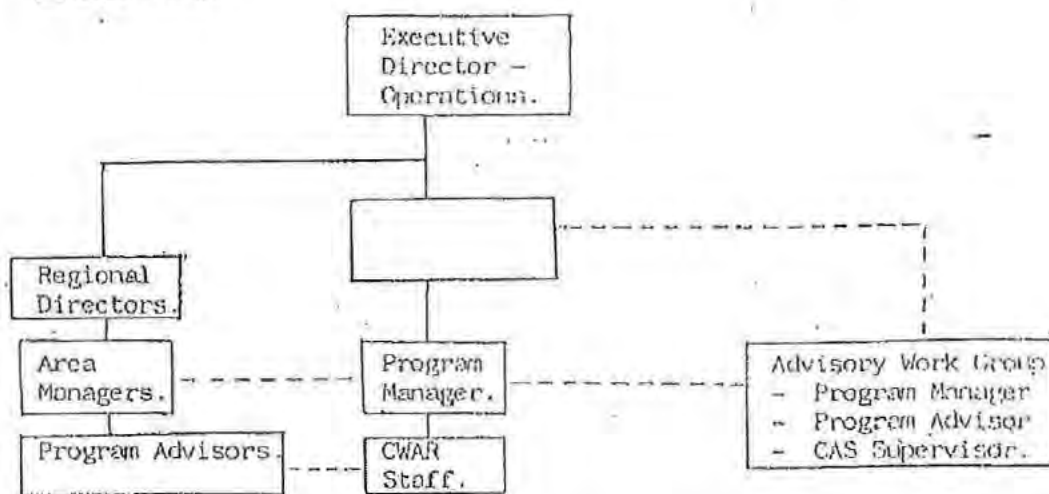
- II. Goals and Objectives: The goal of the Crown Ward Administrative Review Program is to determine whether the needs of the individual Crown Wards of the Province of Ontario, supervised by the Children's Aid Societies, are being met, by determining:

- a) whether crown guardianship is essential to the meeting of those needs,
- b) whether the Ward's present placement, plan, and program is conducive to the meeting of those needs.

To answer these questions the specific objectives of the review will be to determine:

- a) that the assessment of the needs of the Crown Ward has been thorough and adequate,
 - b) that the planning has been realistic and clearly stated,
 - c) that the program is working toward meeting the planned objectives.
- a primary concern will be to discover whether the present placement is the appropriate one for the ward, and if not, whether it is because of inappropriate planning, or lack of an appropriate resource.

III Organization:



Director: The Crown Ward Administrative Review program will be directly responsible to _____. (To be decided).

Program Manager: The Program Manager will be responsible to _____ for the development and ongoing administration of the program.

Advisory /Work Group: To advise and assist the Manager, an Advisory/Work Group representing the Program Advisors and the Children's Aid Societies will advise on the feasibility of the program, and generally on matters affecting the Societies. In the developmental stage, they will have the responsibility for developing a C.W.A.R. form, and a schedule of criteria to be considered in the review.

Area Manager: Responsible with the Program Manager for co-ordinating the work in the field.

Program Advisors: Responsible for arranging with Societies for the Crown Ward Administrative Review; introducing reviewers into the Societies; participating in conferences regarding the recommendations of the reviewers; assisting the Societies to cope with problems relating to administrative practices and planning that come to light during the survey; reporting to the Area Manager on the lack of resources and any other pertinent matters arising out of the review; and re-examining, on the designated date, all those cases identified in the review as requiring a new or clarified plan.

Professional Staff: Responsible to the manager for carrying out the review.

- (reporting relationships in the new organization for such matters as recommendations to the Regional Director for a Judicial Review, to be clarified.)

* In the initial planning period, and until the new organization is implemented the Director of Programs will carry this responsibility.

- 3 -

IV Procedures:

1. Develop an Identification System for all Crown Wards.
 - 1) Request Societies to submit names of all Crown Wards in their care as of October 31, 1978.
 - 2) Set up card index system for all Crown Wards.
 - A two card system:
 - 1) by Society - alphabetical
 - 2) by Society - review priority
(date of Warship and other factors as identified.
 - 3) Set up card index information update system.
2. Initial Review - 1979.
 - 1) Identify Crown Wards - for Initial Review:
 - those Crown Wards born in 1962 (16 year olds)
 - those "Elsewhere"
 - those in Free Homes
 - those in Parents' Home
 - a proportion of those in each of the other types of placement to make up 50% of all Crown Wards eligible for review in 1979.
 - 2) Request background and planning information on identified Crown Wards. (See accompanying form for detail.)
 - 3) Preparation for Review:
 - study background and planning information submitted by Society
 - check for pertinent information in Child Welfare Branch Crown Ward's file
 - check for pertinent information on Adoption Co-ordinator's file and conference with Adoption Co-ordinator when indicated.
 - 4) File Review (Criteria to be considered to be developed by Advisory/Work Group and made available to Societies)
 - read file on location
 - discuss with worker/supervisor
 - recommend one of:
 - continuation of Society plan
 - when information incomplete, planning indefinite, or when otherwise indicated, re-examination at a designated later date
 - judicial review
 - review all recommendations in Society conference
 - refer all identified resource lacks to the Area Manager through the Program Advisor.

- 4 -

3. Completion of Review - 1980

1) During 1980 the review will be completed for:

- all Crown Wards, pre 1977, not reviewed in 1979
- all Crown Wards of 1977 not on adoption probation

2) For this review all Crown Wards 10 years of age and over (to be consistent with the Child Welfare Act, 37, 4(b)) will be given an opportunity to discuss the plan with the Reviewer.

4. On-going Review

Responsibility for the Crown Ward Administrative Review to be delegated to the Regions in 1981.

In 1981 review all Crown Wards who:

- became Crown Wards in 1978
- became Crown wards in 1979, but at least 2 years before the review
- were reviewed in 1979 at least 2 years before the review.

V Sample Size (Estimate):

Crown Wards in Care as of August 31, 1978:

- in Parents' Homes	-	265
- Elsewhere	-	229
- in Free Homes	-	211
- in Foster Homes	-	3,667
- in Receiving Homes and own Institutions	-	118
- in Group Homes	-	523
- in paid Institutions	-	775
- in Ontario Hospitals	-	248
- on Adoption Probation	-	663
		<u>6,699</u>

Crown Wards 17 years of age	=	1,000
Crown Wards of 1977 and 1978	=	2,200
Crown Wards not eligible for review in 1979		<u>3,200</u>

Crown Wards eligible for review = $6,699 - 3,200 = 3,500$
 Crown Wards to be reviewed in 1979 = $3,500 \times \frac{1}{2} = 1,750$
 Crown Wards to be reviewed in 1980 = $1,750 \times \frac{600}{600} = 2,350$

- 5 -

VI

Estimated Work Load:Workload 1979:

Maximum cases per Reviewer per day = 8
 Equal time for case preparation travel and
 Society conferencing - average cases per day = 4
 Total number of work days required for
 Option #1 = $\frac{1,750}{4} = 437$
 Number of work weeks required $\frac{437}{5} = 87$
 Number of work years required $\frac{87}{48} = 1.8 = 21 \text{ mts.}$
 Staff required 1979 =
 One reviewer from March 1 = 10 mts.
 One reviewer from June 1 = 7 mts.
 One reviewer $\frac{1}{2}$ time from June 1 = 3.5 mts.
 Total = 20.5 mts.

Workload 1980:

$= \frac{2,250}{4 \text{ cases} \times 5 \text{ days} \times 48 \text{ weeks}} = 2\frac{1}{2} \text{ reviewers.}$

The Advisory/Work Group members believe this work load may be too heavy for the Initial Review in 1979. They recommend reducing the work load for 1979. It should be possible to increase the number of reviews in the second round in 1980 as the Societies will have had 12 months to re-examine their planning practices.

VII Staffing:

Secretarial help will be required from the early planning stages to set up and maintain the card index system; to type schedules; correspondence relating to program; reports of the reviewers etc.

Professional Staff:

Program Manager - Will be responsible for recommending regarding the organization and administrative procedures for the program; for carrying out all administrative responsibilities including scheduling and for supervising the review process. These responsibilities will be a full time job during the developmental stages of the program, but the manager should be able to carry a substantial part of the review itself after the program is firmly in place.

Review Staff - Will be responsible for carrying out the actual case review. This will involve studying all pertinent information on the Crown Ward Administrative Review Form submitted by the Societies, any pertinent material in the Child Welfare Branch file and in the Adoption Coordinator's file, and consulting with the Adoption Coordinator as indicated; reading files on location and evaluating the Crown Ward's program; conferencing with worker/supervisor; discussing the plan with the Crown Ward when desired (in later stages of the review); recommending regarding the adequacy of the plan, and conferencing with the Society regarding the recommendations for the Crown Ward and the program.

- 6 -

To carry out these responsibilities effectively the Reviewers must be professional social workers with extensive supervisory experience in Children's Services. They must be able to evaluate and discuss plans for wards with Children's Aid Society Supervisors of Children's Services at the most professional and sophisticated level; they must be sensitive to resource limitations of the Societies including staff (size of workload, training and experience); they must be able to act in a teaching role with the staff of those Societies where the level of planning and care must be improved; and they must have the skill to make the interview with the Crown Ward a constructive experience both in regard to his personal development and in regard to his relationship with his worker and the Society.

It is anticipated that areas where planning is inadequate will be identified in early reviews. As the quality of planning that is expected becomes understood by the Societies, and if adequate assistance is given where it is needed the review process will have fulfilled its major function and should become much more routine in the future. The quality of staff made available for the review is particularly vital in the early stage.

It is recommended that staff should be made available as follows:

by February 1, 1979 - first reviewer
by May 1, 1979 - second and third reviewers.

As of June 1st the program should be well underway. One of these staff should be expected to take over the role of Program Manager as of June 1st. The staff member recruited for February 1st should be selected with this possibility in mind.

VIII Tentative Time Table:

October 27, 1978	Request to Societies to report on their Crown Wards as at October 31, 1978.
November 17, 1978	Due date for Society reports.
December 11, 1978	Card typing begun
* December 15, 1978	Crown Ward Administrative Review Form Developed.
// December 15, 1978	Begin submission to CASS of names we want reports on by February 1, 1979.
* January 31, 1979	Criteria to be considered in the Crown Ward Administrative Review approved.
February 1, 1979	First Reviewer on staff.
February 1/March 1/79	Test review program in Niagara CAS.
March 1, 1979	First on location review.
December 31, 1979	Initial Review completed.
* To be developed by advisory/work group.	
// Time Table for submission of names to Societies for the review and date by which reports are expected to be received by the Program Manager:	

- 7 -

<u>Date of Name Submission</u>	<u>Date Report to be Received</u>	<u>Number of Crown Wards</u>
December 15, 1978	February 1, 1979	9% = 88
January 15, 1979	March 1, 1979	5% = 49
February 15, 1979	April 1, 1979	10% = 175
March 1, 1979	May 1, 1979	10% = 175
April 1, 1979	June 1, 1979	10% = 175
May 1, 1979	July 1, 1979	10% = 175
June 1, 1979	August 1, 1979	10% = 175
July 1, 1979	September 1, 1979	10% = 175
August 1, 1979	October 1, 1979	15% = 262
September 1, 1979	November 1, 1979	15% = 262
		TOTAL = 1,750

IX Role of the Program Advisor:

The Program Advisors will be key figures in the Crown Ward Administrative Review. They will interpret the program; make appointments with the Local Directors for the reviews in each Society; they will introduce the reviewers into the Societies, and where practical carry out some of the file studies themselves; they will participate with the reviewers in conferencing regarding their recommendations at the conclusion of the review in each Society. This participation will help them to become knowledgeable about the Societies administrative practices and planning for Crown Wards as a group. They will be responsible for assisting Societies to cope with any problems or shortcomings that come to light in such practices or planning, and for re-examining all those cases identified in the review as requiring a new or clarified plan. They will also be responsible for reporting to Area Managers on the lack of placement resources and any other pertinent matters arising out of the review.

X Present Status of Program:

Walter W. Blackburn has been appointed Program Manager. Request for submission of names went out to all Societies on October 27, 1978. Most of the Societies have submitted the requested information on schedule. The Records Unit is providing the Child Welfare Branch Crown Ward file number. The names are ready to be typed into a Card Index System. The Advisory/Work Group consisting of Olga Danylak, Program Advisor, and Bill Charron, Supervisor of Children's Services, Niagara Children's Aid Society, and the Program Manager, has been set up and held its first meeting on Wednesday, November 29th. It discussed the work plan and began work on the development of the Crown Ward Administrative Review Form and the criteria to be considered in the Review.

I believe that the Crown Ward Administrative Review, as described herein can be accomplished in the time frame outlined if staff is provided on schedule.



Walter W. Blackburn
Program Manager.

November 27, 1978

Enclosed: Enclosures: 3

Implementation Plan

- Dec. 15/78 - Submit CWARP plan to all Societies, with CWARP Form and Guidelines for completion.
- (to be verified) - Submit Niagara, Oxford, & Durham CASs names of Crown Wards for whom we require reports by Feb. 1/79.
- To test the CWAR Form submit Niagara Crown Ward names (from above list) of a Crown Ward in each category for whom we wish reports by Jan. 3/79.
- A minimum of 5 names including one each of a Crown Ward:
- in Parent's Home
 - Elsewhere or Free Home
 - in Foster Home
 - in Group Home
 - in Paid Institution
- Jan. 19/79 - Review test reports from Niagara - Meeting of Advisory/Work Group in Niagara, including test workers and supervisors.
- Revise and finalize CWARP Forms.
- Jan. 31/79 - Finalize testing phase criteria and instrument for CWARP review.
- Feb. 1-9/79 - Orientation of Reviewer and preparation for review of 5 test cases in Niagara.
- Feb. 12-16/79 - On location review of test cases.
- Feb. 16/79 - On location review with A/W Group, Reviewer, and CAS staff of criteria and procedures for CWARP.
- Feb. 19/79 - Continue CWARP review in Niagara CAS.
- Mar. 1/79 - Revise and Finalize review criteria and procedures.
- Mar. 31/79 - Complete review Niagara, Oxford and Durham.

- 2 -

- Apr. 1/79 - Review program with selected staff of 3 societies, reviewer and A/W Group, and Program Advisors.
- Apr. 15/79 - Revise program as indicated
- Submit progress report
 - In the meantime names of the Crown Wards for review will be submitted to Children's Aid Societies according to the schedule outlined on page 4 of the proposed program.
- May 1/79 - Two new staff members begin duties.
- June 1/79 - New Program Manager takes over responsibility for program.

CROWN WARD ADMINISTRATIVE REVIEW FORM

NAME OF SOCIETY: _____ CAS File # _____
 NAME OF CROWN WARD: _____ CWS File # _____
 PRESENT PLACEMENT: _____ Date of Birth _____
 _____ Date of Crown
 PRESENT FINANCIAL ARRANGEMENT: _____ Wardship _____
☐ Regular ☐ Special (explain) _____ Present School
 _____ Grade _____

PREVIOUS PLACEMENTS:

Date	Type of Care	Date	Type of Care
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COURT HISTORY (Decisions Only):

Child Welfare			Juvenile		
Date	Type of Order	Duration	Date	Type of Order	Duration
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Details of any Post-Crown Wardship Court Hearing:

Date _____ Comments: _____

Reopening Guardianship: Has the possibility of reopening guardianship hearings ever been raised by the Parent? The Ward? The Society?

Date _____ Details: _____

CROWN WARD'S WORKERS:

How many Workers has Crown Ward had since his admission to care? _____

List Crown Ward's Workers (During Crown Wardship):

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 2 -

WARD'S CONTACT WITH PARENT(S) (during Crown Wardship): ☐ Yes ☐ NoBy Access Order? ☐ Yes ☐ No

Frequency & Details: _____

SOCIETY'S CONTACT WITH PARENTS(S) (during Crown Wardship): ☐ Yes ☐ No

Frequency & Details: _____

SOCIETY'S CONTACT WITH CROWN WARD:

Frequency of Contacts during last 12 months:

☐ weekly ☐ bi-weekly ☐ monthly ☐ less frequently.

State significant events, involvements, relationships during last 12 months.

PLANNING:

Long Range Goal: _____

Specific Objectives:

Program for Achievement:

Has the Plan been Discussed with the Crown Ward? ☐ Yes ☐ NoIf Crown Ward in Agreement with the Plan? ☐ Yes ☐ No (explain) ☐ Other (explain)

FORM #105 Submitted? ☐ Yes ☐ No

PRESENT WORKER (Signature) _____

SUPERVISOR _____

CROWN WARD ADMINISTRATIVE REVIEW PROGRAM

GUIDELINES FOR FORM COMPLETION:

1. If Ward is on Adoption Probation, so state but do not fill out the form.
2. To avoid duplication of work, instead of filling out the form for any particular part of the requested information, a xeroxed copy of the information you have on file may be substituted.
3. If there is not sufficient space on the form for any answer continue on the back of the form.

PRESENT PLACEMENT: Use the Monthly Statistical Report headings for type of placement:

Parents Home
Foster Home
Free Home
Group Home
Ontario Hospital
Elsewhere
Reception Home or Own Institution
Paid Institution
Adoption Probation

If the placement is "Elsewhere" or "Free Home" be more specific. If it is a "Specialized Foster Home" - so state. If it is an Institution give name of institution.

PRESENT FINANCIAL ARRANGEMENT: If regular foster, group home or institution rates, check "regular". Explain special arrangements particularly when a ward is providing part or all of his financial support.

PREVIOUS PLACEMENTS: Give date and type of all placements since admission to care. Use Statistical Report headings.

COURT HISTORY: Fill in all Family and Juvenile Court Decisions involving the Crown Ward in the appropriate column, it is not necessary to include adjournments. If there has been a post-Crown Wardship Order hearing, it is important that date and details be given. If it has taken place in the last 2 years, the rest of the form need not be completed.

REOPENING GUARDIANSHIP: Give dates and details.

CROWN WARD'S WORKERS: Give the number of prime workers the Crown Ward has had since his original admission to care. List the names of the workers he has had during Crown Wardship, giving the date of the assignment of each worker.

WARD'S CONTACT WITH PARENTS: Has the Crown Ward had any contact with a parent since the Crown Wardship Order? Check "yes" or "no". If yes, by Order of Access? Check "yes" or "no". Frequency - if ongoing, state frequency. Give date of last contact. Comment on meaningfulness of contacts.

- 2 -

SOCIETY'S CONTACT WITH PARENT(S): Has the Society had any contact with the parent(s) since the Crown Wardship Order? Check "yes" or "no". Frequency - state whether ongoing or incidental, etc. - and give details regarding the purpose and significance of the contact(s).

SOCIETY'S CONTACT WITH CROWN WARD: Check the average frequency of contact during the past year. How close and meaningful is the contact? If it is regular and relates to ongoing planning and supervision so state. If it is not, give more details.

PLANNING: Long Range Goal: State the end you are working toward with the Ward. e.g. adoption, return to parents, independence, etc.

Specific Objectives: These will relate directly to the Ward's assessed educational, vocational, employment, emotional and physical health objectives.

Program for Achievement: What plans are being implemented to meet each of the above objectives?

Has Plan been Discussed with Ward? - Check.

Is Ward in Agreement with Plan?: Check. If "no" or "other", (e.g. not entirely) explain in what way the Ward does not accept the plan.



Ontario

 Ministry of
Community and
Social Services

 Children's
Services
Bureau

APPENDIX III

TITLE		SUPERVISION OF CHILDREN'S AID SOCIETIES						
Total Eligible Children Aged Sample								
SOCIETY	199	R. Childs*	O. Danylak*	G. Hart	B. Heath	R. Penny	S. Charles E. Magder	
1. Algoma	34			X				
2. Brant	26				X			
3. Bruce	10				X			
4. Dufferin	5	X						
5. Durham	34					X		
6. Elgin	8		X					
7. Essex	28						X	
8. Essex R.C.	29						X	
9. Frontenac	27					X		
10. Grey	13				X			
11. Haldimand	6				X			
12. Halton	21				X			
13. Hamilton	57				X			
14. Hamilton Cath.	33				X			
15. Hastings	19					X		
16. Huron	11		X					
17. Kapuskasing	16			X				
18. Kawartha-Haliburton	15					X		
19. Kenora	40			X				
20. Kent	18						X	
21. Lambton	16						X	
22. Lanark	6					X		
23. Leeds & Granville	13					X		
24. Lennox & Addington	2					X		
25. London & Middlesex	87		X					
26. Muskoka	13	X						
27. Niagara Region	67				X			
28. Nipissing	46			X				
29. Norfolk	13				X			
30. Northumberland	9					X		
31. Ottawa & Carleton	164					X		
32. Oxford	14		X					
33. Parry Sound	8	X						
34. Peel	39				X			
35. Perth	2		X					
36. Porcupine & District	24			X				
37. Prescott & Russell	19					X		
38. Prince Edward	4					X		
39. Rainy River	8			X				
40. Renfrew	13					X		
41. Simcoe	43	X						
42. Stormont, Dundas & Glengarry	29					X		
43. Sudbury	78			X				
44. Temiskaming	11			X				
45. Thunder Bay	59			X				
46. Toronto	293						X	
47. Toronto Cath.	173						X	
48. Waterloo	57	X						
49. Wellington	18	X						
50. York	23				X			
51. Jewish F.&C.S.	4						X	
TOTAL								

REVIEW SOCIETIES & SAMPLE

<u>SOCIETY</u>	<u>SAMPLE SIZE</u>	
	ESTIMATED	ACTUAL
PHASE I:		
Niagara	57	44
Oxford	8	7
Durham	<u>34</u>	
	99	
PHASE II:		
Simcoe	43	
Elgin	8	
Nipissing	16	
Northumberland	<u>9</u>	
	76	
	175	

CROWN WARD ADMINISTRATIVE REVIEW.

C.A.S.

No. of Crown Wards - October 31/78 = 100%

Crown Wards not eligible for Review Jan. 1/79:

17 year-olds plus	=	
Those made Crown Wards in '78	=	
Those made Crown Wards in '77	=	
Other Wards on Adoption Probation	=	
TOTAL	=	%

Crown Wards eligible for Review Jan. 1/79:

16 year-olds	=	
Those Elsewhere	=	
in Free Homes	=	
in Parent(s) Homes	=	
in Ontario Hospitals	=	
in Foster Homes	=	
in Paid Institutions	=	
in Own Institutions	=	
in Group Homes	=	
TOTAL	=	%

To be Reviewed in 1979 = x $\frac{1}{2}$ =

16 year-olds	=	
Those Elsewhere	=	
in Free Homes	=	
in Parent(s) Homes	=	
TOTAL	=	

Plus. % of those in:

Ontario Hospitals ()	=	
Foster Homes ()	=	
Paid Institutions ()	=	
Own Institutions ()	=	
Group Homes ()	=	
TOTAL	=	

Total for Review in 1979 =

Held over for Review in 1980 = + those made Crown Wards in 1977.

This is **Exhibit “5”** referred to
in the Affidavit of Kevin Morris,
sworn on this 13th day of June,
2016.


A Commissioner etc.

Jessica Kras, a Commissioner, etc.,
Province of Ontario, while a
Student-at-Law.
Expires May 9, 2019.

Crown Ward Review

**Introduction to Crown Ward Review Process
Guide to Individual Case Report
Guide to Adoption Probation Report**

Child in Care Review

**Introduction to Child in Care Review Process
Guide to Child in Care Individual Case Report**

April 4, 2001

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Crown Ward Review

Crown Ward Reviews are conducted in accordance with Section 66 of the Child and Family Services Act.

Crown Ward Review is an annual process undertaken by the Ministry's Child Welfare Review Unit, in co-operation with each child welfare agency and MCSS Regional Offices. The Children in Care Manual identifies that "the goal of the Crown Ward Review is to determine that an adequate Plan of Care is developed for each Crown ward and is intended to stimulate improvement in the overall service delivery to children."

The specific objectives of the Crown Ward Review are:

To monitor compliance with the legislation and regulations in relation to the care of each Crown ward;

To look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;

To issue directives regarding non-compliance or where the review indicates that other actions would be in the child's best interest;

To make recommendations about particular cases, general policy and practices and to encourage and monitor their implementation;

To give Crown wards with enough understanding, an opportunity, through questionnaires and interviews, to comment on the care they are receiving, contacts with their biological families, case plans and current circumstances;

To provide information on useful methods employed in other Societies and jurisdictions.

The Crown Ward Review findings are based on the review of society files, questionnaires completed by Crown wards and through client interviews. In complex and/or high-risk cases, society caseworkers and managers may also be consulted.

Each case file is reviewed in the year following 24 months of Crown wardship and every year thereafter.

Individual case reports are intended to provide feedback to case workers, Society managers and program supervisors on key areas of service delivery and issues specific to compliance and standards. A summary report is completed for each Society reviewed and provides an overview of systemic strengths and areas requiring improvement or refinement. This information can be useful to the Society's board, management and to the MCSS Regional office for planning purposes and for performance outcome monitoring.

CWR Individual Case Report

Tab 1: Review Information

Date of Birth:	Verify for accuracy. Use tab key to get to the next field. Otherwise, computer will be unable to generate age at Crown wardship.
Date of Crown wardship:	Verify for accuracy. Use tab key to get to the next field. Otherwise the computer will be unable to generate length of Crown wardship.
Date of Review:	Computer generated.
Age at Review:	Computer generated
Is child of Aboriginal heritage?	If yes, 'Native Services' will appear under Planning (Tab 4)
Age at Crown wardship:	Computer generated using data from previous reviews.
Length of Crown wardship:	Computer generated using data from previous reviews.
Primary reason for admission to care:	Computer generated if the file has been reviewed previously. The reason can be changed
Adoption information:	Indicate N/A if an adoption process has never been initiated. Indicate ' Disruption ' if the child was on adoption probation, but was returned to care prior to the adoption being finalized. Indicate ' Breakdown ' if the child returned to care after an adoption was finalized. In the latter case, a second Crown wardship order will have been granted, naming the adoptive parents as parties.
Was placing agency notified?	Note that ' Placing Society ' refers to the Society which placed the child in the adoptive home. Indicate N/A if the child was never the subject of adoption proceedings, or if the placing Society and the present Society are the same.

Current placement type:	The type of placement refers to the most recent Society-approved placement. If a child is 'AWOL' the placement type will be the child's last placement. ' Independence ' includes any living situation involving a youth over 16 living on his or her own. This includes independent living and semi-independent living programs and youth shelters . ' Provisional Foster Home ' is a home that has been approved as a provisional placement for that child (and to which board rates are paid). ' Parental home ' is reserved for approved situations where a child is living with an individual identified as a parent (as understood in the CFSA.) ' Community Caregiver ' includes approved situations where a child is living in the community, with caregivers who have not been designated as a Provisional Foster Home (Example: family member, friend).
Start date of Current Placement	The start date of the current placement refers to the current residence , and not simply to the current OPI system. A change of primary caregivers constitutes a placement change for the child. The tab key must be used to get to the next field. If the tab is not used, the computer will be unable to generate the length of current placement correctly.
Length of Placement	Computer generated.
Comments	Comment on the suitability and stability of the child's placement and how well it meets the child's needs. The file should convey a sense of the child's relationship with his foster family or residential staff and other residents.
Placements since crown wardship	Do not count YOA, hospital, emergency, respite, crisis mental health, secure custody placements in this number.
Access at Crown Wardship	Indicate the terms of the Crown wardship order rather than the existing access arrangements or plans. Exercised access is any form of regular contact between the child and other party, including telephone and written communication. Siblings should not be considered 'Extended Family'. There is a separate field for siblings. Indicate if you cannot determine the terms of the access order.
Comments	Comments should consider whether access is beneficial and meaningful to the child. Comment if there is evidence that access is problematic for the child and the Society is not taking appropriate action.

Number of worker contacts in previous 12 months:	The number of worker contacts includes any face-to-face contacts between the child and a designated Society social worker (or a Society staff person functioning in this role) in the past 12 months.
Current YOA involvement:	If a child has current YOA involvement, including criminal charges , an existing custody, community service or probation order, the child is considered to be currently involved in the YOA system.
History of YOA involvement:	If a child had previous YOA involvement (as indicated above) which ended prior to the date of the present review, the child is considered to have a history of YOA involvement.
YOA Placement	Any previous period of custody, not simply detention , constitutes a history of YOA placement. When a child is in custody, the care of the child is assumed by the YOA system. Statutory requirements such as 7 and 30-day visits and plans of care are not applicable when the child is in custody.

Tab 2: Permanency Planning

Comment on Permanency Plan	<p>The permanent plan for the child should be clearly stated in the file. The appropriateness of the plan is determined by the facts of the case. Is the plan reasonable, attainable, in the child's best interests? The continuity of the child's placement and relationships should be taken into consideration.</p> <p>If the plan is implied, but not clearly documented, this can be indicated in the appropriate field, with a comment to the effect that documentation requires clarification.</p>
Independence planning 15 years and over	An independence plan needs to be in place for any child who is 15 years or older (this field will not appear for younger children), unless the child is not able to attain independence.
Adult Support	In the latter case the plan should include a referral to Adult Services .

Tab 3: Education

Is the child enrolled in a school program?	The child is considered enrolled in a school program if the child is registered in a school program. For this field, attendance is moot. 'No' should be indicated if the child is eligible for and required to attend school but is not registered in a school program. N/A should be indicated if the child is not required to attend school (too young or over 16)
Has child been IPRC'd?	Indicate 'Yes' if an Identification, Placement and Review Committee has been held. This committee identifies and places children in Special Education programs. Indicate 'No' if the child has special educational needs but no IPRC was held. Indicate N/A if the child has no special educational needs or if the child is not required to attend school (too young or over 16).
Does the child have an IEP?	<p>An Individual Education Plan is a modified school program developed to meet the individual needs of the student. A child may have an IEP without necessarily having had an IPRC. An IEP designation is on elementary school report cards. A copy of the IEP should be on file. An IEP for a child 14 years and older should include a plan for the transition to secondary school.</p> <p>Indicate 'Yes' if the child has an IEP. Indicate 'No' if the child has special educational needs but there is no indication of an IEP. Indicate N/A if the child has no special educational needs or if the child is not required to attend school (too young or over 16).</p>
Has child been suspended?	Indicate 'Yes' if the child was suspended in the last 12 months, 'No' if suspension was considered but did not occur and N/A if suspension was not considered or if the child is not required to attend school (too young or over 16).
Education Level	Indicate the school program in which the child was most recently enrolled. For consistency, kindergarten is considered an elementary program. The elementary school report cards indicate the child's educational level. The secondary school report cards often have program codes indicating the educational level – general, basic. N/A should be indicated if the child is not required to attend school (too young or over 16).

Progress	<p>A final report card or case recording should indicate the child's academic aptitude and progress, any special educational needs and academic results in the last 12 months. The categories of progress listed correspond to elementary school report cards. For secondary school students, progress can be measured by their marks and credits earned.</p> <p>The last final report card(where applicable) is used to determine progress. 'Cannot determine' is to be used when there is no information about the child's educational progress in the last year. It is not to be simply because the review occurs before the first term report card is due.</p>
Comments	<p>Comment on how well the child's educational needs are being met. The Society is expected to ensure that the child's educational program corresponds to his or her aptitude and abilities.</p>

Tab 4: Child Profile

Does child have special needs?	<p>For the purposes of this review, a child is considered to have 'special needs' if he or she has been clinically diagnosed by a health or mental health professional. If there is no formal diagnosis, indicate 'No'. For the purposes of this review, a child is not considered to have special needs' solely on the basis of behavioural issues</p> <p>If the child has special needs, there should be a specific plan in place to address those needs.</p>
Primary Diagnosis	<p>Please delete any diagnosis which appears automatically on screen. This list has been brought forward from the previous year. If the child has 'special needs', identify the principal, or most significant diagnosis (that which effects the child's day-to-day functioning the most), under the 'Primary Diagnosis' list. Enter any other significant diagnosis in the 'Other Diagnosis' list. Check as many as apply. For the purposes of this review, Tourette's Syndrome is classified as a neurological disorder. Conduct Disorder, Oppositional Defiant Disorder, Autistic Disorder and Obsessive-Compulsive Disorder are considered psychiatric diagnoses.</p>

Other Diagnosis	Indicate ' Other Disability ' only if the diagnosis does not fit into any available category. Consult with others before using this category.
Primary Behavioural Issues:	Behavioural issues refer only to behaviour that is of clinical significance. Generally, this will refer to behaviour which presents a risk to the child or others. Complete this section in the same manner as above. For the purposes of the review, aggression includes all types of aggression towards others, such as physical assault, verbal attacks, fire-setting , stealing, or other harm to others. The use of the 'Other' category is limited only to that behaviour which cannot be included in any of the specified categories. Consult with others before using this category.
Is the child on psychotropic medication?	If a child is taking prescribed, psychotropic medication, indicate 'Yes' in the relevant section. If the child is not taking such medication, but has been prescribed it indicate 'No' for this question. If the child has no apparent need for medication, then indicate 'N/A'.
Is the child in therapy?	Answer as above.
Serious occurrence in previous 12 months?	Indicate whether or not a serious occurrence has taken place within the last 12 months. If it is clear there has been a serious occurrence, indicate 'Yes'. If there is no indication there has been a serious occurrence, indicate 'No'. If it is unclear, indicate 'Cannot Determine'.
Serious occurrence report on file?	Refer to "Serious Occurrence Reporting Procedures" for information about reporting requirements. Consult with the Regional Office about local reporting practices if concerns arise. A copy of any serious occurrence respecting a child should be on the child's file. Outside resources are expected to report serious occurrences in their resources and provide a copy of the report to the Society. If there was a serious occurrence in the past 12 months and the report is on file, indicate 'Yes'. If there was no serious occurrence in the last 12 months, but no report is

on file, indicate 'No'. If there was no serious occurrence in the 12 months, indicate 'N/A'.

There should be the same number of serious occurrence reports as there are serious occurrences. These numbers should add up. If they do not, the appropriate recommendation or directive should be made. The reporting of serious occurrences is to be commented on in both the Individual Case and Agency Reports.

Comment

Comments should address the **Society's efforts** to meet the child's special needs. Consideration should be given to the **availability and effectiveness of the services** and supports provided to the **child**.

Sexual/Physical
Abuse: Home

Physical and sexual abuse is considered 'verified' if the Society **considers abuse occurred**. (This does not have to be 'verified abuse' as defined for the purpose of reporting to the Child Abuse Register.) '**Home**' vs. '**Resources**': pertains to where the child was when he or she experienced the abuse.

Sexual/Physical
Abuse: Resources

Comment

Comment on **when** 'verified' abuse occurred. If the child experienced physical or sexual abuse **during the past 12 months**, comment on how the Society responded to this. This is required in the Agency Report, as well. The reviewer should have access to information about the nature of any allegation, the method of investigation, the outcome and any treatment required.

The alleged abuse or maltreatment of a child in care must be investigated promptly and thoroughly. The facts of the case determine the method and extent of the investigation required. If the allegation is determined to require a **protection investigation**, the provincial child protection standards would apply.

This review does not have the mandate to measure compliance with child protection standards. If serious concerns exist about the quality of the investigation, a directive under 'Other' should be made. Consult with the Team Lead.

Tab 5: Planning

Plans of Care:	A well developed plan of care is specific to the child's needs and has measurable and achievable goals. The following areas are relevant: health, education, family and social relationships, social presentation, emotional and behavioural development and self-care skills.
<ul style="list-style-type: none"> ▪ Specific to child's needs ▪ Measurable goals ▪ Achievable goals 	
Comment on whether child's needs are being met :	A designation of 'appropriate' or 'needs work' is required. While the entire year's plans of care are reviewed and may be commented on, a directive to 'develop a plan of care that addresses the child's specific needs' is to be rarely used and only if the most recent plan of care is unsatisfactory. Most plans of care that 'need work' can be addressed by means of a recommendation to enhance the plan of care.
Natives Services	If the child is of Aboriginal heritage, the field 'Native Services' will appear. Societies have special responsibilities to children of Aboriginal heritage
Is child aware of Aboriginal heritage?	The file should clearly indicate whether the child is of Aboriginal heritage and, if so, whether the child is aware of his or her heritage. Where appropriate, a recommendation can be made to enhance the child's social history if this aspect of the child is not well addressed in the file. The child's participation in cultural and spiritual practices should be encouraged.
Is child being served by a native Society?	Native Societies refers to Societies which have been designated to provide Child Welfare services. These are Dilico, Tikinagan, Weechi-it-te-win, Abinooji, and James and Hudson Bay Family Services (Payukotayno). This does not include Native Child and Family Services in Toronto.
Eligible for Status	Children who have status under the <i>Indian Act</i> have distinct rights and entitlements. If a child is of Aboriginal heritage, the file should clear whether the child is eligible for status . If not, recommend 'eligibility to be determined.'
Has there been Band representation?	Indicate whether a representative of the child's band was involved during court proceedings, plans of care, or other decisions involving the child . Indicate whether band participation has been encouraged.

Native placement Have efforts been made to promote child's participation in cultural practices?	The file should indicate whether the child is living in a Native placement and whether efforts have been made to promote the child's understanding of his or her heritage or provide opportunities to participate in cultural and spiritual practices. If this is not documented, make a recommendation to enhance the child's plan of care and/or social history.
Is child placed in home community?	The child's home community is considered to be the area or reserve from which the child's family originated.
Is the child aware of his/her rights and entitlements regarding Aboriginal status?	This should be documented. If this is not documented, make a recommendation to enhance the child's plan of care and/or social history to include this information.
Are cultural needs being addressed? Are religious needs being addressed?	Indicate 'Yes' if the child's cultural and religious needs are being addressed. Comment on any significant cultural or religious needs that are not being addressed adequately.
Is child involved in a social activity?	Social activities refer to those events where the child will be exposed to interaction with others and will have the opportunity to develop his/her social skills.
Is child involved in recreational activity?	Recreational activities refer to those pro-social activities from which a child derives enjoyment and diversion.
Case Planning	<p>Answer all fields relevant to the child in the past 12 months. Indicate N/A for any area that did not apply to the child. If a child was placed in an OPI setting, supervised by another CAS and placed in CAS foster care, all four areas should be completed either 'Yes' or 'No', not N/A. Answer 'Yes' to a question only if all required documentation was completed within the specified time-frames. Otherwise, indicate 'No'.</p> <p>A child 12 or older has the right to participate in the development of his or her own plan of care.</p> <p>Foster care standards do not apply when child placed in:</p> <ul style="list-style-type: none"> • Outside Pay Institutions (OPI) • Young Offenders(YOA)

1. CAS Plans of Care: Plans of care are to be completed within **30 days** of a child's placement, reviewed within **90 days** of the 30-day plan of care and every **90 days** thereafter.

For purposes of the review, 30-day plans of care are considered late if not completed **45 days** of the date of placement. Other plans are considered late if not completed within **six weeks** of the due date. **A missing plan of care would result in a directive.**
 2. Supervisory Endorsement: The supervisory endorsement is required for CAS plans of care and is to be evident within **six weeks** of the date the plan was due.
 3. Supervising Society: The timing of these plans of care depend on the type of placement – OPI or CAS resource.
 4. Outside Resources: **OPI plans of care** are to be completed within **30 days** of the child's admission, reviewed or amended **90 days** after and **every six months** thereafter. Directives are issued using the same principles as for CAS Plans of Care. (See #1 above.) If the plans of care for a child in an outside resource meet the above requirements, they are 'in compliance' regardless of who the author was– CAS or the OPI, provided both parties were involved in the planning process.
- For Foster Care Licensing Purpose Only:** This field will appear if the child is in foster care. Note that the foster care section applies to all children who are placed in CAS foster care.
Foster care standards do not apply when child placed in:
- Outside Pay Institutions (OPI)
 - Young Offenders (YOA)

Tab 6: Directives

- **DEFINITION OF COMPLIANCE:** In order for a standard to be considered '**in compliance**', the standard must have been **adequately met** and **relevant** to the child's situation in the last **12 months**.
- **NOT APPLICABLE:** Indicate N/A beside standards that do not apply to the child's situation in the last 12 months. The school report is '**not applicable**' if the child is not required to attend school (too young, over 16). Residential plans of care are '**not applicable**' if the child is in foster care and vice versa. A seven-day visit is '**not applicable**' if the child did not change placements during the year. (Respite care is not considered a placement change.)
- **YOA PLACEMENTS:** For the purposes of this review, **statutory requirements such as 7 and 30-day visits and plans of care are '**not applicable**'** when the child is in a YOA facility because they cannot be enforced.
- **OUT OF PROVINCE:** For the purposes of this review, **statutory requirements such as 7 and 30-day visits and plans of care are '**not applicable**'** when the child placed out of province because they cannot be enforced (regardless of compliance). The Society is nevertheless expected to make every effort to meet the standards. If **serious concerns** exist about the Society's response to the child's needs, then non-compliance can be indicated under one or more of the following '**File to be reviewed by Program Supervisor**' or '**File to be reviewed by senior management**'.
- **CIRCUMSTANCES BEYOND THE SOCIETY'S CONTROL:** When non-compliance occurs because of circumstances beyond the Society's control, non-compliance will be indicated but no directive will be given. For example, if a child is **AWOL** but the Society has made reasonable efforts to meet the standard, the case will not be '**in compliance**' but no directive will be issued.
- **STRIKE:** For the purposes of this review, all standards will be considered '**Not Applicable**' for the **entire period of any strike** and for **two weeks** following the strike.
- **ALLEGED ABUSE OR MALTREATMENT OF A CHILD IN CARE:** The alleged abuse or maltreatment of a child in care must be investigated promptly and thoroughly. The facts of the case determine the method and extent of the investigation required. If the allegation requires a **protection investigation**, the child protection standards would apply.

1. RECORD OF CONTACTS:

a) 7 day visit

This is considered 'in compliance' if the worker visited the child within seven days of each change of placement. A **change of primary caregivers** constitutes a change of placement for the child. A **directive** is to be issued unless there is a compelling reason the Society did not meet its obligation. N/A is to be indicated if the child is in a YOA setting.

b) 30 day visit

This is considered 'in compliance' if the worker visited the child within 30 days of each change of placement. A **directive** is to be issued unless there is a compelling reason the Society did not meet its obligation. N/A is to be indicated if the child is in YOA setting.

c) minimum 90 day visit

This is considered in compliance if the worker visits the child at least once every 90 days. A **directive** is to be issued if this has not occurred.

d) private visits

A directive is to be issued if the child is not seen privately **each quarter**. This could be at the beginning of one quarter and the end of the next and still be 'in compliance.'

2. DOCUMENTATION

a) child's family history

A **comprehensive social history is required**. Ideally, this should be contained in a "stand alone" document. The history should include clear information about the child, the child's history prior to coming into care, the reason for the child's admission and subsequent Crown wardship, the efforts made to address the problems that led to admission and the involvement of the parent(s) and family members in these decisions.

It should include information about the parents, siblings and extended family, including identifying information, personality descriptions, strengths, problems, stresses and conflict in the family, the parent(s) acceptance of Crown wardship, the parent's cooperation with plan of care and access arrangements.

The rationale for significant decisions should be clearly documented. Additional areas to address include the child's health, physical and emotional development,

personality and behaviour, academic history, separation and placement history and strengths or interests.

This is considered 'in compliance' even if the information is scattered throughout the file. Where appropriate, a recommendation can be made to **enhance the social history**.

b) annual medical

The name of the doctor, the date and the results of an annual medical exam are to be clearly documented either in the recording or by the presence of a medical report. A directive is to be issued if an annual medical examination has not taken place or been scheduled **within 15 months** of the previous annual examination.

No directive will be issued if a **child over 16** refuses to attend in spite of persistent urging by the worker. If a **child over 12** refuses to give the worker permission to obtain the results of the examination but there is evidence that the child did receive medical care, then the case will be considered 'in compliance'. In these circumstances, a recommendation can be made to the Society to continue its efforts to address this issue.

c) annual dental exam

Same as for annual medical examination.

d) 3 month review of plan

For children in CAS foster care, a plan of care is to be **reviewed and, if necessary, amended every three months**. A directive is to be issued if any plan of care is **missing**. A directive is to be issued if **more than one plan of care** within the previous 12 months is late by more than **six weeks** (including supervisory endorsement). N/A is to be indicated if the child is in a YOA setting.

e) review within 30 days

For children in CAS foster care, a plan of care is to be **developed, amended or reviewed within 30 days of a child's placement in a new setting**. A directive is to be issued if this has not occurred within **45 days** of the child's new placement.

f) review of plan by supervisor

CAS foster care plans of care require supervisory endorsement. A directive is to be issued if **more than one** plan of care in the past 12 months does not have a supervisory endorsement **within 6 weeks** of the due date. N/A is to be indicated if the child is in a YOA setting.

- g) develop plan of care that addresses the child's specific needs
- This directive is to be **rarely used** only if **the most recent plan of care** is unsatisfactory. Most plans of care that **'need work'** can be addressed by means of a recommendation to enhance the plan of care.
- h) annual school report
- An annual school report is required. A final report card or case recording is required indicating the child's academic aptitude and progress, any special educational needs and academic results in the last 12 months. A directive is to be issued if this information is not on file. N/A is to be used if the child is not in a school program.
- i) discussion of rights
- A directive is to be issued if the child's rights are not discussed and documented **annually** and within **30 days** of the child's most recent placement. A **change of primary caregivers** constitutes a change of placement for the child
- The formal discussion of rights should take place **by the child's 7th birthday if the child is capable of understanding his or her rights**. Younger children should receive a simplified explanation of rights. A recommendation may be made to **review the child's rights with the caregiver** if the child is too young or his/her special needs preclude him/her from appreciating his/her rights.
- j) residential plans of care
- For children in OPI settings, plans of care are to be **developed, amended or reviewed** within **30 days** of a child's placement in a new setting, reviewed within **90 days** of the 30-day plan of care and every **six months** thereafter. **Any change of placement** within an outside resource **requires a review of the plan of care**.
- Directives are issued using the same principles as for CAS Plans of Care. (See d & e above.) If the plans of care for a child in an outside resource meet the above requirements, they are 'in compliance' regardless who the author was – CAS or the OPI, provided both parties were involved in the planning process.
- 3. Comply with terms of Court order**
- A directive is to be issued if the Society is not complying with the terms of the court order, i.e. a child seeing a person subject to a "no access" order.

4. Status review	This directive may be considered in exceptional circumstances when the child's status is problematic. A directive in this category requires prior consultation with the Team Lead. A directive under 'Other' may be a more appropriate alternative.
5. File to be reviewed by senior management	This directive is to be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the worker and supervisor's ability or willingness to address the problems without the assistance of senior management. A directive in this category requires prior consultation with the Team Lead.
6. File to be reviewed by Program Supervisor	This directive is to be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the Society's ability or willingness to address the problems without the assistance of the Program Supervisor. A directive in this category requires prior consultation with the Team Lead.
7. Other	CFSA S.66 authorizes Crown Ward Reviewers to issue any directive that is in the child's best interest . A directive is issued if the reviewer identifies a serious concern not covered by the other areas. This is the only directive which is applicable to cases supervised by another province or another Society.
Comments:	The reviewer lists the directives issued and the particulars related to them.

