Canadian Accreditation Council | Conseil d'accréditation canadien

PERSON SERVED FILE CHECKLIST

2023 Edition of Standards
210 Foster Care Program

Created Jul 20/2023

Person Served Information			
	Name	Program	Date of Intake
1			
2			
3			
4			
5			

Please note, the tools have been designed to provide a guide for the review team in finding documentation, with information being indicated in the most likely place that it will be found and duplication being minimized. In the standards it is noted that many items should be demonstrated as 'Onsite Observations', which has been left to the organization to determine the best place to provide the information. In the tools, often information is kept within the files and is included in those checklists, but if it is not demonstrated there, it will be requested to be seen where it is kept by the organization.

For organizations using this tool to prepare for your Onsite Survey, please use this in conjunction with the Standards and Indicators to ensure that you have demonstrated all information that has been requested appropriately.

For the review team using this tool, please ensure that you are requesting all information prior to marking a non-compliant as the information may be presented in another location.

Key for Reviewers:

C	NC	N/A
Compliant – the evidence was found and it met the standard's criteria.	**Non-Compliant**- the evidence was not found, or found but does not adequately meet the standard's criteria.	**Non Applicable** – the program in question is not required to provide evidence for a given standard as the standard has no bearing on operations.

Patterns of Practice	
Historical Practice	Practice with evidence to show an established pattern of consistent practice since the last review date.
Established Practice	Practice with evidence to show a pattern of consistent practice for at least 6 months.
Current Practice	Practice with evidence to show a pattern of consistent practice for less than 6 months.
Demonstrated Practice	Practice with inconsistent evidence to support full implementation of practice. Able to demonstrate practice but not able to provide evidence to show consistent practice.
Incongruent Practice	Practice observed or recorded is not aligned with policies.
No Practice	Practice not observed or recorded in the delivery of service.

Standards	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
SERVICE DELIVERY					
210.2 Intake and Admission					
210.2.4 Initial Meeting					
Documentation of an initial meeting between person served and staff involved with intake within 10 days of the person served entering the program					
210.2.5 Admission Procedure Consent for services on file					
210.3 Consent for Services					
210.3.1 Information of Services					
Evidence of the provision of an information handbook					
210.3.2 Service Coordination					
Evidence of coordination of services					
210.3.3 Program Expectations					
Review – documentation acknowledging understanding or a declaration from staff that person served has been informed and refused to provide acknowledgment.					
210.3.4 Authorization Required					
Review – signed consent(s) for service and others as appropriate					

Standards	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
210.3.5 Informed Consent for Services					
Evidence that appropriate consent has been sought					
210.3.6 Refusal to Provide Authorization or Consent					
Documented evidence of any refusal of consent or authorization					
210.4 File Management					
210.4.1 Person Served Files					
Evidence that appropriate files are maintained					
210.4.3 Individual File – Contents					
Contents of the file will include: 1. Biographical and other descriptive information necessary for the provision of services, such as:					

Standards	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
a. Full name of the person served b. Contact information for a family representative or emergency contact c. Special needs 2. Record of service 3. Progress notes, observations, and case notes 4. Other documents as required	1a. _____ 1b. _____ 1c. _____ 2. _____ 3. _____ 4. _____	1a. _____ 1b. _____ 1c. _____ 2. _____ 3. _____ 4. _____	1a. _____ 1b. _____ 1c. _____ 2. _____ 3. _____ 4. _____	1a. _____ 1b. _____ 1c. _____ 2. _____ 3. _____ 4. _____	1a. _____ 1b. _____ 1c. _____ 2. _____ 3. _____ 4. _____
210.5 Person Served Planning					
210.5.1 Measurement Tool					
Evidence of use of the tool(s) in the collection of outcome data					
210.5.2 Service Delivery Planning Measurements					
Evidence of implementation of Service Delivery Planning assessment and measurements					

Standards	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
210.5.4 Individual Care Plan Components					
Evidence of an integrated and complete care plan for each person served: 1. statement that identifies the reason for involvement 2. goals to be achieved 3. tasks/activities/strategies required to meet the identified goals 4. measure of success used to determine the progress made towards goal achievement 5. timeline for review indication of re-informing of rights					
210.5.5 Areas to Address – Service Delivery Planning					
Individual care plans identify: 1. Issues to be addressed 2. Individual strengths and assets that can be developed or supported 3. Services to be provided and by whom 4. Strategies to influence behaviour and/or restrictive procedure plan (if required) 5. Connections to the community 6. Progress made towards goal attainment Future plans					
210.5.6 Involvement with Service Delivery Planning					
Evidence of implementation of developed individual person served plans					
210.5.7 Timelines for Review of Care Plans					

Evidence of review of care plans within appropriate timelines. 45 days – Initial (or program specific as per standard) Timelines for review thereafter. Rationale on plans that over 3 months in duration. Proof of supervisor and/or service team's approval for extended timelines.					
210.5.10 Pre-to-Post System					
Monitoring the goals of the persons served with a pre-to-post system and, where feasible, follow-up measurements					
210.6 Transition from Services					
210.6.1 Transition Plan					
Evidence of a transition plan in place prior to the termination of services					
210.6.2 Supports During Transition					
Evidence of support in place for persons served during a transition from the current program					
210.6.3 Unplanned or Unanticipated Exit from the Program					
Evidence of procedures to deal with unplanned or unanticipated discharge					

