Foster Parent Questions

The following questions will review certain aspects covered within the orientation in more detail	
Governance and Management Questions	
3.1.2 Access to Information	
Who can access a PS file and what is the procedure?	**3.1.2** Staff can: 1. Define persons who would have access & reasons for access 2. Describe process to monitor access
3.2.1 Protection of Information	
Does your program store person served information electronically? How do you keep it safe and secure?	**3.2.1** Staff will define: 1. Technologies used – computers, cells, pda, flash drives, etc. 2. Security measures 3. How is the use monitored
5.1.3 Abuse	
How is abuse and harassment defined by your program? ***Abuse and harassment although are the same in response yet are different in their definition.*** ***Abuse*** – to treat a person cruelly, whether physically, psychologically, or sexually, especially when it is on a regular or habitual basis. ***Harassment*** - behavior that threatens or torments somebody, especially when it is persistent.	5.1.3 Program Manager can provide a definition of both abuse and harassment. ***Response can be general in nature, but Program Manager will need to clearly demonstrate they would be able to identify what abuse and harassment would look like if they observed it.***
5.1.4 Harassment	
What would you do if you saw or heard about abuse or harassment within your organization/program?	Program Manager can: 1. walk through the process. 2. describe reporting & notification. 3. describe support to victim. 4. describe the required documentation.
6.1.3 Working Alone	
Do staff ever work alone? Are there any safety precautions in place? What supports are provided after hours?	**6.1.3,** Staff can speak to the following: 1. Assessment of risk and hazards by management 2. Safety procedures in place – i.e. Check-ins 3. Means to communicate. 4. Staff trained. Incidents are reported, investigated, and reviewed

8.2.3 Orientation	
What is the process to orientate new personnel to their position, duties, and to the individuals they work with? ***Note – all new hires after Jan/09 need to be within 10 days – hires prior to 2004 is n/a***	**8.2.3** 1. Staff will be able to briefly describe the timeline and process they went through. 2. Explore if the practice is consistent.
8.2.7 Supervision	
Describe the practice to provide regular supervision? How often does this occur?	**8.2.7** Staff defines: 1. frequency that matches policy. 2. type of supervision provided.
Program Specific Questions	
x.1.3, x.1.4 Practice Model Program Goals	
Please describe the nature of the program What are the values, beliefs and treatment models used within the program?	**x.1.3 x.1.4** 1. Staff is aware of the scope of service that is provided (should fit with the pre-site material) 1. Staff will be able to briefly describe the values, beliefs and treatment approaches used within the program. 2. Ensure what is said is consistent with pre-site documentation.
x.1.6 Trauma Informed Practice	
Have you been trained in the Trauma Informed Approach? Please speak to the approached used.	**x.1.6** **Staff can define:** · Trauma awareness · Emphasis on safety and trustworthiness · Opportunity for choice, collaboration, and connection · Strengths based and skill building 6 hours of Trauma Informed Practice Training will be renewed every 3 years.
x.2.2 Referrals and Wait Lists	
Does the organization manage a wait list for potential admissions? If so, please describe how this list is managed and when a file is considered open? Does the program admit persons served on an emergency basis?	**x.2.2** 1. Staff will describe the process to: a. Manage the list. b. Emergency admissions Define when the file is open.