Tab 7: Recommendations

Recommendations relate to case management issues and should be **sparingly made**. These are suggestions to the Society. Societies are **not required** to act on or respond to them. **If an action is essential, a directive or high-risk follow-up should be used**. Recommendations may become pre-cursors for future directives. If this is the intent, this should be stated in the reviewer's comments.

A recommendation is **not required** if a **directive** has already been issued respecting the same matter. For example, if a directive has been issued regarding a missed 90-day visit, there is no need to recommend more frequent worker contact. Nor is a recommendation required when the Society **has already taken action** on a matter, even if belated. For example, if a psychological assessment would be helpful but the Society has already decided to arrange this, do not recommend a psychological assessment, simply as a means of reinforcing the plan.

The filing of **additional documentation** may be recommended to augment planning and/or complete the file. The particulars of the recommendations are to be found in the "Comments" section.

Most of the recommendations are straightforward. The following could use some interpretation:

Review access arrangements:	This recommendation can be made if there is evidence that access is problematic for the child and the Society is not taking appropriate action.
Counselling:	This recommendation could be made if the child might benefit from some form of counselling which is not being provided.
File documentation to include:	This recommendation could be made if additional documentation is required.
Convene case conference:	This recommendation could be made if there are long-standing, recurring or serious case issues which seem to require additional professional input and/or a different type of expertise . This could be used when more effective co-ordination of services is required. This may be more effective way of addressing issues than making multiple recommendations.
Apply to Criminal Injuries Compensation Board:	This recommendation could be made if the child has been the victim of abuse or serious neglect. The funds received would benefit the child. To be eligible , the abuse or serious neglect must have been investigated by the police and resulted in physical, emotional, psychiatric or

developmental harm. A **conviction is not required.**

Enhance/Update Recording:	This recommendation could be made if the case recording, plans of care and/or social history require enhancement. Indicate whether the overall recording is, problematic or whether a particular decision or event in the child's life was insufficiently addressed in the documentation.
Review Rights with Care Providers:	This recommendation could be made if the child's special needs are such that he or she would not be able to understand a discussion of rights and the child's rights have not been reviewed with the caregiver in the past 12 months.

Tab 8: High Risk

For the purposes of this review, children are considered at 'high risk' when they exhibit the **behavioural characteristics** listed. There is also room to add other indicators if necessary. For the purposes of this review, 'high risk' children are those who are at risk of **harming themselves or others**. The reviewer can direct the Society to provide **specific action** or provide 'follow-up' to the reviewer, the Program Supervisor or both. If the Society is already taking the necessary action to protect the child, state this. In this case, no additional 'follow-up' is required.

Questionnaires and Interviews

The questionnaires and interviews are **confidential** unless there is information indicating that a child or other person is at risk of harm. In that case, the reviewer ensure that the appropriate Society staff are informed and the child is aware that this is occurring. The questionnaires and interviews may assist the reviewer in formulating recommendations for the Society's consideration. For example, if a child indicates that he does not know why he became a Crown ward, the reviewer may recommend that the child's history be reviewed with the child.

If a child requests an interview, all reasonable efforts should be made to see the child in person. The lead reviewer gives the names of those requesting interviews to the Society. The Society will arrange the interviews. A child may be interviewed after the review if the child is living outside the geographic area. Telephone interviews are only to be undertaken as a last resort.

The reviewer is to ask general questions to elicit information about to how the child is doing in care and whether he or she is aware of his or her rights. After the completion of the interview, the reviewer will write a synopsis of the interview on the *Interview Review Form*.

Guide to Adoption Probation Report

Crown Ward Adoption Probation Report

As of January 2000, the files of children on **adoption probation** are reviewed as **part of the Crown Ward Review** if they have been **Crown wards for 24 months or more**. The results of the Adoption Probation cases are included in the Crown Ward Review Agency Report.

Much of the information required in the Crown Ward Adoption Probation Report is the same as the information required for Crown Ward Individual Case Report. The significant variations are indicated below.

Note that some Societies have both an adoption file and a child-file. The reviewer may require both to ensure all available information has been included as part of the file review. If the reviewer uses the 'tab' key, the computer will automatically calculate information, such as the length of adoption probation. If the 'tab' is not used, the computer will not be able to do the calculation correctly.

Please see the Crown Ward Individual Case Report.

- The standards and regulations for all children in care.
- Many of the fields in the Adoption Probation Report are the same as the fields in the Crown Ward Individual Case Report.
- The fields that are different are commented on below.
- The required information be found in either the child's file or the adoption file.

Child Information

Please see Crown Ward Individual Case Report.

Placement Information

Please see Crown Ward Individual Case Report. Additional clarification is below:

Date of placement

on adoption probation

The date is indicated on Form 24.(See below.)

Is registration of placement
on file?

The placement of a child on 'adoption probation' must be registered with the Director of the Regional Office. This registration is to occur at the time of the placement, generally within 30 days. This form contains the date of the child's placement on 'adoption probation'.

*Form 24: Registration of Placement of a Child for
Adoption, Child and Family Services Act (02/96)*

Is supplement to registration of placement on file?	The supplement to the registration of placement identifies the supervising social worker (private adoption practitioner) or society.
Who is supervising the adoption placement?	<i>Supplement to Form 24/25 Registration of Placement of a Child for Adoption (10/95)</i> . See above.
Length of adoption probation at time of review:	This will be calculated automatically if the tab is used.
Name of supervising agency/ licensee:	The name of the supervising agency is contained in the <i>Supplement to Form 24/25</i> . There are three choices in the 'drop-down box': parent society, private adoption practitioner and 'other'. The 'other' category refers to another Children's Aid Society.
If the child is Indian or a Native person was the Band or native community given 30 days written notice of the agency's intention to place the child for adoption?	A letter or form should be on file giving the Band or native community written notice.

Adoption Plan

Is the plan to finalize the adoption at the end of 6 months?	A six-month period of adoption probation is normally required before the adoption proceeds to finalization.
Is the plan to extend the probation period beyond 6 months?	In exceptional circumstances , such as when a child being adopted by his or her long term-foster parents. The probationary period may be shortened if this is considered in the child's best interest.
Is the notification of extension on file?	Section 145 of the CFSA requires that the Director of the Regional Office be notified if a child's adoption has not been finalized by the time the child has been on AP for a year. The Regional Office requires written notice whenever an extension of the probationary period is required.

Does the plan address post adoption services once the adoption is finalized?	This information should be on file and may include information about or referral to support groups or treatments services.
If old enough, has the child participated in the plan?	A child seven or older must consent to his or her adoption plan. The child should have an opportunity to meet with a lawyer from the Office of the Children's Lawyer before signing a 'consent'.
Has a life book been prepared for the child?	Each child should have a 'Life Book' documenting his or her past history.
Does the plan include efforts made to retain the child's cultural identity?	Address the Society's efforts to retain the child's cultural identity.
Has written non-identifying information of the social and medical history of parents and child, been prepared for the adoptive parents.	The adoptive parents require as much non-identifying information as possible about the medical and social history of the child's birth family . This information is ordinarily provided at the time of the child's placement.
Has the agency informed the adoptive parents about the Adoption Disclosure Register?	This information may be found in the adoption home Study. If it is a private adoption, the information will be found in the <i>ROACH (Report of the Adjustment of the Child in the Home- Form 0381 -June 92)</i> . The <i>ROACH</i> must be sent to the Regional Director at the end of an adoption probation period.
Reviewer's comment	The reviewer should comment on the adoption planning Process. A Plan of Care is not required but quarterly reports should provide pertinent information about the child's progress in the home.

Supervisory Visits and Reports

Total number of supervisory visits since placement:	These requirements are the same as for other children in care: 7-day, 30-day and 90-day visits are required. A private visit must occur every quarter.
Summary of child's adjustment to placement:	As indicated above, the <i>ROACH</i> contains information about the child's adjustment in his or her adoption placement. The <i>ROACH</i> is required at the end of the probationary period.

In addition, adoptive applicants are required to complete *Affidavit 34D (Affidavit of Adoption Applicant(s))*. This affidavit provides background information about the adoptive applicant(s)'s health, education and employment as well as the applicant(s)'s account of the history with the child.

Reviewer's comments on supervisory visits and reports:

Comment on whether the frequency of visits meets the child's needs. Comment on the information provided in the *ROACH*.

Is the Social History of Child form on file?

The file should contain a social history of the **child** that details important elements of the child's life since birth. This information is forwarded to the Regional Director.

Is the Medical History of Child form on file?

The file should contain a medical history of the **child** that details important elements of the child's medical history since birth. This information is forwarded to the Regional Director.

Is the Social/Medical History of Birth Mother and Family on file?

The file should contain as much identifying information as possible about the medical and social history of the child's **birth mother and her family**.

Is the Social/Medical History of Birth Father and Family on file?

The file should contain as much identifying information as possible about the medical and social history of the child's **birth father and his family**.

Directives

Many of the directives in this review are the same as those contained in the Crown Ward Individual Case Report. For information about these directives, please refer to the guide for this review. Directives that not covered in that guide or above are addressed below:

Pre-placement visit:

At least one pre-placement visit is required.

Acknowledgement of Adoption Placement on file:

This is a standard provincial form that adoptive parents must sign at the time of the adoption placement. (*Form 26*)

CHILD IN CARE REVIEW

Guide to Individual Case Report

Child in Care Review is a new process undertaken by the Ministry's Child Welfare Review Unit (CWRU), in co-operation with each child welfare agency and MCSS Regional Offices. As with the Crown Ward Review, the goal of the Child in Care Review is to determine that an adequate plan of care is developed for each child in care and is intended to stimulate improvement in the overall service delivery to children.

The specific objectives of the Child in Care Review are:

To monitor compliance with the legislation and regulations in relation to the care of selected Children in Care across the following in-care categories:

- Temporary care agreements
- Society wardship
- Care and custody
- Special needs agreements
- Crown wardship (less than 24 months)
- Adoption probation (on consent)

To look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the child in care;

To issue directives regarding non-compliance or where the review indicates that other actions would be in the child's best interest;

To make recommendations about particular cases, general policy and practices and to encourage and monitor their implementation;

To provide information on useful methods employed in other Societies and jurisdictions.

The Child in Care Review findings are based on the review of Society files, both the child's file and the family service file. In complex and/or high-risk cases, Society caseworkers and managers may also be consulted.

Each case file is randomly selected for review based on a predetermined formula. A sample size of 10% of children in care files with a minimum of four per Society is used. Individual case reports are intended to provide feedback to case workers, Society managers and program supervisors on key areas of service delivery and issues specific to compliance and standards. A summary report is completed for each Society reviewed and provides an overview of systemic strengths and areas requiring improvement or refinement. This information can be useful to the Society's board, management and to the MCSS Regional Office for planning purposes and for performance outcome monitoring.

Child in Care: Individual Case Report

The Child in Care and Crown Ward Individual Case Reports address many of the same areas. The guide to the 'Crown Ward report' is the reference for areas contained in both reports. Areas unique to the 'Child in Care report' are addressed below.

The focus is on the service provided to **the child being reviewed and the Society's adherence to child-in-care standards and regulations**. The Child Protection Review focuses on the Society's adherence to child protection standards, regulations and requirements. Any questions that arise in the course of doing a Child in Care Review about the Society's role in addressing protection issues is to be referred to the appropriate Society staff for resolution.

Tab 1: Review Information

Primary reason for admission to care:	The reasons listed coincide with the reasons for service in the Eligibility Spectrum .
Status comment:	If there are questions about the child's status, address this here.
Cumulative period child has been in care since March 31, 2000(in months)	<p>The 2000 CFSA amendments regarding maximum cumulative time in care are calculated from this date. This field is for post-March 31, 2000 time in care. The reviewer may wish to comment on previous time in care.</p> <p>Post- March 31, 2000 Maximum Time in Care</p> <ul style="list-style-type: none"> ▪ Under 6 years: 12 months maximum ▪ Six & over: 24 months maximum

Tab 2: Permanency Planning

Please see Crown Ward Individual Case Report. Additional information is below.

Comments on permanency plan:	Comment on the Society's permanency plan for the child.
Are discharge plans consistent with the findings of the Risk Assessment?	The Risk Assessment is <i>one document</i> that may provide information about the home to which the Society plans to discharge the child.
Discharge Plan Comments	The file should provide a rationale for any plan to discharge a child from care.

Tab 3: Education

Please see Crown Ward Individual Case Report.

Tab 4: Identified Needs/Characteristics

Please see Crown Ward Individual Case Report

Tab 5: Planning

Please see Crown Ward Individual Case Report. Additional information is below.

Were post placement interviews completed with child and foster parents?	It is a licensing requirement that post-placement interviews be completed with the child and foster parent at the point of discharge
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

Comment on whether child's needs are being met:	This is the same as for the Crown Ward Review. Additionally, take into account length of time the Society has had to assess and plan for child.
-------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

Customary care arrangement	For the purposes of this review, a child in customary care is considered a child 'in care'.
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CFSA (2000) Part X (Sec. 208) definition of customary care: "the care and supervision of an Indian or native child by a person who is not the child's parent, according to the custom of the child's band or native community"

Tab 6: Directives

Please see Crown Ward Individual Case Report. Additional information is below.

Admission social history	This is required within 21 days of admission. A directive is to be issued when has not been completed within the required time frame.
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Admission medical	Societies are expected to adhere to their internal policies respecting admission medical examinations. A directive is to be issued when a Society has not met its own requirements.
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Admission dental	Societies are expected to adhere to their internal policies respecting admission dental examinations. A directive is to be issued when a Society has not met its own requirements.
21 day assessment of needs	An assessment of a child's needs is required within 21 days of admission . This should include available identifying information about the child and the child's family history, the circumstances necessitating out-of-home care for the child and the child's special needs, if applicable. A directive is to be issued when this is absent or has not been completed within the required time frame.

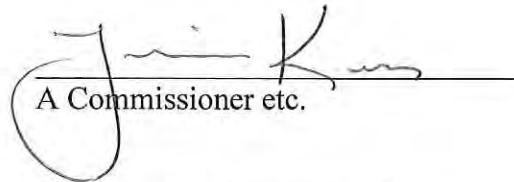
Tab 7: Recommendations

Please see Crown Ward Individual Case Report.

Tab 8: High Risk

Please see Crown Ward Individual Case Report.

This is **Exhibit “6”** referred to
in the Affidavit of Kevin Morris,
sworn on this 13th day of June,
2016.



A Commissioner etc.

Jessica Kras, a Commissioner, etc.,
Province of Ontario, while a
Student-at-Law.
Expires May 9, 2019.

Crown Ward Review Guide

Introduction to Crown Ward Review Process

"
Guide to Individual Case Report

"
Guide to Adoption Probation Report

Child Welfare Review Unit
Management Support Branch
Ministry of Children and Youth Services
September 2004

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Eligibility for Review:

Every review has a month of review on Notes that is used to help determine eligibility for review. The "month of review" is defined as the month of the last review day before the PRC. Crown wards who will not be 18 years of age on the last day of the "month of review" are eligible for review. (As long as they are still 17 years (not yet 18) before the last day of the month we review in, we review them). Crown wards who will have been Crown wards for 2 years or more on the last day of the "month of review" are eligible for review.

For example: The XYZ review is scheduled to begin Monday, February 28th, 2005 and the PRC is scheduled for Friday, April 1. The "month of review" in this case would be March. To be eligible for review a Crown ward would have a date of birth greater than 31-Mar-87. The ward would also have a Crown ward order date less than 01-Apr-03.

A file is **not** reviewed if there is a Status review and a final order has been made within the current calendar year.

If there are discrepancies between the Order and the list, please clarify with Corporate office staff.

Crown Ward Review

Crown Ward Reviews are conducted in accordance with Section 66 of the *Child and Family Services Act*. (CFSA)

Crown Ward Review is an annual process undertaken by the Ministry's Child Welfare Review Unit, in co-operation with each child welfare agency and MCSS/MCYS Regional Offices. The Children in Care Manual identifies that "the goal of the Crown Ward Review is to determine that an adequate Plan of Care is developed for each Crown ward and is intended to stimulate improvement in the overall service delivery to children."

The specific objectives of the Crown Ward Review are:

- To monitor compliance with the legislation and regulations in relation to the care of each Crown ward;
- To look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- To issue directives regarding non-compliance or where the review indicates that other actions would be in the child's best interest;
- To make recommendations about particular cases, general policy and practices and to encourage and monitor their implementation;
- To give Crown wards with enough understanding, an opportunity, through questionnaires and interviews, to comment on the care they are receiving, contacts with their biological families, case plans and current circumstances;
- To provide information on useful methods employed in other Societies and jurisdictions.

The Crown Ward Review findings are based on the review of Society files, questionnaires completed by Crown wards and through client interviews. In complex and/or high-risk cases, Society caseworkers and managers may also be consulted.

Each case file is reviewed in the year following 24 successive months of Crown wardship and every year thereafter.

Individual case reports are intended to provide feedback to caseworkers, Society managers and Program Supervisors on key areas of service delivery and issues specific to compliance and standards. A summary report is completed for each Society reviewed and provides an overview of systemic strengths and areas requiring improvement or refinement. This information can be useful to the Society's board, management and to the MCYS/MCSS Regional Office for planning purposes and for performance outcome monitoring.

CWR Individual Case Report

Tab 1: Review Information

Date of Birth:	Verify for accuracy. Use tab key to get to the next field, otherwise, computer will be unable to generate age at Crown wardship.
Date of Crown wardship:	Verify for accuracy. Use tab key to get to the next field, otherwise the computer will be unable to generate length of Crown wardship. Refer to the Crown Ward Order on file. The date is located on the top left side of the document. Make a recommendation to place the order in the file, if the order could not be located.
Date of Review:	Computer generated.
Age at Review:	Computer generated
Is child of Aboriginal heritage?	If yes, 'Native Services' will appear under Planning (Tab 4). The <i>CFS/</i> includes "Native" and/or "Indian" children.. Indicate "yes" for First Nations as well. Check "no" for Inuit children.
Age at Crown wardship:	Computer generated using data from previous reviews.
Length of Crown wardship:	Computer generated using data from previous reviews.
Primary reason for admission to care:	Computer generated if the file has been reviewed previously. The reason can be changed. Check to ensure the old menu does not pop up in this area. <u>Secondary Reasons:</u> Do not leave this area blank, unless it was left blank by the previous reviewer.
Adoption information:	Indicate N/A if an adoption process has never been initiated. Indicate 'Disruption' if the child was on adoption probation, but was returned to care prior to the adoption being finalized. Indicate 'Breakdown' if the child returned to care after an adoption was finalized. In the latter case, a second Crown wardship order will have been granted, naming the adoptive parents as parties.
Was placing agency notified?	Note that 'Placing Society' refers to the Society that placed the child in the adoptive home. Indicate N/A if the child was never the subject of adoption proceedings, or if the placing Society and the present Society are the same.

Current placement type:	The type of placement refers to the most recent Society-approved placement. If a child is 'AWOL' the placement type will be the child's last placement prior to the AWOL. ' Independence ' includes any living situation involving a youth over 16 living on his or her own approved by a Society. This includes independent living and semi-independent living programs and youth shelters. ' Provisional Foster Home ' is a home that has been approved as a provisional placement for that child (and to which board rates are paid). ' Parental home ' is reserved for approved situations where a child is living with an individual identified as a parent (as defined in the CFSA). ' Community Caregiver ' includes approved situations where a child is living in the community, with caregivers who have not been designated as a Provisional Foster Home (Example: family member, friend, kinship care).
Start date of Current Placement	The start date of the current placement refers to the current residence , and not simply to the current Outside Paid Resource (OPR) system. A change of primary Caregivers constitutes a placement change for the child. The tab key must be used to get to the next field. If the tab is not used, the computer will be unable to generate the length of current placement correctly. Following a placement in YCJF, hospital, emergency, respite, etc. If a child returns to a previous placement - do not count as an additional placement. Don't count emergency/ receiving as a placement unless there for over 30 days??
Length of Placement	Computer generated.
Comments	
Placements <i>since</i> crown wardship	Comment on the suitability and stability of the child's placement and how well it meets the child's needs. The file should convey a sense of the child's relationship with his/her foster family or residential staff and other residents. Issue a recommendation to enhance the recordings if this is not clearly reflected.
Access at Crown Wardship	Do not count Youth Justice Facilities, hospital, emergency, respite, crisis mental health, secure custody placements in this number. Indicate the terms of the Crown wardship order rather than the existing access arrangements or plans. Exercised access is any form of regular contact between the child and other party, including telephone and written communication. Siblings should not be considered 'Extended Family'. There is a separate field for siblings. Indicate if you cannot determine the terms of the access order.
Comments	
Number of caseworker contacts in	Comments should consider whether access is beneficial and meaningful child. Comment on the child's wishes regarding access, and access arrangements, if known. Comment if there is evidence that access is problematic for the child and the Society is not taking appropriate action. The number of caseworker contacts includes any face-to-face contacts between

previous 12 months:	the child and a designated Society caseworker (or a Society staff person functioning in this role) in the past 12 months. Ensure the full 12-month period is covered when including the number of face-to-face contacts.
Current YCJA involvement:	If a child has current YCJA involvement, including criminal charges , an existing custody, community service or probation order, the child is considered to be currently involved in the YCJA system. If the child has had YCJA involvement during the period being reviewed, indicate "yes".
History of YCJA involvement:	If a child had previous YCJA involvement (as indicated above), which ended prior to the period being reviewed, the child is considered to have a history of YCJA involvement.
YCJA Placement	Any previous period of custody, not simply detention , constitutes a history of YCJA placement. When a child is in custody, the care of the child is assumed by the YCJA system. Statutory requirements such as 7 and 30-day visits and plans of care are not applicable when the child is in custody. Ninety-day visits are still required. Any period of custody, including within the review period, is counted as history of YCJA placement.

Tab 2: Permanency Planning

Comment on Permanency Plan	<p>The permanent plan for the child should be clearly stated in the file. The appropriateness of the plan is determined by the facts of the case. Is the plan reasonable, attainable, in the child's best interests? The continuity of the child's placement and relationships should be taken into consideration.</p> <p>If the plan is implied, but not clearly documented, this can be indicated in the appropriate field, with a comment to the effect that documentation requires clarification. This situation sometimes occurs when the agency understands that the placement plan is intended to be a long-term residence, but does not explicitly state this in the recordings.</p>
Independence planning 15 years and over	An independence plan needs to be in place for any child who is 15 years of age or older (this field will not appear for younger children), unless the child is not able to attain independence.
Adult Support	In the latter case the plan should include a referral to Adult Services . This applies to physical and mentally challenged youth. If there is no clear indication in the recordings that the Society is pursuing adult support services, make a recommendation that the Society place the child on a waiting list at 15 years of age.

Tab 3: Education

Is the child enrolled in a school program?	The child is considered enrolled in a school program if the child is registered in a school program. However, if the child is enrolled but has not been attending for several months then indicate NO. (No not enrolled or No not attending?) "N/A" should be indicated if the child is not required to attend school (too young) and not attending. In addition, "no" should be indicated if the child is over 16, and is choosing not to attend school.
Has child had an IPRC?	Indicate 'Yes' if an Identification, Placement and Review Committee has been held in the last two years. This committee identifies and places children in Special Education programs. Indicate 'No' if the child has special educational needs but no IPRC was held. Indicate N/A if the child has no special educational needs or if the child is not required to attend school.
Does the child have an IEP?	An Individual Education Plan is a modified school program developed to meet the individual needs of the student. A child may have an IEP without necessarily having had an IPRC. An IEP designation is on elementary school report cards. A copy of the IEP should be on file. An IEP for a child 14 years and older should include a plan for the transition to secondary school. Indicate 'Yes' if the child has an IEP. Indicate 'No' if the child has special educational needs but there is no indication of an IEP. Indicate N/A if the child has no special educational needs or if the child is not required to attend school.
Has child been suspended?	Indicate 'Yes' if the child was suspended in the last 12 months, 'No' if suspension was considered but did not occur and N/A if suspension was not considered or if the child is not required to attend school.
Education Level	Indicate the school program in which the child was most recently enrolled. For consistency, kindergarten is considered an elementary program. The elementary school report cards indicate the child's educational level. The secondary school report cards often have program codes indicating the educational level – general, basic. "No" should be indicated if the child is not required to attend school or if the child is over 16 years of age and is not attending. A final report card or case recording should indicate the child's academic aptitude and progress, any special educational needs and academic results in the last 12 months . The categories of progress listed correspond to elementary school report cards. For secondary school students,
Progress	

Comments	<p>progress can be measured by their grades and credits earned.</p> <p>The last final report card on file (where applicable) is used to determine progress. 'Cannot determine' is to be used when there is no information about the child's educational progress in the last year. 'Cannot determine' is not used when the review occurs before the first term report card is due. In these cases, use the most recent report card on file.</p> <p>Comment on how well the child's educational needs are being met. The Society is expected to ensure that the child's education program corresponds to his or her aptitude and abilities. Comment on any educational support(s) being accessed, and/or issue a recommendation if supports should be considered.</p>
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Tab 4: Child Profile

Does child have special needs?	<p>For the purposes of this review, a child is considered to have 'special needs' if he or she has been clinically diagnosed by a health or mental health professional. If there is no formal diagnosis, indicate 'No'. For the purposes of this review, a child is not considered to have 'special needs' solely on the basis of behavioural issues or solely on the basis of being in counselling.</p> <p>If the child has special needs, there should be a specific plan in place to address the child's needs.</p>
Primary Diagnosis	<p>Please delete any diagnosis that appears automatically on screen. This list has been brought forward from the previous year. If the child has 'special needs', identify the most significant diagnosis (that which effects the child's day-to-day functioning the most), under the 'Primary Diagnosis' list. Enter any other significant diagnosis in the 'Other Diagnosis' list. Check as many as apply. For the purposes of this review, Tourette Syndrome is classified as a neurological disorder. Conduct Disorder, Oppositional Defiant Disorder, Autistic Disorder and Obsessive-Compulsive Disorder are considered psychiatric diagnoses.</p>
Other Diagnosis	<p>Indicate 'Other Disability' only if the diagnosis does not fit into any available category. Consult with other team members before using this category. Other diagnosis must have been made by a health or mental health professional.</p>
Primary Behavioural Issues:	<p>Behavioural issues refer only to behaviour that is of clinical significance. Generally, this will refer to behaviour that presents a risk to the child or others.</p> <p>Complete this section in the same manner as above. For the purposes of the review, aggression includes all types of aggression towards others, such as physical assault, verbal attacks, fire setting, stealing, or other harm to others. The use of the 'Other' category is limited only to that behaviour that cannot be included in any of the specified categories. Consult with others before using</p>

	this category.
Is the child on psychotropic medication?	If a child is taking prescribed, psychotropic medication, indicate 'Yes' in the relevant section. If the child is not taking such medication, but it has been prescribed , indicate 'No' for this question. Indicate "no" also if there is an apparent need for medication. If the child has no apparent need for medication, then indicate 'N/A'.
Is the child in therapy?	Answer as above. If the child is on a waiting list, but not officially enrolled, make a note of it in the comment section. Check "no" if the child is not enrolled, but N/A if there is no apparent need for therapy.
Serious occurrence in previous 12 months?	Indicate whether or not a serious occurrence has taken place within the last 12 months. If it is clear there has been a serious occurrence, indicate 'Yes'. If there is no indication there has been a serious occurrence, indicate 'No'. If it is unclear, indicate 'Cannot Determine'.
Serious occurrence report on file?	Refer to "Serious Occurrence Reporting Procedures" for information about reporting requirements. Consult with the Regional Office about local reporting practices if concerns arise.
	A copy of any serious occurrence respecting a child should be on the child's file. Outside paid resources are expected to report serious occurrences in their resources to the Regional Office and provide a copy of the report to the Society.
	If there was a serious occurrence in the past 12 months and the report is on file, indicate 'Yes'. If there was a serious occurrence in the last 12 months, but no report is on file, indicate 'No'. If there was no serious occurrence in the 12 months, indicate 'N/A'.
	There should be the same number of serious occurrence reports as there are serious occurrences. These numbers should add up. If they do not, the appropriate recommendation or directive should be made. A directive is issued if the child is placed in an agency-operated resource. A recommendation is made to file a serious occurrence report if the child is in an OPR. The reporting of serious occurrences is to be commented on in both the Individual Case and Agency Reports.
Comment	Comments should address the Society's efforts to meet the child's special needs. Consideration should be given to the availability and effectiveness of the services and supports provided to the child.
Sexual/Physical Abuse: Home / Sexual/Physical	Physical and sexual abuse is recorded as 'verified' if the Society considers that abuse occurred . This does not have to be 'verified abuse' as defined for the purpose of reporting to the Child Abuse Register. 'Home' vs. 'Resources' pertains to when the child experienced the abuse. Abuse prior to admission is recorded as 'Home'. Post-admission abuse is

Abuse: Resources	recorded as 'Resources'. Reviewers manually track any abuse occurring during the review period and report the case to review lead. If sexual/physical abuse home has been suggested but is unclear, make a recommendation to enhance the social and medical history of the child. The number of children abused at home and in resource is not the total sum of both categories. It reflects only those specific children who have experienced abuse both at home and in resources.
Comment	Comment on when 'verified' abuse occurred. If the child experienced physical or sexual abuse during the past 12 months , comment on how the Society responded to this. This is required in the Agency Report, as well. The reviewer should have access to information about the nature of any allegation, the method of investigation, the outcome and any treatment required. The alleged abuse or maltreatment of a child in care must be investigated promptly and thoroughly. The facts of the case determine the method and extent of the investigation required. If the allegation required a protection investigation , the Ontario Risk Assessment Model standards would apply. This review does not have the mandate to measure compliance with child protection standards. If serious concerns exist about the quality of the investigation, a directive under 'Other' could be made. Consult with the Team Lead and/or agency supervisory staff.

Tab 5: Planning

Plans of Care: " Specific to child's needs " Measurable goals " Achievable goals	A well-developed plan of care is specific to the child's needs and has measurable and achievable goals. The following areas are relevant: health, education, family and social relationships, social presentation, emotional and behavioural development and self-care skills.
Comment on whether child's needs are being met	A designation of 'appropriate' or 'needs work' is required. While the entire year's plans of care are reviewed and may be commented on, a directive to 'develop a plan of care that addresses the child's specific needs' is to be rarely used and only if the most recent plan of care is unsatisfactory . Most plans of care that 'need work' can be addressed by means of a recommendation to enhance the plan of care.
Natives Services	If the child is of Native heritage, the field 'Native Services' will appear. Societies have special responsibilities to children of Native heritage (refer to Part X in the <i>CPSA</i>).
Is child aware of Aboriginal heritage?	The file should clearly indicate whether the child is of Native heritage and, if so, whether the child is aware of his or her heritage. Where appropriate, a recommendation can be made to enhance the child's social history if this aspect is not well

	addressed in the file. The child's participation in Aboriginal cultural and spiritual practices should be encouraged.
Is child being served by a native Society?	Native Societies refers to Societies that are designated to provide child welfare services to Aboriginal children and families. Currently, these are Dilico, Tikinagan, Weecchi-it-te-win, James, Hudson Bay Family Services (Payukotayno) and Native Child and Family Services in Toronto.
Eligible for Status	Children who have status under the <i>Indian Act</i> have distinct rights and entitlements. If a child is of Native heritage, the file should be clear as to whether the child is eligible for status . If not, recommend 'eligibility to be determined.'
Has there been Band representation?	Indicate whether a representative of the child's band or First Nation was involved during court proceedings, plans of care, or other decisions involving the child . Indicate whether band participation has been encouraged by the Society.
Native placement Have efforts been made to promote child's participation in cultural practices?	The file should indicate whether the child is living in a Native placement and whether efforts have been made to promote the child's understanding of his or her heritage or provide opportunities to participate in Aboriginal cultural and spiritual practices. If this is not documented, make a comment, or recommendation to enhance the child's plan of care and/or social history .
Is child placed in home community?	The child's home community is considered to be the area or reserve from which the child's family originated.
Is the child aware of his/her rights and entitlements regarding Native status?	This should be documented. If this is not documented, make a comment, or recommendation if required, to enhance the child's plan of care and/or social history to include this information .
Are cultural needs being addressed? Are religious needs being addressed?	Indicate 'Yes' if the child's cultural and religious needs are being addressed. Comment on any significant cultural or religious needs that are not or are not being addressed, based on type of school and society affiliation, access to family, and file recordings. Never respond "N/A".
Is child involved in a social activity?	Social activities refer to those events where the child will be exposed to interaction with others and will have the opportunity to develop his/her social skills.
Is child involved in recreational activity?	Recreational activities refer to those pro-social activities from which a child derives enjoyment and diversion.

Case Planning

Answer **all fields relevant** to the child's placement planning in the past 12 months. Indicate N/A for any area that did not apply to the child. If a child was placed in an OPR setting, supervised by another CAS and placed in CAS foster care, all four areas should be completed either 'Yes' or 'No', **not N/A**. Answer 'Yes' to a question only if **all required documentation** was completed within the specified time frames otherwise, indicate 'No'.

A child 12 or older has the right to participate in the development of his or her own plan of care. Comment if the child does not appear to have participated in the planning.

Foster care standards do not apply when child placed in:

- Outside Paid Resources (OPR)
- Youth Justice (YCJA)

1. CAS Plans of Care:

Plans of care are to be completed within **30 days** of a child's placement, reviewed within **90 days** of the 30-day plan of care and every **90 days** thereafter.

For purposes of the review, 30-day plans of care are considered late if not completed **45 days** of the date of placement. Other plans are considered late if not completed within **six weeks** of the due date. **A missing plan of care would result in a directive, as would two late plans of care.**

2. Supervisory endorsements

The supervisory endorsement is required for CAS plans of care and is to be evident within **six weeks** of the date the plan was due.

3. Supervising Society:

The timing of these plans of care depend on the type of placement – OPR or CAS resource.

4. Outside Resources:

OPR plans of care are to be completed within **30 days** of the child's admission, reviewed or amended **90 days** after and every **six months** thereafter. Directives are issued using the same principles as for CAS Plans of Care. (See #1 above). If the plans of care for a child in an outside paid resource meet the above requirements, they are 'in compliance' regardless of who the author was – CAS or the OPR, provided both parties were involved in the planning process.

For Foster Care Licensing Purpose Only:

This field will appear if the child is in foster care. Note that the foster care section applies to all children who are placed in CAS foster care.

Foster care standards do not apply when child placed in:

- Outside Paid Resources (OPR)

• Youth Criminal Justice Act (YCJA)

Tab 6: Directives

- **DEFINITION OF COMPLIANCE:** In order for a standard to be considered 'in compliance' the standard must have been **adequately met** and **relevant** to the child's situation in the last 12 months.
- **NOT APPLICABLE:** Indicate N/A beside standards that do not apply to the child's situation in the last 12 months. The school report is 'not applicable' if the child is not required to attend school (too young). Residential plans of care are 'not applicable' if the child is in foster care and vice versa. A seven-day visit is 'not applicable' if the child did not change placements during the year (respite care is not considered a placement change).
- **YCJA PLACEMENTS:** For the purposes of this review, **statutory requirements such as 7 and 30-day visits and plans of care are 'not applicable'** when the child is in a YCJA facility because they cannot be enforced. However, 90-day visits are applicable.
- **OUT OF PROVINCE:** For the purposes of this review, **statutory requirements such as 7 and 30-day visits and plans of care are 'N/A'** when the child placed out of province because statutory requirements cannot be enforced (regardless of compliance). The Society is nevertheless expected to document that every effort has been made to meet the standards. If **serious concerns** exist about the Society's response to the child's needs, then non-compliance can be indicated under one or more of the following: 'File to be reviewed by Program Supervisor' or 'File to be reviewed by senior management'.
- **CIRCUMSTANCES BEYOND THE SOCIETY'S CONTROL:** When non-compliance occurs because of circumstances beyond the Society's control, non-compliance will be indicated but no directive will be given. For example, if a child is AWOL, but the Society documented that reasonable efforts were made to meet the standard(s), the case will not be 'in compliance' ('non-compliant') but no directive will be issued.
- **STRIKE:** For the purposes of this review, all standards will be considered 'Not Applicable' for the **entire period of any labour disruption** and for **two weeks** following the labour disruption.
- **ALLEGED ABUSE OR MALTREATMENT OF A CHILD IN CARE:** The alleged abuse or maltreatment of a child in care must be investigated promptly and thoroughly. The facts of the case determine the method and extent of the investigation required. If the allegation requires a **protection investigation**, the child protection standards apply.

1: RECORD OF CONTACTS This is considered 'in compliance' if the caseworker visited the

- a) 7-day visit
child within seven days of the most recent placement. A **change of primary caregivers** constitutes a change of placement for the child. A **directive** is issued unless there is a compelling reason the Society did not meet its obligation. In such a case the file is deemed not in compliance, with no directive issued. N/A is to be indicated if the child is in a YCJA setting.
- b) 30-day visit
This is considered 'in compliance' if the caseworker visited the child within 30 days of the most recent placement. A **directive** is to be issued unless there is a compelling reason the Society did not meet its obligation. In such a case the file is deemed not in compliance, with no directive issued. N/A is to be indicated if the child is in YCJA setting.
- c) minimum 90-day visit
This is considered in compliance if the caseworker visits the child at least once every 90 days. A **directive** is issued if this has not occurred.
- d) private visits
A directive is issued if the child is not seen privately each quarter. This could be at the beginning of one quarter and the end of the next and still be 'in compliance.'

2: DOCUMENTATION

a) child's family history

A **comprehensive social history** is required. Ideally, this should be a "stand alone" document. The history should include clear information about the child, the child's history prior to coming into care, the reason for the child's admission and subsequent Crown wardship, the efforts made to address the problems that led to admission and the involvement of the parent(s) and family members in these decisions.

It should include information about the parents, siblings and extended family, including identifying information, personality descriptions, strengths, problems, stresses and conflict in the family, the parent(s) acceptance of Crown wardship, the parent's cooperation with plan of care and access arrangements.

The rationale for significant decisions made and the child's significant experiences in care should be clearly documented. Additional areas to address include the child's health, physical and emotional development, personality and behaviour, academic history, separation and placement history and strengths or interests.

This is considered 'in compliance' even if the information is scattered throughout the file. Where appropriate, a recommendation can be made to **enhance the social history**.

b) annual medical

The name of the doctor, or nurse practitioner, the date and the results of an annual medical exam are to be clearly documented either in the recording or by the presence of a medical report. A directive is to be issued if an annual medical examination has not taken place or if it is unclear in the recordings, whether sufficient efforts have been made to book an appointment, **within 15 months** of the previous annual examination.

No directive will be issued if a **child over 16** refuses to attend in spite of persistent urging by the caseworker, although it is deemed "non-compliant." If a **child over 12** refuses to give the caseworker permission to obtain the results of the examination, but there is evidence that the child did receive medical care, then the case will be considered 'in compliance'. In these circumstances, a recommendation can be made to the Society to continue its efforts to address this issue.

In some regions, where there exists a shortage of physicians, Societies are required to make an appointment annually with a **physician**; it was only for admission medical examination that the CWRU accepted alternate practices. A directive is issued unless there is a compelling reason the Society did not meet its obligation.

c) annual dental exam

Judi - If the Society was unable to locate a physician or nurse practitioner, the file was deemed not in compliance and no directive.

Same as for annual medical examination. Dental Insurance chart is acceptable.

d) 3 month review of plan

For children in CAS foster care, a plan of care is to be reviewed **and, if necessary, amended every three months**. A directive is to be issued if any plan of care is **missing**. A directive is to be issued if **more than one plan of care** within the previous 12 months is late by more than **six weeks** (including supervisory endorsement). N/A is to be indicated if the child is in a YCJA setting. (How late can one plan of care be before it's considered missing?)

e) review within 30 days

For children in CAS foster care, a plan of care is to be **developed, amended or reviewed within 30 days** of a **child's placement in a new setting**. A directive is to be issued if this has not occurred within **45 days** of the child's new placement. (not included in the two late 3 month plans of care)

f) review of plan by supervisor

g) develop plan of care that addresses the child's specific needs

CAS foster care plans of care require supervisory endorsement. A directive is to be issued if one 30 day plan of care endorsement is more than 45 days and **more than one** 3 month plan of care in the past 12 months does not have a supervisory endorsement **within 6 weeks** of the due date. N/A is to be indicated if the child is in a YCJA setting.

h) annual school report

This directive is to be **rarely used** only if **the most recent plan of care** is unsatisfactory. Most plans of care that **'need work'** can be addressed by means of a recommendation to enhance the plan of care.

i) discussion of rights

An annual school report is required. A final report card or case recording is required indicating the child's academic aptitude and progress, any special educational needs and academic results in the last 12 months. A directive is to be issued if this information is not on file. N/A is to be used if the child is not in a school program.

j) residential plans of care

A directive is to be issued if the child's rights are not discussed and documented **annually** and within **30 days** of the child's most recent placement. A **change of primary caregivers** constitutes a change of placement for the child

The formal discussion of rights should take place **by the child's 7th birthday if the child is capable of understanding his or her rights**. Younger children should receive a simplified explanation of rights. A recommendation may be made to **review the child's rights with the caregiver** if the child is too young or his/her special needs preclude him/her from understanding his/her rights.

For children in OPR settings, plans of care are to be **developed, amended or reviewed within 30 days** of a child's placement in a new setting, reviewed within **90 days** of the 30-day plan of care and every **six months** thereafter. **Any change of placement** within an outside resource **requires a review of the plan of care**.

3: Comply with terms of Court order

Directives are issued using the same principles as for CAS Plans of Care (see d & e above). If the plans of care for a child in an outside resource meet the above requirements, they are 'in compliance' regardless who the author was – CAS or the OPR, provided both parties were involved in the planning process.

4: Status review

A directive is to be issued if the Society is not complying with the terms of the court order, i.e. a child seeing a person subject to a "no access" order. If adoption is a long-term plan, discuss the issue with the Team Lead and agency representative.

5: File to be reviewed by senior management

This directive may be considered in **exceptional circumstances** when the child's status is problematic. A directive in this category requires prior consultation with the Team Lead. A directive under 'Other' may be a more appropriate alternative.

6: File to be reviewed by Program Supervisor

This directive is to be **used selectively** when there are serious concerns about the service the child is receiving and similar concerns about the caseworker and supervisor's ability or willingness to address the problems without the assistance of senior management. A directive in this category requires prior consultation with the Team Lead. Indicate clearly in the comments section below this directive, the types of action(s) and follow-up required by the Society.

7: Other

This directive is to be **used selectively** when there are serious concerns about the service the child is receiving and similar concerns about the Society's ability or willingness to address the problems without the assistance of the Program Supervisor. A directive in this category requires prior consultation with the Team Lead. Indicate clearly in the comment section below this directive, the types of action(s) and follow-up required by the Society.

Comments:

CFSA S.66 authorizes Crown Ward Reviewers to issue **any directive that is in the child's best interest**. A directive is issued if the reviewer identifies a serious concern that is not covered by the other areas. This is the only directive that is applicable to cases supervised by another province or another Society.

The reviewer lists the directives issued and the particulars related to them.

Tab 7: Recommendations

Recommendations relate to case management issues and should be **sparingly made** and **reviewers should not assume a case management role when reviewing a file**. Recommendations are suggestions to the Society and Societies are **not required** to act on or to respond to them. **If an action is essential, a directive or high-risk follow-up should be used.**

A recommendation is **not required** if a directive has already been issued respecting the same matter. For example, if a directive has been issued regarding a missed 90-day visit, there is no need

to recommend more frequent worker contact. Nor is a recommendation required when the Society **has already taken action** on a matter, even if belated. A recommendation should not be made if the standard related to the recommendation has been met. For example, if a psychological assessment would be helpful but the Society has already decided to arrange this, do not recommend a psychological assessment, simply as a means of reinforcing the plan.

The filing of **additional documentation** may be recommended to augment planning and/or complete the file. The particulars of the recommendations are to be found in the "Comments" section. If a recommendation is made, provide clear instructions regarding the type of recommendation. Keep the comments to a minimum, refrain from using adjectives or "once again" when beginning a sentence. Posing questions are preferable when addressing and/or suggesting a varying approach used by the society.

Most of the recommendations are straightforward. The following could use some interpretation:

Review access arrangements:	This recommendation can be made if there is evidence that access is problematic for the child and the Society is not taking appropriate action.
Counselling:	This recommendation could be made if the child might benefit from some form of counselling, which is not being provided.
File documentation to include:	This recommendation could be made if additional documentation is required.
Convene case conference:	This recommendation could be made if there are long-standing, recurring or serious case issues, which seem to require additional professional input and/or a different type of expertise . This could be used when more effective co-ordination of services is required. This may be a more effective way of addressing issues than making multiple recommendations.
Apply to Criminal Injuries Compensation Board:	This recommendation could be made if the child has been the victim of abuse or serious neglect. The funds received would benefit the child. To be eligible, the abuse or serious neglect must have been investigated by the police and resulted in physical, emotional, psychiatric or developmental harm. Criminal charges nor a conviction is required .
Enhance/Update Recording:	This recommendation could be made if the case recording, plans of care and/or social history require enhancement. Indicate whether the overall recording is problematic or whether a particular decision or event in the child's life was insufficiently addressed in the documentation.
Review Rights with Care Providers:	This recommendation could be made if the child's special needs are such that he or she would not be able to understand a discussion of

rights and the child's rights have not been reviewed with the caregiver in the past 12 months.

File a Serious Occurrence: Do not recommend that an OPR file a serious occurrence for physical restraints; do however, make a recommendation to file a serious occurrence if the physical restraint occurred in a foster placement.

Immigration/Citizenship: If a Crown ward does not have Canadian citizenship, a recommendation may be made to the Society to pursue citizenship on the child's behalf.

Survivor Compensation:

Medication:

Tab 8: High Risk

For the purposes of this review, children are considered at 'high risk' when they exhibit the **behavioural characteristics** listed. There is also room to add other indicators if necessary. For the purposes of this review, 'high risk' children are those who are at risk of **harming themselves and/or others**. If follow-up action is required by the Society, it is to be sent to both the Program Supervisor and the CWRU. The action required should explicitly be stated in the 'Action required by Society' field. The follow-up due date should consistently be set to **30 days** after the Post Review Conference. If the Society is already taking the necessary action to protect the child, state this. In this case, no additional 'follow-up' is required.

