

Child Intervention Practice Guidance

Coronavirus (COVID-19)

Revised March 24, 2022



CI Practice Guidance:

Coronavirus (COVID-19)

UPDATE AS OF 10:00 AM MARCH 24, 2022

UPDATES HIGHLIGHTED

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

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

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

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

Updates as of March 24, 2022:

The Following Chapters have been revised to align with Step 2 of Alberta Health's COVID-19 Public Health Actions:

- In-Person Work
- COVID-19 Reporting Immunization and Rapid Testing
- Supports to Caregivers of Children in Care
- Home Study Reports
- Supports for Permanency

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

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Important Links

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

Relevant Forms

[Intervention Record Check](#)
[Child Maintenance Invoice](#)

Additional Guidance

[Alberta Health Screening Questionnaire](#)
[Facilities Practice Guidance](#)

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

The health and safety of Child Intervention Practitioner's (CIPs), our agency partners and the children, youth and families we serve, has been vital and will continue to be so as Children's Services and partners move forward through COVID-19. It is understandable that as we move through the stages of return-to work and lifting of restrictions and health measures that you may have some worries, questions, or concerns about your day-to-day practice.

Remember to be patient and respectful with one another as we navigate through this together.

In-Person Work

CIPs are required to continue their active delegated roles to have in person contact with children, youth and families. If you have questions about COVID-19 guidelines, and day-to-day practice regarding COVID -19, speak to your supervisor or visit [Alberta.ca](https://www.alberta.ca)

In Person Contact with Children in Care

- CS recognizes the importance of the CIP feeling safe in the workplace. The individual CIP is responsible to make the choice as to whether or not they will continue to access and utilize PPE when meeting with children and families.
- Practitioners can continue to follow public health practices that can minimize transmission of respiratory infections, including COVID-19, influenza and common colds. These practices include: getting vaccinated against COVID-19, staying home when sick, proper hand hygiene and respiratory etiquette, and enhanced cleaning and disinfecting.
- It is important to recognize that provincial and municipal guidelines and stages continue to evolve. Some practitioners, caregivers, parents, children or youth may prefer to continue using masks in school and other venues. Measures to maintain safety can still be discussed with caregivers, parents', children and youth prior to meeting in person.
- Consult with your supervisor in the event that a child, youth, family, or caregiver discloses that they are in isolation or quarantine as a result of COVID-19.

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In Person Visits/Interviews with Children in School Settings

Children and youth are able to resume regular school life and enjoy activities without mandatory screening or masks.

It is important to be aware of and respect school policies and [guidelines](#).

Alberta Health Daily Checklist

Continue to be mindful of the core symptoms of COVID-19 and refer to the [Alberta Health Daily Checklist](#) when needed.

Personal Protective Equipment (PPE) and Physical Distancing

Agency partners may have their own workplace protocols in place and to be flexible and accepting of the differences that may exist between CS and agencies.

Regional offices will continue to provide appropriate PPE for staff who require it, either because the staff are choosing to do so, or because of municipal public health measures that are in place.

If you choose to have hand sanitizer, additional masks etc. on hand, this will continue to be provided by your Region.

Family Time

The CIPs and agency partners will continue to coordinate and make arrangements for in-person visits with children, youth and their families.

Refer to the [Enhancement Policy Manual](#) for further information on family time.

Cultural and Spiritual events and gatherings

It is important for children and youth to maintain a connection to their culture and spirituality. Follow all provincial or municipal guidelines when attending events.

First Nation and Band Consults

For in-person band consultations, connect with each First Nation or DFNA to discuss access to the community and what is the best way to proceed.

Attending Funerals and Wakes

Refer to the [COVID-19 public health actions](#) for further information.

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Regional, Inter-Regional File Transfers, Interprovincial Requests

All file transfers are to be completed using information in the **Enhancement Policy Manual**.

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COVID-19 REPORTING, IMMUNIZATION AND RAPID TESTING

COVID-19 Rapid Testing

If a child or youth is symptomatic, caregivers are to [isolate](#) the child and notify the caseworker.

CS may consider, with supervisor approval, covering the cost for a rapid test for a child coming into care who is ill or been exposed to a *confirmed* COVID positive case. Children's Services is not covering the costs of rapid tests for caregivers, staff, parents/guardians, agency staff or others. For more information, visit [Rapid Testing at Home](#).