Standards Canadian | Conseil	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
PERSON SERVED					
210.7 Support					
210.7.1 Orientation to Program Supports					
Evidence of supports provided to the persons served					
210.7.2 Parental/Family/Guardian Access to Person Served					
Evidence of granting appropriate access to person served					
210.7.3 Legal Representative Consent and Goals					
Evidence of consent on file.					
210.7.4 Program Support of Persons Served					
Evidence of program support on file.					
210.8 Rights and Individual Choice					
210.8.1 Informed of Rights					
Evidence of persons served and their legal representatives being provided with a written copy of their rights					
210.8.2 Re-Informed of Rights					

Demonstration of regular re-informing of persons served's rights via 1. Documented review of rights as part of family conferencing or regular Service Delivery Planning meetings 2. Documented review following relevant, significant or critical incidents	1. _ 2. _	1. _ 2. _	1. _ 2. _	1. _ 2. _	1. _ 2. _

Standards	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
210.8.4 Conflict Resolution and Grievance Procedures – Person Served					
Evidence that issues raised by persons served or their legal representatives are investigated, responded to, and that outcomes are documented					
210.8.6 Staff Responsibility – Advocacy					
Evidence that staff advocate on behalf of persons served					
210.8.8 Self-Determination					
Evidence of recognition and support persons served's decision-making authority and capacity					
210.8.9 Support of Daily Decisions					
Evidence that persons served are involved and supported in the day-to-day decision-making process, where possible					
210.8.10 Interests/Hobbies					
Evidence of support for persons served pursuing personal interests and hobbies					
210.8.11 Support of Relationships					
Evidence of relationships on file.					
210.8.15 Cultural Connection					

Documented evidence of the provision of connections to a Cultural Resource Person					

Standards	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
210.8.16 Person Served Involvement with the Community					
Evidence of support for persons served involvement in the community					
210.8.17 Persons Served Managed Risk Plan					
Evidence of managed risk plan on file.					
210.9 Financial Management – Person Served					
210.9.1 Fees Schedule					
Evidence of a written schedule of fees for programs that charge fees directly to the person served or legal representative					
210.9.2 Restitution by Person Served					
Evidence that restitution is implemented according to policy and procedures					
210.9.3 Financial System for Person Served					
Evidence of a financial system in place for personal funds held on behalf of persons served					

Standards	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
SAFETY					
210.15 Management of Risk					
210.15.5 Self–Harm Response					
Review of incident reports					
210.15.6 Suicide Response					
Review of incident reports					
210.16 Facility Safety Requirements					
210.16.7 Monitoring Equipment					
Review file for documentation or consent for recorded monitoring (stored for more than 72 hours)					
210.19 Restrictive Procedures and Interventions					
210.19.1 Restrictive Procedures					
Evidence of appropriate use and documentation of restrictive procedures					

Standards	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
210.19.2 Restrictive Procedures Plan					
Evidence of a documented restrictive procedures plan					
210.19.3 Isolation and Seclusion					
Evidence of appropriate use and documentation of isolation and seclusion					
210.19.4 Least Restraint					
Evidence that appropriate least restraint are documented and used (if restraints are used in the program)					
210.19.5 Use of Restraint					
Evidence that restraints are documented and used appropriately (if restraints are used in the program)					
210.19.6 Physical Restraints					
Evidence of incident report on file.					
210.19.7 Chemical or Pharmacological Restraints					
Evidence of incident report on file.					
210.19.8 Review of Injuries Due to a Restrictive Procedure					
Evidence of incident report on file.					

Standards	Person Served 1	Person Served 2	Person Served 3	Person Served 4	Person Served 5
210.19.9 Searches					
Evidence of incident report on file.					
210.20 Reportable Incidents					
210.20.2 Documentation Required - Reportable Incidents					
Review of Incident Reports – reports are complete: 1. Required information 2. Follow-up identified (debriefing, informed of rights, referrals, etc.) 3. Reviewed by Supervisor 4. Reported within Timelines					
HEALTH					
210.21 Health Services					
210.21.1 Medication Examination					
Documentation of medical examination within 10 working days of admission (if not examined within the last year) and at least annually after					
210.21.2 Dental Examination					

Documentation of 1. Efforts made to support persons served in being examined by a dentist if arrangements have not been made within 2 months of admission 2. Support provided to persons served for making appointments at least once every 2 years	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
210.21.3 Optical Examination					
Documentation that for persons served: 1. Efforts made to support persons serve d's optical examination within 2 months of admission (if not examined within the last year), 2. Have access to optician/ophthalmologist services on an as-needed basis, And are supported for the arrangement of examinations at least once every year after	1. _____ 2. _____ 3. ____	1. _____ 2. _____ 3. ____	1. _____ 2. _____ 3. ____	1. _____ 2. _____ 3. ____	1. _____ 2. _____ 3. ____
210.23 Medication and Health Equipment					
210.23.5 Health or Adaptive Equipment					
Review for consent and prior training (if required)					
Person Served 1	**Person Served 2**	**Person Served 3**	**Person Served 4**	**Person Served 5**	

Transactional Records					
A. INDIGENOUS OR CULTURALLY SPECIFIC PROGRAMS					
A.1.4 Area					

Initial if Applicable					

y Evidence of care planning or tracking of					

Access to Continuity					
B. ADDICTION PROGRAMS					
No File review					
C. SPECIALIZED NEEDS PROGRAMS					
No File review					
D. INTENSIVE TREATMENT PROGRAMS					
D.1. Assessment					

Tear Review Care Planning – service teari					

Involvement in file activities					

Incident Management Intervention Documentation				

E. MENTAL HEALTH PROGRAMS
No File review
F. COMPLEX NEEDS PROGRAMS
No File review