Questionnaires and Interviews

The questionnaires and interviews are **confidential** unless there is information indicating that a child or other person is at risk of harm. In that case, the reviewer can ensure that the appropriate Society staff is informed and the child is aware that this is occurring. The questionnaires and interviews may assist the reviewer in formulating recommendations for the Society's consideration. For example, if a child indicates that he does not know why he became a Crown ward, the reviewer may recommend that the child's history be reviewed with the child.

If a child requests an interview, all reasonable efforts should be made to see the child in person. The CWRU secretary gives the names of those requesting interviews to the Society. The Society will arrange the interviews. A child may be interviewed after the review if the child is living outside the geographic area. Telephone interviews are only to be undertaken as a last resort.

The reviewer is to ask general questions to elicit information about to how the child is doing in care and whether he or she is aware of his or her rights. After the completion of the interview, the reviewer will write a synopsis of the interview on the *Interview Review Form*.

Guide to Adoption Probation Report

Crown Ward Adoption Probation Report

As of January 2000, the files of children placed on adoption probation are reviewed as part of the **Crown Ward Review** if they have been **Crown wards for 24 months or more**. The results of the Adoption Probation cases are included in the Crown Ward Review Agency Report.

Much of the information required in the Crown Ward Adoption Probation Report is the same as the information required for the Crown Ward Individual Case Report. The significant variations are indicated below.

Note that some Societies have both an adoption file and a child file. The reviewer may require both files to ensure all available information has been included as part of the file review. If the reviewer uses the 'tab' key, the computer will automatically calculate information, such as the length of adoption probation. If the 'tab' is not used, the computer will not be able to do the calculation correctly.

Please see the Crown Ward Individual Case Report.

- The standards and regulations for all children in care.
- Many of the fields in the Adoption Probation Report are the same as the fields in the Crown Ward Individual Case Report.
- The fields that are different are commented on below.
- The required information can be found in either the child's file or the adoption file.

Child Information

Please see Crown Ward Individual Case Report.

Placement Information

Please see Crown Ward Individual Case Report. Additional clarification is below:

Date of placement
on adoption probation

The date is indicated on Form 24 (see below).

Is registration of placement
on file?

The placement of a child on 'adoption probation' must be registered with the Director of the Regional Office. This registration is to occur at the time of the placement, generally within 30 days. This form contains the date of the child's placement on 'adoption probation'.

*Form 24: Registration of Placement of a Child for Adoption,
Child and Family Services Act (02/96)*

Is supplement to registration of placement on file?	The supplement to the registration of placement identifies the supervising social worker (private adoption practitioner) or Society.
Who is supervising the adoption placement?	<i>Supplement to Form 24/25 Registration of Placement of a Child for Adoption (10/95).</i> See above.
Length of adoption probation at time of review:	This will be calculated automatically if the tab is used.
Name of supervising agency/ licensee:	The name of the supervising agency is contained in the <i>Supplement to Form 24/25</i> . There are three choices in the 'drop-down box': parent society, private adoption practitioner and 'other'. The 'other' category refers to another Children's Aid Society.
If the child is Indian or a Native person was the Band or native community given 30 days written notice of the agency's intention to place the child for adoption?	A letter or form should be on file giving the Band or First Nation written notice.

Adoption Plan

Is the plan to finalize the adoption at the end of 6 months?	A six-month period of adoption probation is normally required before the adoption proceeds to finalization.
Is the plan to extend the probation period beyond 6 months?	In exceptional circumstances , such as a child being adopted by his or her long- term foster parents, the probationary period may be shortened if this is considered in the child's best interest.
Is the notification of extension on file?	Record 'No' for Crown wards. For other Child-in-Care reviews: Section 145 of the CFSA requires that the Director of the Regional Office be notified if a child's adoption has not been finalized by the time the child has been on adoption probation for a year. The Regional Office requires written notice whenever an extension of the probationary period is required.
Does the plan address post adoption services once the adoption is finalized?	This information should be on file and may include information about or referral to support groups or treatments services.
If old enough, has the child participated in the plan?	A child seven years of age or older must consent to his or her

	adoption plan. The child should have an opportunity to meet with a lawyer from the Office of the Children's Lawyer before signing 'consent'.
Has a life book been prepared for the child?	Each child should have a 'Life Book' documenting his or her past history.
Does the plan include efforts made to retain the child's cultural identity?	Address the Society's efforts to retain the child's cultural identity.
Has written non-identifying information of the social and medical history of parents and child, been prepared for the adoptive parents.	The adoptive parents require as much non-identifying information as possible about the medical and social history of the child's birth family . This information is ordinarily provided at the time of the child's placement.
Has the agency informed the adoptive parents about the Adoption Disclosure Register?	This information may be found in the adoption home Study. If it is a private adoption, the information will be found in the <i>ROACH (Report of the Adjustment of the Child in the Home- Form 0381 -June 92)</i> . The <i>ROACH</i> must be sent to the Regional Director at the end of an adoption probation period.
Reviewer's comment	The reviewer should comment on the adoption planning Process. A Plan of Care is not required but quarterly reports should provide pertinent information about the child's progress in the home.

Supervisory Visits and Reports

Total number of supervisory visits since placement:	These requirements are the same as for other children in care: 7-day, 30-day and 90-day visits are required. Seven-day visits are always N/A in this section.
Summary of child's adjustment to placement:	As indicated above, the <i>ROACH</i> contains information about the child's adjustment in his or her adoption placement. The <i>ROACH</i> is required at the end of the probationary period. In addition, adoptive applicants are required to complete <i>Affidavit 34D (Affidavit of Adoption Applicant(s))</i> . This affidavit provides background information about the adoptive applicant(s)'s health, education and employment as well as the applicant(s)'s account of the history with the child.
Reviewer's comments on	Comment on whether the frequency of visits meets the child's needs. Comment on the information provided in the <i>ROACH</i> .

supervisory visits and reports:

Is the Social History of Child form on file?

The file should contain a social history of the **child** that details important elements of the child's life since birth. This information is forwarded to the Regional Director.

Is the Medical History of Child form on file?

The file should contain a medical history of the **child** that details important elements of the child's medical history since birth. This information is forwarded to the Regional Director.

Is the Social/Medical History of Birth Mother and Family on file?

The file should contain as much identifying information as possible about the medical and social history of the child's **birth mother and her family**. This information is forwarded to the Regional Director.

Is the Social/Medical History of Birth Father and Family on file?

The file should contain as much identifying information as possible about the medical and social history of the child's **birth father and his family**. This information is forwarded to the Regional Director.

Directives

Many of the directives in this review are the same as those contained in the Crown Ward Individual Case Report. For information about these directives, please refer to the guide for this review. Directives that not covered in that guide or above are addressed below:

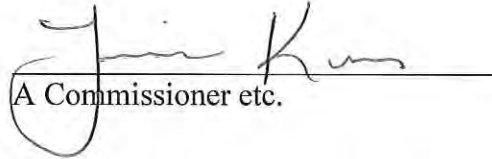
Pre-placement visit:

At least one pre-placement visit is required.

Acknowledgement of Adoption Placement on file:

This is a standard provincial form that adoptive parents must sign at the time of the adoption placement (*Form 26*).

This is **Exhibit “7”** referred to
in the Affidavit of Kevin Morris,
sworn on this 13th day of June,
2016.



A Commissioner etc.

Jessica Kras, a Commissioner, etc.,
Province of Ontario, while a
Student-at-Law.
Expires May 9, 2019.

Crown Ward Review Guide

Introduction to Crown Ward Review Process

Guide to Individual Case Report

Guide to Adoption Probation Report

**Child Welfare Review Unit
Management Support Branch
Ministry of Children and Youth Services**

**Approved December 2006/further revisions added
Feb/07 in blue**

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Crown Ward Review

Crown Ward Reviews are conducted in accordance with Section 66 of the *Child and Family Services Act*. (CFSA)

Crown Ward Review is an annual audit process undertaken by the Ministry's Child Welfare Review Unit, in co-operation with each child welfare agency and MCSS/MCYS Regional Offices. The Children in Care Manual identifies that "the goal of the Crown Ward Review is to determine that an adequate Plan of Care is developed for each Crown ward and is intended to stimulate improvement in the overall service delivery to children."

The specific objectives of the Crown Ward Review are:

- To monitor compliance with the legislation and regulations in relation to the care of each Crown ward;
- To look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- To issue directives regarding non-compliance or where the review indicates that other actions would be in the child's best interest;
- To make recommendations about particular cases, general policy and practices and to encourage and monitor their implementation;
- To give Crown wards with enough understanding, an opportunity, through questionnaires and interviews, to comment on the care they are receiving, contacts with their biological families, case plans and current circumstances;
- To provide information on useful methods employed in other Societies and jurisdictions.

The Crown Ward Review findings are based on the review of Society files, questionnaires completed by Crown wards and through client interviews. In complex and/or high-risk cases, Society caseworkers and managers may also be consulted.

Each case file is reviewed in the year following 24 successive months of Crown wardship and every year thereafter. Crown wards who will have been Crown wards for 2 years or more **and will be 18 years old in the "month of review" will be reviewed.** (The "month of review" is defined as the month of the last review day before the PRC.)

A file is **not** reviewed if there is a Status review and a final order has been made within the current calendar year. A file is not reviewed if a status review is currently in process through the filing of a Notice of Motion



Individual case reports are intended to provide feedback to caseworkers, Society managers and Program Supervisors on key areas of service delivery and issues specific to compliance and standards. Directives will be issued when the documentation in a child's file does not support the full compliance with Ministry standards. Recommendations will be made when case management issues, not directly linked to Ministry standards, have not been adequately addressed in the documentation presented for review in order to provide agencies an opportunity to respond. Follow up to both Directives and Recommendations will be assumed by the Regional Offices and will be reviewed prior to the beginning of the next Crown Ward Review. Lack of consideration of earlier Recommendations in that *relate to serious matters* of the child's welfare may result in the issuing of a Directive under section 66 of the CFSA in subsequent reviews.

A summary report is completed for each Society reviewed and provides an overview of systemic strengths and areas requiring improvement or refinement. This information can be useful to the Society's board, management and to the MCYS/MCSS Regional Office for planning purposes and for performance outcome monitoring.

With the passing of Bill 210, changes made to the Crown Ward Review process reflect the principles identified in this Amendment:

- A strengths and outcomes based approach to case planning,
- A recognition of children's need for continuity with family, community and culture,
- A commitment to best practice including a focus on safety

Additional evidence considered for compliance includes: planning documentation that reflects the review of the AAR; planning that fully addresses the child's special needs; planning that reflects specific consideration of a child's cultural needs, planning that ensures that children are supported in the development of enduring relationships; and an agency's consideration of historical Crown Ward Review recommendations

Reviewers are expected to utilize the Comments sections throughout the case report to provide the Society with a clear understanding of the areas requiring attention. Detail regarding the rationale for specific Directives and Recommendations will be required.

Additional documentation supporting compliance will only be requested from the society if the child's file is otherwise well managed and lacking in one specific area. Should the society recognize that documentation is missing from a file during the period of the review, the society is encouraged to present the documentation in question to the appropriate reviewer as soon as possible.

CWR Individual Case Report

Tab 1: Review Information

Date of Birth:	Verify for accuracy. Use tab key to get to the next field, otherwise, computer will be unable to generate age at Crown wardship
Date of Crown wardship:	Verify for accuracy. Use tab key to get to the next field, otherwise the computer will be unable to generate length of Crown wardship. Refer to the Crown Ward Order on file. The date is located on the top left side of the document. R Make a recommendation to place the order in the file, if the order could not be located.
Date of Review:	Computer generated.
Age at Review:	Computer generated.
Is child of Aboriginal heritage?	If yes, 'Native Services' will appear under Planning (Tab 4). The CFSA includes "Native" and/or "Indian" children.. Indicate "yes" for First Nations as well. Check "no" for Inuit children.
Age at Crown wardship:	Computer generated using data from previous reviews.
Length of Crown wardship:	Computer generated using data from previous reviews.
Primary reason for admission to care:	Computer generated if the file has been reviewed previously. The reason can be changed. Check to ensure the old menu does not pop up in this area. <u>Secondary Reasons:</u> Do not leave this area blank, unless it was left blank by the previous reviewer.
Adoption information:	Indicate N/A if an adoption process has never been initiated. Indicate ' Disruption ' if the child was on adoption probation, but was returned to care prior to the adoption being finalized. Indicate ' Breakdown ' if the child returned to care after an adoption was finalized. In the latter case, a second Crown wardship order will have been granted, naming the adoptive parents as parties.
Was placing agency notified?	Note that ' Placing Society ' refers to the Society that placed the child in the adoptive home. Indicate N/A if the child was never the subject of adoption proceedings, or if the placing Society and the present Society are the same.



Current placement type:	<p>The type of placement refers to the most recent Society-approved placement. If a child is 'AWOL' the placement type will be the child's last placement prior to the AWOL.</p> <p>'Independence' includes any living situation involving a youth over 16 living on his or her own approved by a Society. This includes independent living and semi-independent living programs and youth shelters. 'Provisional Foster Home' is a home that has been approved as a provisional placement for that child (and to which board rates are paid). 'Parental home' is reserved for approved situations where a child is living with an individual identified as a parent (as defined in the CFSA). 'Community Caregiver' includes approved situations where a child is living in the community, with caregivers who have not been designated as a Provisional Foster Home (Example: family member, friend, Kinship care and Customary Care shall be included as 'Provisional Foster Homes').</p>
Start date of Current Placement:	<p>The start date of the current placement refers to the date the child was placed in the current residence. Within the Outside Paid Resource (OPR) system, a child may move to another foster home or group residence within the same system. This is considered to be a change in placement. A change of primary Caregivers constitutes a placement change for the child. The tab key must be used to get to the next field. If the tab is not used, the computer will be unable to generate the length of current placement correctly. Following a placement in YCJF, hospital, emergency, respite, etc. If a child returns to a previous placement - do not count as an additional placement.</p>
Length of Placement:	Computer generated.



Comments:	<p>Comment on the suitability and stability of the child's placement and how well it meets the child's needs. The file should convey a sense of the child's relationship with all members of his/her foster family or residential staff and other residents and should indicate if the placement shares the culture and/or religious beliefs of the child's family of origin. Report any supports provided to assist the caregivers in their role and to ensure the continuity of the placement for the child. R Issue a recommendation to enhance the recordings if this is not clearly addressed. R Issue a recommendation to Review the Child's Placement if file documentation causes concern about the ability of the placement to address his/her needs.</p> <p>For Aboriginal children who experience a change in placement during the period of the review, notification to the First Nation or native community of the change should be documented in the child's file. A recommendation under 'Other' may be considered should file documentation not confirm this activity.</p>
Placements <i>since</i> crown wardship:	<p>Do not count Youth Justice Facilities, hospital, emergency, respite, crisis mental health, secure custody placements in this number.</p>
Access at Crown Wardship:	<p>Indicate the terms of the existing Crown wardship order rather than the current access arrangements or plans. If family members are not listed as parties on the Crown wardship application, their access should be ranked as 'silent' unless otherwise referenced. Exercised access is any form of regular contact between the child and other party, including telephone, electronic and written communication. Siblings should not be considered 'Extended Family'. There is a separate field for siblings. Indicate if you cannot determine the terms of the access order. Step-parents/parental partners should be considered members of the child's extended family if the relationship is determined to be/or have been a significant one for the child. They should not be identified as the biological parent. R If access is not clearly documented to be in a child's best interests or respecting his/her needs and wishes, a Recommendation may be made to review Access arrangements. R When a parent is determined to be deceased, a recommendation (under 'Other') should be made to determine the child's eligibility for Survivors' Benefits from the Canada Pension Plan if this has not already been completed by the Society.</p>




Comments:	Comments should consider whether access is beneficial and meaningful to the child. Comment on the child's wishes regarding access, and access arrangements, if known. Comment on how the Society has responded to access that has been problematic for the child and also if the Society is not taking appropriate action.
Number of caseworker contacts in previous 12 months:	The number of caseworker contacts includes any face-to-face contacts between the child and a designated Society caseworker (or a Society staff person functioning in this role) in the past 12 months. Evidence of contacts to be considered for compliance should be located in recordings and planning documentation in the child's file but written casenotes presented by the society may also be considered in determining compliance. No other evidence will be considered to confirm compliance. (Reviewers are not expected to review casenotes as part of the review process). Ensure the full 12-month period is covered when including the number of face-to-face contacts.
Current YCJA involvement:	If a child has current YCJA involvement, including criminal charges , an existing custody, community service or probation order, the child is considered to be currently involved in the YCJA system. If the child has had YCJA involvement during the period being reviewed, indicate "yes".
History of YCJA involvement:	If a child had previous YCJA involvement (as indicated above), which ended prior to the period being reviewed, the child is considered to have a history of YCJA involvement.
YCJA Placement:	Any previous period of custody, not simply detention , constitutes a history of YCJA placement. When a child is in custody, the care of the child is assumed by the YCJA system. Statutory requirements such as 7 and 30-day visits and plans of care are not applicable when the child is in custody. Three month visits are still required. Any period of custody, including within the review period, is counted as history of YCJA placement.



Tab 2: Permanency Planning

<p>Comment on Permanency Plan:</p>	<p>The permanent plan for the child should be clearly stated in the file. The appropriateness of the plan is determined by the facts of the case. Is the plan reasonable, attainable, in the child's best interests? The continuity of the child's placement and relationships should be taken into consideration.</p> <p>If the plan is implied, but not clearly documented, this can be indicated in the appropriate field, with a comment to the effect that documentation requires clarification. This situation sometimes occurs when the agency understands that the placement plan is intended to be a long-term residence, but does not explicitly state this in the recordings.</p> <p>Recognizing one of the key principles of Bill 210, reviewers should expect documentation to recognize the child's need for continuity and for lasting family relationships. The society's planning should address the needs of Crown wards who have been in long term foster care placements. Documentation that assists these children in developing an enduring relationship within a family by way of adoption, a custody order or customary care (if child is an Indian or native person) should be evident in the child's file, when appropriate. R A recommendation to review the permanency planning for a child should be made if the society's documentation does not reflect this principle.</p>
<p>Independence planning 15 years and over:</p>	<p>An independence plan needs to be in place for any child who is 15 years of age or older (this field will not appear for younger children), unless the child is not able to attain independence in which case, independence planning should reflect the goal of a successful transition to adult services. Specific goals should be established within all areas to provide a clear understanding of the youth's ability to live independently. This is especially important for youth who are 17 years old and approaching their 18th birthday. R A recommendation to prepare a youth for independence should be made if planning has not addressed a youth's needs in this regard. This should be considered separately from recommendations regarding the youth's other planning needs in order to provide the society with an understanding of systemic issues to be addressed in this area.</p>



Adult Support :	Planning for physically and mentally challenged youth who are determined to be unable to live independently should include a referral to Adult Services . If there is no clear indication in the recordings that the Society is pursuing adult support services, make a recommendation that the Society place the child on a waiting list for community adult services at 15 years of age
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Tab 3: Education

Is the child enrolled in a school program?	The child is considered enrolled in a school program if the child is registered in a school program. However, if the child is enrolled but has not been attending for several months then indicate NO. "N/A" should be indicated if the child is not required to attend school (too young) and not attending. In addition, "no" should be indicated if the child is over 16, and is choosing not to attend school or has been removed from his/her educational placement by school authorities.
Has child had an IPRC?	Indicate 'Yes' if an Identification, Placement and Review Committee has been held in the last two years. This committee identifies and places children in Special Education programs. Indicate 'No' if the child has special educational needs but no IPRC was held. Indicate N/A if the child has no special educational needs or if the child is not required to attend school.
Does the child have an IEP?	An Individual Education Plan is a modified school program developed to meet the individual needs of the student. A child may have an IEP without necessarily having had an IPRC. An IEP designation is on elementary school report cards. A copy of the IEP should be on file. An IEP for a child 14 years and older should include a plan for the transition to secondary school. Indicate 'Yes' if the child has an IEP. Indicate 'No' if the child has special educational needs but there is no indication of an IEP. Indicate N/A if the child has no special educational needs or if the child is not required to attend school.
Has child been suspended?	Indicate 'Yes' if the child was suspended in the last 12 months, 'No' if suspension was considered but did not occur and N/A if suspension was not considered or if the child is not required to attend school



Education Level :	Indicate the school program in which the child was most recently enrolled. For consistency, kindergarten is considered an elementary program. The elementary school report cards indicate the child's educational level. The secondary school report cards often have program codes indicating the educational level – general, basic. "No" should be indicated if the child is not required to attend school or if the child is over 16 years of age and is not attending
Progress:	A final report card or case recording should indicate the child's academic aptitude and progress, any special educational needs and academic results in the last 12 months . The categories of progress listed correspond to elementary school report cards. For secondary school students, progress can be measured by their grades and credits earned.
Comments:	<p>The last final report card on file (where applicable) is used to determine progress. 'Cannot determine' is to be used when there is no information about the child's educational progress in the last year. 'Cannot determine' is not used when the review occurs before the first term report card is due. In these cases, use the most recent report card on file.</p> <p>Comment on how well the child's educational needs are being met. The Society is expected to ensure that the child's education program corresponds to his or her aptitude and abilities. Comment on any educational support(s) being accessed, and/or issue a recommendation if supports should be considered. A Directive should be issued if the file contains no information regarding educational planning and the child's academic progress.</p> <p>If a child attended school through the previous school year but is not currently attending, all options should be marked N/A in spite of any modifications provided when the child was attending school.</p> <p>If a Review occurs in the summer or in the early fall before the first term report cards are issued and the child has made the transition to grade nine, the reviewer should utilize the child's elementary school report card when making the determination of the child's educational placement and progress and use the Comment section to provide clarification.</p>



Tab 4: Child Profile

Does child have special needs?	<p>For the purposes of this review, a child is considered to have 'special needs' if he or she has been clinically diagnosed by a health or mental health professional. If there is no formal diagnosis, indicate 'No'. For the purposes of this review, a child is not considered to have 'special needs' solely on the basis of behavioural issues or solely on the basis of being in counseling.</p> <p>If the child has special needs, there should be a specific plan in place to address the child's needs. While the society's recordings may provide information that confirms that his/her special needs have been addressed, plans of care must contain goals that reflect the child's special needs. Plans of care provide the child and his/her caregivers with an opportunity to ensure that goals are realistic and achievable and a chance to celebrate their completion.</p>
Primary Diagnosis:	<p>Please delete any diagnosis that appears automatically on screen. This list has been brought forward from the previous year. If the child has 'special needs', identify the most significant diagnosis (that which effects the child's day-to-day functioning the most), under the 'Primary Diagnosis' list. Enter any other significant diagnosis in the 'Other Diagnosis' list. Check as many as apply. For the purposes of this review, Tourette's Syndrome and Autistic Disorder are classified as a neurological disorders. Conduct Disorder, Oppositional Defiant Disorder, and Obsessive-Compulsive Disorder are considered psychiatric diagnoses. Any chronic medical diagnosis that interferes significantly with a child's daily functioning may be identified as a special need eg, asthma, enuresis.</p>
Other Diagnosis:	<p>Indicate 'Other Disability' only if the diagnosis does not fit into any available category. Consult with other team members before using this category. Other diagnosis must have been made by a health or mental health professional</p>



Primary Behavioural Issues:	<p>Behavioural issues refer only to behaviour that is of clinical significance. Generally, this will refer to behaviour that presents a risk to the child or others,</p> <p>Complete this section in the same manner as above. For the purposes of the review, aggression includes all types of aggression towards others, such as physical assault, verbal attacks, fire setting, stealing, or other harm to others. The use of the 'Other' category is limited only to that behaviour that cannot be included in any of the specified categories. Consult with others before using this category.</p>
Comments:	<p>Comments should identify the child's needs, the specific efforts made to address the needs and the child's subsequent progress. Consideration should be given to the availability and effectiveness of the services and supports provided to the child. Observations should include the effectiveness of therapeutic interventions provided over the past twelve months and the monitoring of psychotropic medication. The outcomes of recent assessments may be considered in an effort to assess how well the Society has been able to address the child's clinical needs. If planning has not incorporated specific recommendations of recent assessments, this observation should be included here. D A Directive may be considered (Plan of Care does not address the Child's Needs) if this omission is considered to be significant to the child's identified special needs.</p>
Is the child on psychotropic medication?	<p>If a child is taking prescribed, psychotropic medication, indicate 'Yes' in the relevant section. If the child is not taking such medication, but it has been prescribed, indicate 'No' for this question. Indicate "no" also if there is an apparent need for medication. If the child has no apparent need for medication, then indicate 'N/A'.</p>
Is the child in therapy?	<p>Answer as above. If the child is on a waiting list, but not officially enrolled, make a note of it in the comment section. Check "no" if the child is not enrolled, but N/A if there is no apparent need for therapy. Therapy may include any specialized services that address the child's special needs such as art and music therapy, occupational and physical therapy and specialized treatments such as EMDR and Rainbows. The child's progress through his/her participation in these therapies should be reflected in the Society's own documentation or through progress reports from the therapists.</p>

<p>Serious occurrence in previous 12 months?</p>	<p>Indicate whether or not a serious occurrence has taken place within the last 12 months. If it is clear there has been a serious occurrence, indicate 'Yes'. If there is no indication there has been a serious occurrence, indicate 'No'. If it is unclear, indicate 'Cannot Determine'</p>
<p>Serious occurrence report on file?</p>	<p>Refer to "Serious Occurrence Reporting Procedures" for information about reporting requirements. Refer also to the Society's own procedures for reporting serious occurrences in order to determine the society's compliance. Consult with the Regional Office about local reporting practices if concerns arise.</p> <p>A copy of any serious occurrence respecting a child should be on the child's file. Outside paid resources are expected to report serious occurrences in their resources to the Regional Office and provide a copy of the report to the Society.</p> <p>If there was a serious occurrence in the past 12 months and the report is on file, indicate 'Yes'. If there was a serious occurrence in the last 12 months, but no report is on file, indicate 'No'. If there was no serious occurrence in the 12 months, indicate 'N/A'.</p> <p>There should be the same number of serious occurrence reports as there are serious occurrences. These numbers should add up. If they do not, the appropriate recommendation or directive should be made. D A directive is issued if the child is placed in an agency-operated resource and verification could not be located confirming that a serious occurrence report was completed. R A recommendation is made to file a serious occurrence report if the child is in an OPR or if the child is in an agency-operated resource, file documentation indicates that a serious occurrence report was completed but it could not be located in the child's file. If a serious occurrence has occurred and it is noted on the template that a serious occurrence report was not located in the child's file, either a Recommendation or a Directive must be indicated by the reviewer. The reporting of serious occurrences is to be commented on in both the Individual Case and Agency Reports.</p>



<p>Sexual/Physical Abuse: Home / Sexual/Physical Abuse: Resources</p>	<p>Physical and sexual abuse is recorded as 'verified' if the Society considers that abuse occurred. This does not have to be 'verified abuse' as defined for the purpose of reporting to the Child Abuse Register. Abuse includes abuse by any person who has had care of the child such as a day care provider or babysitter. R If verified abuse is determined in the file documentation, the child may be eligible for Criminal Injuries Compensation. R If file documentation does not confirm that an application has been initiated, a recommendation should be made.</p> <p>'Home' vs. 'Resources' pertains to when the child experienced the abuse. Abuse prior to admission is recorded as 'Home'. Post-admission abuse is recorded as 'Resources'. Reviewers manually track any abuse occurring during the review period and report the case to review lead.</p> <p>R If sexual/physical abuse home has been suggested but is unclear, make a recommendation to enhance the social and medical history of the child. The number of children abused at home and in resource is not the total sum of both categories. It reflects only those specific children who have experienced abuse both at home and in resources.</p>
<p>Comment:</p>	<p>Comment on when 'verified' abuse occurred. If the child experienced physical or sexual abuse during the past 12 months, comment on how the Society responded to this. This is required in the Agency Report, as well. The reviewer should have access to information about the nature of any allegation, the method of investigation, the outcome and any treatment required. Indicate if there is no verified abuse in the child's social history.</p> <p>The alleged abuse or maltreatment of a child in care must be investigated promptly and thoroughly. The facts of the case determine the method and extent of the investigation required. If the allegation required a protection investigation, the Ontario Risk Assessment Model standards would apply.</p> <p>This review does not have the mandate to measure compliance with child protection standards. If serious concerns exist about the quality of the investigation, a directive under 'Other' could be made. Consult with the Team Lead and/or agency supervisory staff.</p> <p>Comment also on the society's reporting of serious occurrences, including the specific dates of the reports and the reason for the report.</p>



Tab 5: Planning

<p>Plans of Care:</p> <ul style="list-style-type: none"> ▪ Specific to child's needs ▪ Measurable goals ▪ Achievable goals 	<p>A well-developed plan of care is specific to the child's needs and has measurable and achievable goals. ONLAC has identified the following relevant life domains that should be addressed in children's planning: health, education, family and social relationships, identity, social presentation, emotional and behavioural development and self-care skills. Goals in plans of care should be child centred, measurable and achievable. With the passing of Bill 210 and the implementation of ONLAC planning will be expected to reflect the completion of the AAR, be based on a child's strengths, refer specifically to a child's needs in all of his/her life domains and include specific reference to a child's cultural needs. The AAR should not be used as a child's plan of care but should be the basis for his/her planning. Where specific clinical recommendations have been made for a child, they should be reflected in the child's planning if other file documentation does not clearly articulate why this is not occurring.</p>
<p>Comment on whether child's needs are being met :</p>	<p>A designation of 'appropriate' or 'needs work' is required. The entire year's plans of care are to be reviewed and commented upon. The most recent plan of care may reflect current planning but not be the sole resource used to evaluate the quality of the planning for a child.</p> <p>Directive: A directive to 'develop a plan of care that addresses the child's specific needs' is to be used if the review of all eligible planning concludes that areas remain where planning has failed to address the child's needs, especially his/her clinical needs. A directive may also be issued if plans of care do not address three or more of the ONLAC planning dimensions.</p> <p>Recommendation: Some planning deficiencies may be addressed by means of a recommendation to enhance the plan of care. If plans of care have addressed at least five of the ONLAC dimensions, a recommendation would be appropriate. If the most recent plan of care reflects the efforts of the society to enhance the planning for a child, a recommendation could be made to continue these efforts to provide full compliance in subsequent Crown Ward Reviews. Recommendations to enhance the plans of care should provide the society with specific information with regard to the deficient areas. The Society will be expected to demonstrate in its future documentation, that such a recommendation has been considered.</p>




Native Services:	If the child is of Native heritage, the field 'Native Services' will appear. Societies have special responsibilities to children of Native heritage (refer to Part X in the <i>CFSA</i> and Bill 210 amendments).
Is child aware of Aboriginal heritage?	The file should clearly indicate whether the child is of Native heritage and, if so, whether the child is aware of his or her heritage. R Where appropriate, a recommendation can be made to enhance the child's social history if this aspect is not well addressed in the file. Efforts made by the society to encourage the child's participation in Aboriginal cultural and spiritual practices should be documented in recordings and in the child's plans of care.
Is child being served by a native Society?	Native Societies refers to Societies that are designated to provide child welfare services to Aboriginal children and families. Currently, these are Dilico, Tikinagan, Weechi-it-te-win, James, Hudson Bay Family Services (Payukotayno) and Native Child and Family Services in Toronto.
Eligible for Status:	Children who have status under the Indian Act have distinct rights and entitlements. If a child is of Native heritage, the file should be clear as to whether the child is eligible for status . If not, recommend 'eligibility to be determined.'
Has there been Band representation?	Indicate whether a representative of the child's band or First Nation was involved during court proceedings not just served to allow their participation. Active involvement in plans of care, or other decisions involving the child should also be reported. Indicate whether band participation has been encouraged by the Society through invitations to plans of care and placement reviews for First Nations children.
Native placement Have efforts been made to promote child's participation in cultural practices?	The file should indicate whether the child is living in a Native placement. With the passing of Bill 210, efforts made to promote the child's understanding of his or her heritage or provide opportunities to participate in Aboriginal cultural and spiritual practices must be clearly articulated in the child's plans of care. If this is not documented, make a recommendation to enhance the child's plan of care and/or social history to reflect Section 56 (Bill 210) that ensures that a plan of care includes a description of arrangements that are being made to recognize and preserve the child's heritage, traditions and culture. If not addressed, a Directive maybe considered by the reviewer at the time of the 2008 Crown Ward Review.
Is child placed in home community?	The child's home community is considered to be the area or reserve from which the child's family originated.



Is the child aware of his/her rights and entitlements regarding Native status?	This should be documented. If this is not documented, make a comment, or recommendation if required, to enhance the child's plan of care and/or social history to include this information.
Comment:	Provide a summary comment regarding how the Society has identified and honoured the child's Aboriginal heritage and whether these efforts are reflected in the child's plans of care.
Are cultural needs being addressed? Are religious needs being addressed?	Section 56 (Bill 210) ensures that a plan of care includes a description of arrangements that are being made to recognize and preserve the child's heritage, traditions and culture. The cultural needs of all children should be addressed in their case planning. Indicate 'Yes' if the child's cultural and religious needs are being addressed. Never respond "N/A".
Comment:	Comment on cultural or religious needs that are not or are not being addressed, based on type of school and society affiliation, access to family, and file recordings. If this has not been included in a child's plan of care, issue a recommendation that "the Society enhance planning to specifically address a child's cultural and religious needs based on the intention of recent amendments to the CFSA included in Bill 210".
Is Child involved in social activity?	Social activities refer to those events where the child will be exposed to interaction with others and will have the opportunity to develop his/her social skills.
Is Child involved in recreational activities?	Recreational activities refer to those pro-social activities from which a child derives enjoyment and diversion.
Comment:	Provide a summary comment of the efforts made by the Society to ensure that the child has opportunities to participate in age-appropriate social and recreational activities. If this is not occurring, a question could be posed to reflect the potential importance of this in the child's healthy development. R If this is deemed to be a significant omission for the child, a recommendation can be made to consider group activity.



Case Planning	<p>Answer all fields relevant to the child's placement planning in the past 12 months. Indicate N/A for any area that did not apply to the child. If a child was placed in an OPR setting, supervised by another CAS and placed in CAS foster care, all four areas should be completed either 'Yes' or 'No', not N/A. Answer 'Yes' to a question only if all required documentation was completed within the specified time frames otherwise, indicate 'No'.</p> <p>A child 12 or older has the right to participate in the development of his or her own plan of care. Comment if the child does not appear to have participated in the planning. Where applicable, parental participation in planning should be encouraged by the society.</p> <p>Foster care standards do not apply when child placed in:</p> <ul style="list-style-type: none"> • Outside Paid Resources (OPR) • Youth Justice (YCJA)
1. CAS Plans of Care:	<p>Plans of care are to be completed within 30 days of a child's placement, reviewed and, if necessary, amended within three months of the date of placement, within six months of the date of placement and every -six months thereafter.</p> <p>For purposes of the review, 30-day plans of care are considered late if not completed and endorsed within 45 days of the date of placement. Other plans are considered late if not completed and endorsed within six weeks of the due date. A missing plan of care would result in a directive, as would two late plans of care.</p>
2. Supervisory endorsements	<p>Supervisory endorsement of the 30-day plan of care is required within 45 days of a child's placement. The supervisory endorsement of CAS plans of care is to be evident within six weeks of the date the plan was due.</p>
3. Supervising Society:	<p>The timing of these plans of care depend on the type of placement – OPR or CAS resource.</p>



4. Outside Resources:	<p>OPR plans of care are to be completed within 30 days of the child's admission, reviewed or amended within three months of the date of placement, within six months of the date of placement and every six months thereafter. Directives are issued using the same principles as for CAS Plans of Care. (See #1 above). If the plans of care for a child in an outside paid resource meet the above requirements, they are 'in compliance' regardless of who the author was – CAS or the OPR, provided both parties were involved in the planning process. Should the OPR plans of care be determined by the Society to be insufficient in addressing all of a child's needs, the Society may choose to complete planning to supplement the planning of the OPR. Collectively, these plans should comprehensively address all of the child's needs in order to ensure compliance with the planning standards.</p>
Comment:	<p>Comment here on the timeliness of the Society/OPR planning. If planning does not meet the required time frames, indicate "No" and provide a specific explanation regarding which plan(s) with dates, did not meet the expectations of the standards. Indicate if the Society is completing complementary planning to that of the OPR.</p>
For Foster Care and Licensing Purposes only:	<p>This field will appear if the child is in foster care. Note that the foster care section applies to all children who are placed in CAS foster care.</p> <p>Foster care standards do not apply when child placed in:</p> <ul style="list-style-type: none"> • Outside Paid Resources (OPR) <p>Youth Criminal Justice Act (YCJA)</p>

Lack of consideration of **earlier Recommendations** in that *relate to serious matters* of the child's welfare

Tab 6: Directives

- **DEFINITION OF COMPLIANCE:** In order for a standard to be considered '**in compliance**' the standard must have been **adequately met** and **relevant** to the child's situation in the last **12 months**.
- **DEFINITION OF NONCOMPLIANCE:** In order for a standard to be considered '**noncompliant**' documentation provided for review has not confirmed that the standard has been adequately met and relevant to the child's situation in the last 12 months. Based on concerns identified in the Auditor General's 2006 report, societies are expected to be able to demonstrate that recommendations made in previous Crown Ward Reviews have been considered. If the documentation presented for review does not reflect this consideration and the matter may be characterized as serious and tied to the child's welfare a directive may be issued under the appropriate standard or under 'Other' (section 66 of the CFSA). Evidence of such

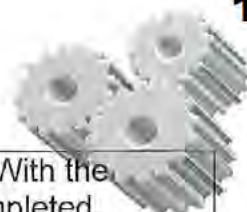


consideration may be reflected in: enhancement to identified documentation (including planning), documentation of activity deemed beneficial to the child or documentation that identifies the rationale for not pursuing the recommendation(s).

- **NOT APPLICABLE:** Indicate N/A beside standards that do not apply to the child's situation in the last 12 months. The school report is 'not applicable' if the child is not required to attend school (too young). Residential plans of care are 'not applicable' if the child is in foster care and vice versa. A seven-day visit is 'not applicable' if the child did not change placements during the year (respite care is not considered a placement change).
- **YCJA PLACEMENTS:** For the purposes of this review, **statutory requirements such as 7 and 30-day visits and plans of care are 'not applicable'** when the child is in a YCJA facility because they cannot be enforced. However, 90-day visits are applicable.
- **OUT OF PROVINCE:** For the purposes of this review, **statutory requirements such as 7 and 30-day visits and plans of care are 'N/A'** when the child placed out of province because statutory requirements cannot be enforced (regardless of compliance). The Society is nevertheless expected to document that every effort has been made to meet the standards. If **serious concerns** exist about the Society's response to the child's needs, then non-compliance can be indicated under one or more of the following: 'File to be reviewed by Program Supervisor' , 'File to be reviewed by senior management' or 'Other'..
- **CIRCUMSTANCES BEYOND THE SOCIETY'S CONTROL:** When non-compliance occurs because of circumstances beyond the Society's control, non-compliance will be indicated but no directive will be given. For example, if a child is **AWOL**, but the Society documented that reasonable efforts were made to meet the standard(s), the case will not be 'in compliance' ("non-compliant") but no directive will be issued. A society is expected to complete a three month plan of care on behalf of a child who is AWOL.
- **STRIKE:** For the purposes of this review, all standards will be considered 'Not Applicable' for the **entire period of any labour disruption** and for **two weeks** following the labour disruption.
- **ALLEGED ABUSE OR MALTREATMENT OF A CHILD IN CARE:** The alleged abuse or maltreatment of a child in care must be investigated promptly and thoroughly. The facts of the case determine the method and extent of the investigation required. If the allegation requires a **protection investigation**, the child protection standards apply.



1	RECORD OF CONTACTS	
	<p>a) 7-day visit</p> <p>R.R.O. 1990, REGULATION 71 <i>Amended to O. Reg. 213/00 Regulation 5(3)</i></p>	<p>This is considered 'in compliance' if the caseworker visited the child within seven days of the most recent placement. A change of primary caregivers constitutes a change of placement for the child.</p> <p>A DIRECTIVE is issued unless there is a compelling, child centred reason the Society did not meet its obligation. In such a case the file is deemed not in compliance, with no directive issued. N/A is to be indicated if the child is in a YCJA setting.</p>
	<p>b) 30-day visit</p> <p>R.R.O. 1990, REGULATION 71 <i>Amended to O. Reg. 213/00 Regulation 5(3)</i></p>	<p>This is considered 'in compliance' if the caseworker visited the child within 30 days of the most recent placement.</p> <p>A DIRECTIVE is to be issued unless there is a compelling, child centred reason the Society did not meet its obligation. In such a case the file is deemed not in compliance, with no directive issued. N/A is to be indicated if the child is in YCJA setting.</p>
	<p>c) minimum three month visit</p> <p>R.R.O. 1990, REGULATION 71 <i>Amended to O. Reg. 213/00 Regulation 5(3)</i></p>	<p>This is considered in compliance if the caseworker visits the child at least once every three months.</p> <p>A DIRECTIVE is issued if this has not occurred. No discretion is allowed with regard to this standard.</p>
	<p>d) private visits</p> <p>R.R.O. 1990, REGULATION 71 <i>Amended to O. Reg. 213/00 Regulation 5(3)</i></p>	<p>A DIRECTIVE is issued if the child is not seen privately each quarter. This could be at the beginning of one quarter and the end of the next and still be 'in compliance.'</p>



2	<p>DOCUMENTATION</p> <p>a) child's social history</p> <p>R.R.O. 1990, REGULATION 70 <i>Amended to O. Reg. 493/06 Regulation 111(7),(8), (9)</i></p>	<p>A comprehensive social history is required. With the passage of Bill 210, the importance of a completed, comprehensive and annually updated social history has been underscored. Societies will be given 60 days after admitting a child to care to complete the child's initial social history. Planning is expected to be linked to the child's social history and it is expected to be updated annually. The child's social history should be a "stand alone" document. The history should include clear information about the child, the child's history prior to coming into care, the reason for the child's admission and subsequent Crown wardship, the efforts made to address the problems that led to admission and the involvement of the parent(s) and family members in these decisions.</p> <p>It should include information about the parents, siblings and extended family, including identifying information, personality descriptions, strengths, problems, stresses and conflict in the family, the parent(s) acceptance of Crown wardship, the parent's cooperation with plan of care and access arrangements. Current family relationships and functioning should be included with the annual updates to the child's social history where applicable.</p> <p>The rationale for significant decisions made and the child's significant experiences in care should be clearly documented. Additional areas to address include: the child's health, physical and emotional development, personality and behaviour, academic history, separation and placement history and strengths, talents and interests.</p> <p>This is considered 'in compliance' if the above criteria are met.</p> <p>A DIRECTIVE should be issued if a separate social history has not been completed.</p> <p>A RECOMMENDATION can be made to enhance the social history if some areas are deficient in content or if annual updates have not addressed all significant experiences for a child. Commentary in such cases should identify specific areas that require the society's attention in enhancing its documentation. If a recommendation to enhance the child's social history has not been addressed by the Society from one Review to the next and remains consistently deficient, a DIRECTIVE should be issued.</p>
	b) annual medical	The name of the doctor or nurse practitioner, the date


<p>i) Residents R.R.O. 1990, REGULATION 70, <i>Amended to</i> O. Reg. 493/06 Regulation 91(c), 99(e)</p> <p>ii) Foster Care R.R.O. 1990, REGULATION 71 <i>Amended to</i> O. Reg. 213/00 Regulation 4(2), (3)</p>	<p>and the results of an annual medical exam are to be clearly documented either in the recording or by the presence of a medical report. A DIRECTIVE is to be issued if an annual medical examination has not taken place or if it is unclear in the recordings, whether sufficient efforts have been made to book an appointment, within 15 months of the previous annual examination.</p> <p>No directive will be issued if a child over 16 refuses to attend in spite of persistent urging by the caseworker, although this standard is deemed "non-compliant." If a child over 12 refuses to give the caseworker permission to obtain the results of the examination, but there is evidence that the child did receive medical care, then the case will be considered 'in compliance'. In these circumstances, a recommendation can be made to the Society to continue its efforts to address this issue.</p>
<p>c) annual dental exam</p> <p>See b) for legislative reference</p>	<p>Same as for annual medical examination. Dental Insurance chart is acceptable. Orthodontic checkups do not qualify as evidence of compliance for the purpose of an annual dental checkup.</p>
<p>d) plan of care</p> <p>R.R.O. 1990, REGULATION 70, <i>Amended to</i> O. Reg. 493/06 Regulation 114 (4), 115(2)</p>	<p>For children in CAS foster care, a plan of care is to be prepared within 30 days of the date of placement, reviewed and, if necessary, amended within three months of the placement, six months from the date of placement and every six months thereafter.</p> <p>A DIRECTIVE is to be issued if any plan of care is missing. A DIRECTIVE is to be issued if more than one plan of care within the previous 12 months is late by more than six weeks (including supervisory endorsement). N/A is to be indicated if the child is in a YCJA setting.</p>
<p>e) review within 30 days</p> <p>R.R.O. 1990, REGULATION 70, <i>Amended to</i> O. Reg. 493/06 Regulation 111(4)</p>	<p>For children in CAS foster care, a plan of care is to be developed, amended or reviewed within 30 days of a child's placement in a new setting. A DIRECTIVE is to be issued if this has not occurred and the plan has not been endorsed within 45 days of the child's new placement.</p>



<p>f) review of plan by supervisor</p> <p>R.R.O. 1990, REGULATION 70, Amended to O. Reg. 493/06 Regulation, 115(4)</p>	<p>CAS foster care plans of care require supervisory endorsement. A DIRECTIVE is to be issued if more than one plan of care in the past 12 months does not have a supervisory endorsement within 6 weeks of the due date or within 45 days of a child's placement. (see previous standard) N/A is to be indicated if the child is in a YCJA setting.</p>
<p>g) develop plan of care that addresses the child's specific needs</p> <p>1. CHILD AND FAMILY SERVICES ACT, R.S.O. 1990, C. 11 S. 105(1)</p> <p>2. R.R.O. 1990, REGULATION 70, Amended to O. Reg. 493/06</p> <p>i) Residents Regulation 86</p> <p>ii) Foster Care Regulation 111(5)</p>	<p>This DIRECTIVE is to be used if the plans of care do not reflect a child's needs, especially those identified within the Child Profile section of the case report. A DIRECTIVE may also be used if the plans of care do not meet the criteria identified within the Planning section of this report. After December 2007, if planning is deficient in three or more life domains, a directive may be issued while RECOMMENDATIONS may be utilized if one or two areas require inclusion or enhancement. Prior to this date, recommendations made to enhance planning should include a reference to the upcoming requirements for societies to link planning to ONLAC. The Society's response to previous recommendations to enhance planning for a child may be considered in determining future compliance with this standard.</p>
<p>h) annual school report</p> <p>i) Residents R.R.O. 1990, REGULATION 70, Amended to O. Reg. 493/06 Regulation 99 (1)(h)</p> <p>ii) Foster Care R.R.O. 1990, REGULATION 70, Amended to O. Reg. 493/06 Regulation 111(7)</p>	<p>An annual school report is required. A final report card or case recording is required indicating the child's academic aptitude and progress, any special educational needs and academic results in the last 12 months.</p> <p>A DIRECTIVE is to be issued if this information is not on file. N/A is to be used if the child is not in a school program.</p> <p>A RECOMMENDATION to consider educational supports may be made if documentation indicates that the child is struggling with academic programming and supports do not appear to have been provided.</p>



	<p>i) discussion of rights</p> <p>Child and Family Services Act, R.S.O. 1990, c. C.11</p> <p>Section 108</p>	<p>A DIRECTIVE is to be issued if the child's rights are not discussed and documented annually and within 30 days after the child's most recent placement. A change of primary caregivers constitutes a change of placement for the child</p> <p>The formal discussion of rights should take place by the child's 7th birthday if the child is capable of understanding his or her rights. Younger children should receive a simplified explanation of rights. A recommendation may be made to review the child's rights with the caregiver if the child is too young or his/her special needs preclude him/her from understanding his/her rights.</p>
	<p>j) residential plans of care</p> <p>R.R.O. 1990, REGULATION 70, <i>Amended to</i> <i>O. Reg. 493/06</i> Regulation 86</p>	<p>For children in OPR settings, plans of care are to be developed, amended or reviewed within 30 days of the date of placement, within three months of the date of placement, within six months of the date of placement and every six months thereafter. Any change of placement within an outside resource requires a review of the plan of care if this change has included a change in primary caregivers.</p> <p>DIRECTIVES are issued using the same principles as for CAS Plans of Care (see d & e above). If the plans of care for a child in an outside resource meet the above requirements, they are 'in compliance' regardless who the author was – CAS or the OPR, provided both parties were involved in the planning process.</p>
3	<p>Comply with terms of Court order</p>	<p>While previous practice allowed for a directive to be issued if the Society was permitting access with a person subject to a "no access" order, a recent legal decision has provided a different interpretation regarding such orders. A Crown wardship, no access or a Crown wardship that is silent as to access, has been determined to be a tool to ensure that the Society, as parent, is empowered to make decisions in the best interests of a child without interference. A DIRECTIVE is to be issued if the Society has allowed access to occur with someone identified in a 'no access' order without appropriate consideration of the child's safety.</p>
4	<p>Status review</p>	<p>This DIRECTIVE may be considered in exceptional circumstances when the child's status is problematic. A</p>



		directive in this category requires prior consultation with the Team Lead. A directive under 'Other' may be a more appropriate alternative.
5	File to be reviewed by senior management	This DIRECTIVE is to be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the caseworker and supervisor's ability or willingness to address the problems without the assistance of senior management. A directive in this category requires prior consultation with the Team Lead. Indicate clearly in the comments section below this directive, the types of action(s) and follow-up required by the Society.
6	File to be reviewed by Program Supervisor	This DIRECTIVE is to be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the Society's ability or willingness to address the problems without the assistance of the Program Supervisor. A directive in this category requires prior consultation with the Team Lead. Indicate clearly in the comment section below this directive, the types of action(s) and follow-up required by the Society.
7	Other Child and Family Services Act, R.S.O. 1990, CHAPTER C.11 Section 66(2)	CFSA S.66 authorizes Crown Ward Reviewers to issue any directive that is in the child's best interest . A DIRECTIVE is issued if the reviewer identifies a serious concern that is not covered by the other areas. This is the only directive that is applicable to cases supervised by another province or another Society other than a referral to Senior Management or the Program Supervisor.
	Comments:	The reviewer lists the Directives issued and the particulars related to them. It is important that the rationale for issuing a Directive is clearly articulated in the commentary provided in this area. Where appropriate, specific dates should be included in the documentation.

