

**CASE PRACTICE AUDIT REPORT**

**Fort St. John Child and Family Services (QJH)**

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT**

**North Region**

**Director of Child Welfare**

Field Work Completed: October 11, 2005 – October 17, 2005

Report Completed: November 7, 2005

**CASE PRACTICE AUDIT REPORT  
Fort St. John Child and Family Services (QJH)**

**TABLE OF CONTENTS**

**SECTION I: INTRODUCTION**

- PURPOSE
- METHODOLOGY

**SECTION II: SERVICE DELIVERY**

- COMMUNITY OVERVIEW
- STAFFING
- STAFF TRAINING
- SUPERVISION AND CONSULTATION
- INTAKE AND TRACKING SYSTEMS
- SERVICES TO ABORIGINAL CHILDREN AND FAMILIES
- RESOURCES
- SERVICE TRANSFORMATION

**SECTION III: AUDIT RESULTS**

- AUDIT SAMPLE
- RESULTS: INTAKE FUNCTION
- AUDIT RECOMMENDATIONS

**SECTION IV: APPENDIX**

APPENDIX 1: DATA SUMMARY CFS

## **SECTION I: INTRODUCTION**

### **PURPOSE**

The purpose of case practice audits is to support practice to promote improved outcomes for children and families served by the Ministry. Through a review of a sample of cases, case practice audits help to confirm good practice and identify areas where practice requires strengthening.

The specific purposes of case practice audits are:

- to confirm good practice and enhance the development of best practice;
- to support the Ministry's service transformation initiatives;
- to assess and evaluate practice in relation to current legislation and standards;
- to determine the current level of practice across a sample of cases;
- to identify cases where additional assessment and/or intervention is required;
- to identify barriers to service provision;
- to assist in identifying training needs;
- to provide information for use in updating and/or amending practice standards or policy.

This case practice audit was conducted proactively by the Director's office in the North Region. Proactive audits of district offices providing child protection, guardianship, youth and non protective family services are systemically conducted according to a 3 year cycle. The North Region conducts case practice audits as an integral component of their quality assurance plan.

### **METHODOLOGY**

The audit was conducted in accordance with the Case Practice Audit Methodology and Procedures Document (April 2004). The specific audit tool used in conducting this audit was:

- Critical Measures Audit Tool for Child and Family Service Standards

The current critical measures tool (April 2004) included 13 critical measures for the Child and Family Service Standards.

The audit of the Fort St. John Child and Family Service team (QJH) included a minimum of 20-25% family service files closed between April of 2005 and September of 2005 (6 months).

The auditor conducted fieldwork from October 11, 2005 to October 17, 2005. The auditor met initially with the intake team and the community service manager to review the audit purpose and process. During the audit, the team leader, 1 social worker and the office manager were interviewed with respect to office systems, service delivery structure, and community resources.

Upon the completion of the audit the auditor met with the team and provided an overview of the results, including general observations, patterns and themes that were

identified. The auditor reviewed the findings with the community service manager at a later date via telephone. The individual case reports were provided to the team leader and the community service manager. The individual case reports are thorough and detailed providing lots of information about practice identifying the strengths and weaknesses.

Files were audited based on documentation found on the physical files.

## **SECTION II: SERVICE DELIVERY**

### **COMMUNITY OVERVIEW**

The northern region is comprised of rural and urban communities with varying population size.

MCFD Peace Liard sub region consists of 4 population centers: Fort Nelson, Fort St. John, Dawson Creek and Chetwynd.

The QJH team provides services to the city of Fort St. John, which includes as far north as Pink Mountain, as far south as Kistkatanaw Bridge which is located between Fort St. John and Dawson Creek, as far west as Bear Flats which is located outside of Hudson's Hope and as far east to the Alberta border.

There are 3 First Nation communities that are serviced by the Fort St. John office. The 3 communities are as follows; Doig River First Nations, Blueberry River First Nations and Halfway River First Nations.