If so, please describe the procedure.	
x.2.3 Admission Criteria	
Please describe the process used to screen potential person served for the program.	**x.2.3** 1. Staff will describe the matching process used to ensure the admission of appropriate person served into the program.
x.2.4 Initial Meeting	
Following admission what is the timeline when the Initial meeting should occur?	**x.2.4** Within ten days of entering the program.
x.2.5 Admission Procedure	
Please describe the agreements and the process to admit a person served within the program. ***The admission agreement can take many forms; what is important is that there is a process to inform and document at admission if there are any conditions required by the person served to enter the program (e.g., fees to be pay, move-out notices, etc.)***	**x.2.3** 1. Staff will describe. a. The admission agreement b. Process of admission. i. Introductions ii. Tour iii. Pertinent information iv. Identify service requirements. v. Identify Service Team vi. Orientation to program expectations/services ***Admitting staff should have a clear understanding of this process and can describe how orientation to the program is done***
x.2.6 Overnight Shifts	
Are the staff that work the overnight shift permitted to sleep?	**x.2.6** 1. The number staff on duty during the night 2. If they are permitted to sleep; confirm with work schedule.
x.3.1, x.3.2, x.3.3 Service Coordination, Expectations	
Please describe how the person served is informed of the program's services, procedures, and expectations? ***Can be provided in a handbook, manual, pamphlet, consent forms (e.g. Rights, rules, expectations, roles)***	**x.3.1 to x.3.3** 1. Staff will describe the document used to provide this information to the family and/or person served. 2. Program information provided to address: a. Decision authority b. Mandatory parts **c.** Optional component
x.3.4, x.3.5 Consents	
What kind of consents and program information are reviewed with the PS and guardian (if applicable) during the initial meeting?	**x.3.4, x.3.5,** 1. Information is presented in way that is understood. 2. Consent is voluntary. 3. Right to refuse or withdraw consent.

How is this material presented and what are the considerations that are made within this process? ***Ensures material is present in a manner that is understood by person served***	4. Informed of what information is being collected. 5. Informed of all aspects of program 6. Use of recording devices in program 7. Use of photo/videos, artwork etc. 8. Information used in media response, advertisements, public statements etc. 9. Transportation of files 10. Used in research. ***Staff should have a good understanding of this section but can be provided prompts to assist recall.***
x.3.6 Refusal to Provide Authorization or Consent	
What happens if someone does not sign or chooses to take back their consent?	**x.3.6** 1. PS is made aware of implications. 2. Documented refusal on file 3. Staff can describe the process to seek consent for mandatory components of the program.
x.5.2 Service Delivery Planning Measurements	
What is the method used to evaluate the capacity and functioning of the person served as the basis for care planning?	**x.5.2** Staff can: 1. Define the method/tools used. 2. How is this information used to support care planning?
x.5.5, x.5.6, x.5.7 Area's to Address and Timelines of Review of Service Delivery Plan	
Tell us how goals are developed for the person served and who would be involved with this process? What are the timelines surrounding the care plan?	**x.5.5 x.5.6 x.5.7** Staff will define: 1. Process to involve stakeholders in development of goals. 2. How involvement is documented 3. Who has access to the care plan? 4. Timeline around development and review
x.6.1, x.6.2, x.6.3, x.6.4 Transition Plan-Supports to Transition-Exit from Program-Follow Up	
How are persons served discharged or graduate from the program? Do you offer any supports to persons served who are transitioning out of the program? Is after-care support provided?	**x.6.1 x.6.2 x.6.3 x.6.4** Staff can: 1. Defined the process to respond to planned and unplanned discharges. 2. Describe the exit criteria. 3. Describe activities to support transition from program. 4. Explain what follow-up services they offer.
x.7.2 Parental/Guardian Access to Person Served	
What are the policies and procedures to support the right of the family, legal guardian or parents of persons served to speak to supervisors, staff?	**x.7.2** **Staff Describes:**

	Policies and procedures to support the rights of the family, legal guardian or parents of persons served to speak to supervisors, staff, and to the person served with reasonable notice, unless prohibited by court order.
x.7.7 Memorabilia of Person Served	
What is the practice to support the person served to gather and maintain memorabilia?	**x.7.7** **Staff can define:** 1. How they support PS to collect, store and protect personal information, recognitions, pictures, or items of value.
x.8.1, x.8.2 Informed and re-Informed of Rights	
What kind of rights is explained to support the person served within the program? ***The more rights are understood within the environment the greater likelihood that those rights will be accessed to support well-being and safety.*** How is the person served re-informed of their rights? How often?	**x.8.1 x.8.2** 1. Supports available through the program. 2. Access to aboriginal /cultural resource person 3. Confidentiality 4. Involvement in future planning 5. Grievance/conflict resolution(verbal/written) 6. Access to advocate 7. Discontinuance of service (options exercised) 8. Well-being and safety 9. Other rights apply. ***Staff should a general knowledge of the core rights available to the PS within the program*** Staff can define the: 1. Process to re-inform PS rights. 2. Process to document. 3. Timeline matches care planning.
x.8.3 Ethical Practice	
How do you make sure that persons served feel that they are being treated with dignity and respected? ***Staff should have a general knowledge of these activities.***	**x.8.3** Staff can describe these activities. 1. Recruitment/training of staff 2. Person served a central focus of program. 3. Space reflective of diversity (cultural, ability, etc.) 4. Staff are aware of the diverse population they serve. 5. Provide examples of how dignity and respect is shown within the delivery of services.
x.8.4 Conflict Resolution and Grievance Procedures with Persons Served	
If a person served has a conflict in the program, how would you help them get it resolved?	**x.8.4** Staff can: 1. Define how the PS is informed of rights. 2. Describe the process to resolve conflict from verbal to formal grievance.