Tab 7: Recommendations

Recommendations relate to case management issues and should be used if file documentation does not support quality and comprehensive case management on behalf of a Crown ward. **Reviewers should avoid assuming a case management role when reviewing a file and consider that, in most cases, the child's case manager has a thorough understanding of the child and his/her needs.** Recommendations are proposals for the Society's consideration. **If an action is essential, a directive or high-risk follow-up should be used.**



As a result of concerns identified in the 2006 Auditor General's Report regarding historical lack of follow up to Crown Ward Review recommendations, societies will be expected to demonstrate that a Recommendation made in prior Crown Ward Reviews has received consideration. This may be reflected in enhanced documentation in the child's file, documentation of action's taken on the child's behalf, or documentation indicating the rationale for not pursuing the recommended action(s). Should documentation in the child's file not reflect this consideration, and the matter may be characterized as serious and tied to the child's welfare a **DIRECTIVE** under section 66 of the CFSA (Directive number 7) may be issued.


A recommendation is **not required if a directive** has already been issued respecting the same matter. For example, if a directive has been issued regarding a missed 90-day visit, there is no need to recommend more frequent worker contact. Nor is a recommendation required when the Society **has already taken action** on a matter, even if belated. A recommendation should not be made if the standard related to the recommendation has been met. For example, if a psychological assessment would be helpful but the Society has already decided to arrange this, do not recommend a psychological assessment, simply as a means of reinforcing the plan.

The filing of **additional documentation** may be recommended to augment planning and/or complete the file.


The particulars of the recommendations are to be found in the "Comments" section. If a recommendation is made, provide clear instructions regarding the type of recommendation. Refrain from using adjectives or "once again" when beginning a sentence. Posing questions may be preferable when addressing and/or suggesting a varying approach used by the society.

Most of the recommendations are straightforward. The following could use some interpretation:

Review access arrangements:	This RECOMMENDATION can be made if there is evidence that access is problematic for the child and the Society is not taking appropriate action.
Counselling:	This RECOMMENDATION could be made if the child might benefit from some form of counselling, which is not being provided. If an assessment has indicated that counselling would be beneficial to a child with special needs, the child is willing to participate and the society has not pursued any intervention for the child, a DIRECTIVE may be considered.
File documentation to Include:	This RECOMMENDATION could be made if additional documentation is required.



Convene case conference:	This RECOMMENDATION could be made if there are long-standing, recurring or serious case issues, which seem to require additional professional input and/or a different type of expertise . This could be used when more effective co-ordination of services is required. This may be a more effective way of addressing issues than making multiple recommendations.
Apply to Criminal Injuries Compensation Board: Child and Family Services Act, R.S.O. 1990, c. C.11 Section 81	This RECOMMENDATION should be made if the child has been the victim of abuse or serious neglect. The funds received would benefit the child. To be eligible, the abuse or serious neglect must have been investigated by the police and resulted in physical, emotional, psychiatric or developmental harm. Neither criminal charges nor a conviction is required .
Enhance/Update Recording:	This RECOMMENDATION could be made if the case recording, plans of care and/or social history require enhancement. Indicate whether the overall recording is problematic or whether a particular decision or event in the child's life was insufficiently addressed in the documentation. Should planning fail to address a child's identified clinical needs or recommendations made through a clinical assessment, the reviewer may wish to consider issuing a DIRECTIVE given concerns reflected in the 2006 report from the Auditor General. If documentation has indicated that recommendations to enhance documentation from previous Crown Ward Reviews have not been considered, a DIRECTIVE may be issued. A DIRECTIVE should also be issued if plans of care have not addressed three or more of the child's life domains as identified within ONLAC. A RECOMMENDATION is warranted if one or two domains are deficient or missing.
Review Rights with Care Providers:	This recommendation could be made if the child's special needs are such that he or she would not be able to understand a discussion of rights and the child's rights have not been reviewed with the caregiver in the past 12 months.



File a Serious Occurrence:	Do not recommend that an OPR file a serious occurrence for physical restraints; do however, make a recommendation to obtain a copy of the serious occurrence report from an OPR if documentation indicated that a report had been completed and a copy could not be located in the child's file. A recommendation should also be made if the physical restraint occurred in a foster placement and documentation indicated that a report was filed but could not be located in the child's file.
Other: Immigration/Citizenship:	If a Crown ward does not have Canadian citizenship, a recommendation may be made to the Society to pursue citizenship on the child's behalf.
Other: Survivor Compensation: ONTARIO REGULATION 67/92 AMENDED TO O. REG. 283/05 Regulation 20(1), 21(1), 22(2)	If file documentation indicates that a biological parent is deceased, a recommendation should be made for the Society to make an application on the child's behalf for Survivor Benefits through the Canada Pension Plan. A child need not be in the care or custody of a parent at the time of the death in order to be eligible for benefits. Eligibility is determined by the financial contribution made to CPP by the parent prior to his/her death.

Tab 8: High Risk

For the purposes of this review, children are considered at 'high risk' when they exhibit the **behavioural characteristics** listed. There is also room to add other indicators if necessary. For the purposes of this review, 'high risk' children are those who are at risk of **harming themselves and/or others**. If follow-up action is required by the Society, it is to be sent to both the Program Supervisor and the CWRU. The action required should explicitly be stated in the 'Action required by Society' field. The follow-up due date should consistently be set to **30 days** after the Post Review Conference. If the Society is already taking the necessary action to protect the child, state this. In this case, no additional 'follow-up' is required. Commentary may provide the reviewer with an opportunity to recognize the efforts made by the Society to address the needs of a challenging child or youth.



Questionnaires and Interviews

The questionnaires and interviews are **confidential** unless there is information indicating that a child or other person is at risk of harm. In that case, the reviewer can ensure that the appropriate Society staff is informed and the child is aware that this is occurring. The questionnaires and interviews may assist the reviewer in formulating recommendations for the Society's consideration. For example, if a child indicates that he does not know why he became a Crown ward, the reviewer may recommend that the child's history be reviewed with the child.

If a child requests an interview, all reasonable efforts should be made to see the child in person. The CWRU secretary gives the names of those requesting interviews to the Society. The Society will arrange the interviews. A child may be interviewed after the review if the child is living outside the geographic area. Telephone interviews are only to be undertaken as a last resort.

The reviewer is to ask general questions to elicit information about to how the child is doing in care and whether he or she is aware of his or her rights and involved in his/her plans of care if appropriate. After the completion of the interview, the reviewer will write a synopsis of the interview on the *Interview Review Form*.



Guide to Adoption Probation Report

Crown Ward Adoption Probation Report

As of January 2000, the files of children placed on **adoption probation** are reviewed as **part of the Crown Ward Review** if they have been **Crown wards for 24 months or more**. The results of the Adoption Probation cases are included in the Crown Ward Review Agency Report.

Much of the information required in the Crown Ward Adoption Probation Report is the same as the information required for the Crown Ward Individual Case Report. The significant variations are indicated below.

Note that some Societies have both an adoption file and a child file. The reviewer may require both files to ensure all available information has been included as part of the file review. If the reviewer uses the 'tab' key, the computer will automatically calculate information, such as the length of adoption probation. If the 'tab' is not used, the computer will not be able to do the calculation correctly.

Please see the Crown Ward Individual Case Report.

- The standards and regulations for all children in care.
- Many of the fields in the Adoption Probation Report are the same as the fields in the Crown Ward Individual Case Report.
- The fields that are different are commented on below.
- The required information can be found in either the child's file or the adoption file.

Child Information

Please see Crown Ward Individual Case Report.

Placement Information

Please see Crown Ward Individual Case Report. **Additional clarification is below:**


Date of placement on adoption probation:	The date is indicated on Form 24 (see below).
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Is registration of placement on file?	The placement of a child on 'adoption probation' must be registered with the Director of the Regional Office. This registration is to occur at the time of the placement, generally within 30 days. This form contains the date of the child's placement on 'adoption probation'. <i>Form 24: Registration of Placement of a Child for Adoption, Child and Family Services Act (02/96)</i>
Is supplement to registration of placement on file?	The supplement to the registration of placement identifies the supervising social worker (private adoption practitioner) or Society.
Who is supervising the adoption placement?	<i>Supplement to Form 24/25 Registration of Placement of a Child for Adoption (10/95)</i> . See above.
Length of adoption probation at time of review:	This will be calculated automatically if the tab is used.
Name of supervising agency/ licensee:	The name of the supervising agency is contained in the <i>Supplement to Form 24/25</i> . There are three choices in the 'drop-down box': parent society, private adoption practitioner and 'other'. The 'other' category refers to another Children's Aid Society.
If the child is Indian or a Native person was the Band or native community given 30 days written notice of the agency's intention to place the child for adoption?	A letter or form should be on file giving the Band or First Nation written notice.

Adoption Plan

Is the plan to finalize the adoption at the end of 6 months?	A six-month period of adoption probation is normally required before the adoption proceeds to finalization.
Is the plan to extend the probation period beyond 6 months?	In exceptional circumstances , such as a child being adopted by his or her long- term foster parents, the probationary period may be shortened if this is considered in the child's best interest.



Is the notification of extension on file?	Record 'No' for Crown wards. For other Child-in-Care reviews: Section 145 of the CFSA requires that the Director of the Regional Office be notified if a child's adoption has not been finalized by the time the child has been on adoption probation for a year. The Regional Office requires written notice whenever an extension of the probationary period is required.
Does the plan address post adoption services once the adoption is finalized?	This information should be on file and may include information about or referral to support groups or treatments services.
If old enough, has the child participated in the plan?	A child seven years of age or older must consent to his or her adoption plan. The child should have an opportunity to meet with a lawyer from the Office of the Children's Lawyer before signing a 'consent'.
Has a life book been prepared for the child?	Each child should have a 'Life Book' documenting his or her past history.
Does the plan include efforts made to retain the child's cultural identity?	Address the Society's efforts to retain the child's cultural Identity.
Has written non-identifying information of the social and medical history of parents and child, been prepared for the adoptive parents.	The adoptive parents require as much non-identifying information as possible about the medical and social history of the child's birth family . This information is ordinarily provided at the time of the child's placement.
Has the agency informed the adoptive parents about the Adoption Disclosure Register?	This information may be found in the adoption home Study. If it is a private adoption, the information will be found in the <i>ROACH (Report of the Adjustment of the Child in the Home- Form 0381 –June 92)</i> . The <i>ROACH</i> must be sent to the Regional Director at the end of an adoption probation period.
Reviewer's comment:	The reviewer should comment on the adoption planning Process. A Plan of Care is not required but quarterly reports should provide pertinent information about the child's progress in the home.



Supervisory Visits and Reports

Total number of supervisory visits since placement:	These requirements are the same as for other children in care: 7-day, 30-day and 90-day visits are required. Seven-day visits are always N/A in this section.
Summary of child's adjustment to placement:	As indicated above, the <i>ROACH</i> contains information about the child's adjustment in his or her adoption placement. The <i>ROACH</i> is required at the end of the probationary period.
Reviewer's comments on supervisory visits and reports:	In addition, adoptive applicants are required to complete <i>Affidavit 34D (Affidavit of Adoption Applicant(s))</i> . This affidavit provides background information about the adoptive applicant(s)'s health, education and employment as well as the applicant(s)'s account of the history with the child. Comment on whether the frequency of visits meets the child's needs. Comment on the information provided in the <i>ROACH</i> .
Is the Social History of Child form on file?	The file should contain a social history of the child that details important elements of the child's life since birth. This information is forwarded to the Regional Director.
Is the Medical History of Child form on file?	The file should contain a medical history of the child that details important elements of the child's medical history since birth. This information is forwarded to the Regional Director.
Is the Social/Medical History of Birth Mother and Family on file?	The file should contain as much identifying information as possible about the medical and social history of the child's birth mother and her family . This information is forwarded to the Regional Director.
Is the Social/Medical History of Birth Father and Family on file?	The file should contain as much identifying information as possible about the medical and social history of the child's birth father and his family . This information is forwarded to the Regional Director.



Directives

Many of the directives in this review are the same as those contained in the Crown Ward Individual Case Report. For information about these directives, please refer to the guide for this review. Directives that not covered in that guide or above are addressed below:

Pre-placement visit:	At least one pre-placement visit is required.
Acknowledgement of Adoption Placement on file:	This is a standard provincial form that adoptive parents must sign at the time of the adoption placement (<i>Form 26</i>).



Appendix 1

EXECUTIVE SUMMARY OF CHANGES MADE TO THE CROWN WARD REVIEW PROCESS

Crown Ward Reviews are conducted in accordance with Section 66 of the *Child and Family Services Act*. (CFSA)

Crown Ward Review is an annual audit process undertaken by the Ministry's Child Welfare Review Unit, in co-operation with each child welfare agency and MCSS/MCYS Regional Offices. The Children in Care Manual identifies that "the goal of the Crown Ward Review is to determine that an adequate Plan of Care is developed for each Crown ward and is intended to stimulate improvement in the overall service delivery to children."

Changes made in December 2006 to the Review process of Crown Ward files reflect both the amendments to the CSFA documented in Bill 210 and the 2006 Report of the Provincial Auditor. The latter report identified three general areas of concern that require attention:

- a. inconsistencies of practice regarding the issuing of Directives and Recommendations;
- b. lack of consequences when agencies fail to respond to Recommendations for case files and
- c. lack of consistency between the information and the subsequent recommendations and directives issued in the individual case reports .

With the passing of Bill 210, changes made to the Crown Ward Review process reflect the principles identified in this Amendment:

- ☐ A strengths and outcomes based approach to case planning,
- ☐ A recognition of children's need for continuity with family, community and culture,
- ☐ A commitment to best practice including a focus on safety

In effecting these changes, several steps in the current process will be modified:

Documentation sought to assess compliance:

Additional evidence will be required to support compliance beginning in the 2007 Crown Ward Review that includes: planning documentation that reflects the review of the AAR; planning that fully addresses the child's special needs; planning that reflects specific consideration of a child's cultural needs, planning that ensures that children are supported in the development of enduring relationships; and an agency's consideration of historical Crown Ward Review recommendations. This additional information will be utilized to apply a more rigorous test to ensure consistency of planning in all developmental domains for a child.

Utilization of the 'Comments' section of individual case reports

Reviewers are expected to consistently utilize the 'Comments' sections throughout the case report to provide the Society with a clear understanding of the areas being considered. While previous practice allowed some of the 'Comments' sections to remain



blank in individual case reports, the expectation will now be made that all such sections contain information that either confirms the efforts of the society to address the need or to draw the society's attention to deficits in the documentation in this area. Detail regarding the rationale for specific Directives and Recommendations will be required.

Ensuring consistency of practice in the issuing of Recommendations versus Directives:

Revised definitions will provide reviewers with a clear understanding regarding the acceptable criteria for best practice with regard to individual standards. Guidelines for the issuing of Directives versus Recommendations are clarified to ensure consistency of reviewer practice. Documentation will be required to meet the standards of best practice service delivery as reflected in the CFSA and Bill 210. Quality planning will be expected to be:

- ☐ Outcomes focused
- ☐ Based on a child's strengths and talents
- ☐ Linked to the child's comprehensive and annually updated social history
- ☐ Contain goals that are measurable and achievable and linked to the completion of the child's AAR
- ☐ Identify goals consistent with the child's seven developmental domains defined in ONLAC
- ☐ Reviewed and modified if necessary according to the required time frames and this review will include the child (if age appropriate), his/her caregivers and his/her parents, if appropriate
- ☐ Ensure that children and youth are provided with opportunities to develop and experience enduring relationships through adoption or custody orders, where appropriate
- ☐ Provides children and youth with opportunities to learn about and celebrate their cultural heritage
- ☐ Ensure that when special needs are identified for a child, they are consistently identified and addressed.

The consequences of failing to address these criteria in the planning for a Crown ward will be determined by the number of deficiencies observed in file documentation. Where three or more deficiencies are noted, a Directive will be required. If a Recommendation is made, documentation in subsequent Crown Ward Reviews must reflect the Society's consideration of the Recommendation or a Directive will be required.

Up until now, Reviewers were cautious about issuing too many recommendations. Directions regarding some auditing practices have tended to be vague and have allowed for considerable inconsistency of practice among the Crown Ward Reviewers.

Additional Steps Taken to Ensure Consistency:

In an effort to address additional concerns expressed by the Auditor, the following changes will be initiated to the Crown Ward Review process, beginning with the 2007 audit year:

- ☐ Requesting additional documentation that cannot be located in the child's file:

Additional documentation supporting compliance will only be requested from the society if the child's file is otherwise well managed and lacking in one specific area. While this recommended practice has been in effect for several years, the practice has become somewhat blurred in recent years and has become subject to individual preferences of the Leads of the Reviews.



□ Case Report Consistency:

The Leads and Co-Leads of the individual Reviews will be expected to check the individual case reports for consistency of practice reflecting the changes articulated in the amended guidelines. In particular, individual case report commentary will be expected to be enhanced for children who are identified with special needs. The 'Comments' section will describe the supports and services provided by the society to address the child's special needs. Should the society's planning not reflect the efforts taken to address and monitor those needs, a Directive will be required.

□ Ensuring Children's Entitlements:

In the past, Reviewer discretion has resulted in an inconsistency of practice in ensuring recommendations are made relating to a Crown ward's eligibility for financial entitlements. Expectations in these areas have been clearly defined in the amended guidelines. This should ensure that eligible children are more consistently considered for awards through Criminal Injuries Compensation and Survivor Benefits through the Canada Pension Plan.



Appendix 2

SUMMARY OF CHANGES

1. Additional information will not be requested unless the file is very well managed

Goal: to work towards a practice where no additional information will be requested by the Crown Ward reviewers to determine compliance.

2007

No additional information will be requested on any case beginning in 2007 unless the file is well managed and there are no other compliance concerns. This practice has been in place for some time through direction from previous program co-ordinators but the lines have blurred over the past several months where it appears that in some reviews, we are not issuing Directives unless we have asked for the Society to respond.

In view of the 2006 Report from the Provincial Auditor, we must tighten up our practice.

Leads will clarify for societies at the Entry meeting. Leads/Co-leads will ensure that any requests from Societies for additional information, pertain only to files that are otherwise well-managed. The case summary should include a notation that the file would have been non-compliant had it not been for information provided at the request of the reviewer.

2008

Any changes to the current practice listed above, will result from ongoing discussion throughout 2007 and decisions will be made and communicated to Regional Offices and societies ahead of the 2008 Audit year.

2. Increasing importance of Recommendations – tracking expected; consequences of recommendations that have not been considered

This issue was clearly one of concern for the Provincial Auditor. The importance of Recommendations has been heightened in the new manual. Recommendations now require consideration from societies and societies' responses to both Directives and Recommendations will be monitored by the Regional Offices throughout the year.

2007

Recommendations from the previous year will be reviewed prior to the beginning of the subsequent Crown Ward Review and reviewers will expect to find documentation in each case file confirming that the recommendation has been considered. Lack of consideration of Recommendations made in previous Crown Ward Reviews will result in another recommendation with the caution expressed to the Society that "failure to document consideration of the Recommendation may result in the issuing of a Directive in 2008" when the matter may be characterized as serious and tied to the child's welfare.

Recommendations are to be made when case management issues, not directly linked to Ministry standards, have been inadequately addressed in



the documentation presented for review in order to provide agencies an opportunity to respond.

3. Expectations to use all of the Comments Sections

The Auditor's report identified significant areas of concern regarding inconsistencies in our case reports. Information identified in the 'Comments' section was not supported by the bullets. The bullets identified were not supported in the Recommendations and Directives section of the case reports. This was especially true for the Child Profile and Planning sections of the reports. Comments were noted to be lacking in some areas.

The 'Comments' sections of the case reports should be used liberally to clarify the bullets identified. Reviewers should take care to ensure that documentation in the case report is consistent and that areas unaddressed by the society are carried through to the Recommendations/Directives sections of the case reports. The revised guidelines identify specific topics that should be addressed in the 'Comments' sections of the case reports.

4. Increasing focus on ONLAC-based planning (all dimensions)

While the expectation for ONLAC-based planning does not come into effect until December 2007, commentary regarding planning should indicate how well the case planning is reflecting the ONLAC vision.

We are not being discouraged from using the Directive for the POC not addressing the child's needs any longer.

Auditor: "the Child and Family Services Act S. 105(1) does state that a child has a right to a plan of care designed to meet the child's particular needs. So if the child is not receiving such a plan of care, it is a violation of the legislation and a Directive should be issued."

Prior to 2007: Recommendations made to enhance planning should include a reference to the upcoming requirements for societies to link planning to ONLAC. The failure of the Society to address previous Recommendations made with regards to this standard, may be addressed through a Directive (for significant omissions) or a warning re the post December 2007 practice may be made.

After December 2007: A Directive may be issued if documentation reflects a failure to identify and address three or more of the ONLAC Developmental Domains. A Recommendation may be made for deficits in one or two areas of planning for a child.

Recordings may reflect that all domain areas are being addressed but they should be separately identified in each POC. A Recommendation may be made to ensure that this occurs by the 2008 Crown Ward Review if this is the case.



5. Increased importance of planning for cultural needs (especially for Aboriginal youth/children)

Bill 210 reflects the heightened importance of planning for cultural needs for ALL children, not just Aboriginal children. We will need to develop team consensus regarding our expectations in this area.



Appendix 3

CHANGES TO BUSINESS PROCESSES

1. Asking for additional information
2. Monitoring recommendations
3. Informing regional offices
4. Interim functioning for 2007 – pending policy direction, how will we respond
5. Processing of Directives
6. Changes to case reports

1. Goal – to work towards a practice where no additional information will be requested by the Crown Ward reviewers to determine compliance.

No additional information will be requested on any case beginning in 2007 unless the file is well managed and there are no other compliance concerns. This practice has been in place for some time through direction from previous program co-ordinators but the lines have blurred over the past several months where it appears that in some reviews, we are not issuing Directives unless we have asked for the Society to respond.

In view of the 2006 Report from the Provincial Auditor, we must tighten up our practice.

Leads will clarify for societies at the Entry meeting. Leads/Co-leads will ensure that any requests from Societies for additional information, pertain only to files that are otherwise well-managed. The case summary should include a notation that the file would have been non-compliant had it not been for information provided at the request of the reviewer.

2. Monitoring recommendations-

Note: Within our manual: (4th bullet) Objectives of Crown Ward Review – "To make recommendations about particular cases, general policy and practices and to encourage and monitor their implementation.

Propose that the co-lead be given the responsibility of tabulating an agency report of all recommendations in order to provide the society with service and documentation issues. This could be accomplished by a separate tabulation sheet provided to each reviewer at the initiation of each review and that it be used to "roll up" an overall tally (more detail than the current roll up) for the Society to be summarized at the PRC. It may be provided to Management and the Program Supervisor for monitoring throughout the review year. Societies will be notified that in completing the 2008 Crown Ward Review, the reviewers will be seeking a formalized consideration to any recommendations made the previous year. (Implementation of Directives for those recommendations not considered will be initiated in 2008 where the matter may be characterized as serious and tied to the child's welfare.)



3. Informing Regional Offices of changes to our processes – to be determined once agreement has been reached on the manual changes.
4. Interim functioning for 2007 –
 Bill 210- need to confirm the implementation date for all changes and clearly identify the changes that will directly impact Crown Ward Reviews eg. ?'s re review of Plans of Care in OPR's and proposed foster care licensing changes
 Most of the changes appear to be covered through recommendation areas of our case reports.

Auditor General's Report

- i. Special Needs identified but not addressed in Planning – I think we can pursue this without policy change by using the directive issued when the plan of care does not address the child's needs. Auditors quoted the CFSA 105(1): "a child has a right to a plan of care designed to meet the child's particular needs" and concludes "if the child is not receiving such a plan of care, it is a violation of the legislation and a directive should be issued." Training should ensure more consistency.
 - ii. Consistent application for Criminal Injuries Compensation – can be addressed right away through training for the Unit and requiring consistent practice
 - iii. Repeated recommendations with no society follow up: Is this a policy issue? We may develop a warning statement that is not inflammatory that will put societies on notice for 2008 until policy determination can be obtained. Eg. "Future planning will be expected to embrace/reflect the values reflected in Bill 210," with regards to cultural omissions.
 - iv. Contradictory information in case reports: Can be addressed through the consistent use of 'Comments' sections to describe the society's efforts to address the standards or its deficits in addressing the standard. Also the Lead/Co-lead bullet check may catch inconsistencies if special attention is paid to the Child Profile and planning sections of the case reports.
5. Processing Directives – All directives to be issued will be conferenced with the team through a group conferencing format on a daily basis – suggest 3pm each day. The person wishing to issue a directive will identify the case on a case review sheet and the team will gather at a set time each day. The evidence considered for the directive will be presented by the Reviewer with input from all others on the team invited. The responsibility for making the decision remains with the case reviewer with consideration of the team. Cases that are clearly requiring directives due to documented missed/late visits will not require team conferencing.
 6. No changes to any case reports can be made without consultation with the author of the report. If a report cannot be discussed with the reviewer prior to the



PRC, the changes must be discussed with the author after the fact by the person making the changes to the case report.

Appendix 4

ROLE OF THE CROWN WARD REVIEW LEAD

While this assumption of this role and the responsibilities attached to it may require additional activities and decision making with regards to the review process, it should not be implied that this position is one of a supervisory or authoritative nature. The collegiality (the sharing of power and authority among colleagues) of the team is to be encouraged and supported by all team members who may be leads on occasion or on a regular basis.

The Lead is responsible for:

AHEAD OF THE REVIEW:

- ✓ Ensuring contact with the Society identified for review, its Program Supervisor and where applicable, the Licensing Specialist
- ✓ Ensuring that appropriate accommodation arrangements are made, where necessary for the team of Reviewers (this may be entrusted to the Co-lead)
- ✓ Checking to ensure that all Reviewers have appropriate transportation arrangements in place. The office is to be provided with a list of those requiring air or train reservations at least six weeks prior to the first day of the review
- ✓ Where possible, securing the child and youth questionnaires ahead of the review; indicating on the master list of Crown Wards for Review those that have completed questionnaires and those requesting an interview; and providing the Society with a list of those requesting an interview
- ✓ Ensuring that the office has been given the name of the Society's contact and has provided the team with adequate supplies to complete the review

DURING THE REVIEW:

- ✓ Ensuring that files are in place and ready for review upon the arrival of the team and that an adequate number of files are made available to the team throughout the Review period
- ✓ Matching the questionnaires to the names on the Review List if this has not been done ahead of time and adding additional names as late questionnaires come in
- ✓ Together with the Co-lead, attending the Entry Meeting and reporting back to the Review Team, the findings from this meeting
- ✓ Acting as a consultant with individual team members who may require clarification regarding individual files
- ✓ Together with the co-lead, reviewing individual case reports to ensure that the bullets are marked according to the guidelines and the information contained in the reports
- ✓ Together with the co-lead, ensuring that if comments are made throughout the body of the report, they are brought forward to the summary – ie: highlights of the review and areas requiring further attention.



- ✓ Collecting key compliance information missing from files that are otherwise well managed
- ✓ Co-ordinating a daily Team Review Meeting where cases of concern that may not be considered to be in full legislative compliance, are group conferenced with the team
- ✓ Ensuring that all required documentation is obtained from the Society with regards to cases that are not eligible for review but were included on the Review List (Adoption Finalizations, Status Reviews, Discharges)
- ✓ Identifying with the Society, the location of the appropriate place for replication of data to prepare for the final roll up
- ✓ Co-ordinating the final Team Meeting to solicit input regarding observations from team members about the files they reviewed, the areas of strength observed and the areas that require the Society's attention
- ✓ Ensuring that all case file reports are printed and placed in alphabetical order and that duplicate copies of reports are made where necessary

POST REVIEW:

- ✓ Preparing the final data roll up and checking for inconsistencies
- ✓ Preparation of the Powerpoint presentation and corresponding presentation notes incorporating the feedback
- ✓ Preparation of a CD and hard copies of the presentation for the Program Supervisor and Senior management
- ✓ Together with the Co-lead, completing the delivery of the Powerpoint presentation
- ✓ Ensuring that the Program Supervisor is provided with copies of all High Risk case reports
- ✓ Writing of the final report and ensuring that sections of the Agency Report highlight the recommendations that have been made by members of the Review team.



Appendix 5

ROLE OF THE CO-LEAD

The role of the Co-lead is to assist the Lead in all of the responsibilities identified above. Depending on the Review and its size, the Co-lead may be able to play a significant role in supporting the Lead in his/her responsibilities. Some of the areas in which a Co-Lead may play a role include:

- ✓ arranging for team accommodation and travel
- ✓ completing the review of the questionnaires and noting on the Review List if a questionnaire has been completed or if an interview has been requested
- ✓ ensuring that all interviews requested have been arranged
- ✓ checking to ensure that bullets have been appropriately selected and that consistency is monitored in individual case reports
- ✓ acting in the place of the Lead if he/she is not available
- ✓ summarizing the questionnaires and reporting on the feedback from children and youth in care to the Societies as part of the PRC Powerpoint presentation

NEW RESPONSIBILITY OF THE CO-LEAD:

Under the list of specific objectives of the Crown Ward Review is:

"To make recommendations about particular cases, general policy and practices and to encourage and monitor their implementation".

The Co-lead will also be expected to review the previous year's Agency report to identify prior to the Review, areas of service concern and to request information about the Society's activities in response to the previous year's recommendations at the Entry Meeting.



Appendix 6

Legislative References for Directives and Recommendations

A. DIRECTIVES

1. Record of Contacts

R.R.O. 1990, REGULATION 71

Amended to O. Reg. 213/00

5. (3) Every society shall ensure that each child placed in a foster home or other home by the society is visited by a social worker,

- (a) within seven days after the child's admission to the home;
- (b) at least once within thirty days of the placement; and
- (c) at least once every three months after the visit referred to in clause (b),

or at such other interval as the local director directs. R.R.O. 1990, Reg. 71, s. 5 (3).

2. Documentation

a) Social History Requirements

R.R.O. 1990, REGULATION 70

Amended to O. Reg. 493/06

- | | |
|-------------------------------------------------------|-----------------|
| 1. Create Social History | Reg 111 (7) |
| 2. Family History to be included | Reg 111 (8) (c) |
| 3. Use Social History in creating Plan of Care | Reg 111(10) |

111. (7) Every placing agency shall initiate a **social history** of each child that it places in foster care within 60 days after the child is placed and shall update it annually thereafter. O. Reg. 493/06, s. 17 (4).

(8) The **social history** of a child shall include,

- (a) identifying information;
- (b) admission information;
- (c) family history;
- (d) birth history;
- (e) developmental history;
- (f) health history;
- (g) academic history;



- (h) history of court involvement;
- (i) experiences of separation;
- (j) personality and behaviour; and
- (k) aptitudes and abilities. O. Reg. 493/06, s. 17 (4).

(9) If the placing agency is not the licensee, the placing agency shall share the **social history** that it has prepared with the licensee. O. Reg. 493/06, s. 17 (4).

(10) A licensee shall use the **social history** of a child as a resource in adapting the foster plan of care for the child. O. Reg. 493/06, s. 17 (4).

b) c) Medical and Dental Care and Reporting

- Residents **91 (c) R.R.O. 1990, REGULATION 70,**
Amended to O. Reg. 493/06
- Residents **99(e) R.R.O.. 1990, REGULATION 70,**
Amended to O. Reg. 493/06
- Foster Care **4(2) R.R.O. 1990, REGULATION 71,**
Amended to O. Reg. 213/00
- FOSTER CARE **4(3) R.R.O. 1990, REGULATION 71**
AMENDED TO O. REG. 213/00

Residents

91. (1) Every licensee shall ensure that the written policies and procedures in each residence operated by the licensee with respect to the health program referred to in clause 73 (1) (g) provide for, ...

- (c) at least an annual assessment of the health, vision, dental and hearing condition of the residents;

99. (1) Every licensee shall maintain a written case record for each resident in a residence operated by the licensee that is regularly updated as information changes or becomes available and that includes, ...

- (e) reports of all medical examinations and treatment given to the resident upon admission and while in the residence;



Foster Care

R.R.O. 1990, REGULATION 71

Amended to O. Reg. 213/00

4. (1) Every society shall ensure that each child in care of the society is given a medical and dental examination as soon as is practical after the admission of the child to care. R.R.O. 1990, Reg. 71, s. 4 (1).

(2) Every society shall ensure that each child who is in care of the society is given a medical examination and dental examination at least once a year. R.R.O. 1990, Reg. 71, s. 4 (2).

(3) Every society shall keep a record of each medical examination and dental examination of each child admitted into care by the society. R.R.O. 1990, Reg. 71, s. 4 (3).

d) Plan of Care – Foster Care

e) Review within 30 Days

R.R.O. 1990, REGULATION 70

Amended to O. Reg. 493/06

111 (4) The licensee, within 30 days after placement of a child in a foster home, shall,

- (a) review the assessment prepared under subsection (2); and
 - (b) participate in the development and finalization of a foster plan of care with,
 - (i) the placing agency, where the placing agency is not the licensee,
 - (ii) the foster parents,
 - (iii) the child, where the child is 12 years of age or over, and
 - (iv) the child's parents, where appropriate. O. Reg. 493/06,
- s. 17 (2).

115. (1) Every licensee shall review and if necessary amend the foster plan of care for each child it places in foster care. R.R.O. 1990, Reg. 70, s. 115 (1); O. Reg. 493/06, s. 18 (1).

(2) The review referred to in subsection (1) shall be carried out with the involvement of the licensee, the placing agency where the placing agency is not the licensee, the child where the child is 12 years of age or over, the foster parents and, where appropriate, the child's parents,

- (a) three months after placement, six months after placement and at least every six months thereafter; or
- (b) earlier than the timeframes referenced in clause (a) if,
 - (i) there is a material change in circumstances which necessitates a review of the plan; or
 - (ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).

(3) The date of each review and any changes made in the foster plan of care shall be documented by the licensee in the child's file. O. Reg. 493/06, s. 18 (3).

f) Review of Plan by Supervisor

R.R.O. 1990, REGULATION 70

Amended to O. Reg. 493/06

115 (4) A supervisor shall examine the child's file at the time of each review to ensure that the required recording and documentation have been carried out and shall sign and date the record. R.R.O. 1990, Reg. 70, s. 115 (4).

g) Develop Plan of Care that Addresses Child's Specific Needs

1. CHILD AND FAMILY SERVICES ACT, R.S.O. 1990, C. 11

105. (1) A **child** in care has a right to a **plan of care** designed to meet the child's particular **needs**, which shall be prepared within thirty days of the child's admission to the residential placement.

2. R.R.O. 1990, REGULATION 70

Amended to O. Reg. 493/06

i) Residents

86. (1) Every licensee shall develop or participate in the development of a written **plan of care** for each resident admitted to a residence operated by the licensee within thirty days of admission of the resident. R.R.O. 1990, Reg. 70, s. 86 (1).

(2) A **plan of care** for a resident shall include,

- (a) a description of the resident's needs that is developed with reference to the findings of current or previous assessments of the resident;
- (b) identification of desired outcomes, based on each resident's specific strengths and needs;
- (c) a plan to secure, within specified timeframes, specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the resident;
- (d) a statement of the educational program that is developed for the resident in consultation with the school boards in the area in which the residence is located;
- (e) where applicable, a statement of the ways in which a parent of the resident will be involved in the **plan of care** including arrangements for contact between the resident and a parent of the resident and the resident's family;
- (f) particulars of any specialized service to be provided directly or arranged for by the licensee;
- (g) particulars of the dates for review of the **plan of care**;



- (h) a list of revisions, if any, to the **plan of care**; and
- (i) a statement of the anticipated plan for discharge of the resident. R.R.O. 1990, Reg. 70, s. 86 (2); O. Reg. 493/06, s. 9.

ii) Foster Care

- 111** (5) The licensee shall ensure that the foster plan of care,
- (a) takes into account all available information on the child as set out in any existing reports related to specialized consultation, specialized treatment and supports;
 - (b) identifies desired outcomes based on each child's specific strengths and needs; and
 - (c) includes a plan to secure, within specified timeframes, the specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the child. O. Reg. 493/06, s. 17 (3).

h) Annual School Report

i) Educational Rights

Child and Family Services Act, R.S.O. 1990, c. C.11 - Section 61. (3)

Education

(3) The society having care of a **child** shall ensure that the **child** receives an **education** that corresponds to his or her aptitudes and abilities. R.S.O. 1990, c. C.11, s. 61 (3).

ii) Reporting of Education

R.R.O. 1990, REGULATION 70

Amended to O. Reg. 493/06

Reg. 99(1) (h)

i) Residents

99. (1) Every licensee shall maintain a written case record for each resident in a residence operated by the licensee that is regularly updated as information changes or becomes available and that includes,...

(h) school records and reports concerning the resident, where applicable,



ii) Foster Care

111 (7) Every placing agency shall initiate a social history of each child that it places in foster care within 60 days after the child is placed and shall update it annually thereafter. O. Reg. 493/06, s. 17 (4).

(8) The social history of a child shall include,

(g) academic history;

i) Discussion of Rights

Child and Family Services Act, R.S.O. 1990, CHAPTER C.11

Right to be informed

108. A child in care has a right to be informed, in a language suitable for the child's level of understanding, of,

- (a) the child's rights under this Part;
- (b) the internal complaints procedure established under subsection 109 (1) and the further review available under section 110;
- (c) the existence of the Office of Child and Family Service Advocacy referred to in section 102;
- (d) the review procedures available for children twelve years of age or older under sections 34, 35 and 36 of Part II (Voluntary Access to Services);
- (e) the review procedures available under section 97 of Part IV (Youth Justice), in the case of a child described in clause (b) of the definition of "child in care" in section 99;
- (f) the child's responsibilities while in the placement; and
- (g) the rules governing day-to-day operation of the residential service, including disciplinary procedures,

upon admission to the residential placement, to the extent that is practical given the child's level of understanding. R.S.O. 1990, c. C.11, s. 108; 2006, c. 19, Sched. D, s. 2 (34).

j) Residential Plans of Care

R.R.O. 1990, REGULATION 70

Amended to O. Reg. 493/06

86. (1) Every licensee shall develop or participate in the development of a written plan of care for each resident admitted to a residence operated by the licensee within thirty days of admission of the resident. R.R.O. 1990, Reg. 70, s. 86 (1).

(2) A plan of care for a resident shall include,



- (a) a description of the resident's needs that is developed with reference to the findings of current or previous assessments of the resident;
 - (b) identification of desired outcomes, based on each resident's specific strengths and needs;
 - (c) a plan to secure, within specified timeframes, specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the resident;
 - (d) a statement of the educational program that is developed for the resident in consultation with the school boards in the area in which the residence is located;
 - (e) where applicable, a statement of the ways in which a parent of the resident will be involved in the **plan of care** including arrangements for contact between the resident and a parent of the resident and the resident's family;
 - (f) particulars of any specialized service to be provided directly or arranged for by the licensee;
 - (g) particulars of the dates for review of the **plan of care**;
 - (h) a list of revisions, if any, to the **plan of care**; and
 - (i) a statement of the anticipated plan for discharge of the resident. R.R.O. 1990, Reg. 70, s. 86 (2); O. Reg. 493/06, s. 9.
- (3) The initial **plan of care** referred to in subsection (1) and particulars of any reviews of the **plan of care** shall be entered in the resident's case record. R.R.O. 1990, Reg. 70, s. 86 (3).
- (4) Every licensee shall ensure that, where possible,
- (a) a parent of the resident or the person who placed the resident;
 - (b) any children's aid society or probation officer who is supervising or otherwise providing services to a child, but who is not a parent; and
 - (c) the resident, where the resident is twelve years of age or over,
- are consulted and involved with the development of each **plan of care** for each resident in a residence operated by the licensee. R.R.O. 1990, Reg. 70, s. 86 (4).
- (5) Where the **plan of care** is developed without the consultation or involvement referred to in subsection (4), the reason for the lack of consultation or involvement shall be noted in the resident's case record. R.R.O. 1990, Reg. 70, s. 86 (5).
- (6) Every licensee shall ensure that the development of each resident in each residence operated by the licensee in relation to the **plan of care** developed for the resident is reviewed at least every thirty days during the first six months that the resident is in the residence and at least every six months thereafter. R.R.O. 1990, Reg. 70, s. 86 (6).
- (7) A resident shall be given an opportunity to express his or her views during each review referred to in subsection (6). R.R.O. 1990, Reg. 70, s. 86 (7).
- (8) Every licensee shall ensure that each **plan of care** with respect to each resident in a residence operated by the licensee is reviewed three months and six months after the resident is admitted to the residence and if requested by any person



involved with the development of the **plan of care** every six months after the initial six month review. R.R.O. 1990, Reg. 70, s. 86 (8).

(9) A review of the **plan of care** referred to in subsection (8) shall involve,

- (a) the resident;
- (b) a parent of the resident; and
- (c) any other person who was involved in the development of the **plan of care**.
R.R.O. 1990, Reg. 70, s. 86 (9).

(10) Where it is not possible to review the **plan of care** with each person referred to in subsection (8), the reasons for the lack of a review shall be noted in the resident's case record. R.R.O. 1990, Reg. 70, s. 86 (10).

7. Any Directive in the child's best Interest

Child and Family Services Act, R.S.O. 1990, CHAPTER C.11

Director's annual review of Crown wards

66. (1) A Director or a person authorized by a Director shall, at least once during each calendar year, review the status of every child,

- (a) who is a Crown ward;
- (b) who was a Crown ward throughout the immediately preceding twenty-four months; and
- (c) whose status has not been reviewed under this section or under section 65.2 during that time. R.S.O. 1990, c. C.11, s. 66 (1); 2006, c. 5, s. 25 (1).

Idem

(2) After a review under subsection (1), the Director may direct the society to make an application for review of the child's status under subsection 65 (1) or give any other direction that, in the Director's opinion, is in the child's best interests. R.S.O. 1990, c. C.11, s. 66 (2); 2006, c. 5, s. 25 (2).



B . RECOMMENDATIONS

1. Criminal Injuries Compensation

Child and Family Services Act, R.S.O. 1990, c. C.11

Recovery because of abuse

81. (1) In this section,

"to suffer abuse", when used in reference to a **child**, means to be in need of protection within the meaning of clause 37 (2) (a), (c), (e), (f), (f.1) or (h). R.S.O. 1990, c. C.11, s. 81 (1); 1999, c. 2, s. 29.

Recovery on child's behalf

(2) When the Children's Lawyer is of the opinion that a **child** has a cause of action or other claim because the **child** has suffered abuse, the Children's Lawyer may, if he or she considers it to be in the child's best interests, institute and conduct proceedings on the child's behalf for the recovery of damages or other **compensation**. R.S.O. 1990, c. C.11, s. 81 (2); 1994, c. 27, s. 43 (2).

Idem: society

(3) Where a **child** is in a society's care and custody, subsection (2) also applies to the society with necessary modifications. R.S.O. 1990, c. C.11, s. 81 (3).