The population of the city of Fort St. John is approximately 17,000. It was noted that the majority of the population consisted of young families with children.

The City is located in the heart of majestic Peace River country and is the largest regional service center in north eastern BC, servicing 60,000 people in outlying areas. Fort St. John is located 459 km (276 miles) north of Prince George on Highway 97. Fort St. John is situated 75 km north of Dawson Creek on the Alaska Highway; this thriving community offers a collage of forests, lakes and rivers, hills and valleys, flat farm land and an abundance of wildlife. Fort St. John's key industries are oil and gas, agriculture and forestry.

Identified social problems amongst the client group include domestic violence, alcohol and drug abuse and neglect issues due to a lack of parenting skills. The team leader reports that MCFD provides services to a high number of young mothers.

The north region's management structure includes the regional executive director, director of operations, director of child welfare, deputy director and the community service manager who administered the delivery of child protection services and oversees ongoing and integrated child and family service delivery.

### **STAFFING**

The QJH team consists of a complement of a team leader and 4 full time social workers. The team leader reports that the team has been functioning with 4 workers for the last 2 years. Amongst the 4 workers there has been a high turnover of staff and the team has been subject to varying levels of temporary absences. The team leader reports that the temporary vacancies were not back filled.

The team model consists of 4 intake workers who are responsible for managing the intake function. The team is accountable for responding to all new reports that are received on families that reside within the geographical boundaries. Three workers are fully delegated and 1 worker is partially delegated.

The administrative support team consists of a clerk 5 supervisor, 1 clerk 3, and 2 OA2s. The Fort St. John office is an integrated office. The administrative team is responsible for the reception and administrative tasks for 2 protection teams, resources, child and youth mental health, youth justice, adoption and community living services. One of the 2 OA2's is responsible for the reception duties and file maintenance. The other OA2 is responsible for contracts. There is a team assistant assigned to the team of QJH. The assistant is primarily responsible for the management of court documents. The clerk 5 is responsible for overseeing all the office related functions. During the audit, the file room was well maintained and organized. The family service files are well-organized into sections that were easy to identify and peruse.

## **STAFF TRAINING**

Please see chart for additional information on staff experience and education.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				Full Delegation	
Child Protection Social Worker (1)				Full Delegation	
Social Worker (2)				Full Delegation	
Social Worker (3)				Full Delegation	
Social Worker (4)				Partial delegation	
Social Worker (5)					

The new workers are not in need of a performance appraisal for several months as they have not reached the point of an evaluation.

The team leader reports that a draft form is provided to the worker. One copy is kept at the local office and a copy is sent to regional office.

The Ministry of Children and Family Development implemented a new learning management system to assist employees in managing their learning and development needs. The north region implemented the program in November 2004. The north region sponsored and promoted learning events that were of interest to the employees and that aligned with the priorities of the region's service delivery plan.

The learning management system project provided the north region with the e-learning infrastructure and the set of on-line tools. The key drivers behind the initiative were:

- (a) the expectation that all north region employees will prepare an employee performance and development plan (EPDP) on an annual basis; and

- (b) the expectation of increased financial accountability in the regions for managing educational resources.

The learning management system provided several benefits for the north region in the following areas:

- Employee and organizational learning linked to ministry and regional service plans, human resources planning initiatives, and the budgeting process;
- Consistent application of policies for training approval, eligibility, and reimbursement;
- Common work practices for educational planning;
- Improved tracking and more comprehensive reporting of employee development activities, including employee development histories; and
- Streamlined administrative procedures for managing learning activities across the Ministry.

In addition to the learning management system employees completed a survey in 2003 as the first step in a regional employee training and performance development plan. The purpose of the survey was to create a strategic plan to address employee and organizational training needs and performance evaluations. The survey highlighted a need to have a strategic plan and identified tremendous strengths within the region. The region had developed an initial project charter that looked towards a long-term goal of incorporating a balance between regional staff training needs and performance evaluations considering the needs of employees and the organization.