	3. Identify timeframe/response. 4. Assistance/support the person served.
x.8.5-x.8.7 Children/Public Advocates, Staff Advocacy	
What is the practice within the program to support the persons served to have their voice heard? What is your role to support the person served to meet the needs?	**x.8.5, x.8.6, x.8.7** 1. Public & children's advocate offices 2. Access to supports within their family or community. 4. Define staff roles. 5. Assist person served. 6. Education of options 7. Assist in presentation of issues.
x.8.8 Self-Determinations	
How does the program support the person served to move towards a greater sense of self-determination? ***This is a subjective evaluation based on the nature and limitation of services provided and what would be a reasonable expectation of the program.***	**x.8.8** Staff can: 1. Define practice and give examples of how this is done within the program.
x.8.9 Support of Daily Decisions	
Please describe how the program includes, supports, and involves the person served to express their choice related to day-to-day decisions? ***If this is not in the scope of services, then skip over this question.***	**x.8.9** Staff can: 1. Describe the practice and the methods used to support the personal choice within day-to-day decisions (this will be dependent on age and functioning on the person served)
x.8.10 Support of Relationships	
How do you support the persons served to pursue personal interest, hobbies, and activities?	**x.8.10** Staff can describe how they: 1. Encourage involvement. 2. Support cultural involvement. 3. Expose PS to new activities. 4. Support PS to access interest and activities.
x.8.11, x.8.15, x.8.16, x.8.16 Cultural Connection-Involvement in the Community-	
How are persons served supported in their personal choice to connected to individuals, resources, and opportunities outside of the program? ***Staff can describe how they support meaningful relationships - personal/cultural.*** ***This is a subjective evaluation based on the nature and limitation of services provided and***	**x.8.11, x.8.15, x.8.16, Adult Programs x.8.17** Staff can speak to the following: 1. What are the limits? 2. Role of staff 3. Documented efforts 4. *The role of the program to manage risk of the PS personal life choices* **(Adults Only)** 5. Provide examples of activities/resources used.

what would be a reasonable expectation of the program.	
x.9.1 Fee Schedule	
Are you aware of any situation where person served would be charged directly for services provided to them by this program? If so, can you briefly describe when and where this would occur?	**x.9.1** 1. If fees are charged directly to PS for services rendered 2. Then staff will define the conditions when and where fees are charged directly to PS
x.9.2, x.9.3 Restitution of Person Served, Financial System of Persons Served	
How does the program manage allowances for persons served? What are the circumstances when allowances or person served money can be withheld? ***Not all programs are required to provide allowance. If they provide allowance, ensure that the practice is consistent to policy and that any practice to withhold funds is reasonable.***	**x.9.2, x.9.3** Staff can speak to the following: 1. Practice of providing allowance and spending money 2. Conditions in which money is withheld. 3. Restitution process ensures logical/realistic expectations (cost to damage) and that there is a plan that directs repayment.
x.11.3 Identification	
How are you able to identify yourself with persons served? ***Staff, volunteers, and students (if applicable) have program issued identification (i.e., Business card, picture ID) and have available a means of verifying that they are representing the program.***	**x.11.3** 1. Staff can describe the method and type of identification that is used.
x.11.4, x.11.5 Supervisor to Staff Ratio, Staff to Person Served Ratio	
What is the supervisor to staff ratio? ***If the program does not subscribe to the set-out ratios than document their rationale for team discussion*** What is the staff to person served ratio?	**x.11.4 x.11.5** 1. Staff can describe 1 FTE to 12 frontline workers (1:12) 2. Document rationale for not subscribing to the ratio. 1. Staff can describe 1 staff to 6 persons served (1:6) 2. Document rationale for not subscribing to the ratio.
x.11.11 Overnight Staff	
Are the staff that work the overnight shift permitted to sleep?	**x.11.11** 1. The number of staff on duty during the night