2. Other Survivor Compensation

ONTARIO REGULATION 67/92

Amended to O. Reg. 283/05

20. (1) The **child** or children of a person who is survived by a spouse are entitled on the death of the spouse to a **survivor** allowance if,

- (a) the person died while receiving or entitled to a pension under this Part; and
- (b) the spouse received a **survivor** allowance under this Part in respect of the person. O. Reg. 283/05, s. 4.

(2) The annual amount of the **survivor** allowance under this section is an amount equal to the annual amount of the **survivor** allowance to which the spouse of the deceased person was entitled on the date of the spouse's death. O. Reg. 283/05, s. 4.

21. (1) The **child** or children of a person who dies while receiving or entitled to a pension under this Part and who is not survived by a spouse are entitled to a **survivor** allowance. O. Reg. 283/05, s. 4.

(2) The annual amount of the **survivor** allowance under this section is an amount equal to the annual amount of the **survivor** allowance to which the spouse of the deceased person would be entitled under this Part if the deceased person were survived by a spouse. O. Reg. 283/05, s. 4.



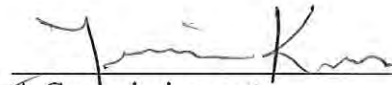
(3) Subsection (1) does not apply in respect of a **child** of a deceased person and the spouse of the deceased person if they became spouses after the date on which the deceased person ceased to hold office. O. Reg. 283/05, s. 4.

22. (1) A child's entitlement to a **survivor** allowance under this Part terminates when any of the following circumstances exist:

1. The **child** has attained sixteen years of age and has withdrawn from the control of the person entitled to custody of the **child**.
2. The **child** has attained eighteen years of age and is not attending a secondary school or a post-secondary educational institution recognized as such by the Board.
3. The **child** has attained eighteen years of age and five years have elapsed since the **child** completed secondary school. O. Reg. 67/92, s. 22 (1).

(2) Despite subsection (1), if the **child** is dependent on the **survivor** allowance because of a physical or mental disability when the entitlement to the allowance would terminate under subsection (1), the entitlement to the allowance shall not terminate until the **child** ceases to be dependent on the **survivor** allowance because of the disability. O. Reg. 67/92, s. 22 (2).

This is **Exhibit "8"** referred to
in the Affidavit of Kevin Morris,
sworn on this 13th day of June,
2016.


A Commissioner etc.

Jessica Kras, a Commissioner, etc.,
Province of Ontario, while a
Student-at-Law.
Expires May 9, 2019.

CROWN WARD REVIEW PROCESS TOOLS & BUSINESS PRACTICES

REVISED AUGUST 2011



CROWN WARD REVIEW PROCESS TOOLS & BUSINESS PRACTICES

REVISED AUGUST 2011

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MANUAL TO SUPPORT THE CROWN WARD REVIEW PROCESS

1.1 INTRODUCTION

The following manual has been developed to support the implementation of a revised Crown ward review process. The revised process includes changes to the Crown Ward Review (CWR) and Crown Ward Review – Adoption Probation (CWR-AP) tools used to assess Crown ward files. Business practices are provided to direct completion of these tools.

The revised Crown ward review tools are designed to review compliance with the requirements of the *CFSA*, Reg. 70, Reg. 71 and Reg. 206/00, Reg. 496/06 as well as various policy directives including: CW 005-06; CW 001-08; and CW 001-09.

Procedures have also been included in this manual to support all phases of the Crown ward review process including, for example, the identification of roles and responsibilities of all parties involved in pre-to-post review activity.

The contents of the manual are intended to be a resource to support transparency and consistency in the Crown ward review process. The information contained will be updated and provided to all users as changes to the Crown ward review process occur.

1.2 MANDATE AND PURPOSE

Crown Ward Reviews are conducted in accordance with Section 66 of the *Child and Family Services Act (CFSA)*.

A Crown Ward Review is an annual audit process undertaken by the ministry's Child Welfare Review Unit, in co-operation with each children's aid society and MCYS Regional Offices. The goal of the Crown Ward Review is to determine that an adequate Plan of Care is developed for each Crown ward and is intended to stimulate improvement in the overall service delivery to children.

The specific objectives of the Crown Ward Review are to:

- Monitor compliance with the legislation, regulations and directives in relation to the care of each Crown ward;
- Look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- Issue directives regarding non-compliance or where the review indicates that other actions would be in the child's best interest;
- Make recommendations about particular cases and monitor their implementation;
- Give Crown wards with enough understanding an opportunity, through questionnaires and interviews, to comment on the care they are receiving, contacts with their biological families, case plans and current circumstances;
- Provide information on useful methods employed in other societies and jurisdictions;
- Using a strengths-based approach, identify and convey to societies the strengths of service delivery.

1.3 PHILOSOPHY AND GUIDING PRINCIPLES

Changes to the Crown ward review process are in keeping with the principles identified in child welfare transformation as reflected in the 2006 revisions to the *CFSA*:

- A strengths and outcomes based approach to case planning;
- A recognition of children's need for continuity with family, community and culture;
- A commitment to best practice including a focus on child safety, permanency and wellbeing.

The revised Crown ward review process supports and promotes:

- Continuous quality improvement;
- Balanced reporting;
- Accountability;
- Transparency;
- An accurate reflection of CAS performance.

The revised Crown ward review process is part of a continuous quality improvement cycle with the expectation being that, over time, societies will strive to improve performance from one review to the next using the information collected from each review.

The reporting process involves presentation of data without any kind of evaluative assessment - i.e., balanced reporting.

The process will continue to enforce accountability as it holds CASs accountable for compliance with ministry requirements.

In order to promote “transparency”, all tools and business practices will be supplied to the child welfare sector.

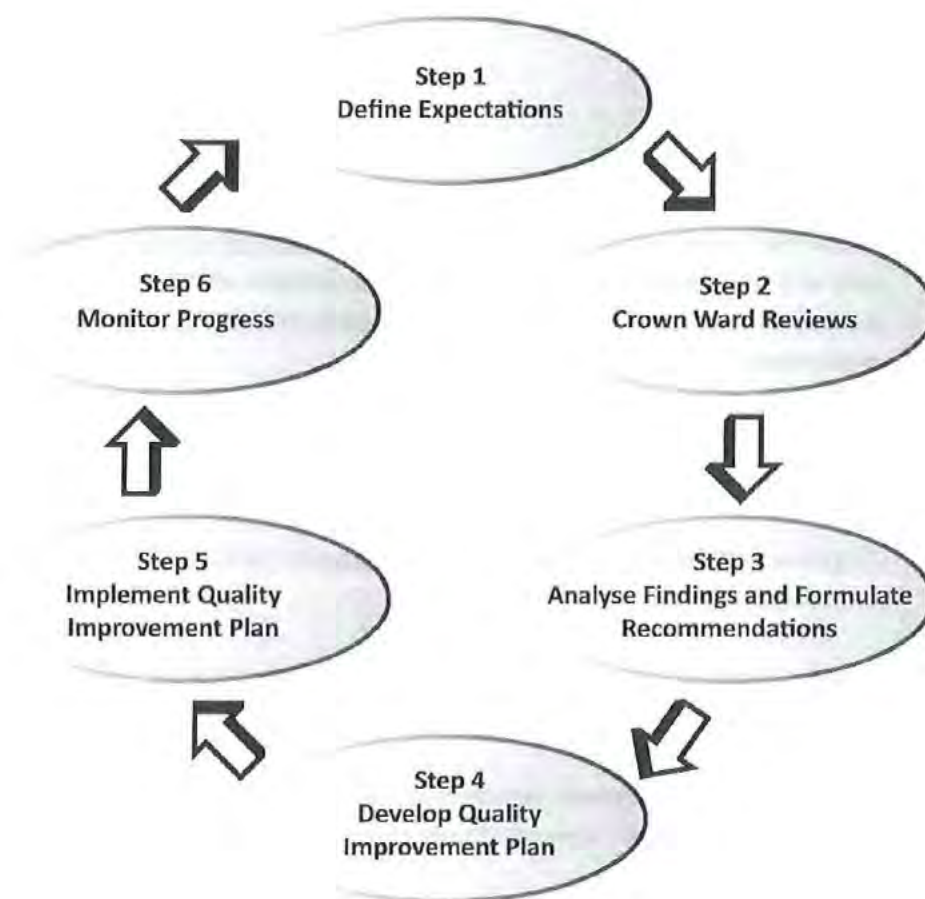
The revised process has been developed to ensure that CASs are treated fairly and given every opportunity to provide the necessary review evidence.

1.4 CONTINUOUS QUALITY IMPROVEMENT

The Crown ward review process is part of a larger strategy to support continuous quality improvement or ‘CQI’ – an ‘ongoing cycle of practice performance improvement’. The underpinnings of CQI include the notion that, rather than having the focus on individual change, it is on organizational and systemic change. The ongoing nature of CQI suggests that it is a process rather than a single event.

In this context, the focus for CQI relates to compliance with ministry requirements that will lead to improved services and outcomes for children and youth.

The following diagram shows the steps of the CQI cycle in relation to the Crown ward review process:



1.5 THE REVIEW PROCESS

1.5.1 Overview:

Crown ward reviews are completed annually for children who have been Crown wards for more than 24 consecutive months and may include Crown wards who are on adoption probation.

The goals of the review are to:

- Monitor compliance with the legislation, regulations and directives in relation to the care of each Crown ward;
- Look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- Issue directives regarding non-compliance or where the review indicates that other actions would be in the child's best interest;
- Make recommendations about particular cases and monitor their implementation;
- Give Crown wards with enough understanding an opportunity, through questionnaires and interviews, to comment on the care they are receiving, contacts with their biological families, case plans and current circumstances;
- Provide information on useful methods employed in other societies and jurisdictions;
- Using a strengths-based approach, identify and convey to societies the strengths of service delivery.

The Child Welfare Review Unit (CWRU) of the Client Services Branch, Service Delivery Division, is responsible for conducting Crown ward reviews. The CWRU works in cooperation with CASs and the nine MCYS regional offices throughout the province to conduct the reviews. Reviews are conducted on-site at each CAS.

Each year, the CWRU completes a comprehensive file review of approximately 5,400 Crown wards. In reviewing Crown ward files, reviewers complete individual case reports using tools to provide feedback to caseworkers, society managers and program supervisors.

Reviewers issue “directives” when documentation in a child’s file does not support full compliance with ministry requirements. Reviewers issue “recommendations” as a signal to a society that, while directives are not indicated, file documentation does not fully support ministry requirements. In response, CASs are required to address all directives with the ministry within 60 days of the review.

Similarly, CASs are required to report to the ministry within 30 days when a case has been designated by a reviewer as “high risk” and requires further action by the society to address the identified risks to a child. A child is designated as ‘high risk’ when he or she consistently exhibits behaviours that present harm to either him or herself or others.

The CWRU provides an agency report to each CAS which gives an overview of the agency’s strengths and areas requiring improvement. The CWRU also completes an annual summary report to provide analysis of overall provincial findings.

1.5.2 The Review Team:

- The Crown ward review is conducted by a team of reviewers that consists of both full-time ministry staff and consultants with child welfare experience.
- Other team members include the CWRU administrative assistant and the appropriate regional program supervisor in addition to CAS staff.

Below is a description of the activities for each phase of the review, including the roles and responsibilities of the review team.

1.5.3 Pre-Review

Pre-Review activities include:

- Determination of review dates;
- Confirmation of list of eligible Crown wards to be reviewed;
- Provision of notice to the CAS;
- Finalization of list of Crown wards to be reviewed;
- Identification of review team and CAS contact;
- Confirmation of logistical arrangements.

During the Pre-Review period, the CWRU prepares for the reviews with assistance from the CASs. In September of the preceding year, a letter is sent to all CASs requesting they provide an updated list of all Crown wards at December 31st of that year. Unless the review is happening at the beginning of the next year, societies are asked to submit their lists early in January.

Three months ahead of a review, the CWRU sends another letter to each CAS that provides the dates for their review. At this time, the CWRU sends out information concerning "case notes", and the "Pre-Review Identification Lists" along with the Crown Ward Questionnaires for distribution.

The ministry is committed to accurately reflecting society performance with the revised Crown ward reviews. It is anticipated that, with the variety of recording systems throughout the province, societies will have unique ways of recording the required information. As a result, societies are requested to explain their recording systems to the CWRU reviewers prior to a review. As well, societies are requested to assist reviewers by indicating where information requiring review is located within the files.

Six weeks prior to the review, the CWRU contacts the society and speaks to the staff who prepared the list and asks if there have been any changes. One week before the review, the finalized list is sent to the society by the CWRU with a copy to the regional office.

1.5.3.1 Process to Determine Eligible Crown Wards

Prior to the end of the calendar year, the CWRU sends letters to CASs requesting an updated list of all Crown wards in their care as of December 31st of that year.

By the beginning of the new calendar year, all CASs send a list of all their Crown wards to the CWRU. The CWRU then analyzes the lists provided by the societies and compares it with internal ministry lists to check for accuracy and update as necessary.

Three months prior to a review, the CWRU works with the society to finalize the list of eligible Crown wards. Names of Crown wards are removed who have either turned 18 since the society first submitted their list, or have been placed in a perma-

nent adoption, or have been discharged from care. The CWRU then emails the finalized list to the lead reviewer and the final list numbers to the appropriate regional program supervisor.

1.5.3.2 Roles and Responsibilities During Pre-Review

During the Pre-Review process, the CWRU:

- Requests file lists from CASs;
- Works with CASs to determine the final file list;
- Identifies the review team;
- Invites the program supervisor, CAS, licensing specialists to the scheduled Entry Meeting of the society's review.

The 'lead' reviewer is the primary CWRU contact throughout all phases of the review.

During the Pre-Review process, the program supervisor

- Engages the CAS in the revised Crown ward review process;
- Supports completion and submission of the list of files to be reviewed;
- Supports communication between the CAS and the CWRU, as appropriate;
- Follows up with CAS if file lists are overdue;
- Ensures the CAS is prepared for the review;
- Advises the lead reviewer of any special circumstances related to the CAS that may impact the review.

During the Pre-Review process, the CAS:

- Works with CWRU to finalize the file list;
- Ensures timely submission of the file list;
- Ensures files are available and accessible for review;

- Assigns an agency contact who will assist with setting up interviews with Crown wards;
- Arranges for staff to be available for both the Entry and Exit meetings.

1.5.4 During the Review

The following activities are carried out during the review:

- Completion of Entry meeting;
- Review of files;
- Completion of Crown ward interviews;
- Preparation of preliminary agency report;
- Completion of Exit meeting;
- Distribution of individual reports, preliminary agency report and raw data to society.

1.5.4.1 Data Reviewed

The findings of the Crown ward reviews are based on the review of society files, Crown ward review findings are also based on questionnaires completed by Crown wards as well as through client interviews.

In complex and/or high risk cases, society caseworkers and managers may also be consulted. In the event that reviewers are unable to find the necessary information in the file, they will, after receiving permission from the lead reviewer request the information from the society. Should the society recognize that documentation is missing from a file during the period of the review, the society is encouraged to present the documentation in question to the appropriate reviewer as soon as possible.

1.5.4.2 Case Notes

Although reviewers are not expected to review case notes, selected case notes presented by the society to support compliance specifically related to client contacts may be reviewed.

1.5.4.3 Feedback to Societies

Societies are provided with feedback in several ways including: the individual case reports; the Exit meeting; and the agency summary report.

Comments

Reviewers may utilize the “Comments” sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention. As well, the reviewer may draw attention to the strengths of a case. The content of these sections will be ‘brought forward’ to the Case Summary or Directives as applicable.

Directives

Directives are issued when the documentation in a child’s file does not support full compliance with ministry requirements. ‘Compliance’ and ‘Non-compliance’ are defined as follows:

- **Compliance:** In order for a requirement to be considered ‘in compliance’, the requirement must have been adequately met and relevant to the child’s situation for the period under review.
- **Non-compliance:** In order for a requirement to be considered ‘noncompliant’, documentation provided for review does not confirm that the requirement was met.

When the following exceptional circumstances exist, ‘yes’ or ‘no’ is checked to indicate whether the visits or plans of care/recordings are in compliance.

Directives are applied as indicated:

1. **Out of Province:** Statutory requirements such as 7 and 30 day visits and plans of care may be unenforceable when the child is placed out of province and being supervised by an out-of-province agency. The society is nevertheless expected to document that every effort was made to meet the requirements.
2. **Circumstances beyond the Society’s Control:** When non-compliance occurs because of child-specific circumstances beyond the society’s control, non-com-

pliance will be indicated but no directive/unmet requirement will be given. For example, if a child is AWOL, and the society documented that reasonable efforts were made to meet the requirement(s), the case will be non-compliant but no directive/unmet requirement will be issued. (A society is expected to complete all required plans of care on behalf of a child who is AWOL.)

3. **Strike:** All requirements are considered not applicable for the entire period of any labour disruption and for two weeks following the labour disruption.

Reports

Three reports are generated:

1. Individual case reports are intended to provide feedback to caseworkers, society managers and program supervisors on key areas of service delivery and issues specific to compliance and requirements.
2. A summary report is completed for each society reviewed and provides an overview of systemic strengths and areas requiring improvement or refinement. This information can be useful to the society's board, management and to the MCYS regional office for planning purposes and performance outcome monitoring. It provides the basis for the Quality Improvement Plan.
3. A report summarizing provincial performance is produced annually.

As well, raw data from the review is made available to all CASs at the conclusion of the review.

1.5.4.4 Youth Criminal Justice

Reviewers must not collect any information that identifies the child as having been dealt with under the *Young Offenders Act* or the *Youth Criminal Justice Act*. However, all the same review requirements apply to Crown wards and youth in care placed in *Youth Criminal Justice Act (YCJA) facilities*.

1.5.4.5 Exit Meeting

The lead reviewer presents the review findings at a prescheduled Exit meeting. At the end of the presentation, the program supervisor is invited to initiate the post review process in keeping with the continuous quality improvement process.

At the Exit meeting, the society is provided with e-copies of:

- Individual case reports;
- High risk case reports;
- High risk case reports requiring follow up;
- Case reports requiring review by senior management or program supervisor;
- The preliminary agency report.

At the Exit meeting, the society is also provided with an e-copy of the raw data from the review.

1.5.4.6 Roles and Responsibilities During the Review

During the review process, the CWRU:

- Manages the review team;
- Conducts the Entry meeting;
- Meets with a society contact daily as predetermined to address areas of inquiry and manage issues that may arise;
- Reviews files in accordance with the business practices outlined in the *Crown Ward Review Revised Tools and Business Practices (2011)*;
- Conducts interviews with Crown wards as required;
- Conducts the Exit meeting;
- Prepares and distributes individual reports, the preliminary agency report and raw data.

During the review process, the program supervisor

- Attends Entry and Exit meetings;
- At the Exit meeting, links findings to the Post-Review QIP process for CQI;
- Is available during the review for consultation with the review team.

During the review process, the CAS:

- Attends Entry and Exit meetings;
- Orients CWRU reviewers to client recording systems and the location of information requested on pre-review identification lists;
- Ensures reviewers have all files/information required for 9 a.m. on the first day of the review;
- Ensures CWRU reviewers have adequate working space and equipment (computer access, etc.);
- Provides an agency contact to address with the review lead areas of inquiry and management of any issues that may arise;
- Responds to questions from the lead reviewer;
- Receives individual reports, the preliminary agency report and raw data.

1.5.5 Post-Review

These are the activities related to the Post-Review period:

- Distribution of the final agency report within one month of the Exit meeting;
- Completion of follow up;
- CASS' response to:
 - o High risk cases requiring follow up within 30 days of the Exit meeting;
 - o Directives within 60 days of the Exit meeting;
- Development and implementation of the QIP;
- Submission of quarterly updates regarding the QIP.

1.5.5.1 Follow Up

Agencies receive individual case reports at the end of any Crown ward review which identify directives and recommendations for the reviews. Each case report is accompanied, as applicable, by summaries of directives and recommendations issued on the case.

Initial follow up for Crown ward reviews is carried out by the CWRU as described below. Further follow up to directives is assumed by regional offices and will be reviewed by the CWRU prior to the beginning of the next year's review.

1.5.5.2 Quality Improvement Plan (QIP)

Following the review, the society and program supervisor are required to analyse the data from the review to develop a QIP according to the CQI cycle above. Using the ministry format provided, the CAS submits the QIP for the approval of the program supervisor within 90 days of the Exit meeting. The program supervisor submits the QIP to the CWRU along with quarterly updates provided to him/her by the CAS.

1.5.5.3 Appeal Process

Crown ward reviews are conducted in accordance with Section 66 of the *Child and Family Services Act (CFSA)*. These onsite reviews allow direct observation and engagement with children's aid societies (CASs) to share best practice, promote effective services, and enhance capacity for continuous quality improvement. The Crown ward review focuses on outcomes and those areas that need attention. Directives are issued when the documentation in a child's file does not support full compliance with the Ministry of Children and Youth (MCYS) legislation, regulation and policy requirements.

MCYS is committed to ensuring that the ministry's review process is fair and transparent. The Child Welfare Review Unit (CWRU) has developed an appeal process to provide societies the opportunity to request a review of directives issued as part of the Crown ward review process.

The appeal process is not a mechanism to answer questions or concerns from societies regarding the legislation governing the Crown ward review process. Instead, the

appeal process is a vehicle whereby a society can appeal a directive that has been issued. The appeal process also serves as a quality assurance mechanism to ensure directives are accurate and based on ministry requirements.

Appeal Criteria

A society may request a review through the appeal process when the:

- Crown ward review results in a directive(s) on a child's file; and
- Society's data or information in the files is inconsistent with the information obtained during the review or the society has additional data or other evidence that explains or supports a determination of compliance.

The Appeal Process

The following outlines the steps involved in the Crown ward review appeal process:

- The lead reviewer notifies the society of the Crown ward review findings as part of the Exit meeting at the completion of the onsite review. Individual case reports are provided to the society at this meeting.
- If a society wishes to contest a decision regarding a directive, the society may file an appeal in writing to the CWRU within 60 calendar days of receiving the individual case reports.
- An appeal will be considered if it is filed within the allotted timeframe.
- The society may provide additional information through written statements as part of the request for an appeal. Submissions can be made in the form of copies of recordings or other reports. Documentation may include additional information or file documentation that explains or supports a determination of compliance.
- Case notes will not be accepted to demonstrate compliance after the onsite review – unless they were previously presented as part of the review.

Response to the Society's Request for Appeal

Within ten calendar days of receipt of a society's request for appeal, the CWRU will acknowledge receipt of the appeal in writing. The letter will confirm whether the appeal is accepted according to the specified timeframes.

If the appeal is accepted, it will be referred to a CWRU staff person (designate) who was not involved with the original decision to issue a directive.

Procedure for Conducting the Review

1. Within six weeks of the CWRU's notification to the society regarding acceptance of their request for an appeal, the CWRU will communicate to the society the disposition of that appeal.
2. The CWRU designate will review:
 - o The individual case report prepared as part of the Crown ward review; and
 - o All written statements and relevant information submitted by the society.
3. The CWRU designate will recommend to the CWRU manager that the original directive be:
 - a. Upheld; or
 - b. Overturned.
4. The CWRU designate will prepare a file containing all of the pertinent review information, a recommendation regarding the disposition of the appeal and all pertinent correspondence to support the recommendation.
5. The CWRU manager will review the recommendation as well as the supporting documentation to make a final determination.
6. If the final decision is to overturn the original directive, the CWRU manager or designate will:
 - a. Communicate the decision to the lead reviewer and the reviewer who made the original directive;
 - b. Amend the individual case report and the agency report;

- c. Notify the agency in writing of the CWRU decision and attach a copy of the amended individual case report and the agency report with a copy of the notification and amended agency report to the program supervisor.
 - d. Log the decision in the CWRU Appeal Log
- 7. If the final decision is to uphold the original directive, the CWRU manager or designate will:
 - a. Communicate the decision to the lead reviewer and reviewer who made the original directive;
 - b. Notify the agency in writing (with a copy to the MCYS program supervisor) of the CWRU decision;
 - c. Log the decision in the CWRU Appeal Log.

1.5.5.4 Roles and Responsibilities Post-Review

Post-review, the CWRU:

- Monitors and reports on Crown ward review follow up;
- Releases the final agency report;
- Prepares regional reports as required;
- Completes annual provincial reports;
- Reviews QIPs and updates from program supervisors;
- Provides reports regarding QIP implementation.

After the review is complete, the program supervisor:

- Responds to any request for review of file by program supervisor;
- Engages with the society to support development and implementation of QIP;

- Submits the QIP to CWRU;
- Monitors implementation of the QIP;
- Provides quarterly updates on the progress of the QIP to CWRU.

During the post-review period, the CAS:

- Receives the final agency report;
- Responds to:
 - o High risk cases requiring follow up;
 - o Directives including requests for senior management's review of any file;
- In conjunction with the program supervisor, develops a QIP to address priorities for improvement;
- Implements QIP;
- Provides QIP and quarterly updates to their program supervisor.

1.6 DEFINITIONS

1.6.1 Kinship Service or Kinship Care

The Child Welfare Transformation Agenda (2005) provided a policy framework for the provision of child welfare services that would maintain the focus on child safety while enhancing permanency options for children receiving services from children's aid societies in Ontario. Kinship Service and Kinship Care are service directions that were developed at this time.

Kinship Care is provided to children who are placed with members of the child's extended family or community and admitted to the care of the society. Child in care requirements apply to these situations.

Kinship Service is provided to children who are placed with members of the child's extended family or community for protection reasons, but are not admitted to the society's care. Because these children are not 'in care', the Crown ward reviews do not apply to them.

1.6.2 Customary Care

Customary care is defined for the purposes of Part X in the *Child and Family Services Act* as “the care and supervision of an Indian or native child by a person who is not the child’s parent according to the custom of the child’s band or native community” CFSA s. 208.

An Indian child is an “Indian” as defined in the *Indian Act*. A native child is a “native person” as defined in the *Child and Family Services Act*.

Formal customary care is defined by the ministry in the Ontario Permanency Funding Policy Guidelines as follows:

Where a society determines that an Indian or native child is in need of protection, removal of the child from the parents/caregiver is required and there is a customary care declaration by the band of either parent, the society will grant a subsidy to the person caring for the child. The home must meet foster care licensing regulations and standards.

The child is supervised by a children’s aid society pursuant to the band declaration.

There must be a customary care agreement in place.¹

¹ ONTARIO PERMANENCY FUNDING POLICY GUIDELINES January 26, 2007

2.0 CROWN WARD REVIEW

2.1 CHILD WELFARE TRANSFORMATION CHANGES

These changes have resulted in the consideration of additional evidence for compliance. Planning documentation must now reflect a review of a child or youth's Ontario Looking After Children (OnLAC) Assessment and Action Record (AAR). OnLAC is an approach to caring for children who are in residential care settings outside their own homes. It is based on a developmental model designed to promote optimal outcomes for children and youth across seven dimensions of development: health; education; identity; family and social relationships; social presentation; emotional and behavioural development; and self-care. The seven dimensions are measured annually by means of an AAR. There are age-appropriate versions of the AAR for age groups to 17 years.

Further evidence reviewed includes planning that:

- Fully addresses the child's special needs;
- Reflects specific consideration of a child's cultural needs;
- Ensures children are supported in the development of enduring relationships.

2.2 ELIGIBILITY FOR REVIEW

The case file of each Crown ward is reviewed in the year following 24 successive months of Crown wardship and every year thereafter. Eligible Crown wards who are 17 years old during the review period (which does not include the Exit meeting) must be reviewed as well.

A file is not reviewed where there has been a status review conducted by the court within the current calendar year and there has been a final disposition of that status review application (SRA) within the current calendar year. The intent of this is that Crown ward reviews not be missed for two or more consecutive years because of a pending status review. Although only those files where there has been a disposition of the SRA in the calendar year are to be excluded, reviewers may wish to consult with the CWRU manager, who may in turn refer the matter to the Legal Services

Branch, in other situations where a status review has been initiated and extenuating circumstances may preclude a review. Examples of when this might occur are the:

- Judge has reserved and it is anticipated a decision will issue shortly;
- Physical file is not available because of preparation for or participation in the SRA;
- Status review is in process and the conducting of a Crown Ward Review could escalate a hotly contested matter.

If the Crown ward has had at least 24 successive months of Crown wardship and is on Adoption Probation, then the Crown Ward Review – Adoption Probation (CWR – AP) tool should be used.

All eligible Crown wards are reviewed using the Crown Ward Review (CWR). The Indian and Native Children/Youth section of the CWR tool will also be completed for Indian and native Crown wards.

2.3 REVIEW OF PREVIOUS REPORT

In preparation for any review related to a Crown ward, the reviewer reviews the previous year's report – whether it is a Crown Ward Review or Crown Ward Review - Adoption Probation Individual Case Report. This is done to ensure that the reviewer appreciates the context for the current review and monitors the results of the earlier review.

2.4 REVIEW PERIOD

The period of review for a Crown ward review (including Adoption Probation) is a 12 month period which begins 12 months prior to the day of the review. If the file is reviewed by the reviewer on June 23, 2011, for example, the period of review begins June 23, 2010 and finishes June 23, 2011.

2.5 CLIENT IDENTIFICATION

Reviewers identify Crown wards on the tools with a 'case identifier' comprised of the agency file number. The child or youth's name is not referenced in the review. Instead, the child or youth is referred to as 'the child' or 'the youth' or 'he' or 'she'. This is done to protect the privacy of children and youth under review.

2.6 RECOMMENDATIONS

Recommendations are used as a signal to a society that, while directives are not indicated, file documentation does not fully support requirements in relation to: plans of care; social histories; or a child's Indian or native culture, heritage and traditions.

While there is no requirement for societies to respond to any recommendations, the recommendations may indicate systemic issues to program supervisors and CASs which may be resolved through the development and implementation of the QIP.

The same recommendations are not made year after year. A recommendation issued for a second time will result in a directive. The strategy of issuing 'Recommendations' will be reviewed 24 months after the launch of the revised CWR and CWR-AP to establish its effectiveness in enhancing service to Crown wards.

2.7 FOLLOW UP

Follow up occurs as follows for all Crown Ward Reviews including Adoption Probation reviews:

1. Within 30 days of the Exit meeting, agencies respond to the CWRU and the program supervisor regarding follow up for cases designated as 'high risk' with action required.
2. Follow up for each directive is received by the Program Supervisor/Regional Office and the CWRU within 60 days of the Exit meeting.

3. Program Supervisors respond to a directive to review a file by indicating to the CWRU, in writing, that this has occurred along with any comments.

Following receipt by the CWRU of a society's response to all directives and any request for follow up to a high risk case, a letter is sent to the Program Supervisor/ Regional Office requesting sign off on the review. This sign off signifies the end of the review.

2.8 APPENDIX

Appendix A provides references for the Crown Ward Review business practices.

2.9 CROWN WARD REVIEW INDIVIDUAL CASE REPORT

The Crown Ward Review Individual Case Report is to be completed according to the following business practices.

MINISTRY OF CHILDREN AND YOUTH SERVICES

CROWN WARD REVIEW

Individual Case Report - Version 1.0

CROWN WARD REVIEW

Individual Case Report

The Crown Ward Review - Adoption Probation tool should be used for any child on Adoption Probation who has been a Crown ward for more than 24 months.

Regional Office:	The reviewer will enter the number code representing the regional office.
Agency:	The reviewer will enter the number code representing the society under review.
Case Identifier:	Agency file number
Date of Review:	MM/DD/YY
Name of Reviewer	First name, Surname
Review Type	<input type="checkbox"/> Lead <input type="checkbox"/> Team The reviewer will indicate whether she or he is the lead reviewer or a member of the reviewing team.
Date of Exit Meeting	MM/DD/YY

SECTION A: CHILD INFORMATION		
A1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
A2. Date of Birth:	MM/DD/YY	Verify for accuracy.
A3. Age at Review:	Years/months	# years # months
A4. Date of Crown wardship:	MM/DD/YY	Verify for accuracy by referring to the Crown ward order on file. The date is located on the top left side of the document. Indicate whether the Crown ward order is on file.

SECTION A: CHILD INFORMATION		
A5. Date of most recent admission to care	MM/DD/YY	Date: MM/DD/YY
A6. Age at most recent admission to care	##	Age: # years # months
A7. Age at Crown Wardship	##	# years # months
A8. Length of Crown Wardship	##	# years # months
A9. Primary reason for most recent admission to care:		Check the most applicable reason for the child's most recent admission to care according to information found in the Social History. The following is excerpted from the <i>Eligibility Spectrum 2006</i> (see also Appendix B).
	<input type="checkbox"/> Physical/Sexual Harm By Commission	Physical/Sexual Harm by Commission: The child has suffered physical or sexual harm or there is a risk that the child is likely to suffer physical or sexual harm as a result of an act or action by a caregiver.
	<input type="checkbox"/> Harm By Omission	Harm by Omission: The child has been harmed or there is a risk that the child is likely to be harmed as a result of the caregiver's failure to adequately care for, provide for, supervise, or protect the child.
	<input type="checkbox"/> Emotional Harm/ Exposure To Conflict	Emotional Harm/Exposure to Conflict: The child has been emotionally harmed or is at risk of emotional harm as a result of specific behaviours or pattern of neglect of the caregiver towards the child or resulting from the caregiver failing to adequately address the emotional condition. This includes adult conflict and partner violence.

SECTION A: CHILD INFORMATION		
	<input type="checkbox"/> Abandonment/ Separation (including Caregiver-Child Conflict/ Child Behaviour) Caregiver	Abandonment/Separation: The child has been abandoned or is at risk of being separated from the caregiver as a result of intentional or unintentional actions of the caregiver. Separation may be a result of caregiver-child conflict or the child's behaviour
	<input type="checkbox"/> Caregiver Capacity	Caregiver Capacity: No harm has yet come to the child and no evidence is apparent that the child may be in need of intervention for a reason indicated in Sections 1 through 4, Eligibility Spectrum 2006 (see Appendix B). The caregiver, however, demonstrates characteristics that indicate that without intervention, the child would be at risk in one of the previous sections.
	<input type="checkbox"/> CD	Indicate the 'CD' if the information is not found in the social history.
A10. Other reasons for the child's most recent admission to care:	Comment:	Comment on any other reasons for the child's most recent admission to care. This may include secondary or additional Eligibility Spectrum 2006 Sections (see Appendix B).
A11 a. Was the child in care prior to the most recent admission to care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate 'yes' or 'no' whether the child was ever admitted to care by any child welfare authority prior to the most recent admission.
A11 b. If yes, number of prior admissions to care for this child	##	If the child was admitted to care prior to the most recent admission, indicate the # number of those previous admissions.

SECTION A: CHILD INFORMATION		
A12. Current placement type:	<input type="checkbox"/> Emergency receiving – institutional <input type="checkbox"/> Emergency receiving – family-based <input type="checkbox"/> Regular foster care – family-based <input type="checkbox"/> Specialized foster care (CAS) – family-based <input type="checkbox"/> Treatment foster care (CAS) – family based <input type="checkbox"/> CAS operated group home – institutional <input type="checkbox"/> CAS operated parent model group home – family based <input type="checkbox"/> OPR parent model group home – family based <input type="checkbox"/> OPR foster care – family based <input type="checkbox"/> OPR staffed group home – institutional <input type="checkbox"/> Children's Mental Health Centre – institutional <input type="checkbox"/> Kinship Care – family-based <input type="checkbox"/> Formal Customary Care – family based <input type="checkbox"/> Independence (planned & includes semi - independence) – independence <input type="checkbox"/> Other (unplanned or YCJA) – other	<p>The type of placement refers to the most recent society-approved placement. 'Other (unplanned or YCJA)' refers to non-society-approved living situations such as AWOLs or YCJA facilities. 'Independence (planned & includes semi-independence)' includes any society-approved living situations involving youth over 16 living on their own with placements in independent and semi-independent living programs and youth shelters, for example.</p> <p>Respite placements or placements in hospital, camp and children's mental health centres for an assessment or crisis are not considered to be the child's 'current placement'.</p> <p>CPRI and Thistletown Regional Centre are children's mental health centres.</p>

SECTION A: CHILD INFORMATION		
A13. Has there been a placement change in the last 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the child has changed placement in the past 18 months – i.e., changed caregivers or, in the case of a youth living independently, a change in address. Moves to respite, hospital, or camp placements and placements in children's mental health centres for an assessment or crisis are not considered to be placement changes.
A14. Was the completed child questionnaire received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate 'yes' or 'no' whether the child's completed questionnaire was received. If the completed questionnaire was received, complete 'Questions from the Questionnaire'.
A15. Was an interview requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate 'yes' or 'no' whether the child requested an interview according to his or her questionnaire.
A16. Was the interview completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate whether the child received an interview as requested.
A17. If the interview was not completed, why not?	<input type="checkbox"/> child declined <input type="checkbox"/> child AWOL <input type="checkbox"/> child not available for other reasons <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> N/A	Indicate why the child did not receive an interview as requested. Provide specifics if the selection is 'other'.

SECTION A: CHILD INFORMATION		
<p>A18. Is the child registered or entitled to be registered as an Indian or is the child being served by Dilico Ojibway Child and Family Services?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD</p> <p>(If yes, Indian and Native Children/Youth section will appear.)</p>	<p>The file should clearly indicate whether the child is registered as an Indian, or is entitled to be registered as an Indian or is receiving service from Dilico Ojibway Child and Family Services. If it does not, check, 'CD'.</p> <p>Under the CFSA, "Indian" has the same meaning as in the Indian Act (Canada). Under the Indian Act, Indian means a person who is registered as an Indian or is entitled to be registered as an Indian. This includes the Mushuau Innu and the Innu of Sheshatshiu in Labrador who were recognized as bands under the Indian Act and registration of their members began in 2002.</p> <p>A child may be entitled to be registered if the society has been informed that the child's parents are members of a band, for example.</p> <p>Under the CFSA, a "Native person" means a person who is member of a "native community" which is a community designated by the Minister but is not a member of a band (Indian).</p> <p>There has only been one designation made by the Minister and this was to designate a group of First Nations as native communities for the purposes of the designation of Dilico Ojibway Child and Family Services.</p> <p>If 'yes' is checked, the review for Indian and native children will be generated for completion.</p>
<p>Comments:</p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner.</p>		

Previous Reviews		
A19. Has this child been reviewed previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check one of 'yes' or 'no' depending on the existence of a previous Crown Ward Report.
A20 a. Were directives made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check one of 'yes' or 'no' according to whether directives were issued in last year's Crown Ward Report.
A20 b. If yes, has the agency addressed all of the directives identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The reviewer reviews the directives issued in the previous year's review and determines, by the evidence on the file, whether each of the directives were addressed. The reviewer may refer to the society's plan to address the directive but this is not the sole reference to be used.
<p>If no:</p> <p>A20 b (i). Review of file by senior management re failure to address directives from the previous year (with exception of directives related to plans of care or the child's safety)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>Check 'yes' to indicate that a directive is issued because of the society's failure to address directives issued in the previous year's review according to the follow up plan provided by the society and/or evidence in the file unless those directives were related to plans of care (OnLAC dimensions only) or the child's safety.</p> <p>It is possible to issue directives to review of file by both senior management and the program supervisor in relation to a failure to address identified directives.</p> <p>Comment below.</p>

Previous Reviews		
Review of file by program supervisor related to failure to address directives from the previous year re: A20 b (ii) 1. Plan of care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Directives related to plans of care (OnLAC dimensions only) or the safety of the child from the previous year's review that were not addressed according to the follow up plan provided by the society and/or evidence in the file result in a directive for review by the program supervisor. It is possible to issue directives to review of file by both senior management and the program supervisor in relation to a failure to address identified directives. Comment below.
A20 b (ii) 2. Child's safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A21 a. Were recommendations made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate 'n/a' for all cases.
A21 b. If yes, has the agency addressed all of the recommendations identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate 'n/a' for all cases.
A21 b (i). If no, directive for review of file by senior management to be issued re failure to address recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate 'n/a' for all cases.
Comments: The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Possible topics are suggested throughout the business practices. The reviewer provides comments in relation to any directives made in the previous year's review that were not addressed. In addition, rationales are provided for a: <ul style="list-style-type: none"> • Review of file by senior management re directives: Review of file by senior management re failure to address directives (with the exception of directives related to plans of care or the child's safety) • Review of file by program supervisor re directives re plan of care: Review of file by program supervisor related to failure to address directives re plan of care • Review of file by program supervisor re directives re child's safety: Review of file by program supervisor related to failure to address directives re plan of care or child's safety 		

INDIAN AND NATIVE CHILDREN/YOUTH REPORT		
To be completed if the child is Indian or native – i.e., 'yes' checked in response to 'Is the child registered or entitled to be registered as an Indian or is the child being served by Dilico Ojibway Child and Family Services?' Societies have special obligations with respect to children who are Indian or native.		
Identifying Information		
1. Is the child a Band Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> in process <input type="checkbox"/> CD	Indicate 'CD' if the file contains no information about the child's band membership. If the society is in the process of determining whether the child is a member of a band, check 'in process'.
Indian and Native Children Planning		
2. Have efforts been made to place the child with a member of the child's extended family, a member of the child's band or native community or another Indian or native family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	<p><i>CFSA 61. (2) The society having care of a child shall choose a residential placement for the child that,</i></p> <p>(d) where the child is an Indian or a native, is with a member of the child's extended family, a member of the child's band or native community or another Indian or native family, if possible</p> <p>'Efforts' can include a discussion with the child who decides that he or she is not interested in a placement with a member of the child's extended family, for example. Examples of other 'efforts' may include meetings with the band, a protocol between the band and the society, etc.</p>
3. Does the child have contact with his or her band or native community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	Contact with a child's band or native community can take many forms – email, in person, by telephone, etc.

INDIAN AND NATIVE CHILDREN/YOUTH REPORT		
4 a. Was ADR considered to resolve any issue related to the child in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A society must consider whether Alternative Dispute Resolution (ADR) could assist in resolving any issue related to the child or a plan for the child's care. ADR methods include: child protection mediation, family group conferencing; Aboriginal approaches; or other methods satisfying ministry criteria and approved by the Executive Director of the society involved.
4 b. Was the band/native community consulted regarding alternative methods for dispute resolution in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	When the child is an Indian or native, the band or native community must be consulted to determine whether an ADR process established by the band or native community or another prescribed process will assist. If efforts were made to consult with the band or native community without success, the response is 'yes'. 'N/A' is indicated if there was no relevant issue.

INDIAN AND NATIVE CHILDREN/YOUTH REPORT		
<p>Where ADR was proposed in the past 12 months, was notification provided to:</p> <p>5 a. Office of the Children's Lawyer</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>If ADR is proposed, the Office of the Children's Lawyer (OCL) must be notified for children:</p> <ul style="list-style-type: none"> • under 12, where there is mutual agreement among the participants to pursue ADR;
<p>5 b. Band/Native Community</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<ul style="list-style-type: none"> • 12 and over and minor parents, where ADR is being proposed but a consent has not been entered into by the children's aid society and the children's aid society has not discussed the ADR proposal with the child or minor parent. <p>If ADR is proposed, the band or native community must be notified.</p>
<p>In the 12 months before the review date, did the society give notice to a representative of the child's band or native community in relation to:</p> <p>6 a. Child welfare legal proceedings</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>If child welfare legal proceedings regarding the child/youth took place at any time during the 12 month review period, indicate whether the society gave notice to a representative of the child's band or native community. If legal proceedings did not occur during this time period, indicate 'N/A'.</p>
<p>6 a (i). If the society did give notice, did the representative attend?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>Indicate 'yes' if a representative of the child's band or native community was involved during legal proceedings. Indicate 'no' if the representative was served but did not participate or was not served.</p>

INDIAN AND NATIVE CHILDREN/YOUTH REPORT		
6 b. Placement change	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>If the child/youth experienced a placement change during the 12 month review period, indicate whether the society gave notice to a representative of the child's band or native community.</p>
6 b (i). If the society did give notice, did the representative attend?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>Active involvement by the child's band or native community in plans of care should also be reported. Indicate 'yes' if the representative participated in planning for the child.</p> <p>Failure by the society to facilitate native community or band representation will result in a directive.</p>
7 a. Did the child live continuously with a foster parent for 2 years or more and was removal of the child or a placement change proposed in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If a child is a Crown ward and has lived continuously with a foster parent (CAS or OPR) for two years and a society proposes to remove the child from the foster parent, the society must:</p>
7 b. If yes, was notification provided to the band/native community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>(i) give the foster parent at least 10 days notice in writing of the proposed removal</p> <p>(ii) if the child is an Indian or native,</p> <ul style="list-style-type: none"> • give at least 10 days notice in writing of the proposed removal to a representative chosen by the child's band or native community <p>Indicate 'yes' or 'no' whether notification was provided when it was required.</p>

INDIAN AND NATIVE CHILDREN/YOUTH REPORT

Comments:

The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner.

Comment on any issues related to the Indian and Native Children/Youth Report.

SECTION B: CHILD SAFETY

A primary objective of Ontario's child welfare system is to ensure that children in care are protected from further maltreatment. The purpose of Section B: Child Safety is to assess compliance with requirements related to the child's safety according to the focus of the Child Welfare Transformation.

B1. Has this child experienced verified physical or sexual abuse while in care prior to this review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Indicate whether, <u>prior to</u> this review period of the past 12 months, the child was the subject of a protection investigation and physical or sexual abuse was verified as a result.
B2. Has this child experienced any other form of verified maltreatment while in care prior to this review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Indicate also whether, prior to the current review period, any other form of maltreatment was verified.
B3 a. Has the child been the subject of any protection investigation in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The reviewer should have access to information about the nature of any allegation (past or present), the outcome of the investigation, and any treatment required. The reviewer should request this information if it is not available on the file.</p> <p>Indicate 'yes' or 'no' whether the child in care has been the subject of a protection investigation in the previous 12 months.</p>

SECTION B: CHILD SAFETY		
If yes: B3 b. Was physical or sexual abuse verified on at least one occasion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	Indicate 'yes' or 'no' whether, following an investigation, physical or sexual abuse was verified.
B3 c. Was any other form of maltreatment verified on at least one occasion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	Indicate also whether any other form of maltreatment was verified in the previous 12 months.
B3 d. Where did the verified maltreatment occur? Check as many as apply.	<input type="checkbox"/> With current placement caregivers <input type="checkbox"/> With current respite caregivers <input type="checkbox"/> With past placement caregivers <input type="checkbox"/> With natural family or kin <input type="checkbox"/> Community caregiver <input type="checkbox"/> N/A <input type="checkbox"/> CD	Indicate whether the verified maltreatment (physical or sexual abuse or otherwise) that occurred during the previous 12 months took place with: <ul style="list-style-type: none"> • Current placement caregivers • Current respite caregivers • Past placement caregivers – i.e., during the previous 12 months • Natural family or kin • Another community caregiver such as a: baby sitter; day care provider; coach; scout leader or teacher (Protection Standard #1 – Community Caregiver).