<b>Ministry Training Program</b>	<b>Team Leader</b>	<b>SW 1</b>	<b>SW 2</b>	<b>SW 3</b>	<b>SW 4</b>	<b>SW 5</b>
Child Protection Worker (core)	✓	✓	✓	✓	✓	
Resources Worker	✓		✓			
Guardianship (core)						
Adoption (core)						
Clinical Supervision Level 1.		✓				
Clinical Supervision Level 2						
Risk Assessment	✓	✓		✓	✓	
Advanced Risk Assessment	✓					
Enhanced Neglect						
Cultural Awareness	✓					✓
Integrated Case Management	✓	✓				✓
Investigative Interviewing	✓					
FAS/E and NAS/E					✓	
Looking After Children		✓				
Substance Misuse					✓	
Youth Alcohol & Drug						
Youth Suicide prevention	✓					
Youth agreements						
District Supervisor module 1						
District Supervisor module 2						
Leading the Way						

## **SUPERVISION AND CONSULTATION**

The team leader provides supervision and clinical consultation with respect to the delivery of child protection.

supervision is carried out on a need driven basis. any time workers need supervision they will request supervision. The team leader reports that 3 of his staff are new workers and the team leader is involved with planning on a regular basis.

consultation occurs on an ongoing basis. The team leader reports that he attempted to implement regular scheduled supervision but it was unsuccessful. The team leader reports that he tracks with staff every 2 weeks. The team leader reports that he reviews the workers' caseloads with the workers. The team leader expects the intake workers to be prepared for reviews. The team leader will prioritize the intakes. At times the team leader will review the workers' caseloads prior to the meeting. The team leader states that given the high level of involvement with the new workers he is aware of all the case planning that occurs. The team leader reports that he prints case management reports. The team leader uses a paper tracking system capturing risk decision 1-4 and the name of the worker receiving the case. The auditor reviewed the tracking system.

The team leader reports that

. If he is away from the office he is available by cell phone or social workers have the opportunity to consult with an acting team leader.

there is no regular scheduled supervision with the community service manager. Supervision is obtained when needed. The team leader will contact the community service manager if needed. The nature of contact with the community service manager is either by telephone, email or in person. The team leader reports that the community service manager attends the office on a monthly basis for varied reasons.

## **INTAKE AND TRACKING SYSTEMS**

### Investigations:

The intake team is responsible for the intake function for all new reports received. This includes new concerns pertaining to open family service files. All workers are responsible for screening 1 day per week. The team operates on a daily rotating schedule. The social worker assigned to intake is responsible for completing the new intakes that are received on that particular day. The social worker reports that it is the workers responsibility to find an alternative worker to cover screening if required. The social worker reports that coverage is never an issue. The intake worker completes the prior contact check. The administration staff will assist if required. The intake worker is responsible for collecting the caller's information and loading the data on the system. The screener on assigned scheduled days is responsible for the management of the case. If there is a conflict of interest the case will be transferred to another worker. The team leader is consulted in regards to the direction of the plan that is made by the



social worker. The assessment is made based on the history of the family and by using the BC risk assessment model. A decision to investigate is determined based on the section 13 concerns. The intake worker completes the investigation or the response that had been determined given the assessment of the information. These reports are tracked electronically as the QJH social workers are consistent and proficient in their use of the MIS/CIS systems.

Given the fact that the intake team manages new intakes on families who did not have open on going family services files the social worker described the case transfer process. The social worker reports when a finding of protection is identified and a decision was made to transfer a file for on going protective family service the family service team leader is notified. The intake team leader engages in a discussion with the team leader receiving the case. Once the intake worker is finished completing all the required documents the intake social worker and the new worker meet with the family and review all relevant documents. The team leader reports that he tracks all intakes by reviewing the caseloads and by printing the case management reports.