	2. If they are permitted to sleep; confirm with work schedule.
x.12.1—x.12.14 Training Requirements	
Tell us about the kinds of training the organization provides to you in the following areas. ● Indigenous /cultural ● Diversity training ● Outcome & quality improvement ● Self-harm ● suicide ● Restrictive procedure ● Crisis Intervention ● Trauma Informed ● Other opportunities – additional staff development training/workshops/conferences	**x.12.1, x.12.2, x.12.3, x.12.4, x.12.5, x.12.6, x.12.7 x.12.8 x.12.9 x12.10 x12.11 x12.13 x12.14** 1. Staff should be able to describe current practice (examples) of the training they are provided with. 2. Document all training not done or is done outside of timelines. ***Staff should be able to describe the type of training they have had and can identify the timelines that relate to the required training.***
x.13.1 Role Awareness	
Are you aware of the organization? ● mission statement, ● values and ● the goals of the program or services you are involved in delivering.	**x.13.1** 1. Staff can describe their role or activities they have participated in. 2. Staff can generally describe the organization/program mission, values, goals. ***They should have a general understanding they are not required to have it memorized.***
x.13.3 Supports to Staff and Volunteers	
Do staff and volunteers have access to the policy and procedures manual?	**x.13.3** **Staff Describes:** Access to policies and information required to ensure safe delivery of service.
x.15.1 x.15.2 Emergency Response Plan/ Evacuation	
What is the emergency response plan? What is the emergency evacuation plan? How are staff and persons served informed of this plan?	**x.15.2** Staff can speak to the following: 1. Monthly/quarterly fire drills 2. Emergency equipment 3. Phone numbers. 4. Know how to exit facility and where to go. ***In general terms can relate a good understanding of how to respond if required***
x.15.4 After Hours Communication	
What is the process for after-hours communication?	**x.15.4** Staff can speak to the following: 1. Process to keep staff safe after hours. 2. Who is involved.

x.15.5, x.15.6 Self Harm Suicide Behavior	

If a person served presented with self-harming or suicidal behaviors, how would you respond?	**x.15.5, x.15.6**
	Staff can speak to the following:
	1. Identification of behaviors
	2. Required staff training provided.
	3. Define procedure to respond.
	  1. Supervision
	  2. Checks
	  3. Cultural support
	4. Notification
	5. Documentation
	6. Incident report completed and reviewed.

x.16.2 Inspections	
Are the facilities and equipment used by the person served inspected on a regular basis?	**x.16.2** 1. Staff can relate there is a practice of regular inspections.
x.16.3 Ongoing Assessment of Risk	
In your experience how would you describe the level of safety of the buildings, properties and the facilities used to deliver services? How are Safety Hazards addressed?	**x.16.3** 1. Staff will describe that the buildings, properties and facilities are safe, and 2. Describe how safety hazards are addressed in a timely manner. 3. If not – document related issues
x.16.4, x.16.5 Toxic and Dangerous Material	

Please describe the safe practices that are in place to identify and use Toxic or Flammable materials.
How is this material disposed of?
 	
How is Dangerous Equipment kept safe from the Persons Served?
	x.16.4, x.16.5
	1. Staff will describe the practice of:
	  a. Kept in original marked container.
	  b. Locked storage
	  c. Separate from food/medication.
	  d. Flammable material - monitored access to
	2. Disposal is done in a safe and eco-friendly manner.
	