SECTION B: CHILD SAFETY		
B4. Is a review by Senior Management required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The focus of this question is not to measure compliance with Ontario Child Protection Standards. If serious concerns exist about the quality of the investigation or the lack of a plan to address ongoing risk factors in relation to the child's safety, a review of file by senior management is indicated. Consult with the Lead Reviewer and/or agency supervisory staff. Provide a rationale for a 'yes' response in the Comments section.</p>
B5. If the child was placed in a kinship care home before it was approved as a kinship care home, was the kinship care home designated or approved as a place of safety prior to the child's placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>This question pertains to the twelve months prior to the review date.</p> <p>Prior to a child in care's placement with kin or a community member, the home must be approved as a Kinship care home. When placement prior to approval of the home as a Kinship care home is advised, the home must first be designated or approved as a Place of Safety before the child is placed.</p> <p>Kin can include relatives and extended family. A community member is a member of the child's community with whom the child has an established relationship.</p> <p>'N/A' is appropriate when the child is already placed and/or the placement was approved prior to the child's placement.</p>

SECTION B: CHILD SAFETY		
B6 a. If the child was placed in a formal customary care home before it was approved as a formal customary care home, was the formal customary care home designated or approved as a place of safety prior to the child's placement?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	<p>This question pertains to the twelve months prior to the review date.</p> <p>Prior to an Indian or native child's placement with kin, the home must be approved as a Formal Customary care home. When placement prior to approval of the home as a Formal Customary care home is advised, the home must be designated or approved as a Place of Safety before the child is placed.</p>
B6 b. If yes: Was the child's band or native community consulted throughout the subsequent assessment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>Kin can include relatives and extended family. Extended family, in the case of a child who is an Indian or native, includes any member of the child's band or native community.</p> <p>Indicate 'yes' or 'no' whether the band or native community was consulted during the assessment of the home.</p> <p>'N/A' is appropriate when the child is already placed or the placement was approved prior to the child's placement.</p>
B7 a. If the home was designated as a Place of Safety, was it either approved or not approved within 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>A society is exempted from the licensing requirements under Part IX of the Act in respect of a person's home for up to 60 days after a child has been placed in the person's home. (Reg. 70 s. 33.1)</p>
B7 b. If the home was not approved, was the child moved to another placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>'No' or 'CD' will result in a directive.</p>

SECTION B: CHILD SAFETY		
<p>B8. If the society placed a child in a person's home that was a 'place of safety', were requirements to conduct a home visit and interview the primary caregiver, meet in private with the child and obtain consent carried out?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD </p>	<p>Indicate whether the requirements were carried out as required:</p> <p>12. (1) Within seven days after a society has placed a child in a person's home that is a place of safety under ss. 37 (5) of the Act, a child protection worker or a person designated by the society shall,</p> <ul style="list-style-type: none"> (a) conduct a home visit to the home where the child is placed; (b) conduct an interview with the primary caregiver; (c) meet in private with the child and conduct an interview appropriate to the child's age and developmental capacity; and (d) contact every other person who is 18 years of age or older and resides in the home to obtain the person's consent to a criminal record check and to the disclosure of information by any society or any child protection authority in a jurisdiction outside of Ontario.

SECTION B: CHILD SAFETY		
B9 a. Is child identified as high risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Children are considered at 'high risk' when they are at risk of harming themselves and/or others and exhibit two or more of the listed characteristics. Check each related characteristic. If a high risk characteristic exhibited by the child is not listed, check 'other' and provide a description of this characteristic in the field note. Note that if a child is medically fragile, this in itself may be significant enough to warrant a 'high risk' designation without any of the other characteristics.</p>
	<p>B9 b. If yes: Reasons for High Risk Designation:</p> <p><input type="checkbox"/> Aggressive/assaultive behaviour</p> <p><input type="checkbox"/> Suicidal gestures or ideation</p> <p><input type="checkbox"/> Substance abuse (drugs/alcohol)</p> <p><input type="checkbox"/> 2 or more placements in previous 12 months</p> <p><input type="checkbox"/> Frequent AWOL -2 or more runs in the past 12 months</p> <p><input type="checkbox"/> Serious psychological/emotional problems</p> <p><input type="checkbox"/> Persistent serious behavioural problems</p> <p><input type="checkbox"/> Psychiatric disorder</p> <p><input type="checkbox"/> School suspension/expulsion</p> <p><input type="checkbox"/> Inappropriate sexual behaviour</p> <p><input type="checkbox"/> Serious Occurrence</p> <p><input type="checkbox"/> Medically fragile</p> <p><input type="checkbox"/> Other: _____</p>	
B9 c. If yes, is follow up required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The reviewer should determine whether the society is addressing the child's needs. If the society is already taking the necessary action to protect the 'high risk' child, no additional 'follow up' is required. If not, indicate 'yes' follow up is required.</p> <p>Check all relevant actions required for follow up. If 'other' is selected, provide clear instructions in the field note. Provide detail regarding follow up in the Comments section.</p>

SECTION B: CHILD SAFETY		
B9 c. (i) Action required:	<input type="checkbox"/> Provide revised and updated plan of care within 30 days. <input type="checkbox"/> Respond to issues raised <input type="checkbox"/> Case conference <input type="checkbox"/> Case to be reviewed by Senior Management <input type="checkbox"/> Other – please specify _____	
<p>Comments:</p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner.</p> <p>Protection Investigation</p> <p>Provide the rationale for a directive to review of file by senior management if serious concerns exist about the investigation or the lack of a plan to address resulting ongoing risk factors in relation to the child's safety.</p> <p>High Risk</p> <p>Explicitly itemize any issues that require follow up by the society in relation to a 'high risk' child. Recognize any efforts made by the society to address the needs of a challenging child or youth.</p>		

SECTION C: PERMANENCY		
<p>Research has stressed that "stability and continuity of relationships promote children's growth and functioning".²</p>		
C1. Current permanency plan: (check one)	<input type="checkbox"/> Adoption, <input type="checkbox"/> Long term foster care <input type="checkbox"/> Long term residential group care <input type="checkbox"/> Independence <input type="checkbox"/> Family reunification <input type="checkbox"/> Legal custody <input type="checkbox"/> Kin Services <input type="checkbox"/> Adult services <input type="checkbox"/> Kinship care <input type="checkbox"/> Customary care <input type="checkbox"/> CD	<p>Permanency planning is a general requirement of the <i>CFSA</i> s. 1 (2) 3 iii). Check the child's permanency plan. If the plan is implied and/or not clearly documented, check 'CD'.</p> <p>Address any concurrent planning in the Plan of Care section below.</p>

² Barber, J. G., & Delfabbro P.H. (2006). Psychosocial well-being and placement stability in foster care: Implications for policy and practice. In R.J. Flynn, P.M., Dudding & J.G. Barber (Eds.) *Promoting resilience in child welfare*. Ottawa, ON: University of Ottawa Press.

SECTION C: PERMANENCY		
C2. Does the child's permanency plan address continuity of the child's placement and relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Section 63.1 of the <i>CFSA</i> imposes an obligation on societies to assist Crown wards to develop an enduring relationship within a family by way of adoption, a custody order or customary care. The permanency plan of any child should contemplate the possibility of adoption or a custody order or, in the case of Indian or native children, customary care. If it is not possible to determine from the file whether a child has any significant positive relationships, the correct response to #C3 is 'no'.
C3. Does the child have any significant enduring relationships in his or her life? If no, comment under 'Comments' below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C4. Does the permanency plan reflect an exploration of permanency options: adoption; custody order; or customary care (<i>CFSA</i> s. 63.1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C5. If the plan is customary care, is there a plan to terminate Crown wardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If there is a plan for customary care, indicate whether there is also a plan to terminate the child's Crown wardship.
C6. Has child experienced a breakdown with legal custody prior to admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A foster parent, kin or community member may obtain a legal custody order under s. 65.2 of the <i>CFSA</i> for a Crown ward. Indicate 'yes' or 'no' whether the child has experienced a breakdown of this permanency option prior to the most recent admission to care and since November 30, 2006. If the file does not contain any reference to a breakdown with legal custody, the response is, 'no'.

SECTION C: PERMANENCY		
Comments: <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. If necessary, the reviewer adds comments in relation to the child's significant, enduring relationships.</p>		
Child's significant, enduring relationships		
Placement		
C7. Start date of current placement	MM/DD/YY	<p>Indicate the date the child was placed in his or her current home. If a child returns to a previous placement following a placement in an YCJ facility, hospital, emergency, respite placement or crisis mental health, an additional placement is not counted. Within the Outside Paid Resource (OPR) system, a child may move from one foster or group home to another within the same organization resulting in a change of primary caregivers. A change of primary caregivers is:</p> <ul style="list-style-type: none"> • A change in placement; or • For youth living independently, a change in address.
C8. Number of placements last 18 months	##	<p>Provide a numerical (##) indication of the number of placements that the child received in the previous 18 months by counting the existing placement at the beginning of the 18 month period as '1'. (YCJ, hospital, emergency, respite, and crisis mental health placements are excluded.)</p>

SECTION C: PERMANENCY		
C9. Number of placements since most recent admission to care	##	Provide the number of placements since the child or youth's most recent admission to care. Youth Criminal Justice (YCJ), hospital, emergency, respite, and crisis mental health, are not included in the number of placements since the child's most recent admission to care.
C10. Average placement duration since most recent admission to care	Years/months	Indicate in years and months the average length of placement since the most recent admission to care.
C11. Number of placements since Crown wardship	#	## Youth Criminal Justice (YCJ), hospital, emergency, respite, and crisis mental health, are not included in the number of placements since the child's most recent admission to care.
C12. Average placement duration since Crown wardship	Years/months	Indicate in years and months the average length of placement since the child's Crown wardship order.
C13. Length of current placement	##	<p>The length of current placement is based on the difference (in years and months) between the start date of the current placement and the date that the file is reviewed.</p> <p>This will be automatically generated.</p>

SECTION C: PERMANENCY				
C14. Prior to the current placement, was the child placed in kinship care during the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Indicate whether the child was placed in kinship or customary care prior to his or her current placement and during the period under review.
C15. Prior to the current placement, was the child placed in formal customary care during the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C16 a. Did the child live continuously with a foster parent for 2 years or more and was removal of the child or a placement change proposed in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No			If a child is a Crown ward and has lived continuously with a foster parent (CAS or OPR) for two years and a society proposes to remove the child from the foster parent the society must give the foster parent at least 10 days notice in writing of the proposed removal. This applies to all children in foster care – CAS or private. If this is not relevant to the child reviewed, indicate 'N/A'.
C16 b. If yes, was notification provided to the foster parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD			
C17. If the child experienced a change in placement in the last 12 months: i. provide dates for those moves	C17 a (i). Most recent placement change #1: MM/DD/YY Enter the date of the most recent placement change in the review period.	C17 b (i). Second most recent placement change #2: MM/DD/YY Enter the date of the second most recent placement change in the review period.	C17 c(i). Third most recent placement change #3: MM/DD/YY Enter the date of the third most recent placement change in the review period.	Provide dates (MM/DD/YY) of moves that took place in the previous 12 months. A change of primary caregivers or, in the case of youth living independently, a change in address constitutes a change in placement. Do not include dates related to YCJ, hospital, emergency, respite, and crisis mental health placements.

SECTION C: PERMANENCY				
ii. were the moves planned?	C17 a (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No	C17 b (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No	C17 c (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the moves were 'planned' or 'unplanned'. Again, YCJ, hospital, emergency, respite, and crisis mental health placement moves are not eligible.

SECTION C: PERMANENCY
<p>Access</p> <p>Since November 30, 2006, a Crown wardship order terminates all CFSA s. 59 (2) access orders. An access order can only be made (or varied) if the court is satisfied that:</p> <p>(a) the relationship between the person and the child is beneficial and meaningful to the child; and</p> <p>(b) the ordered access will not impair the child's future opportunities for adoption. (s.59 (2.1))</p> <p>For all other children who are not Crown wards and in care as a result of a court order, the court:</p> <p style="padding-left: 40px;">shall make an order for access by the person [who had charge of the child] unless the court is satisfied that continued contact with him or her would not be in the child's best interest. (s. 59 (1))</p> <p>Indicate what access is ordered or agreed to at the time of or since the court order for:</p> <ul style="list-style-type: none"> • Mother (birth, adoptive or legal guardian), father (birth, adoptive or legal guardian), siblings. If access is 'n/a' for siblings, indicate, 'no'. • Extended family including aunts, uncles, cousins and grandparents; and • Any 'other' individuals including step-parents – specify who the 'other' individuals are. <p>Indicate whether any access is exercised – i.e., access that is contact between the child and other party, including by telephone, electronic and written communication. If the child has more than one sibling, indicate 'yes' if he or she has contact with any one of them.</p> <p>Indicate as well whether there are issues with access because, according to the documentation on file, it is:</p> <ul style="list-style-type: none"> • Not beneficial or meaningful to the child; • Contrary to the wishes of the child; • Contra-indicated according to the permanency plan. <p>Access may not be easy and yet meaningful for a child. Review would be required if the society does not assist the child to cope with the difficulties of meaningful access, for example. If there are concerns requiring review, provide detail in 'Comments' below.</p>

SECTION C: PERMANENCY			
C18. Has access been ordered or agreed to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD		
C19. Specify Access Ordered/Agreed to	C20. Exercised	C21 (i). Are there documented issues with access?	C21 (ii) Are there documented issues with access requiring review? If yes, comment in field notes.
C19 a. Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	C20 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	C21 a (i) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	C21 a (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
C19 b. Father : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	C20 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	C21 b (i) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	C21 b (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
C19 c. Sibling: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	C20 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	C21 c (i) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	C21 c (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
C19 d. Extended family: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	C20 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	C21 d (i) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	C21 d (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
C19 e. Other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD C19 e (i). Specify _____	C20 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	C21 e (i) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	C21 e (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
C22. Does the child live with his or her siblings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate 'yes' or 'no' whether the child lives with his or her siblings. Indicate 'N/A' if the child does not have any siblings or access is counter indicated. Provide comment below if any explanation is required.	

SECTION C: PERMANENCY		
C23. Does the access order support permanency plans for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate n/a.
Comments <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner.</p> <p>Comment on areas requiring attention related to, for example:</p> <ul style="list-style-type: none"> Concerns about access requiring review – e.g., is access consistent with the permanency plan; The child's access with his or her siblings. 		
SECTION D: CHILD WELLBEING		
To achieve positive outcomes regarding Child Wellbeing, children must receive appropriate and adequate services to meet their many needs.		
Child's Special Needs		
D1 a. Does child have a special need?	<input type="checkbox"/> Yes <input type="checkbox"/> No – diagnosis pending <input type="checkbox"/> No – not indicated <input type="checkbox"/> No – may require diagnosis/assessment	<p>A child is considered to have a 'special need' if he or she has been formally diagnosed by a medical doctor, psychiatrist or psychologist. A child is not considered to have a 'special need' on the basis of behavioural issues or involvement in counselling.</p> <p>Provide comment below if there is a need for clarification. Diagnoses are valid until such time as there is a new diagnosis or there is a significant change for the better (child responds to the intervention and improves) or worse (poor match between an intervention and a problem or new issues [e.g., death in the family, problems at school, etc.] affect the child's functioning).</p> <p>Diagnoses are valid until such time as there is a new diagnosis or there is a significant change for the better (child responds to</p>

		<p>the intervention and improves) or worse (poor match between an intervention and a problem or new issues [e.g., death in the family, problems at school, etc.] affect the child's functioning).</p> <p>Developmental Delay could include a range of developmental problems, such as: poor speech development, fine motor and gross motor (i.e., ability to manipulate objects). A Developmental Delay can be in the mild range (which will respond to interventions such as speech therapy or occupational therapy) right across to "profound" range which cannot be corrected.</p> <p>Developmental Delays are usually assessed in relation to children or youth of the same age (i.e., the child being assessed is compared to other children in the same age group) to determine if there are any delays in performance and functioning.</p> <p>Intellectual disability is related more specifically to the brain's static ability to learn and process information. Intellectual disability also ranges from mild to severe depending on the individual's IQ. Intellectually disabled individuals, for example, with an IQ of over 80 can learn and develop concrete life skills and social skills and function in the community, whereas profoundly intellectually disabled individuals may need residential care and supervision. Learning problems, such as dyslexia, are not considered intellectual disability as they can be accommodated with intervention.</p>
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	<p>D1 b. Primary Diagnosis: (select as many as appropriate)</p> <p>Medical</p> <p><input type="checkbox"/> Neurological Disorder (including Tourette's Syndrome)</p> <p><input type="checkbox"/> Physical Disability</p> <p><input type="checkbox"/> Medical Condition</p> <p><input type="checkbox"/> Medically Fragile</p> <p>Developmental</p> <p><input type="checkbox"/> Autism Spectrum Disorder</p> <p><input type="checkbox"/> Developmental Delay</p> <p><input type="checkbox"/> Dual Diagnosis (psychological/developmental delay)</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input type="checkbox"/> FASD Spectrum</p> <p><input type="checkbox"/> Brain Injury</p> <p>Psychological/Psychiatric</p> <p><input type="checkbox"/> ADD</p> <p><input type="checkbox"/> ADHD</p> <p><input type="checkbox"/> Adjustment Disorder (such as Emotional Difficulties, Post Traumatic Stress Disorder, or Attachment Disorder)</p> <p><input type="checkbox"/> Bi-polar</p> <p><input type="checkbox"/> Schizophrenia</p> <p><input type="checkbox"/> Oppositional-Defiant Disorder</p> <p><input type="checkbox"/> Obsessive Compulsive Disorder</p> <p><input type="checkbox"/> Conduct Disorder</p> <p><input type="checkbox"/> Anxiety Disorder</p> <p><input type="checkbox"/> Eating Disorder</p> <p><input type="checkbox"/> Depressive Disorder</p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Other</p>	<p>If the child has special needs, check off all relevant diagnoses. Provide comment below if there is a need for clarification.</p> <p>Provide field notes for 'Other'.</p>
	<p>D1 c. If yes:</p> <p><input type="checkbox"/> medical</p> <p><input type="checkbox"/> psychological/psychiatric</p> <p><input type="checkbox"/> developmental</p>	<p>If the child has special needs, check off all relevant diagnoses. Provide comment below if there is a need for clarification.</p> <p>This will be generated automatically.</p>

D2 a. Does the child have any behavioural issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment below as necessary	<p>Behavioural issues refer only to behaviour that is of clinical significance. Generally, this will refer to behaviour that presents a risk to the child or others. However, there are other behaviours that prevent the child from experiencing social success.</p> <p>'Socially withdrawn' children are disconnected from family and peers even though they may have had some connections in the past – i.e., there is a change in pattern of relationships. They may also have never learned to develop relationships (e.g., children with Autism). 'Having no friends' may be related to social factors such as moving to a new community which can be easily corrected. 'Being disengaged' is similar to socially withdrawn and may be the symptom of many complex socio-biological factors.</p> <p>'No friends' may be a behavioural issue if the reason for no friends is the result of behaviour. For example, a very shy/timid child or aggressive child will likely have difficulty developing friendships.</p> <p>Physical assaultive/aggressive includes all types of aggression towards others, such as physical assault, stealing, or other harm to others. The use of the 'Other' category is limited only to that behaviour that cannot be included in any of the specified categories. Consult with others before using this category. Provide field notes for 'Other'.</p> <p>Provide comment below if there is any need for clarification.</p>
	D2 b. If yes, do they occur in (check as many as apply): <input type="checkbox"/> school <input type="checkbox"/> placement/home <input type="checkbox"/> community	
	D2 c. Behavioural issues: (select as many as appropriate) <input type="checkbox"/> behaviour problems at school <input type="checkbox"/> truancy <input type="checkbox"/> failing <input type="checkbox"/> suspension <input type="checkbox"/> expulsion <input type="checkbox"/> AWOL <input type="checkbox"/> relationship issues with caregiver <input type="checkbox"/> relationship issues with other children in placement <input type="checkbox"/> prostitution <input type="checkbox"/> inappropriate sexual behaviour <input type="checkbox"/> property damage <input type="checkbox"/> verbal assaultive/aggressive behaviour <input type="checkbox"/> physical assaultive/aggressive behaviour <input type="checkbox"/> fire setting <input type="checkbox"/> self harm including cutting, burning <input type="checkbox"/> suicidal ideation/gesturing current and/or historic <input type="checkbox"/> socially withdrawn <input type="checkbox"/> mood swings <input type="checkbox"/> disengaged <input type="checkbox"/> no friends <input type="checkbox"/> substance abuse (drugs/alcohol)	

	<input type="checkbox"/> unusual/bizarre thoughts <input type="checkbox"/> scared/unexplained fears <input type="checkbox"/> odd behaviour <input type="checkbox"/> auditory or visual hallucinations – hearing/seeing things <input type="checkbox"/> disrespectful – defiant, noncompliant <input type="checkbox"/> theft <input type="checkbox"/> threatening <input type="checkbox"/> lying <input type="checkbox"/> extreme tantrums <input type="checkbox"/> bullying (perpetrator) <input type="checkbox"/> bullying (victim) <input type="checkbox"/> other	
D3. Has the child received/completed treatment relevant to his or her special needs or behavioural issues in past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No – planned <input type="checkbox"/> No – recommended on file & not provided <input type="checkbox"/> No – child refuses <input type="checkbox"/> No – on Wait List/or in process <input type="checkbox"/> N/A	Indicate 'yes' or 'no' with the appropriate descriptor whether the child is receiving treatment. Treatment includes any form of help accessed to address the child's special needs or behavioural issues including, for example, residential treatment, art and music therapy, occupational and physical therapy, peer support and specialized treatments such as IBI, social skills, drug or alcohol treatment. If the child does not require treatment, indicate 'N/A'.
D4. Were creative/specialized programs used by the society to assist with special needs and behavioural difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate whether creative or specialized programs were used to address this child's special needs or behavioural issues. Provide specifics below.

Comments: The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Special Needs: – Provide clarification if necessary Behavioural Issues: – Provide clarification if necessary Creative/Specialized Programs: Provide specifics regarding any creative or specialized programs used to assist this child with special needs or behavioural issues.			
Education			
D5 a. Is the child registered in a school program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Indicate 'yes' or 'no' whether the child is registered in a school program. If the child is registered but has not attended for several months, indicate 'no'. Indicate no also if the child is not required to attend school or is over 18 and is not attending. If 'yes', indicate the course type in which the child was most recently registered. Junior and Senior Kindergarten are elementary programs. If the youth is registered at a secondary school, indicate every course type the youth is registered for. If the youth attends an 'alternative program', indicate the applicable course type. If 'no', indicate 'yes' or 'no' whether the child is of school age – i.e., between the age of four and 18 years.
	D5 a (i). If yes, check one Elementary <input type="checkbox"/> Secondary School <input type="checkbox"/> Post Secondary <input type="checkbox"/>	D5 b (i) If no, is child of school age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	D5 a (ii). If secondary, check all that apply <input type="checkbox"/> Academic <input type="checkbox"/> Applied <input type="checkbox"/> Essential <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Workplace	D5 b (ii) If no, check one as applicable Workplace <input type="checkbox"/> Apprenticeship <input type="checkbox"/> N/A <input type="checkbox"/>	
	D5 a (iii). If post secondary, check one <input type="checkbox"/> University <input type="checkbox"/> College		

D6. Is child eligible for an RESP?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>According to Policy Directive CW 001-08:</p> <p>On July 20, 2006, the federal government began providing the Universal Child Care Benefit (UCCB) directly to Children's Aid Societies (CASs) for children in care under the age of six. ...</p> <p>1. Effective immediately, establish RESPs for Crown wards for whom the CAS has received UCCB funds.</p> <p>Eligibility will be automatically determined according to the child's birth date.</p>
D7. Does the child have an RESP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<p>Indicate whether or not the child has an RESP.</p>
D8 a. Has child been assessed as having special educational needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Indicate 'Yes' if an Identification, Placement and Review Committee has been held in the last two years. This committee identifies and places children in Special Education programs.</p> <p>An Individual Education Plan is a modified school program developed to meet the individual needs of the student. A child may have an IEP without necessarily having had an IPRC. An IEP designation is on elementary and secondary school report cards. A copy of the IEP should be on file.</p>
	<p>D8 b. If yes, check all that apply:</p> <input type="checkbox"/> IPRC <input type="checkbox"/> IEP <input type="checkbox"/> Not reflected in File		
D9 a. Has child been suspended in previous 12 months? (If yes, number of suspensions).	<input type="checkbox"/> Yes D9 b. ##	<input type="checkbox"/> No	<p>Indicate 'yes' if the child was suspended in the last 12 months and provide the number (##) of suspensions. Indicate 'no' if the child was not suspended.</p>

D10 a. Has child changed schools in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No D 10 b. If yes: <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned	Indicate 'yes' or 'no' whether a child has changed schools in the past year. If 'yes', indicate whether the move was planned – e.g., a move to next level of education – or unplanned – e.g., a school change was required because of an unexpected placement change or due to the child's behaviour.
D10 c. If child is experiencing a new academic placement (some-time during the previous 12 months), has the appropriate planning occurred for a smooth transition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If the child experienced a change in schools in the 12 months prior to the date of review, indicate 'yes' or 'no' whether the necessary planning took place for a smooth transition and the resulting plans were implemented.
D11. Is the child attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate whether the child is attending school regularly. If he or she is not attending, indicate whether the lack of attendance has been discussed with the school.
		

D12 a. Educational Progress:	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>The most recent report card on file and case recording is used to determine progress. The categories of progress listed correspond to elementary school report cards for children in grade one and above. If a child is in kindergarten, the reviewer will examine the child's report card and recording and choose the most appropriate checkbox based on the elementary rating scales. For secondary school students, progress can be measured by credit accumulation with the exception of courses that do not have a credit value.</p>
<p>D12 a (i) If elementary, check one</p> <input type="checkbox"/> Performance matches ability <input type="checkbox"/> Performance somewhat below ability <input type="checkbox"/> Performance seriously below ability		
<p>If secondary</p> <p>D12 b (i) Credits attempted _____</p> <p>D12 b (ii) Credits earned _____</p> <p>D12 b (iii) Progress</p> <input type="checkbox"/> Some progress <input type="checkbox"/> No progress		
<p>Where a course does not have a credit value ('K' courses, courses with modified or alternative expectations, for example), it is important to note that a student may have completed the course successfully but will not have earned credits.</p> <p>If 'essential' is checked under 'Secondary School' above, credit accumulation will be '0' (zero). For this and other non credit courses, 'credits attempted' is zero (0) and 'credits earned' is also zero (0). This will result in the automatic calculation of 'progress'</p> <p>'N/A' should be selected if there is no relevant recent report card or case recording. Indicate 'CD' if it is not possible to determine the child's progress.</p> <p>From time to time the report card and case recording are contradictory – grades do not reflect other information about the child's progress. In this case, indicate, 'CD' and comment below.</p>		

Comments: <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner.</p> <p>Comment on the child or youth's educational progress and identify areas requiring attention related to:</p> <ul style="list-style-type: none"> • Correspondence of the child's education program to his or her aptitude and abilities; • Contradiction between the child's grades and other information provided; • School attendance. 		
Caseworker Continuity		
D13 a. Has the caseworker changed in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the child has received a new caseworker in the previous 12 months. Provide the number (##) of worker changes – caseworker assigned at the beginning of the review period is '0'.
D13 b. If yes, indicate the number of worker changes ____	##	
D14. Number of caseworkers since the child's admission to care	##	Provide a numerical (##) indication of the number of child's caseworkers since the child's most recent admission to care. The first caseworker assigned at the time of the child's admission is counted as '1'. When a file is being reviewed for the first time and the number of caseworkers since the child's admission to care is not apparent, ask the society to provide the information.
D15. Average caseworker duration in months since admission?	##	Take the total number of months that the child has been in care since his or her admission to care and divide by the number of caseworkers assigned to the child to determine the average duration in months.

D16. Number of face to face contacts in the past 12 months?	##	Indicate the number (#) of face to face contacts and the number (#) of private contacts between the assigned caseworker (or another caseworker designated by the society) and the child for the past 12 months. Evidence of contacts may be located in recordings or planning documentation. Although reviewers are not expected to review case notes, case notes presented by the society specifically related to client contacts also qualify as evidence.
Caseworker Contact in the Last 12 Months		
<p>A directive is issued unless there is a compelling, child centred reason the society did not meet its obligation. In such a case the file is deemed not in compliance, with no directive issued unless otherwise stated.</p> <p>Complete the Caseworker Contact chart as applicable according to whether in the last 12 months, there were changes in placement or no change in placement. Indicate whether visits were in compliance and whether a directive is issued for non-compliance for the required 7 and 30 day, and three month visits. Visits require a privacy component to be in compliance. Indicate 'N/A/' under 'compliant' if the visit is not relevant.</p> <p>'N/A' under 'Compliant' can result when the timing of a placement does not warrant a visit – e.g., if a placement took place five days before the review date.</p>		
D17. Dates of placement change in the past 18 months	Dates of placement change in the past 18 months will be automatically generated. Only the dates of placement change in the past 12 months (i.e., the review period) are relevant to the review.	
D18. If there has been no placement change in the past 18 months, start date of current placement	The start date of current placement will be automatically generated.	

Contact with child by Caseworker	Compliant	Directive	
No placement change			
D19. 7 day visit	D19 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered 'in compliance' if the caseworker visited the child within seven days of every placement date and in each case, the visit contained a privacy component. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 7 day visit was due.
D20. 30 day visit	D20 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D20 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered 'in compliance' if the caseworker visited the child and included a privacy component in the visit within 30 days of every placement date. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 30 day visit was due.
Most recent placement change #1			
D19. 7 day visit	D19 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered 'in compliance' if the caseworker visited the child within seven days of every placement date and in each case, the visit contained a privacy component. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 7 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.

D20. 30 day visit	D20 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D20 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered 'in compliance' if the caseworker visited the child and included a privacy component in the visit within 30 days of every placement date. May be a carry-over from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 30 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.
Second most recent placement change #2			
D19. 7 day visit	D19 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered 'in compliance' if the caseworker visited the child within seven days of every placement date and in each case, the visit contained a privacy component. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 7 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.

D20 30 day visit	D20 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D20 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered 'in compliance' if the caseworker visited the child and included a privacy component in the visit within 30 days of every placement date. May be a carry-over from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 30 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.
Third most recent placement change #3			
D19. 7 day visit	D19 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered 'in compliance' if the caseworker visited the child within seven days of every placement date and in each case, the visit contained a privacy component. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 7 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.

D20. 30 day visit	D20 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D20 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered 'in compliance' if the caseworker visited the child and included a privacy component in the visit within 30 days of every placement date. May be a carry-over from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 30 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.
D21. Minimum 3 month visits by caseworker	D21 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D21 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered in compliance if the caseworker visited the child and included a privacy component in the visit three months after the 30 day visit and at least once every three months following the first three month visit or, if the date of current placement took place before the period under review, following the date of the last visit prior to the review period over the past year. A directive is issued if this has not occurred. No discretion is allowed with regard to this requirement.
D22. If the child was placed out of province and being supervised by an out-of-province agency, is there evidence that the society made a reasonable effort to negotiate visits consistent with Ontario's requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	While statutory requirements such as 7 and 30 day visits and plans of care may be unenforceable when the child is placed out of province and being supervised by an out-of-province agency, the society should make efforts to ensure that requirements are met.	

Comments:

The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner.
 Comment on areas requiring attention – e.g., the frequency of worker contact.

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D23. If the child experienced a material change in the last 12 months, did the society conduct a review of the plan of care?

- ☐ Yes
☐ No
☐ N/A

A 'material change' or significant change in the child's situation must be interpreted on a case by case basis according to the impact a change has had on the child. This could include the hospitalization of a child, a significant event in the child's life (loss of a birth relative, foster caregiver, etc.), etc.

It is the date of placement or subsequent replacement that determines the actual date that the plan of care is due. If the child experiences a material change, a three month review of the plan of care is required according to the ongoing schedule based on the original placement or any replacement.

For example:

- Placement date is June 1st
- Plan of care is due July 1st.
- Three month review is due September 1st;
- Six month review is due December 1st.
- Material change occurs February 15th;
- Three month review is due March 1st;
- Six month review is due June 1st.

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		If the reviewer believes that the child has experienced a material change and this has not been noted in the file by the worker as evidenced by a review of the plan of care, the reviewer will check with the society to find out why the material change did not precipitate a review of the plan of care. If the reviewer determines that the material change was missed by the worker, 'no' is the appropriate response. Provide a rationale for this observation in the Comments section below.
D24 a. Is there any evidence that ADR was considered in the past 12 months for resolving issues related to the child or a plan for the child's care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A society must consider whether Alternative Dispute Resolution (ADR) could assist in resolving any issue related to the child or a plan for the child's care. ADR methods include: child protection mediation, family group conferencing; Aboriginal approaches; or other methods satisfying ministry criteria and approved by the Executive Director of the society involved.</p> <p>'N/A' is indicated if there was no relevant issue.</p> <p>Societies must record that ADR was considered, what decision was reached, and the supporting reasons. Where an ADR takes place, the outcome of the process must also be recorded. Evidence may be found in the plans of care.</p>
D24 b. Where ADR was proposed in the past 12 months, was notification provided to the Office of the Children's Lawyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
Comments: The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Comment on areas requiring attention related to: material change and ADR.		

SECTION D: CHILD WELLBEING**PLAN OF CARE *as reflected through Ontario Looking After Children (OnLAC)***

Plans of care for every child in the care of the society for over one year must be developed in accordance with OnLAC. The entire year's plans of care are to be reviewed and commented upon.

The Plan of Care takes into account all available information on the child as set out in the Assessment and Action Record (AAR), any existing reports related to specialized consultation, specialized treatment and supports as well as the child's social history.

Indicate whether the plans of care have addressed strengths and needs in each OnLAC dimension either with a related objective or a comment indicating why an objective is not required by checking 'yes' or 'no' for each domain. It is not necessary for a comment about why an objective is not required to be extensive. Provide detail related to any 'no' response in the Comments section below. If any strengths or needs are not identified or addressed by the objectives or comments in any plan of care during the past 12 months, a directive is issued.


For children/youth with registration or who are entitled to be registered as Indian or, for children/youth receiving services from Dilico Ojibway Child and Family Services, efforts made to provide opportunities responsive to the child's Indian and native culture, heritage, and traditions must be clearly articulated in the child's plans of care. As well, recognition of the child's Indian or native cultural identity must be evident in the child's plans of care through opportunities to participate in Aboriginal cultural practices and placement in a native placement, for example.

Concurrent planning: Where applicable, concurrent planning should be reflected in the Plan of Care.

Support to the Child's Placement: Another consideration for the reviewer in relation to the Plan of Care is, where needed, whether or not the society has articulated any action to support the child's placement.

Serious Occurrences: Adherence to ministry policies re 2008 SOR Procedures for Service Providers may be relevant to determining whether the planning for the child is adequate to meet his or her needs in relation to safety and wellbeing.

Ontario Child Benefit Equivalent (OCBE): Reviewers should find evidence that, appropriate to the youth's cognitive and developmental skills, the society has worked with any youth who is aged 15, 16 and 17 and has been in the care of a CAS or in formal customary care for 12 or more consecutive months, to meet the following requirements for the OCBE Savings Program Requirements: acquire financial skills and

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<p>demonstrate financial competency relevant for independent living; establish a personal bank account, or an alternative savings mechanism to receive funds where banking is not feasible; develop an appropriate plan for the use of the savings; and secure stable housing. If there is no evidence of this anywhere on the file, provide a comment below.</p> <p>Implementation of the Plan of Care: Indicate whether tasks identified in the plans of care have been implemented according to the time targets established.</p>


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D25. Strengths and Needs Identified by the Plan of Care:		Have strengths and needs in every dimension been addressed in the plans of care? If no, provide comment in the field notes.	Have the tasks identified in the plans of care been implemented according to the time targets presented?
	a. Health	D25 a (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 a (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	b. Education	D25 b (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 b (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	c. Identity	D25 c (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 c (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	d. Social and Family Relationships	D25 d (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 d (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	e. Social Presentation	D25 e (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 e (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	f. Emotional and Behavioural	D25 f (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 f (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	g. Self-care Skills	D25 g (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 g (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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D26. Implementation of Plans of Care	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially implemented <input type="checkbox"/> Not at all implemented	An indication of whether tasks identified in the plans of care have been implemented according to the time targets established will be automatically generated.
D27. All dimensions addressed in plans of care	<input type="checkbox"/> Yes <input type="checkbox"/> No	This will be automatically determined based on responses above.
D28. Is further assessment needed to identify the child's strengths and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether, according to evidence on the file, further assessment is required to fully identify the child's strengths and needs. If the response is 'yes', provide a comment below to clarify.
<p>Comments:</p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Comment on areas requiring attention related to:</p> <ul style="list-style-type: none"> • Strengths and needs in every OnLAC dimension not addressed by plans of care • Rationale for need for further assessment of strength and needs • Concurrent planning • Support to child's placement • Serious occurrences • Ontario Child Benefit Equivalent <p>For the following questions related to plans of care, the entire year's plans of care are to be reviewed and commented upon.</p> <p>A directive to 'Plan of Care addresses child's strengths and needs' is generated when 26% or more of the responses in relation to a plan of care are negative. A recommendation results when 1% to 25% of the responses are negative and full compliance results when 0% is negative.</p>		

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D29. Are the identified objectives monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation should reflect the child's progress or lack of progress in achieving objectives contained in the previous plan of care. Indicate whether objectives are being monitored for progress.
D30. Are the identified objectives specific?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, comment in field note)	Plans of care must identify desired outcomes based on each child's specific strengths and needs; and includes a plan to secure, within specified timeframes, the specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the child. Reg. 70 ss. 86 (2) (b) (c).
D31. Are the identified objectives measurable?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, comment in field note)	
D32. Are the identified objectives time targeted?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, comment in field note)	<p>OnLAC training, mandatory for all children in care workers, includes the following statement in the trainer's guide:</p> <p>A goal is a statement of a desired outcome, a general direction or intent. Goals are critical to achieving one's long-term vision or because of an impediment to achieving that goal. The attainment of the goal should be something that is easily recognizable by everyone involved and it thus should be observable and measurable. A goal is something specific that we should describe with a fair amount of detail.</p> <p>Objectives are used to break down goals into smaller parts. They are statements of specific desired outcomes in the short-term, and are supported by tasks and activities.</p>

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D33. Are individuals identified as responsible for completing tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Tasks developed to achieve the child's objectives should have individuals identified for the completion of those tasks.</p> <p>Tasks: Tasks are specific, incremental activities designed to move family members toward their service plan objectives. Task assignments include:</p> <ul style="list-style-type: none"> • Clearly stated activities that must be performed; • Statement re who in the family will be involved or responsible for each task • An indication of which tasks are the responsibility of the child protection worker or the responsibility of a community service provider • The inclusion of time frames for the beginning and ending of each activity • The sequence the tasks so that they don't all begin and end at the same time • The itemisation of tasks that require multiple steps. (Protection Standard #9 Definitions)
D34. Are recommendations of assessments integrated into plans of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>If planning has not incorporated specific recommendations of recent assessments, this observation should be indicated here. A 'no' response should be considered if this omission is considered to be significant to the child's identified special needs.</p>
D35. Reasons are noted for failure to obtain specialized consultation, specialized treatment and supports for the child within the specified timeframe.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>If the Plan of Care includes a recommendation to obtain specialized consultation, specialized treatment and supports for the child, or any one or combination of them, and any one of them has not been obtained within the specified timeframe, the reasons shall be noted in the child's file by the worker.</p>

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D36. Did the child participate in the planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A child 12 or older has the right to participate in the development of his or her own plan of care. 'N/A' or 'not appropriate' would apply to children under the age of 12 or children older than 12 for reasons related to their capacity to participate.
D37. Did significant others participate in the planning as required and/or appropriate or were efforts made to engage them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Where applicable, the participation of 'significant others' in planning should be encouraged by the society. These could include the child's parents, foster parents, future kin caregivers, etc. 'N/A' or 'not appropriate' would apply when the child's parents present an ongoing risk to the child, for example.
D38. Were reasons for non-participation of the child and/or significant others documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The reason for non-participation by the child or any significant other should be noted in the child's file.
D39. Does the child's placement appear to be consistent with the child's plan of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Indicate whether the child's placement appears to be appropriate given the child's needs as outlined in the plans of care. Suitability and stability are further factors to consider when determining whether a child's placement meets his or her needs. Consideration should also be given to:</p> <ul style="list-style-type: none"> the child's relationship with all members of his/her foster family or residential staff and other residents; whether the placement shares the culture and/or religious beliefs of the child's family of origin. consistency of the permanency plan with current placement <p>If the response is no, provide clarification regarding the appropriateness of the child's placement in the Comments section below.</p>

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D40. Has the AAR been completed in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The Ontario Looking After Children (OnLAC) Assessment and Action Record (AAR) is to be completed annually – i.e., no later than twelve months from the last AAR – for every child who has been in care of the society longer than one year</p> <p>The AAR is considered to be completed on the 'date completed' provided on the first page of the AAR.</p> <p>If the file is being reviewed for the first time, an AAR completed any time during the 12 months prior to the review date results in a 'yes' response.</p>
D41. Has the AAR/ONLAC been used to develop the plans of care?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>It is a requirement for all children's aid societies to utilize the AAR on an annual basis and develop a plan of care using this assessment for every child and youth who has been in care of the society longer than one year.</p>
<p>Comments:</p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Comment on areas requiring attention related to:</p> <ul style="list-style-type: none"> • Specific efforts made to address the child's special needs and the child's subsequent progress; • The availability and effectiveness of the services and supports provided to the child and caregivers; • Progress noted on the basis of outcomes of recent assessments, the effectiveness of interventions; • Any other aspects of planning. 		

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Timely Completion of Plans of Care		
<p>Complete the Timely Completion of Plans of Care chart as applicable according to whether, in the last 12 months, there were changes in placement or no change in placement.</p> <p>Directives are assigned as detailed below. Directives do not apply when:</p> <ul style="list-style-type: none"> • The Crown ward resides out of province (unless the home agency is supervising the child/youth); • Circumstances are beyond the society's control; • The society is experiencing a labour disruption. 		
D42 a. Was a 6 month review of plan of care due during the 6 months prior to this period of review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate 'yes' or 'no' whether a six month review of the plan of care was due during the six months prior to the period under review.
D42 b. Indicate 'yes'	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click on the 'yes' button.
D42 b (i). If yes, provide the due date of the last 6 month plan of care due during the 6 months prior to the review period.	MM/DD/YY	If the child did not change placements in the 18 months <u>prior to</u> the review period, the reviewer documents the due date of the last six month review of the plan of care due during the six month period before the current review period.

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Reg. 70, ss. 111(4) requires that a plan of care must be developed and finalized within 30 days of placement of a child. That plan of care must be reviewed 3 months after the placement, 6 months after the placement and at least every 6 months thereafter or earlier if there is a material change in circumstances which necessitates a review of the plan or where there is a change in the child's placement (Reg. 70 ss. 115(2)).

A directive is to be issued if any plan of care is missing.

If the plans of care for a child in an Outside Paid Resource (OPR) meet the requirements, they are 'in compliance' regardless of whom the author was – CAS or the OPR, provided both parties were involved in the planning process. (If planning does not meet requirements, the society as parent is held accountable.)

With the exception of D46 and D47, due dates are automatically populated as a result of dates provided by the reviewer regarding any placement changes. 'Dates Done' or dates of completion are provided by the reviewer. **The plan of care is considered to be completed on the date that it was approved by the supervisor.** Approval by the supervisor follows a series of activities in relation to completion of the plan of care. The supervisor's approval signifies the completion of the plan of care process.

If a review is due during the review period and has not been done, leave 'date done' blank and indicate the review is not compliant. If the review is not yet due or has been pre-empted by a further placement change during the review period, indicate compliance is 'N/A'.

Requirement	Date Due	Date Done	Compliant	Directive
No placement change				
D43. 30 days	D43 a.	D43 b.	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D43 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D44. 3 months	D44 a.	D44 b.	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D44 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D45. First 6 month review	D45 a.	D45 b.	D45 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D45 d. <input type="checkbox"/> Yes <input type="checkbox"/> No

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Most recent placement change #1				
D43. 30 days	D43 a.	D43 b.	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D43 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D44. 3 months	D44 a.	D44 b.	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D44 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D45. First 6 month review	D45 a.	D45 b.	D45 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D45 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
Second most recent placement change #2				
D43. 30 days	D43 a.	D43 b.	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D43 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D44. 3 months	D44 a.	D44 b.	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D44 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D45. First 6 month review	D45 a.	D45 b.	D45 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D45 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
Third most recent placement change #3				
D43. 30 days	D43 a.	D43 b.	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D43 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D44. 3 months	D44 a.	D44 b.	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D44 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D45. First 6 month review	D45 a.	D45 b.	D45 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D45 d. <input type="checkbox"/> Yes <input type="checkbox"/> No

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D46. Subsequent 6 months #1	D46 a.	D46 b.	D46 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D46 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D47. Subsequent 6 months #2	D47 a.	D47 b.	D47 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D47 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D48. If the child was placed out of province and being supervised by an out-of-province agency, is there evidence that the society made a reasonable effort to reviews of plan of care consistent with Ontario's requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		While statutory requirements such as 7 and 30 day visits and plans of care may be unenforceable when the child is placed out of province and being supervised by an out-of-province agency, the society should make efforts to ensure that requirements are met. The agreement with the out-of-province agency should be found in the child's file.	
Comments: The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner.				
Social History				
D49. Is there a social history on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Planning is expected to be linked to the child's social history and it is expected to be updated annually. A comprehensive social history is required and should be a 'stand alone' document. Societies are given 60 days after admitting a child to care to complete the child's initial social history. A directive is issued if there is not a social history on file.	
D50. Is there a current annual social history update?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If the file is being reviewed for the first time, an annual social history update completed any time during the 12 months prior to the review date results in a 'yes' response. For all other reviews, a directive is issued if the social history has not been updated since the previous year. The update is due no later than twelve months from the previous update.	