## **SERVICES TO ABORIGINAL CHILDREN AND FAMILIES**

The Fort St. John office serves 3 Aboriginal Bands. The names of the communities are as follows:

- Doig River First Nations: Is one of the 4 Dane-zaa / Beaver Indian communities native to the Peace River area of northeastern British Columbia. Dane-zaa means "Real People" and today there are approximately 1000 Dane-zaa in British Columbia living in the Doig River, Blueberry River, Halfway River and Prophet River communities.
- Blueberry River First Nations: Although there are family links between all the Dane-zaa Bands, the Doig River First Nation people have close ties with the Blueberry River First Nation because they were both part of the Fort St. John Beaver Band until the early 1950's. At this time, some of the reserves were taken away from the people and it was not until 1977 that new reserves were formally re-appointed to the First Nations people.
- Halfway River First Nations: The community consists of 2 subdivisions approximately 100 km northwest of Fort St. John. The reserve is located near Halfway River, a tributary of the Peace River, "halfway" between Fort St. John and Hudson Hope. Seasonal work involves working in the bush, the store, band-operated farm, trapping, big game guiding, slashing, carpentry shop and fire fighting.

It was noted that all of the First Nations communities have very limited resources directly available to the people living on the reserves. They have access to Federal Health and Income assistance. The team leader reports that the First Nations Bands have had sporadic attempts at services such as drug & alcohol counselling, parenting courses/assistance, and general wellness workers. The team leader reports that these services are short-lived. The Aboriginal people have access to services in Fort St. John.

There are no delegated agencies within the Fort St. John area. There is an informal protocol developed which states that MCFD will contact the Band office to advise a designated band representative of any involvement with MCFD and the Band representative will work jointly with MCFD.

The team leader stated that MCFD has a strong working relationship with the Doig River First Nations. The team leader stated that MCFD is working on developing a stronger relationship with the Blueberry River First Nations and the Halfway River First Nations. There is presently a planning committee working in conjunction with MCFD with the intent to create a governance structure that will allow the First Nations to begin taking on Child and Family service functions.

The team leader has assigned liaison workers to each First Nations community. The workers meet regularly on non-specific issues such as program development, new legislation changes, opportunities, support and planning.

The following chart provided a breakdown of services provided to Aboriginal and Non Aboriginal people in the last 6 months.

<b>Office QJH Open FS Files - April 2005 to September 2005</b>							
<b>Aboriginal Status</b>	<b>Apr-05</b>	<b>May-05</b>	<b>Jun-05</b>	<b>Jul-05</b>	<b>Aug-05</b>	<b>Sep-05</b>	<b>Average</b>
Aboriginal	20	22	28	28	27	23	24.7
Non-Aboriginal	53	45	58	65	68	55	57.3
Unknown	7	9	10	12	13	11	10.3
Total	80	76	96	105	108	89	92.3
<b>Office QJH Protection Reports Recorded - April 2005 to September 2005</b>							
<b>Aboriginal Status</b>	<b>Apr-05</b>	<b>May-05</b>	<b>Jun-05</b>	<b>Jul-05</b>	<b>Aug-05</b>	<b>Sep-05</b>	<b>Average</b>
Aboriginal	5	5	10	8	2	2	5.3
Non-Aboriginal	8	13	20	17	19	9	14.3
Total	13	18	30	25	21	11	19.7
<b>Office QJH Total Intakes Recorded - April 2005 to September 2005</b>							
<b>Aboriginal Status</b>	<b>Apr-05</b>	<b>May-05</b>	<b>Jun-05</b>	<b>Jul-05</b>	<b>Aug-05</b>	<b>Sep-05</b>	<b>Average</b>
Aboriginal	5	7	11	10	3	4	6.7
Non-Aboriginal	14	14	28	29	25	13	20.5
Total	19	21	39	39	28	17	27.2

## RESOURCES

### Residential Resources

The Fort St. John office has a resource worker who is responsible to recruit, approve and support placements. It was noted that the relatively new regional resource agency known as the North Central Family Resources is suppose to assist in recruitment. The team leader is located in the Fort St. John office and is responsible for the clinical supervision of the resource worker. The QJH team accesses the resource worker when required. Once the resource worker locates an available home, the child's worker assumes responsibility for placement and for providing the caregivers with essential information (referral form or copy of snapshot) about the child.