	Staff will describe the practice of keeping dangerous equipment properly stored.

x.16.6 Water Temperature	
ADULT PROGRAMS ONLY In the performance of your duties are your responsible to bathe the person served. If so, what is the procedures to ensure safe practices around this activity	**x.16.6** Staff can speak to the following: 1. If no, then skip second question. 2. Hot water temperatures are maintained according to the recommended temperature guidelines. 3. Gauges and valves are monitored, regularly inspected, and documented.

	4. Maintenance and service personnel understand the function and proper operation of temperature gauges, water mixing valves and therapeutic tub controls. 5. Daily temperature checks prior to the first bath of the day 6. Weekly checking of alarms that alert staff if water exceeds the “set” temperature, and Protocols are posted in every bathing room
x.16.7 Monitoring Equipment	
What forms of monitoring are used within the program? How is the person served and/or guardians informed of the practice? What documentation is maintained and if data is recorded who has access to this data? ***Audio and video monitoring can be done in two methods.*** ***Live feed – surveillance purposes with no long-term storage of data – requires prior notification and full disclosure of use.*** ***Recorded data – information is recorded for use in monitoring activities, or therapeutic purposes – requires consent and full disclosure of use and storage methods.***	**x.16.7** Staff can describe: 1. Type of audio/video monitoring that is done within the program. 2. How PS and/or guardians are informed 3. What documentation is required. 4. Who has access to this information?
x.16.8 Pets	
Are pets allowed within the program? If so, what needs to be considered before bringing a pet into the program?	**x.16.8** Staff will describe the process to ensure the following is addressed: 1. Risk to the person served (allergies, fears, etc) 2. Risk to the pet. 3. Temperament of the pet is suitable.
x.17.1 Conditions of Transportation	
Do you ever transport persons served? What safety measures are put in place to ensure the safe transportation of PS?	**x.17.1,** Staff can speak to the following: 1. Restraints used (seat belts, car seats etc.) 2. Maintenance checks 3. Insurance 4. License /insurance/drivers record (i.e., abstract)
x.17.4 Use of Private Vehicles	
Are private vehicles ever used in the transportation of person served?	**x.17.4** Staff will:

Please describe the process to ensure private and program vehicles used to transport person served are maintained for safety.	1. Confirm if private vehicles are used. 2. Relate the practice for program vehicles to undergo: a. Annual preventative maintenance b. Visual checks for safety Describe to method used to ensure private vehicles are maintained for safety
x.18.1 Positive Methods to Influence Behavior	
What types of positive methods are used to influence the behavior of persons served? ***Staff should have knowledge of the approaches that are used to engage PS in a positive manner***.	**x.18.1** Staff can: 1. describe various ways in which they engage PS in a positive manner. 2. Describe methods used such as: a. Capacity building b. Relational response c. Strength based. d. Rewards etc.
x.18.2 Prohibited Techniques and Strategies	
What are some of the techniques or strategies that you are prohibited from using?	**x.18.2** 1. Staff can describe what is prohibited by policy to use within the program.
x.19.1 Restrictive Procedures	
Are restrictive procedure plans ever used within the program with persons served? If so, please describe how they are developed and monitored when put in place. ***Restrictive procedures plan (which may be part of the care plan or a separate document) identifying the restrictive procedures that are part of a planned intervention to modify and/or alter behavior of the person served.***	**x.19.1** ***If not used, then skip this question.*** If used, then staff will define: 1. Who is involved in the development of these plans? 2. Strategies to be used. 3. How are the strategies monitored? 4. Timelines for review Reporting requirements
x.19.3 Isolation and Seclusion	
This question is only for Children, Youth and Family Programs Describe how and when "time-outs" are used within the program? ***Time outs are not considered a restrictive procedure.*** ***Time-outs need to be recorded but do not require an incident report. Time-out situations that exceed twenty minutes will be considered isolation.***	**x.19.3** Staff will define: 1. "time-outs" for children under 12 years of age are limited to 1 minute per year of age and 2. Aged 12 and older not to exceed 20 minutes. Staff can speak to the following: 1. Removal for longer than 20 minutes 2. Documented supervision 3. Engages and supported to regain self-control.