Eligibility for Children's Services Rapid Testing Program

Criteria for rapid testing includes:

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

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

Note: If a child does develop COVID19, suspend rapid testing (of any kind) for 6 weeks following their [isolation requirements](#).

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Rapid Testing Distribution

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

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

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

Administering, Storing and Disposing of Rapid Tests

Administering

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

Additional resources for administering tests:

<https://www.youtube.com/watch?v=LEDib8tjhrI>

<https://www.alberta.ca/rapid-testing-at-home.aspx>

- This video was created for employers however it is appropriate for home use tests. A fact sheet has been developed for caregiver to accompany the video

Storage

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

Disposal

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

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Documentation

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

Tracking and Reporting Information

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

COVID-19 Positive Case Reporting

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

Youth Subject to a Medical Officer of Health Order to Isolate

For issues of youth non-compliance with any Medical Officer of Health Order, discuss with case team. If a youth is not following the [public health actions](#) and is not following the provincial isolation requirements, discuss concerns with the case team.

Notification to Parents

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

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

COVID-19 Immunization for Child & Youth 5 and Over

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

Follow [the Enhancement Policy Manual](#): Intervention Section, Policy 9.1.7 Immunizations to obtain and document appropriate consents when arranging for the COVID-19 vaccine for the child or youth.

- The current consent form “Immunization Consent Form and Information Sheet [CS11584]” does not include “COVID-19 vaccine”. The CIP must confirm that the “Other” option is checked on the Immunization Consent form and that “COVID -19 Vaccine” is written in prior to the parent or guardian signing.
- Where available, arrange for the child to have same vaccine for each dose of the immunization in order to reduce the likelihood of being limited by any future restrictions i.e. travelling to jurisdictions that do not recognize mixed series doses.

In some cases, a youth under the age of 18 may be declared a ‘mature minor’ by a health professional for the purposes of making the decision related to the COVID-19 vaccination.

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

Talk to their health care provider for more information.

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

Proof of COVID Vaccination

CIPs will support caregivers (including facilities) in obtaining the proof of COVID Vaccination for children and youth in care through [COVID Records](#). This site requires personal healthcare number, name, birthdate, and month and year of vaccination to access the record. CIPS will ensure that a copy of the vaccination record is on the child’s file.

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CIPs are also required to document the dates of the vaccinations in CICIO if they have not done so following the child or youth's vaccination. CIPS will upload a copy of the proof of COVID Vaccination to CICIO.

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

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

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

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SUPPORTS FOR CAREGIVERS

Staff and caregivers are required to follow the most recent Alberta Health and any municipal guidelines. Many caregivers will also choose to continue using masks for themselves and the children and youth in their care. Our ongoing support of this choice is important.

(See: <https://www.alberta.ca/coronavirus-info-for-albertans.aspx>)

Given the extended application of the public health restrictions and the impact on the children and families CS provides services to, it is very important to resume previous practice including caseworker in-person contact with children and caregivers.

Rapid Testing

Through an arrangement with Alberta Health, Children's Services made rapid testing kits available for children in care in authority foster and kinship homes with two or more children in care in their home. CS distribution of rapid tests for children in care is limited and is subject to availability.

Caregivers may also choose to access rapid testing through other means or for other children in care through the publicly available program or through the [education program for schools](#). Consent for testing children in care is required. Children's Services is not covering the costs of PCR tests for caregivers, staff, parents/guardians, agency staff or others.

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

For more information, visit [Rapid Testing at Home](#).

If a child or youth is symptomatic, caregivers are to [isolate](#) the child and notify the caseworker.

Any test administered can bring up many feelings for children. Provide the following guide to caregivers for tips to reduce fears and worries a child may have about being tested. [Commitment to Comfort](#).

In circumstances where the caregiver is not willing to administer rapid tests and the guardian wants their child to have rapid testing (or vice versa) discuss with them what their worries may be and continue to work with the caregiver or guardian to provide education related to the benefits of rapid

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testing. There may also be circumstances where the child is resistant or refuses to have the rapid tests administered on them. Caregiver should discuss this further with the child's case team.