The team leader reports that the placements are supported primarily by the resource social worker and the child's social worker. Additional supports may include, peer foster parent support, formal support through North Central Family Resources and community agencies. The team leader reports that placements are evaluated on an annual basis during the annual review process. All social workers who have placed children/youth within that resource are requested to provide feedback through a standardized format. The resource worker will also make additional requests to all social workers to provide any feedback that they feel is relevant to that particular resource.

The 1 local contracted resource meets quarterly with the team leader and the resource social worker. MCFD staff are requested to provide ongoing feedback to either the team leader or the resource social worker in order for concerns to be addressed at the quarterly reviews. A recent protocol was developed to identify strengths and weaknesses and to provide an avenue for regular feedback to both MCFD and group home staff.

The team leader reports that

many of the existing, skilled foster parents are full. The team leader reports that MCFD has lost a number of experienced foster homes and MCFD has had limited success in recruiting skilled caregivers that are able to manage the high needs of the majority of children and youth coming into care.

The QJH team has access to regional resources in Prince George or other areas of the region or province.

### Non-residential

There are several contracted resources providing support services to children and families in the Fort St. John area:

- North peace addictions;
- Friendship society alcohol and drug program;

- Children who witness violence;
- Child development center;
- Charlie Lake community counselling;
- First Nations Education centre;
- North Peace community housing;
- Mom's and Tot's;
- Prenatal classes;
- Mom's connect;
- Sexual abuse intervention program;
- Peace Liard community corrections;
- Transition house;
- Homeless shelter.

## **SERVICE TRANSFORMATION**

The community service manager reports that nothing has transpired in regards to service re-design in the Fort St. John area. There have been attempts to gain consensus on shifting non- Aboriginal service provider dollars to Aboriginal service providers however this was not successful. The community service manager is working on other program areas.

## **SECTION III: AUDIT RESULTS**

### **AUDIT SAMPLE**

The audit of the Fort St. John Child and Family Service team (QJH) included a minimum of 25% of the number of child protection intakes closed between April of 2005 and September of 2005 (6 months).

Caseload Management Report was printed from the MCFD computer system prior to the commencement of the audit and used to arrive at a sample number. The Case Management Report recorded 137 closed family service files. Thirty-three closed Family Service cases were audited representing 25% of 135 closed cases in the last 6 months.

Closed Family Service cases represented a stratified sample.

## **RESULTS: CHILD AND FAMILY SERVICES: INTAKE FUNCTION**

The audit examined 33 closed family service files.

The auditor was able to locate the selected files with ease.

There is evidence on the files that MCFD has a good working relationship with community partners.

There is evidence on the file that social workers are making appropriate referrals for families.

The compliance ratings varied between the critical measures.

There appeared to be some confusion in the initial screening function indicating that staff was not appropriately assessing the caller's information. It appeared that the use of section 16 code "No further Action" was not being used appropriately. The intent of the section 16 code is to determine the best response to the incoming information regardless of the source.

In 3 instances, the caller's information fell within section 13 and the information was assessed as no further action. In the 3 cases it appeared that the social worker documented the caller's information, consulted with the team leader, completed several casework activities then determined the section 16 response based on the information collected.

Upon review it was found that 16 out of 33 cases resulted in a child welfare response. Out of the 33 cases, 16 investigations were completed, and 2 cases were coded as "Further Assessment Required." Seven cases were coded as refer to community agency and 8 cases were coded as no further action.