ALL OTHER PROGRAMS Please describe what the practice of isolation of persons served within the program would look like? Who would you have to call and within what timeline? What supports are offered to staff and persons served? Would you document it?	4. Timelines to notify. a. program director. b. guardian 5. Documented consultation a. Supervisor, manager, or clinician after two hours 6. Debriefing with affected individuals 7. PS informed of rights. 8. Incident report reviewed.
x.19.4—x.19.6 Least Restraints, Use of Restraints	
Are restraints allowed in the program? If so, what are the considerations and procedures that are used? What types of restraints are used within the program? Who can administer restraints? Who do you need to call and when? What kind of supports are put in place for the person served and others involved following the incident? How would you document it?	**x.19.4, x.19.5, x.19.6,** Staff can speak to the following: 1. Define type of restraints used. 2. Only trained staff (if used the program will have one trained staff available on each shift) 3. Conditions of use are clearly defined. 4. Who can authorize a restraint? 5. Monitoring behavior and/or effect on PS 6. Timelines for notification 7. Incident report completed and sent. 8. Debriefing with all individuals affected. 9. Informed of rights 10. Incident report reviewed.
x.19.7 Chemical/Pharmacological Restraints	
Are Chemical/pharmacological restraints ever used within the program? If so, describe the situation and the process that was followed?	**x.19.7** Staff can describe: 1. If restraints do occur 2. If so, can speak to the process to monitor. 3. The documentation and review around each event
x.19.8 Review of Injuries Due to a Restraint	
Are you aware of any time an injury has occurred because of a restraint? If so, describe the process that occurred?	**x.19.8** Staff can describe: 1. Document the incident. 2. Review of incident by program manager 3. Ensure medical care is provided.
x.19.9 Searches	
Are searches used within the program? If so, what kind of searches are you permitted to use? When would you do a search?	**x.19.9** Staff will be able to speak to the following: 1. Define if searches are permitted. 2. Parameters of search allowed type. 3. When can searches be done- reasons. 4. Searches as part of program expectations

How would you document it? How would a person served know you had done a search?	5. Limits placed around searches – no frisking, strip, etc. 6. Completion of incident report 7. Documentation to support person served was made aware of. a. Reason for search b. Informed of rights
x.20.1—x.20.3 Reportable Incidents/Documentation Required/Review of Incident Reports	
What would you document on a critical incident report? What happens to it after you write it? Who gets a copy? Does anyone review them?	**x.20.1, x.20.2 x.20.3** Staff can: 1. Define what a reportable incident is 2. Describe process. a. Documentation b. Follow-up c. Timelines for reporting
x.22.1—x.22.3 Monitoring/Control of Infectious Disease	
Would the program be able to admit a person with an infectious disease? If so, what would be considered?	**x.22.1 x.22.2 x.22.3** If they do admissions, they should be able to describe the following: 1. Risk of transmission 2. Ability of program/staff to make reasonable accommodation. 3. Ability of PS to protect themselves. 4. Ability of PS to contain the spread of infectious disease. 5. Risk of PS becoming infected with another disease
x.23.1 Management of Medication	
What safety precautions are in place around medications?	**x.23.1** Staff can speak to the following: 1. Safe transportation 2. Locked storage 3. Medications are labeled. 4. Review of drug interactions 5. Review of instructions prior to administration 6. Medication records 7. Storage and retention of records 8. Disposal of medication 9. Define response to exceptional circumstances – refusal, medication error, adverse reaction etc.
x.23.2 Self-Administration of Medication	
When are person served permitted to handle and administer their own medications?	**x.23.2** Staff can speak to the following:

	1. Conditions under which a person served may self-administer prescription and/or non-prescription medication. 2. Consent of the guardian, and 3. Ensure person served is aware of: a. Reason for taking medication. b. Correct administration. c. Potential adverse effects, and d. What to do in an emergency.
x.23.3 Medication Review	
When would a medication review be required?	**x.23.3** Staff would relate: 1. Upon admission 2. Change in medication/routine. 3. Injury that is medically related 4. Return from hospital, noted change in behavior, adverse reaction. 5. Required by legislation (narcotics) 6. When natural/homeopathic remedies are used
x.23.4 Pharmacy Services	
Pharmacy service is used to support the use of medication in what areas?	**x.23.4** Staff will relate: 1. To gain a thorough understanding of the medication (possible side effects, proper administration, adverse reactions etc.) 2. To consult on the use of the medication is specific situations (missed medication, drug interactions, altering prescription etc.)
x.23.5—x.23.6 Health or Adaptive Equipment/ Specialized Procedures	
Have you ever administered any specialized/invasive medical procedures (needles, shunts, etc.) or used any adaptive equipment (mobility aids, etc.)? If so, did you have any specific training to do that?	**x.23.5, x.23.6** Staff can speak to the following: 1. Define the process for consents, training, maintenance of equipment.
x.24.2 Food Handling and Storage	
Is food provided within the scope of services you provide? If so, what procedures are in place to ensure food is handled and stored in a safe manner? ***Only if meals are served as part of the program.***	**x.24.2** Staff will be able to speak to the following: 1. Aware of policies related to food handling. 2. Training is provided. 3. Handled and stored in accordance with health and safety regulations. 4. Refrigerators and cupboards used for food storage is not shared with medications, detergents, poisons etc.

x.24.3 Meal Planning	
What is taken into consideration for meal planning within this program? ***Only if meals are served as part of the program***	**x.24.3** Staff will be able to speak to the following: 1. Canada's food guide 2. Dietary restrictions due to culture, allergies and/or health concerns 3. Personal preferences are accommodated. 4. Children are fed in a manner appropriate to their age and level of development, and safe and proper feeding equipment is used.
x.25.1 Hygiene	
Please describe the hygiene routines in place for persons served.	**x.25.1** Staff will be able to speak to the following: 1. Regular bathing 2. Clean, appropriate clothing 3. Daily dental hygiene 4. Protocols to ensure health and safety. (i.e., Soiled, or wet diapers/clothing changed promptly).
x.25.2-x.25.4 Cleaning/Linens	
Please describe the practice to ensure person served are provided clean linens and access to laundry space and equipment (washer, dryers, ironing board)? How often are sheets and towels laundered?	**x.25.2, x.25.3 x.25.4** **Staff can define:** 1. Adequate supplies on hand 2. Access to laundry space and equipment 3. Laundry practices meet generally accepted industry practices. 4. Minimally weekly exchange of linens
x.25.5 Personal Belongings	
How does the program manage the belongings of persons served? ***Only if part of the program***	**x.25.5** Staff will be able to speak to the following: 1. Inventory all personal belongings (i.e., Clothing, electronics, etc.) Of a person coming into the program 2. Provide for safe storage of their belongings. 3. Protect belongings from loss and/or damage.
x.26.1 Physical Activity	
What physical activities are supported within the program to encourage health and active living?	**x.26.1** Staff can describe: 1. How they support active living/health 2. Provide examples of such activities.
x.26.2—x.26.4 Recreation Planning/Considerations	
	x.26.2 x.26.3 x.26.4 Staff can speak to the following:

What do you have to consider when planning a recreational activity?	1. PS can understand and follow guidelines for safety. 2. Functioning level 3. Health/capabilities Fun & offers skill development

ENHANCED DESIGNATION QUESTIONS

ENHANCED QUESTIONS –INDIGENOUS OR CULTURALLY SPECIFIC PROGRAM - A	
How do you support persons served to learn and use the language of their ancestors?	**A.1.1** Staff is aware of: 1. Access to people to speak the language. 2. Opportunities the learn. 3. Opportunities to speak. 4. Access to communication aids
How do you ensure programming is reflective of the law, protocol, and culture?	**A.1.2** Staff can describe: 1. Programming is framed within a cultural context. 2. Knowledge keepers available 3. Appropriate implementation of cultural symbols, tools, teachings 4. Cultural activities integrated into day-to-day programming.
How do you support persons served to learn and understand the cultural practices, rituals, and expectations associated with their culture?	**A.1.3** Staff can describe: 1. Access to persons who are recognized to hold the knowledge. 2. Opportunities to learn. 3. Opportunities to experience 4. Access to people and events celebrating aspects of the culture.
How do you support persons served to create and/or maintain relationships within their cultural community?	**A.1.4** Staff can describe: 1. Involvement of the First Nation and cultural community in transition planning 2. Establish on-going relationship with community. Leaders 3. Available resources to support relationship.