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D51. Does the social history and do the annual updates address: D51 a. Child's history prior to care	<input type="checkbox"/> Yes <input type="checkbox"/> No	The reviewer compares the previous year's update to the current update to determine whether or not the social history has been updated. The social history update is considered to be completed on the date that it was approved by the supervisor.
D51 b. Reason for admission & Crown wardship	<input type="checkbox"/> Yes <input type="checkbox"/> No	The history should include clear information about the child, the child's history prior to coming into care, and the reason for the child's admission and subsequent Crown wardship.
D51 c. Information about the parents, siblings and extended family	<input type="checkbox"/> Yes <input type="checkbox"/> No	It can include information about the parents, siblings and extended family, including identifying information, personality descriptions, strengths, problems, stresses and conflict in the family, the parent(s) acceptance of Crown wardship, the parent's cooperation with plan of care and access arrangements.
D51 d. Current family relationships and functioning including info re access	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current family relationships and functioning should be included with the annual updates to the child's social history where applicable.
D51 e. Child's health	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 f. Child's physical and emotional development	<input type="checkbox"/> Yes <input type="checkbox"/> No	The rationale for significant decisions made and the child's significant experiences in care should be clearly documented.
D51 g. Child's personality and behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional areas addressed in the social history should include: the child's health; physical and emotional development; personality and behaviour; academic history; separation and placement history; and strengths, talents and interests.
D51 g. Child's personality and behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No	A directive to enhance the social history is generated when 26% or more of the responses in relation to a social history are negative. A recommendation results when 1% to 25% of the responses are negative and full compliance results when 0% are negative.

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D51 h. Child's academic history	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 i. Child's separation and placement history	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 j. Child's strengths, talents and interests	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Comment on any concerns related to the child's social history.		
Medical, Dental and Other		
D52 a. Annual Medical conducted?	<input type="checkbox"/> compliant <input type="checkbox"/> directive <input type="checkbox"/> noncompliant – no directive	The name of the doctor or nurse practitioner, the date and the results of an annual medical exam are to be clearly documented either in the recording or by the presence of a medical report. A directive is to be issued if an annual medical examination has not taken place or if it is unclear in the recordings, whether sufficient efforts have been made to book an appointment, within 15 months of the previous annual examination. No directive will be issued if a child refuses to attend in spite of persistent urging by the caseworker, although this requirement is deemed 'non-compliant.' If a child refuses to give the caseworker permission
D52 b. Date of Previous_____		
D52 c. Date of Most Recent_____		

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		<p>to obtain the results of the examination, but there is evidence that the child did receive medical care, then the case will be considered 'in compliance'.</p> <p>(Children of any age are able to consent if they are capable.)</p>
D53 a. Annual Dental conducted?	<input type="checkbox"/> compliant <input type="checkbox"/> directive <input type="checkbox"/> noncompliant – no directive	<p>Same as for annual medical examination except that the annual dental should take place within 12 months of the previous annual dental.</p>
D53 b. Date of previous _____		<p>A dental insurance chart is acceptable. Orthodontic check-ups do not qualify as evidence of compliance for the purpose of an annual dental check up. If the child is too young for an annual dental, the correct response is 'compliant'.</p>
D53 c. Date of most recent _____		
D54 a. Have psychotropic medications been prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No - not required	<p>Indicate 'yes' or 'no - not required' whether psychotropic medication has been prescribed for the child.</p>
D54 b. If yes, is the psychotropic medication made available to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes – child refuses <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>Indicate 'yes' if the child is receiving the prescribed medication. Indicate 'yes – child refuses' if the medication is refused by the child. Indicate 'no' if the medication is not available to the child.</p>
D55. Have the child's rights been discussed with the child as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Indicate 'yes' or 'no' whether the child's rights have been discussed and documented every year and within 30 days following a placement change. A change of primary caregivers constitutes a change of placement for the child. The formal discussion of rights should take place by the child's 7th birthday if the child is capable of understanding.</p>

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		Rights should be explained to the child in age and state appropriate language. For example, younger children should receive a simplified explanation of rights. The child's rights must be reviewed annually with the child's caregiver if the child is too young or his/her special needs preclude him/her from understanding his/her rights. If the rights have not been reviewed with the caregiver during the period of review in that instance, the response is 'no'.
<p>Comments:</p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Comment on any concerns related to the child's medical and dental care or discussion of the child's rights.</p>		

CASE SUMMARY		
Will be generated from tool - this is the list of possibilities		
IDENTIFYING INFORMATION		<ul style="list-style-type: none"> Comments re identifying information
PAST DIRECTIVES		<ul style="list-style-type: none"> Directives from previous year's review not addressed
INDIAN AND NATIVE CHILDREN/YOUTH REPORT		<ul style="list-style-type: none"> Issues related to the Indian and Native Children/Youth Report
CHILD SAFETY		<ul style="list-style-type: none"> High Risk: Any issues that require follow up by the society are itemized. Efforts made by the society to address the needs of a challenging child or youth are recognized.
		<ul style="list-style-type: none"> Additional comments related to child safety

CASE SUMMARY		
PERMANENCY		<ul style="list-style-type: none"> Other comments re permanency
		<ul style="list-style-type: none"> Child's significant, enduring relationships
		<ul style="list-style-type: none"> Suitability of the child's placement in light of the child's plan of care
		<ul style="list-style-type: none"> Comments re access
CHILD WELLBEING	Child's Special Needs	Special needs diagnoses
		Behavioural issues
		Special Needs: Any additional commentary re the child's special needs
		Behavioural Issues: Any additional commentary re the child's behavioural issues
		Creative/Specialized Programs: Specifics regarding any creative or specialized programs used to assist this child with special needs or behavioural issues.
	Education	Comments re education
	Caseworker Continuity and Contact	Comments re caseworker continuity and contact
	Plan of Care	<ul style="list-style-type: none"> re material change
		<ul style="list-style-type: none"> Strengths and needs in every OnLAC dimension not addressed by plans of care: <ul style="list-style-type: none"> Health Education Identity Social and Family Relationships Social Presentation Emotional and Behavioural Self-care

CASE SUMMARY	
	<ul style="list-style-type: none"> • Concurrent planning • Support to child's placement • Serious occurrences • Ontario Child Benefit Equivalent • Rationale for need for further assessment of strengths and needs • Specific efforts made to address the child's special needs and the child's subsequent progress; • Availability and effectiveness of the services and supports provided to the child and caregivers • Progress noted on the basis of outcomes of recent assessments, the effectiveness of interventions • Any other aspects of planning • Specific objectives • Measurable objectives • Time targeted objectives <p>Comments re timely completion of plans of care</p>
Implementation of Plans of Care	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially implemented <input type="checkbox"/> Not at all implemented Health Education Identity Social and Family Relationships Social Presentation Emotional and Behavioural Self-care Skills
Social History	Comments re social history
Medical, Dental and Other	Comments re medical, dental and other
Comments: The reviewer provides summary clarification, additional observations or positive feedback in a constructive manner.	

DIRECTIVES					
Directives will be generated automatically.					
SAFETY			Kinship Care Home designated as Place of Safety when child placed prior to approval		
			Formal Customary Care Home designated as Place of Safety when child placed prior to approval		
			Home designated as a Place of Safety for 60 days or less		
			Place of Safety requirements met		
PERMANENCY	INDIAN AND NATIVE CHILDREN REPORT	Identifying Information & Planning	Attend to child's Indian or native culture, heritage, and traditions - A directive results when 26% or more of these responses in relation to a child's culture, heritage, and traditions are negative	Child's Band membership	
				Efforts made to place child with family, band or native community or other Indian or native family	
				Child's contact with band or native community	
			Directive to attend to child's Indian or native culture, heritage and traditions <input type="checkbox"/> Yes <input type="checkbox"/> No		
				Band/native community notified re child welfare legal proceedings	
				Band/native community notified re: placement change; move after two years in foster care	
				Foster parents notified of child move	

DIRECTIVES			
Directives will be generated automatically.			
CHILD WELLBEING	Caseworker Contact		7 day visit <ul style="list-style-type: none"> No placement change Most recent placement change #1 Second most recent placement change #2 Third most recent placement change #3
			30 day visit <ul style="list-style-type: none"> No placement change Most recent placement change #1 Second most recent placement change #2 Third most recent placement change #3
			Three month visit
	Plan of Care		Plan of care reviewed in relation to a material change
			AAR completed in the past year
		Plan of care addresses strengths and needs	Strengths and needs in every dimension not addressed in plans of care re: Health
			Education
			Identity
			Social and Family Relationships
			Social Presentation
			Emotional and Behavioural
			Self-care Skills

DIRECTIVES Directives will be generated automatically.			
		Enhance plan of care - A directive results when 26% or more of these responses in relation to a child's plan of care are negative Directive to enhance plan of care <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanency plan clarified
			Identified objectives monitored
			Identified objectives specific
			Identified objectives measurable
			Identified objectives time targeted
			Individuals identified as responsible for completing tasks
			Recommendations of assessments integrated into plans of care
			Reasons noted for failure to obtain specialized consultation, specialized treatment and supports for the child within the specified timeframe
			Child participated in the planning
			Significant others participated in the planning as required and/or appropriate
			Reasons for significant others not participating in planning documented
			AAR/ONLAC used to develop plans of care

DIRECTIVES				
Directives will be generated automatically.				
	Timely-completion plan of care	Plan of Care		Timely
		30 day	No changes	
			Most recent placement change #1	
			Second most recent placement change #2	
			Third most recent placement change #3	
		3 months	No changes	
			Most recent placement change #1	
			Second most recent placement Change #2	
			Third most recent placement Change #3	
		First six month	No changes	
			Most recent placement change #1	
			Second most recent placement change #2	
			Third most recent placement change #3	
		Subsequent 6 Month #1		
		Subsequent 6 Month #2		

DIRECTIVES			
Directives will be generated automatically.			
	Social History		Social history on file
			Current social history update
		Enhance social history – A directive results when 26% or more of these responses in relation to a child's social history are negative Directive to enhance social history <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's history prior to care
			Reason for admission and Crown wardship
			Information about parents, siblings, extended family
			Current family relationships and functioning including information about access
			Child's health
			Child's physical and emotional development
			Child's personality and behaviour
			Child's academic history
			Child's separation and placement history
			Child's strengths, talents and interests
			Medical, Dental & Other
		Dental	Annual dental
		Discussion of rights	

DIRECTIVES		
Directives will be generated automatically.		
REVIEW OF FILE BY SENIOR MANAGEMENT	<ul style="list-style-type: none"> • re previous directives • re protection investigation <p>D56. Additional</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Directives issued re protection investigation and previous directives are automatically carried forward.</p> <p>A review of file by senior management may also be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the caseworker and supervisor's ability or willingness to address the problems without the assistance of senior management. This directive requires prior consultation with the society and approval of the Lead Reviewer.</p> <p>Indicate whether any additional directive is issued. In the comments section below, provide an explanation, the types of action(s) and follow up required by the society.</p>
REVIEW OF FILE BY PROGRAM SUPERVISOR	<ul style="list-style-type: none"> • re previous directives re plan of care • re previous directives re safety <p>D57. Additional</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Directives issued re previous safety or plan of care directives are automatically carried forward.</p> <p>A review of file by the program supervisor may be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the society's ability or willingness to address the problems without the assistance of the Program Supervisor. This directive requires prior approval of the Lead Reviewer.</p> <p>Indicate whether any additional directive is issued re review of file by program supervisor.</p> <p>The types of action(s) and follow up required by the society are indicated clearly in the comment section below. When this review is issued, a copy of the report is provided to senior management</p>

DIRECTIVES		
Directives will be generated automatically.		
D58. OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>CFSA s.66 authorizes Crown Ward reviewers to issue any directive that is in the child's best interest. A directive is issued if the reviewer identifies a serious concern that is not covered by the other areas. This directive requires prior approval of the Lead Reviewer.</p> <p>The Lead Reviewer will decide if the society should also be consulted regarding the matter. This is the only directive that is applicable to cases supervised by another province other than a review of file by Senior Management or the Program Supervisor. Provide detail regarding the 'other' directive in the comments section below.</p>

RECOMMENDATIONS				
Recommendations are generated automatically.				
PERMANENCY	INDIAN AND NATIVE CHILDREN REPORT	Identifying Information & Planning	<p>Attend to child's Indian or native culture, heritage, and traditions. A recommendation results when 1% to 25% of these responses in relation to a child's Indian or native culture, heritage and traditions are negative</p> <p>Recommendation to attend to child's Indian or native culture, heritage, and traditions</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Child's Band membership
				Efforts made to place child with family, band or native community or other Indian or native family
				Child's contact with band or native community

RECOMMENDATIONS				
CHILD WELLBEING	Plan of care addresses strengths and needs		<p>Enhance plan of care - A recommendation results when 1% to 25% of these responses in relation to a child's plan of care are negative</p> <p>Recommendation to enhance plan of care</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Clarify permanency plan
				Identified objectives monitored
				Identified objectives specific
				Identified objectives measurable
				Identified objectives time targeted
				Individuals identified as responsible for completing tasks
				Recommendations of assessments integrated into plans of care
				Reasons noted for failure to obtain specialized consultation, specialized treatment and supports for the child within the specified timeframe
				Child participated in the planning
				Significant others participated in the planning as required and/or appropriate
				Reasons for significant others not participating in planning are documented
				AAR/ONLAC used to develop plans of care

RECOMMENDATIONS			
		Enhance so- cial history - A recommendation results when 1% to 25% of these responses in rela- tion to a child's social history are negative Recommendation to enhance social history <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's history prior to care
			Reason for admission and Crown wardship
			Information about parents, siblings, extended family
			Current family relationships and functioning including information about access
			Child's health
			Child's physical and emotional development
			Child's personality and behaviour
			Child's academic history
			Child's separation and placement history
			Child's strengths, talents and interests

FOLLOW UP		
	Date Due	Date Received
Agency response to directives		
Agency address High Risk Issues		
File to be reviewed and a response provided by Senior Management to issues raised.		
File to be reviewed and a response provided by Program Supervisor to issues raised		

FOLLOW UP		
Other		
Program Supervisor sign off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Child Welfare Review Unit sign off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments:		

3.0 CROWN WARD REVIEW - ADOPTION PROBATION

The files of children placed on Adoption Probation are reviewed if they have been Crown wards for more than 24 months.

A separate tool is used for the review of Crown wards placed on adoption probation. This population is treated slightly differently because permanency planning is approaching its conclusion following extensive assessment and a great deal of attention prior to the adoption placement. As well, the requirements for Adoption Probation are different and it is anticipated to be short term and for a limited period. The Crown Ward Review – Adoption Probation tool is specifically tailored to this situation.

Directives are issued as described above under Crown Ward Review.

Recommendations are used as a signal to a society that, while directives are not indicated, file documentation does not fully support requirements in relation to: filing the Statement of Live Birth; addressing post adoption services; ensuring the child's participation in the plan; preparation of the life book; completion of and giving the written non-identifying information of the social and medical history of the parents and the child to the adoptive parents.

Societies are expected to work with the regional office to address any recommendations through the continuous quality improvement process.

The same recommendations are not made year after year. A recommendation issued for a second time will result in a directive. The strategy of issuing 'Recommendations' will be reviewed 24 months after the launch of the revised CWR and CWR-AP to establish its effectiveness in enhancing service to Crown wards.

Some societies have both an adoption file and a child file for a child on Adoption Probation. The reviewer may require both files to ensure all available information is reviewed.

3.1 CROWN WARD REVIEW – ADOPTION PROBATION INDIVIDUAL CASE REPORT

The following business practices relate to the Crown Ward Review – Adoption Probation Individual Case Report.

MINISTRY OF CHILDREN AND YOUTH SERVICES

Individual Case Report - Version 1.0

CROWN WARD REVIEW - ADOPTION PROBATION REPORT

Legend: ORANGE=Safety AQUA=Permanency VIOLET=Wellbeing

Regional Office:	The reviewer will enter the number code representing the regional office.
Agency:	The reviewer will enter the number code representing the society under review.
Case Identifier:	Agency file number
Date of Review	MM/DD/YY
Name of Reviewer:	First name, Surname
Review Type	<input type="checkbox"/> Lead <input type="checkbox"/> Team The reviewer will indicate whether she or he is the lead reviewer or a member of the reviewing team.
Date of Exit Meeting	MM/DD/YY

CHILD INFORMATION	
1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. Date of Birth:	MM/DD/YY
3. Age at Review:	##
4. Date of Crown Wardship	MM/DD/YY
5. Age at Crown Wardship	##

CHILD INFORMATION		
<p>6. Is the child registered or entitled to be registered as an Indian or is the child being served by Dilico Ojibway Child and Family Services?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> CD</p>	<p>The file should clearly indicate whether the child is registered as an Indian, or is entitled to be registered as an Indian or is receiving service from Dilico Ojibway Child and Family Services. If it does not, check, 'CD'.</p> <p>Under the CFSA, "Indian" has the same meaning as in the Indian Act (Canada). Under the Indian Act, Indian means a person who is registered as an Indian or is entitled to be registered as an Indian. This includes the Mushuau Innu and the Innu of Sheshatshiu in Labrador who were recognized as bands under the Indian Act and registration of their members began in 2002.</p> <p>A child may be entitled to be registered if the society has been informed that the child's parents are members of a band, for example.</p> <p>Under the CFSA, a "native person" means a person who is member of a "native community" which is a community designated by the Minister but is not a member of a band (Indian).</p> <p>There has only been one designation made by the Minister and this was to designate a group of First Nations as native communities for the purposes of the designation of Dilico Ojibway Child and Family Services.</p> <p>If 'yes' is checked, questions for Indian and native children will be generated for completion.</p>
<p>7. Statement of Live Birth on file:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Indicate whether the Statement of Live Birth is in the file. The Statement of Live Birth must be filed with the court in order for the court to make an adoption order.</p>

PREVIOUS REVIEWS		
8. Has this child been reviewed previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check one of 'yes' or 'no' depending on the existence of a previous Crown Ward Review – Adoption Probation Report.
9 a. Were directives made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check one of 'yes' or 'no' according to whether directives were issued in last year's Crown Ward Report.
9 b. If yes, has the agency addressed all of the directives identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The reviewer reviews the directives issued in the previous year's review and determines, by the evidence on the file, whether each of the directives were addressed. The reviewer may refer to the society's plan to address the directive but this is not the sole reference to be used.
If no: 9 b (i). Review of file by senior management re failure to address directives from the previous year (with exception of directives related to recordings or the child's safety)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check 'yes' to indicate that a directive is issued because of the society's failure to address directives issued in the previous year's review according to the follow up plan provided by the society and/or evidence in the file unless those directives were related to plans of care/recordings (OnLAC dimensions only) or the child's safety. It is possible to issue directives to review of file by both senior management and the program supervisor in relation to a failure to address identified directives. Comment below.

PREVIOUS REVIEWS		
Review of file by program supervisor related to failure to address directives from the previous year re: 9 b (ii) 1. Recording	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Directives related to plans of care/recordings (OnLAC dimensions only) or the safety of the child from the previous year's review that were not addressed according to the follow up plan provided by the society and/or evidence in the file result in a directive for review by the program supervisor.
9 b (ii) 2. Child's safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	It is possible to issue directives to review of file by both senior management and the program supervisor in relation to a failure to address identified directives. Comment below.
10 a. Were recommendations made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate 'n/a' for all cases.
10 b. If yes, has the agency addressed all of the recommendations identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate 'n/a' for all cases.
Comments: <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Possible topics are suggested throughout the business practices.</p> <p>The reviewer provides comments in relation to any directives made in the previous year's review that were not addressed. In addition, rationales are provided for a:</p> <ul style="list-style-type: none"> • Review of file by senior management re directives Review of file by senior management re failure to address directives (with the exception of directives related to plans of care or the child's safety) • Review of file by program supervisor re directives re recordings Review of file by program supervisor related to failure to address directives re recordings • Review of file by program supervisor re directives re child's safety Review of file by program supervisor related to failure to address directives re plan of care or child's safety 		

PLACEMENT INFORMATION		
11. Date of placement on adoption probation.	MM/DD/YYYY	MM/DD/YY
12. Length of adoption probation at time of review.		# years # months This will be automatically generated.
13. Who is supervising the adoption placement?	<input type="checkbox"/> Parent Society <input type="checkbox"/> Private Adoption <input type="checkbox"/> Practitioner <input type="checkbox"/> Other	There are three choices: parent society, private adoption practitioner and 'other'. The 'other' category refers to another children's aid society.

ADOPTION PLAN		
14. Is the plan to finalize adoption probation at the end of six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	<p>An adoption probation of at least six months is normally required (CFSA s. 149) before the adoption proceeds to finalization. In exceptional circumstances, such as a child being adopted by his or her long-term foster parents, the probationary period may be shortened if this is considered in the child's best interest.</p> <p>If six months has elapsed at the time of the review, the response is 'no'.</p>
15. Is the plan to extend the probation at the end of six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	<p>Indicate whether the plan is to extend probation beyond six months.</p> <p>If six months has elapsed and the plan was to extend probation at the end of those six months, the response is 'yes'.</p>

ADOPTION PLAN		
16. Does the plan address post adoption services once adoption finalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	<p>This information should be on file and may include information about or referral to support groups or treatment services.</p> <p>Reg. 70 s. 50 (1) (f) requires societies to ensure that post-adoption services are provided where requested. Policy Directive 003-06 requires societies to complete an adoption-specific recording format. That format asks for information about any post adoption contact.</p> <p>If evidence on the file indicates the worker and the family have determined that post adoption services are not required, the appropriate response is 'yes'.</p>
17. If old enough, has the child participated in the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>A child seven years or older must consent to his or her adoption (CFSA s. 137 (6), (7)) The child should have an opportunity to meet with a lawyer arranged by the Office of the Children's Lawyer before signing a 'consent'.</p>
18. Has a life book been prepared for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	<p>Each child should have a 'Life Book' documenting his or her past history. (Policy Directive 003-06 requires completion of adoption-specific recording format. The recording format asks for the date the Life Book was provided.)</p>
19. Has written non-identifying information of the social and medical history of parents and child, for the adoptive parents, been completed and given to the prospective adoptive parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The adoptive parents require as much non-identifying information as possible about the medical and social history of the child's birth family. This information is shared in writing with the prospective adoptive parents prior to the adoption of the child.</p> <p>Reg. 70 s. 54 (2)</p>

ADOPTION PLAN
Comments The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner.

ALTERNATIVE DISPUTE RESOLUTION		
20 a. Was ADR considered to resolve any issue related to the child in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	A society must consider whether Alternative Dispute Resolution (ADR) could assist in resolving any issue related to the child or a plan for the child's care. ADR methods include: child protection mediation, family group conferencing; Aboriginal approaches; or other methods satisfying ministry criteria and approved by the Executive Director of the society involved. When the child is an Indian or native, the band or native community must be consulted to determine whether an ADR process established by the band or native community or another prescribed process will assist. If efforts were made to consult with the band or native community without success, the response is 'yes'. 'N/A' is indicated if there was no relevant issue. If ADR is proposed, the Office of the Children's Lawyer must be notified for children: <ul style="list-style-type: none"> • under 12, where there is mutual agreement among the participants to pursue ADR; • 12 and over and minor parents, where ADR is being proposed but a consent has not been entered into by the children's aid society and the children's aid society has not discussed the ADR proposal with the child or minor parent. If ADR is proposed, the band or native community must be notified.
20 b. Was the band/native community consulted regarding alternative methods for dispute resolution in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
Where ADR was proposed in the past 12 months, was notification provided to:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
21 a. Office of the Children's Lawyer		
21 b. Band/Native Community	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	

CURRENT ADJUSTMENT OF CHILD – REFLECTIVE OF ONLAC DIMENSIONS		
22. Did the society provide a pre-placement visit for the child with the prospective adoptive parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No society that admits a child into care shall place the child in a foster home or other home unless the child has previously visited the home at least ten days before the placement. Reg. 71, s. 5 (1).
23. Was the child's AAR reviewed prior to the child's placement on adoption probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	It is imperative that the Assessment and Action Record be reviewed prior to the child's placement on adoption probation. Policy Directive 001-09.

RECORDING	
<p>The focus for the review is recording completed during the 12 months prior to the date of the review. If the recording was not due during the review period, indicate 'N/A'.</p> <p>CASs must implement the revised Adoption Probation Recording format that includes the seven dimensions of OnLAC. This revised recording format was distributed with Policy Directive 003-06 in August 2006:</p> <p><i>In the following sections the 30 day recording should comment on any goals established or issues highlighted in the child's previous plan of care and how these will be incorporated into adoption probation. All recording would report information as applicable, including both significant issues for the child, and the adoptive family's response or plan.</i></p> <p>The recording format may be added to by societies.</p> <p>While ongoing Assessment and Action Records (AARs) are <u>not</u> required as part of the Adoption Probation Recording package (even if the child has been on adoption probation for more than 12 months), this does not prohibit a CAS from using it if it would be beneficial to the child's planning.</p> <p>Provide detail related to any 'no' response in the Comments section below. The recording may provide information as follows:</p>	
Health	Child's overall health, preventative health measures, on-going health condition/disabilities, any health risks and how the adoptive family will continue to address the health needs of their child, provide name and address of practitioner following child, are immunizations up to date

RECORDING	
Education	The child's overall reaction and adjustment to school, any educational needs, any identified developmental needs and how the adoptive family plans to meet their child's ongoing educational requirements. For younger children - any preschool or day care programming and child's adjustment/progress
Identity	The child's self image, what opportunities have been provided to develop a positive self identity, how the child views his/her relationship with adoptive parents, whether the child has a clear understanding of the current situation and knowledge of his/her ethnicity and family of origin, the family's awareness of the rights of the adoptive person, the birth parent and other person related to adoption disclosure and resources available, how the adoptive family will continue to assist the child in recognizing his/her cultural identity while ensuring the child identifies with his adoptive family
Social and Family Relationships	The child's ability to attach and develop bonds with adoptive family members (parents, siblings) and extended family members, the strength of these ties, whether the child maintains positive contact with birth family or previous care providers, how the adoptive family supports these relationships, whether the adoptive family is autonomous
Social Presentation	Whether the child exhibits any emotional or behavioural problems, how the adoptive family is managing these issues, whether the child feels accepted and can communicate easily to family members, how the adoptive family is helping the child to feel accepted in the home and community)
Emotional and Behavioural	Whether the child is free from emotional or behaviour problems, if not is effective treatment being implemented to assist adoptive parents, the child's response to the community in relation to his/her adoptive family, whether the child is exhibiting emotional reactions (appropriate /inappropriate) according to age range and development to new role in adoptive family, how the adoptive family plans to address these needs, what are some of the unique methods they have utilized thus far)
Self-care Skills	Whether the child is being encouraged to develop 1) motor and social development, 2) self-care skills appropriate to age and level of development, and what initiatives have adoptive family members implemented to help the child develop these skills

RECORDING			
Dimension	24. Does 30 day recording comment on any objectives established or issues highlighted in the child's previous plan of care and how these will be incorporated into adoption probation? If no, provide comment below.	25. Do the three month recordings report information as applicable, including both significant issues for the child, and the adoptive family's response or plan? If no, provide comment below.	26. Do the six month recordings report information as applicable, including both significant issues for the child, and the adoptive family's response or plan? If no, provide comment below.
Health	24 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Education	24 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Identity	24 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Social and Family Relationships	24 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Social Presentation	24 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emotional and Behavioural	24 f. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 f. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 f. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

RECORDING			
Self-care Skills	24 g. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 g. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 g. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27. All OnLAC dimensions addressed in recording	<input type="checkbox"/> Yes <input type="checkbox"/> No	This will be automatically determined based on responses above.	
COMMENTS Health <ul style="list-style-type: none"> • 30 day • Three month • Six month Education <ul style="list-style-type: none"> • 30 day • Three month • Six month Identity <ul style="list-style-type: none"> • 30 day • Three month • Six month Social and Family Relationships <ul style="list-style-type: none"> • 30 day • Three month • Six month Social Presentation <ul style="list-style-type: none"> • 30 day • Three month • Six month Emotional and Behavioural <ul style="list-style-type: none"> • 30 day • Three month • Six month Self-care <ul style="list-style-type: none"> • 30 day • Three month • Six month 			

TIMELY COMPLETION OF RECORDING				
<p>Due dates are automatically populated as a result of the date of placement on adoption probation and any due date provided by the reviewer. Recording is considered to be 'done' when it has been approved by the supervisor.</p> <p>Reg. 70, ss. 111(4) requires that a plan of care must be developed and finalized within 30 days of placement of a child. That plan of care must be reviewed 3 months after the placement, 6 months after the placement and at least every 6 months thereafter or earlier if there is a material change in circumstances which necessitates a review of the plan or where there is a change in the child's placement (Reg. 70 ss. 115(2)).</p> <p>The reviewer 'rates' only recordings due during the 12 months prior to the date of review. The 'date done' response is left blank if the requirement is not applicable (N/A). If a review is due during the review period and has not been done, leave 'date done' blank and indicate the review is not compliant.</p>				
28 a. Was a six month recording due during the six months prior to this review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate 'yes' or 'no' whether a six month recording was due during the six months <u>prior to</u> the period under review.	
28 b. Indicate 'yes'	<input type="checkbox"/> Yes <input type="checkbox"/> No		Click on the 'yes' button.	
28 b (i) If yes, provide the due date of the last six month recording due during the six months prior to this review period.	The reviewer documents the due date of the last six month recording from the previous review period – i.e., during the six months prior to the current review period.			
Requirement	Date Due	Date Done	Compliant	Directive
29. 30 days	29 a.	29 b.	29 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	29 d. <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No
30. Three month	30 a.	30 b.	30 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	30 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
31. First six month	31 a.	31 b.	31 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	31 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
32. Subsequent six month #1	32 a.	32 b.	32 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	32 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
33. Subsequent six month #2	33 a.	33 b.	33 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	33 d. <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER REQUIREMENTS		
34. Is Registration of Placement on File?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The placement of a child on adoption probation must be registered with the Director of the Regional Office. This registration is to occur at the time of the placement, generally within 30 days:</p> <p><i>CFSA s. 141. (6) Reg. 70 s. 59 (1) A society or licensee who places a child with another person for adoption shall register the placement in the prescribed manner within thirty days of placing the child.</i></p>
35. Is the supplement to Registration of Placement on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The supplement to the registration of placement identifies the supervising social worker (private adoption practitioner) or society.</p>

OTHER REQUIREMENTS		
36. If the child is Indian or a native person, was the Band or native community given 60 days written notice of the agency's intention to begin planning for the child's adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>Children or youth who are registered or eligible to be registered as Indian persons and all children/youth served by Dilico Ojibway Child and Family Services are considered to be Indian or native persons. This includes the Mushuau Innu and the Innu of Sheshatshiu in Labrador who were recognized as bands under the Indian Act and registration of their members began in 2002:</p>
37. Where the child's band or native community submitted its own plan for the care of the child to the society, did the society consider the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>CFSA s. 141.2 (1) If a society intends to begin planning for the adoption of a child who is an Indian or native person, the society shall give written notice of its intention to a representative chosen by the child's band or native community.</p> <p>(3) A society shall not place a child who is an Indian or native person with another person for adoption until,</p> <p>(a) at least 60 days after notice is given to a representative chosen by the band or native community have elapsed; or</p> <p>(b) if a band or native community has submitted a plan for the care of the child, the society has considered the plan.</p>

OTHER REQUIREMENTS		
38. Is the Social History of Child on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	The file should contain a social history of the child that details important elements of the child's life since birth. Reg. 70 s. 54 (1)
39. Medical History of Child on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	The file should contain a medical history of the child that details important elements of the child's medical history since birth. Reg. 70 s. 54 (1)
40. Social/Medical History of Birth Mother on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	The file should contain as much information as possible about the medical and social history of the child's birth mother and her family. Reg. 70 s. 54 (1)
41. Social/Medical History of Birth Father on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	The file should contain as much information as possible about the medical and social history of the child's birth father and his family. Reg. 70 s. 54 (1)
42. Acknowledgement of Adoption on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	This is a standard provincial form that adoptive parents must sign and file within 30 days of placement. Reg. 70 s. 59 (3)

CASEWORKER CONTACT	
43. Total number of supervisory visits since placement.	Reg. 71
44. If this is a re-review, number of supervisory visits since date of last review	<p>5 (3) Every society shall ensure that each child placed in a foster home or other home by the society is visited by a social worker,</p> <p>(a) within seven days after the child's admission to the home;</p> <p>(b) at least once within thirty days of the placement; and</p> <p>(c) at least once every three months after the visit referred to in clause (b), or at such other interval as the local director directs.</p> <p>R.R.O. 1990, Reg. 71, s. 5 (3).</p> <p>Ministry Directive, January 25, 1992</p> <p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the Child and Family Services Act (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).</p> <p>Note that the 'visiting schedule timeframe' is set out in Reg. 71 ss 5 (3).</p> <p>A directive is issued unless there is a compelling, child centred reason the society did not meet its obligation. In such a case the file is deemed not in compliance, with no directive issued unless otherwise stated.</p> <p>Complete the Caseworker Contact chart. Indicate whether visits were in compliance and whether a directive is issued for non-compliance for the required 7 and 30 day, and three month visits. Visits require a privacy component to be in compliance. Indicate 'N/A/' under 'compliant' if the visit is not relevant.</p> <p>'N/A' under 'Compliant' can result when the timing of the placement does not warrant a visit – e.g., if a placement took place five days before the review date.</p>

CASEWORKER CONTACT			
Contact with child by Caseworker	Compliant	Directive	
45. 7 day visit	45 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	45 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	This is considered 'in compliance' if the caseworker visited the child within seven days of the date of placement on adoption probation and the visit contained a privacy component.
46. 30 day visit	46 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	46 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	This is considered 'in compliance' if the caseworker visited the child and included a privacy component in the visit within 30 days of the date of placement on adoption. placement
47. Minimum 3 month visits by caseworker	47 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	47 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	This is considered in compliance if the caseworker visited the child and included a privacy component in the visit three months after the 30 day visit and at least once every three months following the first three month visit. A directive is issued if this has not occurred. No discretion is allowed with regard to this requirement.

CASEWORKER CONTACT

Summary: including a summary of child's adjustment to placement and comments on supervisory visits and recordings (30 day, three month and six month)

A plan of care is not required but adoption-specific recording should provide information about the child's progress in the home. The ROACH also contains information about the child's adjustment to the adoption placement and is required at the end of the probationary period. The reviewer comments on: the child's adjustment to the adoption placement; the adoption planning process; whether the frequency of visits by the worker meets the child's needs; and the comprehensiveness of the information provided in the ROACH.

DIRECTIVES

Directives will be generated automatically with the exception of any additional directives issued in relation to: Review by senior management; Review by program supervisor; Other

Pre-placement visit		
Review of AAR prior to placement		
30 day recording comments on objectives established or issues highlighted in the child's previous plan of care and how these will be incorporated into adoption probation	Health	
	Education	
	Identity	
	Social and Family Relationships	
	Social Presentation	
	Emotional and Behavioural	
	Self-care Skills	
Three month recording reports information as applicable, including both significant issues for the child, and the adoptive family's response or plan	Health	
	Education	
	Identity	
	Social and Family Relationships	
	Social Presentation	
	Emotional and Behavioural	
	Self-care Skills	

DIRECTIVES		
Six month recordings report information as applicable, including both significant issues for the child, and the adoptive family's response or plan	Health	
	Education	
	Identity	
	Social and Family Relationships	
	Social Presentation	
	Emotional and Behavioural	
	Self-care Skills	
Timely completion of recording	30 Days	
	3 month	
	First six month	
	Subsequent 6 months #1	
	Subsequent 6 months #2	
Registration of placement on file		
Supplement to Registration of Placement on file		
Indian/native person, band/native community given 60 days notice re adoption		
Society considered plan of band/native community for care of child		
Social History of Child on file		
Medical History of Child on file		
Social/Medical History of Birth Mother on file		
Social/Medical History of Birth Father on file		
Acknowledgement of Adoption on file		

DIRECTIVES		
7 day visit		
30 day visit		
Three month visits		
Recommendation re-issued	File Statement of Live Birth	
	Address post adoption services	
	Ensure child's participation in plan	
	Prepare life book	
	Complete and give written non-identifying information of the social and medical history of parents and child, for adoptive parents	
REVIEW OF FILE BY SENIOR MANAGEMENT	<p>▪ re previous directives</p> <p>48. Additional <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A directive re previous directives is automatically carried forward.</p> <p>A review of file by senior management may also be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the caseworker and supervisor's ability or willingness to address the problems without the assistance of senior management. This directive requires prior consultation with the society and approval of the Lead Reviewer.</p> <p>Indicate whether any additional directive is issued. In the comments section below, provide an explanation, the types of action(s) and follow up required by the society.</p>

DIRECTIVES		
REVIEW OF FILE BY PROGRAM SUPERVISOR	<ul style="list-style-type: none"> • re previous directives re recording • re previous directives re safety <p>49. Additional <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Directives issued re previous safety or recordings directives are automatically carried forward.</p> <p>A review of file by the program supervisor may be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the society's ability or willingness to address the problems without the assistance of the Program Supervisor. This directive requires prior approval of the Lead Reviewer.</p> <p>Indicate whether any additional directive is issued re review of file by program supervisor.</p> <p>The types of action(s) and follow up required by the society are indicated clearly in the comment section below. When this review is issued, a copy of the report is provided to senior management</p>

DIRECTIVES		
50. OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>CFSA s.66 authorizes Crown Ward reviewers to issue any directive that is in the child's best interest. A directive is issued if the reviewer identifies a serious concern that is not covered by the other areas. This directive requires prior approval of the Lead Reviewer. The Lead Reviewer will decide if the society should also be consulted regarding the matter. This is the only directive that is applicable to cases supervised by another province other than a review of file by Senior Management or the Program Supervisor. Provide detail regarding the 'other' directive in the comments section below.</p>
<p>Comments:</p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner.</p> <p>The reviewer provides detail regarding any additional directive to review of file by senior management or program supervisor issued as well as any directive to 'Other'.</p> <p>Review of file by senior management re directives Review of file by program supervisor re directives re recordings Review of file by program supervisor re directives re child's safety Additional directive to review of file by senior management Additional directive to review of file by program manager Additional directive re other</p>		

RECOMMENDATIONS will be generated	
File Statement of Live Birth	
Address post adoption services	
Ensure child's participation in plan	
Prepare life book	
Complete and give written non-identifying information of the social and medical history of parents and child, for adoptive parents	

FOLLOW UP		
	Date Due	Date Received
Agency response to directives		
File to be reviewed and a response provided by Senior Management to issues raised.		
File to be reviewed and a response provided by Program Supervisor to issues raised		
Other		
Program Supervisor sign off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date:
Child Welfare Review Unit sign off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date:
Comments:		

APPENDIX A: References for the Crown Ward Review

CROWN WARD INDIVIDUAL CASE REPORT

CFSA PART I FLEXIBLE SERVICES

Children's Aid Societies

Children's Aid Society

15. (3) The functions of a children's aid society are to,
- (d) provide care for children assigned or committed to its care under this Act;

PART III CHILD PROTECTION

REVIEW

Director's annual review of Crown wards

66. (1) A Director or a person authorized by a Director shall, at least once during each calendar year, review the status of every child,
- (a) who is a Crown ward;
 - (b) who was a Crown ward throughout the immediately preceding twenty-four months; and
 - (c) whose status has not been reviewed under this section or under section 65.2 during that time. R.S.O. 1990, c. C.11, s. 66 (1); 2006, c. 5, s. 25 (1).

Children's aid societies are always foster care licensees pursuant to CFSA s. 193(1) (b) as they provide, directly or indirectly, residential care for three or more children not of common parentage in places that are not children's residences and so must be licensed to do so. This means that societies must comply with the foster care licensee provisions of Regulation 70 – which are found in sections 111 to 121, with respect to all children in their care.

SECTION A: CHILD INFORMATION

A9. Primary reason for most recent admission to care:

Reg. 70

111. (8) The social history of a child shall include,
- (b) admission information

SECTION A: CHILD INFORMATION	
<p>A18. Is the child registered or entitled to be registered as an Indian or is the child being served by Dilico Ojibway Child and Family Services?</p>	<p>CFSA subsection 1</p> <p>Paramount Purpose</p> <p>1. (1) The paramount purpose of this Act is to promote the best interests, protection and well being of children.</p> <p>Other purposes</p> <p>(2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are:</p> <p>5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family. 1999, c. 2, s. 1; 2006, c. 5, s. 1.</p> <p>Interpretation</p> <p>Definitions</p> <p>3. (1) In this Act, "Indian" has the same meaning as in the Indian Act (Canada); ("Indien") "native person" means a person who is a member of a native community but is not a member of a band, and "native child" has a corresponding meaning; ("autochtone", "enfant autochtone")</p>

Previous Reviews	
A20 a. Were directives made in last year's review?	2006 Annual Report of the Office of the Auditor General of Ontario RECOMMENDATION 9 To ensure that care and services provided to Crown wards are appropriate and in compliance with regulatory requirements, the Ministry of Children and Youth Services' review of Crown-ward files should assess whether: <ul style="list-style-type: none"> directives and recommendations have been followed up
A20 b. If yes, has the agency addressed all of the directives identified?	
If no: A20 b (i). Review of file by senior management re failure to address directives from the previous year (with exception of directives related to plans of care or the child's safety)?	
Review of file by program supervisor related to failure to address directives from the previous year re: A20 b (ii) 1. Plan of care	
A20 b (ii) 2. Child's safety	

INDIAN AND NATIVE CHILDREN/YOUTH REPORT	
IDENTIFYING INFORMATION	
1. Is the child a Band Member?	<i>CFSA</i> 1. (2) 5. Reg. 70 111. (8) The social history of a child shall include, (a) identifying information
Indian And Native Children Planning	
2. Have efforts been made to place the child with a member of the child's extended family, a member of the child's band or native community or another Indian or native family?	<i>CFSA</i> 61. (2) The society having care of a child shall choose a residential placement for the child that, (d) where the child is an Indian or a native, is with a member of the child's extended family, a member of the child's band or native community or another Indian or native family, if possible

INDIAN AND NATIVE CHILDREN/YOUTH REPORT	
IDENTIFYING INFORMATION	
<p>3. Does the child have contact with his or her band or native community?</p>	<p><i>CFSA</i> 1. (1) The paramount purpose of this Act is to promote the best interests, protection and well being of children.</p> <p>Other purposes</p> <p>(2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are:</p> <p>5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family. 1999, c. 2, s. 1; 2006, c. 5, s. 1.</p>
<p>4 a. Was ADR considered to resolve any issue related to the child in the past 12 months?</p> <p>4 b. Was the band/native community consulted regarding alternative methods for dispute resolution in the past 12 months?</p> <p>Where ADR was proposed in the past 12 months, was notification provided to:</p> <p>5 a. Office of the Children's Lawyer 5 b. Band/Native Community</p>	<p><i>CFSA</i> Part I Flexible Services CHILDREN'S AID SOCIETIES</p> <p>Resolution of issues by prescribed method of alternative dispute resolution</p> <p>20.2 (1) If a child is or may be in need of protection under this Act, a society shall consider whether a prescribed method of alternative dispute resolution could assist in resolving any issue related to the child or a plan for the child's care. 2006, c. 5, s. 5.</p>

INDIAN AND NATIVE CHILDREN/YOUTH REPORT	
IDENTIFYING INFORMATION	
	<p>Where child is Indian or native person</p> <p>(2) If the issue referred to in subsection (1) relates to a child who is an Indian or native person, the society shall consult with the child's band or native community to determine whether an alternative dispute resolution process established by that band or native community or another prescribed process will assist in resolving the issue. 2006, c. 5, s. 5.</p> <p>Children's Lawyer</p> <p>(3) If a society or a person, including a child, who is receiving child welfare services proposes that a prescribed method of alternative dispute resolution be undertaken to assist in resolving an issue relating to a child or a plan for the child's care, the Children's Lawyer may provide legal representation to the child if in the opinion of the Children's Lawyer such legal representation is appropriate. 2006, c. 5, s. 5.</p> <p>Notice to band, native community</p> <p>(4) If a society makes or receives a proposal that a prescribed method of alternative dispute resolution be undertaken under subsection (3) in a matter involving a child who is an Indian or native person, the society shall give the child's band or native community notice of the proposal. 2006, c. 5, s. 5.</p>

INDIAN AND NATIVE CHILDREN/YOUTH REPORT		
IDENTIFYING INFORMATION		
	MINISTRY OF CHILDREN AND YOUTH SERVICES POLICY DIRECTIVE: CW 005-06	
	<p>This policy directive requires societies when using alternative dispute resolution to:</p> <p>5. provide notice to the Office of the Children's Lawyer, where alternative dispute resolution is proposed.</p> <p>REQUIREMENTS: Children's aid societies must notify the Office of the Children's Lawyer (OCL), as follows:</p>	
	Section of <i>Child and Family Services Act (CFSA)</i>	Notice to OCL
	20.2(1) and 20.2 (3) Consideration by children's aid societies of resolution of issues by prescribed method of ADR	<p>For children under 12, where there is mutual agreement among the participants to pursue ADR.</p> <p>For children 12 and over and minor parents, where ADR is being proposed but a consent has not been entered into by the children's aid society and the children's aid society has not discussed the ADR proposal with the child or minor parent.</p>

INDIAN AND NATIVE CHILDREN/YOUTH REPORT		
IDENTIFYING INFORMATION		
	51.1 Part III CFSA (Protection applications before the court)	Where the court adjourns for ADR and counsel for the child has not already been appointed by the court in the proceeding.
	145.2 (7) Varying or terminating openness orders before adoption	Where the court adjourns for ADR and the child is not already represented by counsel.
	REPORTING REQUIREMENTS: Children's aid societies must record in the appropriate file (i.e. child's file, child protection file, adoptive family file) that ADR was considered, what decision was reached and the supporting reasons. Where an ADR takes place the outcome of the process must also be recorded in the appropriate file.	
In the 12 months before the review date, did the society give notice to a representative of the child's band or native community in relation to: 6 a. Child welfare legal proceedings	CFSA 213.1 A society or agency that proposes to provide a prescribed service to a child who is an Indian or native person or to exercise a prescribed power under this Act in relation to such a child shall consult with a representative chosen by the child's band or native community in accordance with the regulations. 2006, c. 5, s. 43.	
6 b. Placement change	Reg. 70 123. The following are prescribed powers for the purposes of section 213.1 of the Act: 1. The completion by a society of a full child protection investigation, if after the investigation there is a determination that a child is in need of protection under Ontario Regulation 206/00 (Procedures, Practices and Standards of	

INDIAN AND NATIVE CHILDREN/YOUTH REPORT	
IDENTIFYING INFORMATION	
	<p>Service for Child Protection Cases) made under the Act and the society makes a determination that the case requires a plan for ongoing protection services.</p> <p>...</p> <p>3. The placement of a child, by a society, in a children's residence as defined in section 192 of the Act or in a foster home as defined under subsection 3 (1) of the Act. O. Reg. 493/06, s. 21.</p> <p>124. (1) When exercising a power prescribed by section 123 the society shall,</p> <p>(a) provide notice to a representative chosen by the child's band or native community by the end of the next day after exercising the prescribed power to request that a case consultation occur as soon as practicable, but no later than five days after receipt of the notice, if the child is a member of a band or native community that is within the territorial jurisdiction of the society; or</p> <p>(b) provide written notice to a representative chosen by the child's band or native community within five days after exercising the prescribed power to request that a case consultation occur as soon as practicable, but no later than 30 days after receipt of the notice, if the child is a member of a band or native community that is not within the territorial jurisdiction of the society. O. Reg. 493/06, s. 21</p>

INDIAN AND NATIVE CHILDREN/YOUTH REPORT	
IDENTIFYING INFORMATION	
	<p>(2) Notice under clause (1) (a) may be verbal but, if there are existing arrangements between the society and the band or native community, the notice shall be given in a manner that is consistent with those arrangements. O. Reg. 493/06, s. 21.</p> <p>(3) If notice under clause (1) (a) is verbal, the society shall record the date and time of the notice and the name of the person to whom notice was given. O. Reg. 493/06, s. 21.</p> <p>(4) Notice under clause (1) (b) may be given by regular mail or by fax. O. Reg. 493/06, s. 21.</p> <p>(5) If notice is sent by regular mail, it shall be sent to the most recent address of the representative of the band or native community known to the society and is deemed to be received on the fifth day after it is mailed. O. Reg. 493/06, s. 21.</p> <p>(6) If the notice is sent by fax, it is deemed to be received on the day after it is sent, unless that day is a holiday, in which case the copy is deemed to be received on the next day that is not a holiday. O. Reg. 493/06, s. 21.</p> <p>(7) If a representative of the band or native community that acts in good faith does not, through absence, accident, illness or other cause beyond the representative's control, receive the notice until a later date than the deemed date of receipt, subsection (5) or (6), as the case may be, does not apply. O. Reg. 493/06, s. 21.</p>

INDIAN AND NATIVE CHILDREN/YOUTH REPORT	
IDENTIFYING INFORMATION	
7 a. Did the child live continuously with a foster parent for 2 years or more and was removal of the child or a placement change proposed in the past 12 months?	CFSA 61. (7) If a child is a Crown ward and has lived continuously with a foster parent for two years and a society proposes to remove the child from the foster parent under subsection (6), the society shall, <ul style="list-style-type: none"> (b) if the child is an Indian or native person, (i) give at least 10 days notice in writing of the proposed removal to a representative chosen by the child's band or native community
7 b. If yes, was notification provided to the band/native community?	