Out of the 33 cases reviewed 16 investigations were completed. A few practice observations identified were as follows:

- The investigation did not always begin within the 5 calendar days or casework activity was not documented;
- In a few cases investigative steps were absent;
- Interviews were either not documented or not conducted;
- Key collateral checks were not always completed or not documented;
- The home environment was not always observed or not documented;
- There appeared to be confusion related to the finding of protection. In some cases, the finding should have been yes as the event did occur as defined under section 13 of the *CFCSA*;
- Supervisory approval was not completed or not always documented.

The auditor flagged 3 cases for consideration of a thorough investigation.

## **Compliance Ratings Per Measure For Closed Family Service Cases**

### **1. Screening and Best Approach to Service Delivery**

- Compliance was met in 28 of 33 cases for 85 % compliance. Non compliance was found in 3 cases where the caller's information fell within section 13. In 2 cases the caller's information did not warrant an investigation.

### **2. When a Child is at Immediate Risk of Harm**

- Compliance was met in 1 of 1 cases for 100% compliance.

### **3. Assessing a Child Protection Report and Determining the Most Appropriate Response**

- Compliance was met in 16 of 17 cases for 94% compliance. Non compliance was found in 1 case where further assessment required exceeded the 5 day time frame.

### **4. Family Development Response**

- N/A

### **5. Determining a Time Frame to Begin an Investigation**

- Compliance was met in 10 of 16 cases for 62.5% compliance. Non compliance was met in 6 cases where the investigation did not begin within the 5 calendar days.

### **6. Conducting a Child Protection Investigation**

- Compliance was met in 10 of 16 cases for 62.5% compliance. Non compliance was found in 6 cases, where the living environment was not observed and key collaterals were not completed or not documented.

### **7. Seeing and Interviewing the Child and Family**

- Compliance was met in 12 of 16 cases for 75% compliance. Non compliance was found in 4 cases where all interviews were not completed or not documented.

### **8. Concluding a Child Protection Investigation**

- Compliance was met in 13 of 16 cases for 82% compliance. Non compliance was found in 3 cases where the information collected through out the investigation was incongruent with the finding.

### **9. Concluding an Investigation in a Timely Manner**

- Compliance was met in 3 of 16 cases for 20% compliance. Non compliance was found in 13 cases due to a delay over 30, 60, and 90 days.

### **10. Developing and Implementing a Plan to Keep a Child Safe**

- N/A

### **11. Reassessing Plan to Keep a Child Safe and Ending Family Service Response**

- N/A

## 12. Notification of Fatalities and Critical Injuries and Serious Incidents

- N/A

## 13. Supervisory Approval

- Compliance was met in 26 of 33 cases for 79% compliance. Non compliance was found in 7 cases where case consultation did not occur or was not documented.

## AUDIT RECOMMENDATIONS

### Recommendations:

On February 2, 2006, the first audit recommendations development meeting, it was agreed that the audit results of the specialized Intake (QJH) and Family Service/Guardianship (QJC) teams be reviewed as one comprehensive system.

On February 9, 2006, the following recommendations were developed to address the two Fort St. John office audits.

### Recommendations brought forward by the Regional Director:

1. The Community Service Manager (Peace/Liard) share and debrief the audit reports with staff.
2. The CSM meet with the two Team Leaders to develop a plan to ensure that outstanding work identified in the audit is completed.
3. The audit identifies that difficulty was encountered in the timely transfer of cases from the specialized Intake team to the specialized Family Service/Guardianship team. This section contains three recommendations a, b, and c.
  - a) The Director of Operations will meet with the CSM to discuss structural changes to address the timely transfer of ongoing Family Service files.
  - b) The CSM review practice standards related to developing a risk reduction service plan and practice standards relating to reassessing risk in ongoing protective family service cases. A regional Child Protection Consultant will facilitate training, at a date to be determined, related to managing risk and reassessing risk on ongoing protective family service cases.
  - c) The CSM review the requirements for all children and youth in care to have a current Plan of Care developed through a Plan of Care meeting which includes the significant people in the child or youth's life and that the Plans of Care be informed by available and accessible information including assessments. A regional Guardianship Consultant will facilitate Comprehensive Plans of Care training at a date to be determined.
4. The CSM will meet with both Team Leaders to develop a tracking system for Intakes

and children's Plans of Care.