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ENHANCED QUESTIONS –ADDICTION PROGRAM - B	
Define the nature of addictions addressed, program components, interventions used, and medical supports required	**B.1.1** 1. Staff are aware of the various aspects of the program and can speak about the population they serve.
What training do you receive specific to addictions?	**B.1.4** 1. Staff can describe the ongoing training they received. 2. Staff will relate the efforts of the organization to support their training.
How do you encourage involvement from family and/or significant persons in counseling or other therapeutic processes?	**B.1.6** 1. Staff can describe the efforts and the opportunities for involvement. 2. Staff to provide examples.

ENHANCED QUESTIONS –SPECIALIZED NEEDS PROGRAM - C	
Define the nature of special needs addressed, program components, interventions used, and medical supports required.	**C.1.1** 1. Staff are aware of the various aspects of the program and can speak about the population they serve.
Define the role of family in relation to the program staff/contractors and/or volunteers.	**C.1.4** 1. Staff can describe the efforts and the opportunities for involvement. 2. Staff to provide examples.

ENHANCED QUESTIONS –INTENSIVE TREATMENT PROGRAM - D	
. Define the nature of the treatment addressed, program components, interventions used, and medical supports required?	**D.1.1** 1. Staff are aware of the various aspects of the program and can speak about the population they serve.
What is the ratio for supervisors to staff?	**D.1.4** 1. Staff can describe 1 FTE to 12 frontline workers (1:12) 2. Document rationale for not subscribing to the ratio.
What is the ratio of staff to persons served? (Treatment Foster Care only)	**D.1.5** 1. Staff can describe 1 staff to 15 persons served (1:15) 2. Document rationale for not subscribing to the ratio.
Do you have awake night staff?	**D.1.7** 1. The number staff on duty during the night 2. Overnight staff are not permitted to sleep.
Describe the service team?	**D.1.8** Staff can describe. 1. Who coordinates the team? 2. The makeup of the team 3. What services provided 4. Limits places to ensure each is working within their scope of practice.
Describe the role of the clinician?	**D.1.9** 1. Staff can describe to role of the clinician within case management. 2. Staff will describe the type of services the clinician provides.
What is your practice for locked confinement?	**D.1.10** Staff can describe: 1. The practice around the use of locked confinement 2. If it is used, the staff will relate the procedures for its use, and 3. Provide examples to follow-up in the file reviews

ENHANCED QUESTIONS –MENTAL HEALTH PROGRAM - E	
Define the nature of mental health addressed, program components, interventions used, and medical supports required	**E.1.1** 1. Staff are aware of the various aspects of the program and can speak about the population they serve.
What training do you receive specific to mental health?	**E.1.4** 1. Staff can describe the ongoing training they received. 2. Staff will relate the efforts of the organization to support their training.
How do you encourage involvement from family and/or significant persons in counseling or other therapeutic processes?	**E.1.6** 1. Staff can describe the efforts and the opportunities for involvement. 2. Staff to provide examples.

ENHANCED QUESTIONS--COMPLEX NEEDS PROGRAM -F	
Define the nature of mental health addressed, program components, interventions used, and medical supports required	**F.1.1** Staff are aware of the various aspects of the program and can speak about the population they serve.
Define what is needed to support the personnel in the work with persons served.	**F.1.5** Staff can describe understanding the interaction between behaviors, mental health, and medical needs of the person served.
Describe the practice and safety aspect of the overnight shifts.	**F.1.6** Staff can describe the practice of at least 1 available overnight staff.
Describe the roles and responsibilities of the service team.	**F.1.7** Staff are aware of the entire service team and their roles.
Define the role of the clinician to work with the persons served. Requirements needed.	**F.1.8** Staff can describe the role of the clinician to meet the standards of the population served. Requirements needed.
How do you encourage involvement within the community, family and/or significant persons in the overall strategies to support the persons served?	**F.1.9** Staff can describe the efforts and the opportunities for involvement. Staff to provide examples.