SECTION B: CHILD SAFETY	
B1. Has this child experienced verified physical or sexual abuse while in care prior to this review period?	Reg. 70 111. (7)
B2. Has this child experienced any other form of verified maltreatment while in care prior to this review period?	
B3 a. Has the child been the subject of any protection investigation in the past 12 months? If yes:	
B3 b. Was physical or sexual abuse verified on at least one occasion?	
B3 c. Was any other form of maltreatment verified on at least one occasion?	
B3 d. Where did the verified maltreatment occur? Check as many as apply.	

SECTION B: CHILD SAFETY	
B4. Is a review by Senior Management required?	<p>CFSA 66. (2) After a review under subsection (1), the Director may direct the society to make an application for review of the child's status under subsection 65 (1) or give any other direction that, in the Director's opinion, is in the child's best interests. R.S.O. 1990, c. C.11, s. 66 (2); 2006, c. 5, s. 25 (2).</p>
B5. If the child was placed in a kinship care home before it was approved as a kinship care home, was the kinship care home designated or approved as a place of safety prior to the child's placement?	<p>CFSA Designation of places of safety</p> <p>18. For the purposes of Part III, a Director or local director may designate a place as a place of safety and may designate a class of places as places of safety. 2006, c. 5, s. 4.</p>
B6. If the child was placed in a formal customary care home before it was approved as a formal customary care home, was the formal customary care home designated or approved as a place of safety prior to the child's placement?	<p>37. (1) In this Part, "place of safety" means a foster home, a hospital, a person's home that satisfies the requirements of subsection (5) or a place or one of a class of places designated as a place of safety by a Director or local director under section 18, but does not include,</p> <ul style="list-style-type: none"> (a) a place of secure custody as defined in Part IV, or (b) a place of secure temporary detention as defined in Part IV. ("lieu sûr") R.S.O. 1990, c. C.11, s. 37 (1); 2006, c. 19, Sched. D, s. 2 (5); 2006, c. 5, s. 6 (1, 2). <p>Place of safety</p> <p>(5) For the purposes of the definition of "place of safety" in subsection (1), a person's home is a place of safety for a child if,</p>

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	<p>(a) the person is a relative of the child or a member of the child's extended family or community; and</p> <p>(b) a society or, in the case of a child who is an Indian or native person, an Indian or native child and family service authority designated under section 211 of Part X has conducted an assessment of the person's home in accordance with the prescribed procedures and is satisfied that the person is willing and able to provide a safe home environment for the child. 2006, c. 5, s. 6 (4).</p>
	<p>Reg. 70 PLACE OF SAFETY PRIOR TO PLACEMENT</p> <p>33.1 A society is exempted from the licensing requirements under Part IX of the Act in respect of a person's home for up to 60 days after a child has been placed in the person's home, if the society is satisfied that the person is willing and able to provide a place of safety for purposes of subsection 37 (5) of the Act. O. Reg. 493/06, s. 2.</p> <p>33.2 (1) In conducting an assessment of a person's home as a place of safety pursuant to clause 37 (5) (b) of the Act, the following procedures shall be followed:</p> <p>1. A child protection worker or a family service worker employed by an Indian or native child and family service authority shall obtain information,</p>

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	<ul style="list-style-type: none"> i. as to the identity of every person who is 18 years of age or older and resides in the home in which the child will be placed, and ii. as to the nature of the relationship between the child and every person referred to in subparagraph i. <ol style="list-style-type: none"> 2. A child protection worker or a family service worker employed by an Indian or native child and family service authority shall meet with the proposed primary caregiver and conduct an interview of the caregiver. 3. A child protection worker or a family service worker employed by an Indian or native child and family service authority shall meet in private with the child who will be placed and conduct an interview appropriate to the child's age and developmental capacity. 4. A child protection worker or a family service worker employed by an Indian or native child and family service authority or a person designated by the society shall conduct an assessment of the home environment, including an assessment of the physical aspects of the home.

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	<p>5. A child protection worker shall conduct a review of the society's records and files for information relating to any person who is 18 years of age or older and resides in the home in which the child will be placed.</p> <p>6. A child protection worker or a family service worker employed by an Indian or native child and family service authority shall obtain the consent of the proposed primary caregiver to a criminal record check.</p> <p>7. A child protection worker or a family service worker employed by an Indian or native child and family service authority shall obtain the consent of the proposed primary caregiver to the disclosure of information related to themselves by any society in Ontario or any child protection authority outside of Ontario. O. Reg. 493/06, s. 2.</p> <p>(2) If an assessment under subsection (1) is being conducted by a designated Indian or native child and family service authority that is not a society, the authority shall advise the society that may be placing the child of the name of any person who is 18 years of age or older and resides in the home in which the child will be placed. O. Reg. 493/06, s. 2.</p>

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	<p>(3) A society that is advised under subsection (2) of the name of a person who is 18 years of age or older and resides in the home where it is proposed that a child will be placed,</p> <p>(a) shall conduct a review of the society's records and files for information relating to the person; and</p> <p>(b) shall forthwith respond to the Indian or native child and family service authority indicating,</p> <p>(i) whether or not information relating to the person exists in the society's files or records, and</p> <p>(ii) whether the society has reasonable grounds to suspect that a child may be at risk if placed in the home. O. Reg. 493/06, s. 2.</p> <p>(4) A society that receives a request from an Indian or native child and family service authority for information about a person who is 18 years of age or older and resides in the home in which a child may be placed and a consent from that person to the disclosure of information shall forthwith respond to the authority indicating the nature of the information in the society's files or records. O. Reg. 493/06, s. 2.</p>

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	<p>(5) As soon as practicable but not later than 30 days after conducting an assessment under this section, a child protection worker or, where applicable, a family services worker employed by an Indian or native child and family service authority shall document the assessment of the person's home. O. Reg. 493/06, s. 2.</p>
B6 b. If yes, was the child's band or native community consulted throughout the subsequent assessment process?	<p>CFSA 213.1 A society or agency that proposes to provide a prescribed service to a child who is an Indian or native person or to exercise a prescribed power under this Act in relation to such a child shall consult with a representative chosen by the child's band or native community in accordance with the regulations. 2006, c. 5, s. 43.</p>
	<p>Reg. 70 123</p> <p>123. The following are prescribed powers for the purposes of section 213.1 of the Act:</p> <ol style="list-style-type: none"> 1. The completion by a society of a full child protection investigation, if after the investigation there is a determination that a child is in need of protection under Ontario Regulation 206/00 (Procedures, Practices and Standards of Service for Child Protection Cases) made under the Act and the society makes a determination that the case requires a plan for ongoing protection services.

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	<p>Reg. 206/00 PLACE OF SAFETY AFTER PLACEMENT</p> <p>12. (1) Within seven days after a society has placed a child in a person's home that is a place of safety under subsection 37 (5) of the Act, a child protection worker or a person designated by the society shall,</p> <ul style="list-style-type: none"> (a) conduct a home visit to the home where the child is placed; (b) conduct an interview with the primary caregiver; (c) meet in private with the child and conduct an interview appropriate to the child's age and developmental capacity; and (d) contact every other person who is 18 years of age or older and resides in the home to obtain the person's consent to a criminal record check and to the disclosure of information by any society or any child protection authority in a jurisdiction outside of Ontario. O. Reg. 523/06, s. 3. <p>(2) Between the 25th day and the 30th day after a society has placed a child in a person's home that is a place of safety under subsection 37 (5) of the Act, a child protection worker or a person designated by the society shall repeat the steps taken under clauses (1) (a), (b) and (c). O. Reg. 523/06, s. 3.</p>

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(3) The steps taken under subsections (1) and (2) are the minimum steps a society shall take in visiting a person's home that is a place of safety where a child has been placed and nothing in them prevents or limits the ability of the society to visit such a home. O. Reg. 523/06, s. 3.

(4) As soon as practicable but no later than seven days after the society obtains the person's consent to a criminal record check and to the disclosure of information by any society or any child protection authority outside of Ontario under clause (1) (d), the society shall,

(a) make a request to the appropriate authority in any jurisdiction in which the person has resided for the results of the person's criminal record check; and

(b) make a request to the appropriate authority in any jurisdiction in which the person has resided for the results of the person's information or records they may have relating to the person, if the person has resided in the past in an area outside of the society's jurisdiction. O. Reg. 523/06, s. 3.

(5) As soon as practicable but no later than seven days after receiving the results of a criminal record check or a child welfare check under subsection (4), the society shall review the information and document any decisions or actions it proposes to take with respect to the information. O. Reg. 523/06, s. 3.

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	(6) Within seven days after receiving a request from another society under subsection (4), a society shall respond to the request and the response shall indicate whether or not any information relating to the person specified in the request exists in the society's files or records and, if so, the nature of the information. O. Reg. 523/06, s. 3.
B7 a. If the home was designated as a Place of Safety, was it either approved or not approved within 60 days?	Reg. 70 33.1 A society is exempted from the licensing requirements under Part IX of the Act in respect of a person's home for up to 60 days after a child has been placed in the person's home, if the society is satisfied that the person is willing and able to provide a place of safety for purposes of subsection 37 (5) of the Act. O. Reg. 493/06, s. 2.
B7 b. If the home was not approved, was the child moved to another placement?	
B8. If the society placed a child in a person's home that was a 'place of safety', were requirements to conduct a home visit and interview the primary caregiver, meet in private with the child and obtain consent carried out?	<p>O. Reg 206/00 PART III PLACE OF SAFETY AFTER PLACEMENT</p> <p>12. (1) Within seven days after a society has placed a child in a person's home that is a place of safety under subsection 37 (5) of the Act, a child protection worker or a person designated by the society shall,</p> <ul style="list-style-type: none"> (a) conduct a home visit to the home where the child is placed; (b) conduct an interview with the primary caregiver; c) meet in private with the child and conduct an interview appropriate to the child's age and developmental capacity; and

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	<p>(d) contact every other person who is 18 years of age or older and resides in the home to obtain the person's consent to a criminal record check and to the disclosure of information by any society or any child protection authority in a jurisdiction outside of Ontario. O. Reg. 523/06, s. 3.</p>

SECTION C: PERMANENCY	
C1. Current permanency plan: (check one)	<p>CFSA Paramount purpose</p> <ol style="list-style-type: none"> 1. (2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are: 3. To recognize that children's services should be provided in a manner that, <ol style="list-style-type: none"> iii. provides early assessment, planning and decision-making to achieve permanent plans for children in accordance with their best interests,
C2. Does the child's permanency plan address continuity of the child's placement and relationships?	<p>CFSA Society's obligation to a Crown ward</p> <p>63.1 Where a child is made a Crown ward, the society shall make all reasonable efforts to assist the child to develop a positive, secure and enduring relationship within a family through one of the following:</p> <ol style="list-style-type: none"> 1. An adoption. 2. A custody order under subsection 65.2 (1). 3. In the case of a child who is an Indian or native person, a plan for customary care as defined in Part X. 2006, c. 5, s. 21.
C3. Does the child have any significant enduring relationships in his or her life? If no, comment under 'Comments' below	
C4. Does the permanency plan reflect an exploration of permanency options: adoption; custody order; or customary care (CFSA s. 63.1)?	

SECTION C: PERMANENCY	
C6. Has child experienced a breakdown with legal custody prior to admission?	<p><i>CFSA</i> 65.2 (1) If an application for review of a child's status is made under section 65.1, the court may, in the child's best interests,</p> <p>(b) order that custody be granted to one or more persons, including a foster parent, with the consent of the person or persons;</p>
Placement	
C17 a. Did the child live continuously with a foster parent for 2 years or more and was removal of the child or a placement change proposed in the past 12 months?	<p><i>CFSA</i> 61. (7) If a child is a Crown ward and has lived continuously with a foster parent for two years and a society proposes to remove the child from the foster parent under subsection (6), the society shall,</p>
C17 b. If yes, was notification provided to the foster parent?	<p>(a) give the foster parent at least 10 days notice in writing of the proposed removal and of the foster parent's right to apply for a review under subsection (7.1)</p>
Access	
C18. Has access been ordered or agreed to?	<p><i>CFSA</i> 59. (1) Where an order is made under paragraph 1 or 2 of subsection 57 (1) removing a child from the person who had charge of the child immediately before intervention under this Part, the court shall make an order for access by the person unless the court is satisfied that continued contact with him or her would not be in the child's best interests. R.S.O. 1990, c. C.11, s. 59 (1).</p> <p>(2) Where the court makes an order that a child be made a ward of the Crown, any order for access made under this Part with respect to the child is terminated. 2006, c. 5, s. 17 (2).</p>
C21 (ii). Are there documented issues with access requiring review?	<p>(2.1) A court shall not make or vary an access order made under section 58 with respect to a Crown ward unless the court is satisfied that,</p> <p>(a) the relationship between the person and the child is beneficial and meaningful to the child; and</p>

SECTION C: PERMANENCY	
	<p>(b) the ordered access will not impair the child's future opportunities for adoption. 2006, c. 5, s. 17 (2).</p> <p>(4) If a society believes that contact or communication between a person and a Crown ward is in the best interests of the Crown ward and no openness order under Part VII or access order is in effect with respect to the person and the Crown ward, the society may permit contact or communication between the person and the Crown ward. 2006, c. 5, s. 17 (4).</p> <p>CFSA 103 (2) A child in care who is a Crown ward is not entitled as of right to speak with, visit or receive visits from a member of his or her family, except under an order for access made under Part III or an openness order or openness agreement made under Part VII. 2006, c. 5, s. 32.</p>
C23. Does the access order support permanency plans for the child?	<p>CFSA 65.2 (1) If an application for review of a child's status is made under section 65.1, the court may, in the child's best interests,</p> <ul style="list-style-type: none"> (a) order that the child be placed in the care and custody of a parent or another person, subject to the supervision of the society, for a specified period of at least three months and not more than 12 months; (b) order that custody be granted to one or more persons, including a foster parent, with the consent of the person or persons; (c) order that the child be made a ward of the Crown until wardship is terminated under this section or expires under subsection 71 (1); or (d) terminate or vary any order made under section 57 or this section. 2006, c. 5, s. 24. <p>Variation, etc.</p> <p>(2) When making an order under subsection (1), the court may, subject to section 59, vary or terminate an order for access or make a further order under section 58. 2006, c. 5, s. 24.</p>

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	<p>Same</p> <p>(3) Any previous order for Crown wardship is terminated if an order described in clause (1) (a) or (b) is made in respect of a child. 2006, c. 5, s. 24.</p>
	<p>Terms and conditions of supervision order</p> <p>(4) If the court makes a supervision order described in clause (1) (a), the court may impose,</p> <ul style="list-style-type: none"> (a) reasonable terms and conditions relating to the child's care and supervision; (b) reasonable terms and conditions on the child's parent, the person who will have care and custody of the child under the order, the child and any other person, other than a foster parent, who is putting forward a plan or who would participate in a plan for care and custody of or access to the child; and (c) reasonable terms and conditions on the society that will supervise the placement, but shall not require the society to provide financial assistance or purchase any goods or services. 2006, c. 5, s. 24.
	<p>Access</p> <p>(5) Section 59 applies with necessary modifications if the court makes an order described in clause (1) (a), (b) or (c). 2006, c. 5, s. 24.</p>
	<p>Custody proceeding</p> <p>(6) Where an order is made under this section or a proceeding is commenced under this Part, any proceeding respecting custody of or access to the same child under the Children's Law Reform Act is stayed except by leave of the court in the proceeding under that Act. 2006, c. 5, s. 24.</p>
	<p>Rights and responsibilities</p> <p>(7) A person to whom custody of a child is granted by an order under this section has the rights and responsibilities of a parent in respect of the child and must exercise those rights and responsibilities in the best interests of the child. 2006, c. 5, s. 24.</p>

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Child's Special Needs	
	<p>63.1 Where a child is made a Crown ward, the society shall make all reasonable efforts to assist the child to develop a positive, secure and enduring relationship within a family through one of the following:</p> <ol style="list-style-type: none"> 1. An adoption. 2. A custody order under subsection 65.2 (1). 3. In the case of a child who is an Indian or native person, a plan for customary care as defined in Part X. 2006, c. 5, s. 21.
D 1 a. Does child have a special need?	<p>Reg. 70 111. (2) Every placing agency shall complete an assessment of each child that it places in foster care within thirty days of the child being placed in a foster home. R.R.O. 1990, Reg. 70, s. 111 (2); O. Reg. 493/06, s. 17 (1)</p> <p>(3) An assessment referred to in subsection (2) shall set out,</p> <p>(a) the special needs of the child</p>
D3. Has the child received/completed treatment relevant to his or her special needs or behavioural issues in past 12 months?	<p>Reg. 70 s. 86</p> <p>(2) A plan of care for a resident shall include,</p> <p>(c) a plan to secure, within specified timeframes, specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the resident</p>
Education	
D5 a. Is the child registered in a school program?	<p>The <i>Education Act</i>, R.S.O. 1990, c. E.2 states that attendance at school is compulsory until age 18. There are exceptions however. I will copy the most relevant sections of the Act for your review:</p>

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	<p>Compulsory attendance</p> <p>21. (1) Unless excused under this section,</p> <ul style="list-style-type: none"> (a) every person who attains the age of six years on or before the first school day in September in any year shall attend an elementary or secondary school on every school day from the first school day in September in that year until the person attains the age of 18 years; and (b) every person who attains the age of six years after the first school day in September in any year shall attend an elementary or secondary school on every school day from the first school day in September in the next succeeding year until the last school day in June in the year in which the person attains the age of 18 years. 2006, c. 28, s. 5 (1). <p>Participation in equivalent learning</p> <p>(1.1) A person shall be considered to be attending school when he or she is participating in equivalent learning if the equivalent learning program, course of study or other activity and the group, organization or entity providing it have been approved under paragraph 3.0.1 of subsection 8 (1). 2006, c. 28, s. 5 (1).</p> <p>When attendance excused</p> <p>(2) A person is excused from attendance at school if,</p> <ul style="list-style-type: none"> (a) the person is receiving satisfactory instruction at home or elsewhere; (b) the person is unable to attend school by reason of sickness or other unavoidable cause;

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- (c) transportation is not provided by a board for the person and there is no school that he or she has a right to attend situated,
 - (i) within 1.6 kilometres from the person's residence measured by the nearest road if he or she has not attained the age of seven years on or before the first school day in September in the year in question, or
 - (ii) within 3.2 kilometres from the person's residence measured by the nearest road if he or she has attained the age of seven years but not the age of 10 years on or before the first school day in September in the year in question, or
 - (iii) within 4.8 kilometres from the person's residence measured by the nearest road if he or she has attained the age of 10 years on or before the first school day in September in the year in question;
- (d) the person has obtained a secondary school graduation diploma or has completed a course that gives equivalent standing;
- (e) the person is absent from school for the purpose of receiving instruction in music and the period of absence does not exceed one-half day in any week;
- (f) the person is suspended, expelled or excluded from attendance at school under any Act or under the regulations;

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	<p>(g) the person is absent on a day regarded as a holy day by the church or religious denomination to which he or she belongs; or</p> <p>(h) the person is absent or excused as authorized under this Act and the regulations. 2006, c. 28, s. 5 (1).</p> <p><i>CFSA</i> 61. (3) The society having care of a child shall ensure that the child receives an education that corresponds to his or her aptitudes and abilities. R.S.O. 1990, c. C.11, s. 61 (3).</p> <p><i>CFSA</i> 105. (2) A child in care has a right, (e) to receive an education that corresponds to the child's aptitudes and abilities, in a community setting whenever possible; R.S.O. 1990, c. C.11, s. 105.</p> <p><i>Reg. 70</i> 111. (1) Every licensee shall ensure that before a child is accepted by the licensee to receive foster care in a home that provides foster care for or on behalf of the licensee that,</p> <p>(b) the immediate objectives of the provision of foster care for the child have been determined, taking into account the developmental, emotional, social, medical and educational needs of the child. R.R.O. 1990, Reg. 70, s. 111 (1).</p>
D6. Is child eligible for an RESP?	<p>POLICY DIRECTIVE: CW 001-08 Registered Education Savings Plans (RESPs) – in effect April 15, 2008</p> <p>On July 20, 2006, the federal government began providing the Universal Child Care Benefit (UCCB) directly to Children's Aid Societies (CASs) for children in care under the age of six. ...</p> <p>2. Effective immediately, establish RESPs for Crown wards for whom the CAS has received UCCB funds since July 2006.</p>

SECTION D: CHILD WELLBEING	
Caseworker Contact in the Last 12 Months	
D19. 7 day visit	<p>Reg. 71</p> <p>5 (3) Every society shall ensure that each child placed in a foster home or other home by the society is visited by a social worker,</p> <ul style="list-style-type: none"> (a) within seven days after the child's admission to the home; (b) at least once within thirty days of the placement; and (c) at least once every three months after the visit referred to in clause (b), <p>or at such other interval as the local director directs. R.R.O. 1990, Reg. 71, s. 5 (3).</p> <p>Ministry Directive, January 25, 1992</p> <p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the Child and Family Services Act (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).</p> <p>Note that the 'visiting schedule timeframe' is set out in Reg. 71 ss 5 (3).</p>
D20. 30 day visit	
D21. Minimum 3 month visits by caseworker	

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D22. If the child was placed out of province and being supervised by an out-of-province agency, is there evidence that the society made a reasonable effort to negotiate visits consistent with Ontario's requirements?	<p>Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories Consolidation as of December 15, 2006</p> <p>B3. Case Planning and Management</p> <p>B3.2 Implementing Care or Service Plan</p> <p>B3.2.2 In agreeing to a care or service plan, the receiving province shall provide, at a minimum, supervision and services as per the negotiated plan. The originating province retains case management responsibility for planning for the child or young adult and for ongoing contact with the family of the child or young adult unless otherwise negotiated between the originating and receiving provinces.</p>
PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)	
CFSA 105(1): "a child has a right to a plan of care designed to meet the child's particular needs"	
D23. If the child experienced a material change in the last 12 months, did the society conduct a review of the plan of care?	<p>Reg. 70</p> <p>115. (1) Every licensee shall review and if necessary amend the foster plan of care for each child it places in foster care. R.R.O. 1990, Reg. 70, s. 115 (1); O. Reg. 493/06, s. 18 (1).</p> <p>(2) The review referred to in subsection (1) shall be carried out with the involvement of the licensee, the placing agency where the placing agency is not the licensee, the child where the child is 12 years of age or over, the foster parents and, where appropriate, the child's parents,</p> <p>(b) earlier than the timeframes referenced in clause</p> <p>(a) if,</p> <p>(i) there is a material change in circumstances which necessitates a review of the plan;</p>

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D24 a. Is there any evidence that ADR was considered in the past 12 months for resolving issues related to the child or a plan for the child's care?	<p>CFSA Part I Flexible Services CHILDREN'S AID SOCIETIES</p> <p>Resolution of issues by prescribed method of alternative dispute resolution</p> <p>20.2 (1) If a child is or may be in need of protection under this Act, a society shall consider whether a prescribed method of alternative dispute resolution could assist in resolving any issue related to the child or a plan for the child's care. 2006, c. 5, s. 5.</p> <p>Where child is Indian or native person</p> <p>(2) If the issue referred to in subsection (1) relates to a child who is an Indian or native person, the society shall consult with the child's band or native community to determine whether an alternative dispute resolution process established by that band or native community or another prescribed process will assist in resolving the issue. 2006, c. 5, s. 5.</p> <p>Children's Lawyer</p> <p>(3) If a society or a person, including a child, who is receiving child welfare services proposes that a prescribed method of alternative dispute resolution be undertaken to assist in resolving an issue relating to a child or a plan for the child's care, the Children's Lawyer may provide legal representation to the child if in the opinion of the Children's Lawyer such legal representation is appropriate. 2006, c. 5, s. 5.</p> <p>Notice to band, native community</p> <p>(4) If a society makes or receives a proposal that a prescribed method of alternative dispute resolution be undertaken under subsection (3) in a matter involving a child who is an Indian or native person, the society shall give the child's band or native community notice of the proposal. 2006, c. 5, s. 5.</p>
D24 b. Where ADR was proposed in the past 12 months, was notification provided to the Office of the Children's Lawyer?	

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	<p>REPORTING REQUIREMENTS: Children's aid societies must record in the appropriate file (i.e. child's file, child protection file, adoptive family file) that ADR was considered, what decision was reached and the supporting reasons. Where an ADR takes place the outcome of the process must also be recorded in the appropriate file.</p>
D25. Strengths and Needs Identified by the Plan of Care:	
<p>CFSA 105 (1): "a child has a right to a plan of care designed to meet the child's particular needs"</p> <p>Reg. 70 111. (5) The licensee shall ensure that the foster plan of care,</p> <p style="padding-left: 40px;">(a) takes into account all available information on the child as set out in any existing reports related to specialized consultation, specialized treatment and supports</p> <p>Policy Directive 001-09 – the use of: SAFE (Structured Analysis Family Evaluation); Pre-service PRIDE (Parent Resources for Information, Development and Education); and OnLAC (Ontario Looking After Children) by children's aid societies - in effect on May 1, 2009</p> <p>For every child who on December 3, 2007, had been in care for 12 consecutive months or more, CASs were required to complete the first AAR by December 3, 2008 and utilize the Assessment and Action Record (AAR) to develop a Plan of Care. As of the effective date of Policy Directive 001-09, CASs must, within a 12 month period, complete an AAR for all children and youth 10 or older for whom CASs had previously waived the AAR. ... The AAR must be applied annually for every child and youth who has been in care for longer than one year including children and youth in formal customary care.</p> <p>CFSA 1. (2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are:</p> <p>5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family. 1999, c. 2, s. 1; 2006, c. 5, s. 1.</p> <p>Serious Occurrences (Serious Occurrence Reporting Procedures for Service Providers):</p> <p>MCSS and MCYS have provided eight categories of serious occurrences to be reported by the service provider to the ministry.</p>	

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1. Any **death** of a client which occurs while participating in a service....
As well, include:
 - any child receiving service from a Children's Aid Society at the time of their death or in the 12 months immediately prior to their death. ...
2. Any **serious injury** to a client which occurs while participating in a service. A factor to consider in deciding if an injury should be reported as a serious occurrence is whether professional medical treatment (e.g. doctor or dentist) is required, not in-house first aid.
3. Any **alleged abuse or mistreatment** of a client which occurs while participating in a service, e.g., allegations of abuse against staff, foster parents or other foster family members, volunteers, temporary caregivers, police/court staff while young persons are in custody, drivers providing client transportation....
4. Any situation where a **client is missing** in accordance with ministry requirements for applicable program sectors² and any applicable legislative requirements; otherwise, where the service provider considers the matter to be serious. SORs may include clients missing for less than the prescribed ministry requirement where their absence is considered serious by the service provider. A child in the care of a CAS or a residential program who has been missing for 24 hours or more must be reported to the police, and the ministry if appropriate. In child care centres, the reporting of a missing child to the police must be immediate. All SORs should describe whether the client poses a serious risk to themselves or others, any attempts made to locate the client, prior client history of leaving without permission, client's state of mind before leaving, precipitating events, etc. The service provider must advise the ministry once the client has returned, regardless of the date/time, via telephone or e-mail message.
5. Any **disaster on the premises** where a service is provided, that interferes with daily routines, e.g., fire, flood, power outage, gas leak, carbon monoxide, infectious disease (where public health officials are involved), lockdown, etc.
6. Any complaint about the **operational, physical or safety standards** of the service that is considered serious by the service provider including reports of adverse water quality....
7. Any **complaint** made by or about a client, or any other serious occurrence involving a client that is considered by the service provider to be of a serious nature, e.g.:
 - Police involvement with a client (client charged by police)
 - Serious assault by client against staff, peers or community member
 - Serious assault by non-caregiver against client, e.g., friend, another client, stranger.

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- Hospitalization (excluding regularly occurring doctor visits related to an ongoing medical problem and any medical ailment occurring as part of the aging process), e.g., pneumonia, suicidal ideation, drug or alcohol overdose, medical ailment.
- Inappropriate disciplinary techniques, e.g., excessive, non-sanctioned.
- Complaints arising from sexual contact between clients.

8. Any use of a **physical restraint** of a client in a residence licensed as a children's residence under the Child and Family Services Act ... that results in a) no injury, b) injury, c) allegation of abuse. The SOR must describe the type of physical restraint used, use of less intrusive interventions before physical restraint, client and staff debriefing, legal status of the client, duration of the physical restraint, names of all parties notified, if the use of physical restraint resulted in a) no injury, b) injury, c) allegation of abuse. (see also: CFSA Regulation 70, 1990 and DSA Regulation 272, 1990). When more than one physical restraint is used with a client in a 24-hour period, one SOR may be submitted, describing the physical restraints used in the 24-hour period. Likewise, when physical restraint is used on more than one day in a 7-day period, one Inquiry Report (IR) may be submitted, describing all incidents.

Service providers who deliver any direct service to children and youth under the Child and Family Services Act (CFSA); are required to report all serious occurrences to the ministry within 24 hours....

Reporting a Serious Occurrence

1. Inform the regional office within **24 hours** by completing and submitting the **Serious Occurrence Initial Notification Report (INR)**. ...
3. Within seven business days of submitting the Initial Notification Report, complete and submit the **Serious Occurrence Inquiry Report (IR)**. Submit the IR within 7 business days, even if information and/or actions have yet to be completed. Include an explanation that a further follow up report will be provided.
4. ... Service providers may submit a completed IR, in lieu of an INR, if they do so within 24 hours of the occurrence and all necessary action has been taken and documented. Service providers may 'phone in' a serious occurrence, in lieu of an INR, if circumstances dictate, e.g., no fax available.

ENHANCED SERIOUS OCCURRENCES: In 2006, MCSS and MCYS introduced the requirement for service providers to submit enhanced serious occurrence reports (ES-ORs) to the ministry headquarters, 24 hours a day, 7 days a week, to ensure that the ministries are aware of any issues that may be contentious or may get media coverage. Enhanced Serious Occurrence reporting applies when:

- emergency services, e.g., police, fire and/or ambulance services are used in response to a **significant** incident involving an MCSS and/or MCYS client, and/or
- the incident is likely to result in significant public or media attention.

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Within one hour of deeming the incident enhanced, the designated authority for the service provider, using the Serious Occurrence Initial Notification Report (INR), notifies the ministries' early alert system, via facsimile or telephone (if fax is not available). ... Service providers must then follow regular SO reporting procedures, i.e., submit an INR and IR their regional office.

Addendum to Policy Directive: CW 002-08 – Ontario Child Benefit equivalent (OCBe) Pooled Fund – effective September 30, 2009

... Policy Directive CW 002-08 for the OCBE Pooled Fund (hereafter 'the Fund') came into effect on November 14, 2008, requiring CASs to establish a separate general ledger account to hold and pool all OCBE payments and to provide children and youth in care or in formal customary care, ages 0 to 17, with increased access to recreational, educational, cultural, and social opportunities from the Fund.

Effective September 30, 2009, this addendum to Policy Directive CW 002-08 requires CASs to allocate OCBE funds from the Fund in respect of youth in care or in formal customary care, ages 15 to 17, to a savings program (hereafter 'Savings Program').

The purpose of the Savings Program is to assist older youth who have been in care or in formal customary care for an extended period of time in recognition of their need for transition planning and supports to transition successfully to independent living. The Savings Program will provide all eligible youth with:

- financial skills to help prepare them for independent living; and
- savings to assist with the costs of their basic needs upon leaving care.

13. CAS workers shall record discussions with the youth regarding the Savings Program in the youth's file, including discussions about the:

- Savings Program Requirements;
- Methods of disbursement and when the funds will be disbursed;
- Quarterly savings statements; and
- Youth's progress in meeting the Savings Program Requirements.

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D28. Is further assessment needed to identify the child's strengths and needs?	<p>CFSA 105(1): "a child has a right to a plan of care designed to meet the child's particular needs"</p> <p>Reg. 70 ss. 111. (1) Every licensee shall ensure that before a child is accepted by the licensee to receive foster care in a home that provides foster care for or on behalf of the licensee that,</p> <ul style="list-style-type: none"> (a) a preliminary assessment is made of the child that sets out, <ul style="list-style-type: none"> (i) the immediate needs of the child, ... (b) the immediate objectives of the provision of foster care for the child have been determined, taking into account the developmental, emotional, social, medical and educational needs of the child. <p>R.R.O. 1990, Reg. 70, s. 111 (1).</p> <p>(2) Every placing agency shall complete an assessment of each child that it places in foster care within thirty days of the child being placed in a foster home. R.R.O. 1990, Reg. 70, s. 111 (2); O. Reg. 493/06, s. 17 (1).</p> <p>(3) An assessment referred to in subsection (2) shall set out,</p> <ul style="list-style-type: none"> (a) the special needs of the child
D29. Are the identified objectives monitored?	<p>Reg. 70 s. 86</p> <p>(2) A plan of care for a resident shall include,</p> <ul style="list-style-type: none"> (b) identification of desired outcomes, based on each resident's specific strengths and needs; (c) a plan to secure, within specified time-frames, specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the resident; <p>OnLAC training, mandatory for all children in care workers, includes the following statement in the trainer's guide:</p> <p>A goal is a statement of a desired outcome, a general direction or intent. Goals are critical to achieving one's long-term vision or because of an impediment to achieving that goal. The attainment of the goal should be something that is</p>
D30. Are the identified objectives specific?	
D31. Are the identified objectives measurable?	
D32. Are the identified objectives time targeted?	

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	<p>impediment to achieving that goal. The attainment of the goal should be something that is easily recognizable by everyone involved and it thus should be observable and measurable. A goal is something specific that we should describe with a fair amount of detail.</p> <p>In addition:</p> <p>Objectives are used to break down goals into smaller parts. They are statements of specific desired outcomes in the short-term, and are supported by tasks and activities.</p>
D33. Are individuals identified as responsible for completing tasks?	<p>Protection Standard #9 Definitions</p> <p>Tasks developed to achieve the child's objectives should have individuals identified for the completion of those tasks.</p> <p>Tasks: Tasks are specific, incremental activities designed to move family members toward their service plan objectives. Task assignments include:</p> <ul style="list-style-type: none"> • Clearly stated activities that must be performed; • Statement re who in the family will be involved or responsible for each task • An indication of which tasks are the responsibility of the child protection worker or the responsibility of a community service provider • The inclusion of time frames for the beginning and ending of each activity • The sequence the tasks so that they don't all begin and end at the same time • The itemisation of tasks that require multiple steps.
D34. Are recommendations of assessments integrated into plans of care?	<p>Reg. 70 111. (5) The licensee shall ensure that the foster plan of care,</p> <ul style="list-style-type: none"> (a) takes into account all available information on the child as set out in any existing reports related to specialized consultation, specialized treatment and supports; (b) identifies desired outcomes based on each child's specific strengths and needs; and

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	(c) includes a plan to secure, within specified timeframes, the specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the child. O. Reg. 493/06, s. 17 (3).
D35. Reasons are noted for failure to obtain specialized consultation, specialized treatment and supports for the child within the specified timeframe.	Reg. 70 115. (7) If a foster plan of care includes a recommendation to obtain specialized consultation, specialized treatment and supports for the child, or any one or combination of them, and any one of them has not been obtained within the specified timeframe, the reasons shall be noted in the child's file by the licensee. O. Reg. 493/06, s. 18 (4).
D36. Did the child participate in the planning?	CFSA 105. (2) A child in care has a right, (a) to participate in the development of the child's individual plan of care and in any changes made to it; R.S.O. 1990, c. C.11, s. 105. Reg. 70 s. 111. (4) The licensee, within 30 days after placement of a child in a foster home, shall, (b) participate in the development and finalization of a foster plan of care with, (iii) the child, where the child is 12 years of age or over, O. Reg. 493/06, s. 17 (2).
D37. Did significant others participate in the planning as required and/or appropriate or were efforts made to engage them?	Reg. 70 115 (2) The review referred to in subsection (1) shall be carried out with the involvement of the licensee, the placing agency where the placing agency is not the licensee, the child where the child is 12 years of age or over, the foster parents and, where appropriate, the child's parents,
D38. Were reasons for non-participation of the child and/or significant others documented?	Reg. 70 115. (5) Where a foster care plan is reviewed without the involvement of one of the persons referred to in subsection (2), the reason shall be noted in the child's file. R.R.O. 1990, Reg. 70, s. 115 (5).

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D39. Does the child's placement appear to be consistent with the child's plan of care?	<p>CFSA</p> <ol style="list-style-type: none"> 1. (2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are: 3. To recognize that children's services should be provided in a manner that, <ol style="list-style-type: none"> i. respects a child's need for continuity of care and for stable relationships within a family and cultural environment, ii. takes into account physical, cultural, emotional, spiritual, mental and developmental needs and differences among children, 4. To recognize that, wherever possible, services to children and their families should be provided in a manner that respects cultural, religious and regional differences. 5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family. 1999, c. 2, s. 1; 2006, c. 5, s. 1. 61. (2) The society having care of a child shall choose a residential placement for the child that, <ol style="list-style-type: none"> (a) represents the least restrictive alternative for the child;

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	<p>(b) where possible, respects the religious faith, if any, in which the child is being raised;</p> <p>(c) where possible, respects the child's linguistic and cultural heritage;</p> <p>(d) where the child is an Indian or a native person, is with a member of the child's extended family, a member of the child's band or native community or another Indian or native family, if possible; and</p> <p>(e) takes into account the child's wishes, if they can be reasonably ascertained, and the wishes of any parent who is entitled to access to the child. R.S.O. 1990, c. C.11, s. 61 (2).</p>
D40. Has the AAR been completed in the past year?	<p>Policy Directive 001-09 – the use of: SAFE (Structured Analysis Family Evaluation); Pre-service PRIDE (Parent Resources for Information, Development and Education); and OnLAC (Ontario Looking After Children) by children's aid societies - in effect on May 1, 2009</p> <p>For every child who on December 3, 2007, had been in care for 12 consecutive months or more, CASs were required to complete the first AAR by December 3, 2008 and utilize the Assessment and Action Record (AAR) to develop a Plan of Care. As of the effective date of Policy Directive 001-09, CASs must, within a 12 month period, complete an AAR for all children and youth 10 or older for whom CASs had previously waived the AAR. ... The AAR must be applied annually for every child and youth who has been in care for longer than one year including children and youth in formal customary care.</p>
D41. Has the AAR/ONLAC been used to develop the plans of care?	

SECTION D: CHILD WELLBEING	
TIMELY COMPLETION OF PLANS OF CARE	
D43. 30 days	<p>Reg. 70</p> <p>111. (4) The licensee, within 30 days after placement of a child in a foster home, shall,</p> <ul style="list-style-type: none"> (a) review the assessment prepared under subsection (2); and (b) participate in the development and finalization of a foster plan of care with, <ul style="list-style-type: none"> (i) the placing agency, where the placing agency is not the licensee, (ii) the foster parents, (iii) the child, where the child is 12 years of age or over, and (iv) the child's parents, where appropriate. O. Reg. 493/06, s. 17 (2). <p>115. (1) Every licensee shall review and if necessary amend the foster plan of care for each child it places in foster care. R.R.O. 1990, Reg. 70, s. 115 (1); O. Reg. 493/06, s. 18 (1).</p> <p>(2) The review referred to in subsection (1) shall be carried out with the involvement of the licensee, the placing agency where the placing agency is not the licensee, the child where the child is 12 years of age or over, the foster parents and, where appropriate, the child's parents,</p> <ul style="list-style-type: none"> (a) three months after placement, six months after placement and at least every six months thereafter; or (b) earlier than the timeframes referenced in clause (a) if, <ul style="list-style-type: none"> (i) there is a material change in circumstances which necessitates a review of the plan; or (ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2). <p>(4) A supervisor shall examine the child's file at the time of each review to ensure that the required recording and documentation have been carried out and shall sign and date the record. R.R.O. 1990, Reg. 70, s. 115 (4).</p>
D44. 3 months	
D45. First 6 month review	
D46. Subsequent 6 months #1	
D47. Subsequent 6 months #2	

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D48. If the child was placed out of province and being supervised by an out-of-province agency, is there evidence that the society made a reasonable effort to review of plans of care consistent with Ontario's requirements?	<p>Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories <i>Consolidation as of December 15, 2006</i></p> <p>B3. Case Planning and Management B3.2 Implementing Care or Service Plan B3.2.2 In agreeing to a care or service plan, the receiving province shall provide, at a minimum, supervision and services as per the negotiated plan. The originating province retains case management responsibility for planning for the child or young adult and for ongoing contact with the family of the child or young adult unless otherwise negotiated between the originating and receiving provinces.</p>
Social History	
D49. Is there an initial social history on file?	<p>Reg. 70 111. (7) Every placing agency shall initiate a social history of each child that it places in foster care within 60 days after the child is placed and shall update it annually thereafter. O. Reg. 493/06, s. 17 (4).</p>
D50. Is there a current annual social history update?	
D51. Does the social history and do the annual updates address:	<p>Reg. 70 111. (8) The social history of a child shall include,</p> <ul style="list-style-type: none"> (a) identifying information; (b) admission information; (c) family history; (d) birth history; (e) developmental history; (f) health history; (g) academic history; (h) history of court involvement; (i) experiences of separation;
D51 a. Child's history prior to care	
D51 b. Reason for admission & Crown wardship	
D51 c. Information about the parents, siblings and extended family	
D51 d. Current family relationships and functioning including info re access	
D51 e. Child's health	
D51 f. Child's physical and emotional development	
D51 g. Child's personality and behaviour	

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D51 h. Child's academic history	(j) personality and behaviour; and (k) aptitudes and abilities. O. Reg. 493/06, s. 17 (4).
D51 i. Child's separation and placement history	
D51 j. Child's strengths, talents and interests	
Medical, Dental and Other	
D52 a. Annual Medical conducted?	Reg. 71 4. (2) Every society shall ensure that each child who is in care of the society is given a medical examination and dental examination at least once a year. R.R.O. 1990, Reg. 71, s. 4 (2). (3) Every society shall keep a record of each medical examination and dental examination of each child admitted into care by the society. R.R.O. 1990, Reg. 71, s. 4 (3).
D53 a. Annual Dental conducted?	
D55. Have the child's rights been discussed with the child as required?	Under the Act (s. 108), a child in care has a right to be informed, in a language suitable for the child's level of understanding, of the child's rights upon admission to the residential placement to the extent that is practical given the child's level of understanding.

DIRECTIVES
<p style="text-align: center;">CFSA PART III CHILD PROTECTION REVIEW</p> <p>CFSA 66. (2) After a review under subsection (1), the Director may direct the society to make an application for review of the child's status under subsection 65 (1) or give any other direction that, in the Director's opinion, is in the child's best interests. R.S.O. 1990, c. C.11, s. 66 (2); 2006, c. 5, s. 25 (2).</p>

APPENDIX B: Eligibility Spectrum 2006 Sections

SECTION	SCALE
SECTION 1 Physical/Sexual Harm by Commission	1. Physical Force and/or maltreatment
	2. Cruel/Inappropriate Treatment
	3. Abusive Sexual Activity
	4. Threat of Harm
SECTION 2 Harm by Omission	1. Inadequate supervision
	2. Neglect of Child's Basic Physical Needs
	3. Caregiver Response to Child's Physical Health
	4. Caregiver Response to Child's Mental, Emotional Development Condition
	5. Caregiver Response to Child Under 12 Who Has Committed a Serious Act
SECTION 3 Emotional Harm/Exposure to Conflict	1. Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm
SECTION 4 Abandonment/Separation	1. Orphaned/ Abandoned Child
	2. Caregiver-Child Conflict/ Child Behaviour
SECTION 5 Caregiver Capacity	1. Caregiver Has History of Abusing/ Neglecting
	2. Caregiver Inability to Protect
	3. Caregiver with Problem
	4. Caregiving Skills
Indicate 'CD' if the information is not found in the Social History.	

HOLLY PAPASSAY et al.

- and -

**HER MAJESTY THE QUEEN IN RIGHT OF THE
PROVINCE OF ONTARIO, et al.**

Plaintiffs/Moving Parties

Defendant/Responding Party

**ONTARIO
SUPERIOR COURT OF JUSTICE**

PROCEEDING COMMENCED AT
THUNDER BAY

**VOLUME I OF VI: MOTION RECORD OF THE
DEFENDANT, HER MAJESTY THE QUEEN IN
THE PROVINCE OF ONTARIO**
(Motion for Certification, returnable January 24, 2017)

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