Upon receipt of the final report, recommendations #1, 2 will be completed within 60 days.

Recommendation #4 will be completed within 90 days.

Recommendations #3 a, b, and c will be completed within 120 days.

The CSM will advise the regional Director of Child Welfare and the Regional Executive Director that the recommendations have been completed. The Director of Divisional Operations will be copied for tracking purposes.

Tammy Stublely  
Regional Auditor/Analyst

Robert Watts  
Director of Child Welfare

Date:

Date:



**Recommendations brought forward by Provincial Director**

Mark Sieben  
Provincial Director

Date:

APPENDIX 1: CHILD AND FAMILY SERVICES DATA SUMMARY

**CLOSED FAMILY SERVICE CASES**

	<b>CRITICAL MEASURES</b>	<b>C</b>	<b>PC</b>	<b>NC</b>	<b>NA</b>
<b>1</b>	Screening and Best Approach to Service Delivery <b>CFS Standard #1</b>	85%		15%	
	Number of cases rated: 33 of 33	28		5	
<b>2</b>	When a Child is at Immediate Risk of Harm <b>CFS Standard #11</b>	100%			
	Number of cases rated: 1 of 1	1			32
<b>3</b>	Assessing a Child Protection Report and Determining the Most Appropriate Response <b>CFS Standard #12</b>	94%		6%	
	Number of cases rated: 17 of 33	16		1	16
<b>4</b>	Family Development Response <b>CFS Standard #14</b>				
	Number of cases rated: 0 of 33				33
<b>5</b>	Determining a Time Frame to Begin an Investigation <b>CFS Standard #15</b>	62.5%		37.5%	
	Number of cases rated: 16 of 33	10		6	17
<b>6</b>	Conducting a Child Protection Investigation <b>CFS Standard #15</b>	62.5%		37.5%	
	Number of cases rated: 16 of 33	10		6	17
<b>7</b>	Seeing and Interviewing the Child and Family <b>CFS Standard #15</b>	75%		25%	
	Number of cases rated: 16 of 33	12		4	17
<b>8</b>	Concluding a Child Protection Investigation <b>CFS Standard #16</b>	81%		19%	
	Number of cases rated: 16 of 33	13		3	17
<b>9</b>	Concluding Investigation in a Timely Manner <b>CFS Standard #16</b>	20%		80%	
	Number of cases rated: 16 of 33	3		13	17
<b>10</b>	Developing and Implementing a Plan to Keep a Child Safe <b>CFS Standard #17</b>				
	Number of cases rated: 0 of 0				
<b>11</b>	Reassessing Plan to Keep a Child Safe and Ending Family Service Response <b>CFS Standard #17</b>				
	Number of cases rated: 0 of 33				
<b>12</b>	Notification of Fatalities, Critical Injuries and Serious Incidents <b>CFS Standard #24</b>				
	Number of cases rated: 0 of 33				
<b>13</b>	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	79%		21%	
	Number of cases rated: 33 of 33	26		7	

## **Director's Case Practice Audit – Fort St John Child & Family Services - QJH**

Reviewed by the Assistant Deputy Minister – the following recommendations are being added to this report.

1. Regarding recommendation 3(b), as developed by the Regional Director, the Community Services Manager to also review with the Team Leader and staff, practice standards related to conducting and concluding investigations.
2. Regarding recommendations 3(c), as developed by the Regional Director, the Community Services Manager to review with the Team Leader and staff, the requirement to inform a child in care of their rights and to document when this has been done.

To be completed within 120 days upon receipt of receiving the final report.

Mark Sieben  
A/Assistant Deputy Minister  
May 8, 2006