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

COVID-19 Immunization for Child & Youth 5 and Over

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

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

When booking vaccination:

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

Proof of COVID Vaccination

Caregivers can print the [proof of COVID Vaccination](#) for children and youth in their care (i.e. travel). At this time, Children's Services is not requiring caregivers, adoptive parents and general adoptive homes to be vaccinated. Children's Services is not asking applicants, caregivers or parents/guardians to provide proof of vaccination or rapid testing.

Vaccination status is not a barrier to children participating in family time.

Family Gatherings and Community Events

Caregiver families are subject to the same health and safety guidelines as all community members. Monitor Alberta Health and municipal guidelines (alberta.ca). Caregivers may also need to discuss with the child's team (parents, child's caseworker and/or child's network) alternate plans for these as circumstances might change.

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Attending Funerals and Wakes

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

Educational Supports

COVID-19 guidance and health measures for schools may change without notice. For up-to-date information, please refer to [Alberta Health](#) or [Alberta Education](#).
<https://www.alberta.ca/education.aspx>

POLICY REFERENCES

Intervention Policy 9.2 Educational Supports. COVID-19 has caused school disruption for children and youth in care and created additional stressors for caregivers. Please connect with your caregivers to discuss any worries they may have. They may require extra support to manage the ongoing changes and unpredictability in caring for the children and youth placed in their home.

Masks for Children in Care

Many caregivers, parents and children may prefer to continue using masks in school and other venues as part of preventative measure. CI will continue to reimburse caregivers for masks purchased for children in care through submission of a Child Maintenance Invoice on the child's file. CSD agencies to follow their usual process for child-related expenses.

Personal Protective Equipment (PPE)

If PPE is required for caregivers, contact your supervisor/manager to determine how best to access it. The [Support Resources for Caregivers](#) on the [CI Portal](#) is also another helpful document to share community resources available for caregivers.

Isolation and Quarantine Requirements

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

COVID-19 Caregiver Preparedness Plan

The [COVID-19 Caregiver Preparedness Plan](#) is an individualized plan for current and **new** foster and kinship caregivers. It assists caregiver(s) and the case team with proactive planning to address any barriers caregivers may encounter, **however it is no longer required.**

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Documentation

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

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

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

Environmental Safety Assessment for Caregivers (FC3606)

Please follow current Policy and practice regarding completion of the ESAC.

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

Home Study interviews occur in-person in the applicants' home. **Please follow current policy and practice for the completion of home study reports.**

Note: Before finalizing, a Home Study Report started by video-conferencing technology a delegated Children's Services worker – e.g. a licensing officer or foster/kinship caseworker – must conduct at least one site visit to assess the family. **See: [Home Study Report section for details.](#)**

Financial Support

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

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

Caregiver Illness and Emergency Situations

In these situations, compensation for supports such as relief or respite, will be provided by CS (except when this falls under CSD partner's contract) through a Kinship or Foster Care Support Plan. Please see [Policy Kinship Care: 2.4 Emergency Situations and Foster Care: 3.3.6 Emergency Situations](#) (Placement Resources). See also: [Childcare](#) below for additional information.

Approved Absences

Reasons for an approved absence are in Policy 3.3.6 Financial Compensation (Placement Resources). Current policy provides for seven days at full basic maintenance and skill fees for foster caregivers followed by seven days at 50 per cent, and seven days at full basic maintenance for kinship caregivers

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followed by seven days at 50 per cent during an approved absence. The extension to 14 days is no longer applicable.

Caregiver Support Plans

Supports necessary to maintain a child or youth must be identified on the Kinship Care Support Plan [FC3899], Kinship Care Support Plan (ASKC) (FC11918) or Foster Care Support Plan [FC3605]. In the event the caseworker or support worker is absent, it is important that a developed and documented plan is in place for every child in care. These plans must be attached in CICIO so that other caseworkers can ensure a plan is in place to support the child.

Child Maintenance Invoice

To support timely reimbursement for caregivers and young adults, the Child Maintenance Invoice has been converted to an electronic form. The Child Maintenance Invoice can be found on the [CI Portal](#).

POLICY REFERENCES

Existing policy related to financial supports for caregivers is contained in Placement Resources Policies 2.4 (Kinship) and 3.3.6 (Foster).

Childcare

BABYSITTING, RELIEF, RESPITE, ALTERNATE CHILDCARE

The policy-authorized use of childcare is *permissible* provided consultation with supervisor is completed and recommendations by Alberta Health Services safety guidelines are followed (see Appendix 1). Caregivers are no longer able to bank 12 days of Respite for use at one time.

AUTOMATIC RELIEF/RESPITE

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

DOCUMENTATION

Children's Services must always be able to locate children in care. Please use the "Placement" tab under *Removals & Placements* in CICIO to edit placement information and adding in comments when children are in either **respite or relief care** (see: [CICIO User Guide – Removals and Placements, pg. 9](#)).

POLICY REFERENCES

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

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Travel

Please see any updates regarding travel on [Alberta.ca](https://www.alberta.ca) and [Government of Canada](https://www.government.ca)

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

TRAVEL WITHIN ALBERTA

- Travel within Alberta must be approved by a casework supervisor as per Policy 7.4.2.

TRAVEL BETWEEN PROVINCES

- Travel between provinces must be approved by a manager as per Policy 7.4.2.

TRAVEL OUTSIDE OF CANADA

- Travel outside of Canada must be approved by a Category 4 Director or DFNA Director as per Policy 7.4.2.

DOCUMENTATION

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

First Aid Training for Caregivers

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

Document

Record as Supplemental Training under the Credentials tab in CICIO.

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Links: [Child Maintenance Invoice Form](#)

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APPENDIX 1:

EXISTING CHILDCARE POLICY SUPPORTS FOR CHILDREN IN CARE POLICY 3.4

(PLACEMENT RESOURCES) CHILD CARE ARRANGEMENTS FOR CAREGIVERS

Child Care Options	Babysitting	Relief	Respite	Alternate Child Care
Reason	Short-term care (not overnight).	Caregiver away for an extended period of time.	Provided to caregivers caring for children with complex needs or for exceptional circumstances of a caregiver.	Caregivers who work out of the home or attend school and have alternate child care providers (e.g. nannies) who relate to the child in a parenting capacity. Note: This does not apply to licensed childcare providers (e.g. day care, family day home etc.) as defined under the <i>Child Care Licensing Act</i> .
Duration	Up to 12 hours on any one occasion; usually occurs in the caregiver's home.	Overnight, weekend, a week at a time.	As outlined in a support plan.	Regular and ongoing basis.
Safety Checks	Caregivers hire babysitters at their discretion, considering the maturity, skill level and experience of the babysitter	An Intervention Record Check (IRC) is required for the relief care provider as well as any additional	Must be provided out of the caregiver's home by licensed foster parents or	A Criminal Record Check (CRC) with Vulnerable Sector Search and an IRC. The foster and kinship support

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Child Care Options	Babysitting	Relief	Respite	Alternate Child Care
	<p>as well as the number and special needs of the children.</p> <p>The babysitter must be able to reach the caregiver in the event of an emergency.</p>	<p>information requested by the caseworker.</p> <p>Caregivers must provide the name, address and contact information of the relief care provider, the dates the child will be in relief care, and the names of any other persons in the relief caregiver's home to the caseworker and foster and kinship support worker.</p>	<p>residential facilities.</p> <p>Caregivers must provide the caseworker's contact information to the caregiver for emergency use, in addition to the caregiver's contact information.</p>	<p>worker or caseworker will conduct face-to-face interview of the childcare provider.</p> <p>Caregivers must provide the caseworker's contact information to the alternate caregiver for emergency use, in addition to the caregiver's contact information.</p>
<p>Compensation</p> <p>See Compensation Guide - For Foster and Kinship Caregiver</p>	<p>Babysitting will be reimbursed as per the Caregiver Rate Schedule [FC1263]</p> <p>For any other reasons, caregivers compensate the babysitter.</p>	<p>Automatic Relief/Respite: As per the Caregiver Rate Schedule [FC1263], caregivers will be reimbursed for two days a month for each child placed in their home and can bank up to six days to be used at one time. Prior approval is not required.</p> <p>Relief care will be reimbursed as per Caregiver Rate Schedule [FC1263] if it is for mandatory</p>		<p>Caregivers compensate alternate childcare, or may have costs included in their support plan.</p>

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Child Care Options	Babysitting	Relief	Respite	Alternate Child Care
<p>s for further details.</p>		<p>training or other business related to caregiving.</p> <p>If there are exceptional circumstances of the home, regular relief or respite may be included and reimbursed through a support plan.</p> <p>For any other reasons, caregivers compensate the relief caregiver.</p>		
<p>Documentation</p>	<p>Not Applicable</p>	<p>Record all contacts, consultations, decisions and rationale for decisions on</p> <p>Contact Log in CICIO, as appropriate.</p> <p>For the child: "Placement" tab under <i>Removals & Placements</i> in CICIO to edit placement information and adding in comments when children are in either respite or relief care.</p>		<p>Record all contacts, consultations, decisions and rationale for decisions on</p> <p>Contact Log in CICIO, as appropriate.</p>

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INTERVENTION RECORD CHECKS

As of March 19, 2020 all IRCs can be sent to the centralized IRC mailbox for processing – CS-IRCrequest@gov.ab.ca.

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

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

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

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

For Hard-copy IRC request forms received– staff are to scan all of the documents required (form and identification) and email them to CS-IRCrequest@gov.ab.ca.

If the office gets a call from the public, staff are to provide the requestor with the digital IRC form and instructions above and ask the requestor to email the digital form and their identification to CS-IRCrequest@gov.ab.ca.

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

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CI Practice Guidance:

Coronavirus (COVID-19)

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HOME STUDY REPORTS (HSRS)

- Home Study Report interviews should occur in person in the applicants' home. The comfort level of applicants in having contacts/exposures may still vary so accommodations for masks and distancing may be required.
- If there are case specific circumstances requiring special consideration, have your case team follow a third-person consult process for joint decision-making.

HSRs Underway

- A minimum of four interviews are required and should take place in the applicants' home. Interviews must include joint and individual interviews with the applicants, as well as individual interviews with others residing/frequently in the home (i.e. children and other adults).
- When the SAFE template is being used, Questionnaire 2 **must** be completed during the in-home interview.
- The HSR process also includes interviews with references, and any other collateral contacts deemed necessary with the applicant's written consent. Best practice is to complete these interviews in-person.

HSRs – HSR Approval

- In-person interviews should take place for all new Home Study Reports.
- Any in-process HSRs commenced by video must include at least one in-person/site visit in the applicant's home by a delegated Children's Services worker (e.g. a licensing officer, caseworker, or foster/kinship caseworker).
 - The attending Children's Services worker must read the draft HSR prior to attending the home
 - All family members should be present
 - Complete the *Environmental Safety Assessment for Caregivers* (ESAC) during this visit if a virtual ESAC was previously completed. This is an opportunity to interact with the family more thoroughly and see the home fully. This is essential prior to approving a new home.
 - Should the worker find *any* concerns (relationship or environmental safety) during the visit, address those concerns.
 - The family should be aware that this visit requirement is part of the assessment process and may impact their approval

Video Interviewing Tips

These are no longer necessary as video interviewing is an exception.

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Quick link to the **Intervention Record Check** Chapter.

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SUPPORTS FOR PERMANENCY

Signing or Modifying Supports for Permanency Agreements

Refer to Policies (Adoption) 12.2 Entering into an Agreement and 12.3 Negotiating Provisions for general guidance on Supports for Permanency (SFP) Agreements.

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

Advise SFP recipients that they are required to sign and mail the agreement with original signatures back to the worker. An original signed agreement is required on the file. All agreements should be captured in the electronic case management system.

Additional Respite

Under SFP Regulations, the total number of hours for which a family can receive respite services in any given year is 576. Because the number of hours is regulated, there is no capacity to increase these hours beyond 576.

If the maximum number of respite hours allowable is not contained in the current SFP Agreement, the agreement may be varied and additional hours negotiated. If the family already has the maximum allowable respite hours and the child qualifies for Family Support for Children with Disabilities (FSCD) services, explore additional hours through FSCD.

Additional Needs Funding

SFP provisions are strictly regulated. That means payments cannot exceed the maximums allowed within the SFP Regulation. Additional needs funding, however, can be used strategically to support the unique behavioral and emotional needs of the child. The additional needs provision allows for a great deal of flexibility.

FSCD Interim Policy Changes

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

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