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Program Policy and Procedure Manual Manual 3

Introduction to manual

The purpose of this manual is to guide service provision for all programs. This manual includes yearly outcome reports and yearly work plans. This manual is used for day to day operations of the Centre, orientation of new employees and will be on our web site for use of others.

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Kitimat Child Development Centre	Policy #: 3.1 Subject: Request for Services/ Referral,
Section: Program Policies and Procedures	Subsection: Centre Service Standards
# of Pages: 1	Signature:
Effective Date: September 2003 Revised Date: July 2003 Revised June 2005	Replaces Policy: Section H: Department/Program File Documentation: Charting Standards

The Kitimat Child Development Centre has an open referral approach to the delivery of services. Referrals/Requests for Services are received from a variety of sources. For all services the family/client will need to be informed and consent to the referral for services prior to services being started.

Acceptance of a referral for services may be contract specific. Each program has defined acceptance criteria based on the type of program, the scope of program services and the resources available to provide services.

The Centre uses the weekly service planning meeting to co-ordinate services and to determine the services that can be offered to client.

Each program has defined intake to services criteria. These are outlined in our Centre brochures, our individual program policies and in our program contracts.

Kitimat Child Development Centre	Policy #: 3.2 Subject: Principles of Service Delivery and Service Delivery Philosophies.
Section: 3 Program Policies and Procedures	Subsection:
# of Pages: 1 of	Signature:
Effective Date: September 2003 Revised Date: July 2003 Revised August 2005	Replaces Policy: Family Centred Services Philosophy.

Principles of Service Delivery and Service Delivery Philosophies

Service Delivery philosophies and principles guide staff in their approach to service delivery.

We list the following definitions to help facilitate an understanding of the differing approaches to services that occur at the Centre. These statements guide our guide our service delivery decisions.

Our core service delivery model is “ family centered services” . Different ideas about family centered services have developed and it is important for all involved to understand what this means. This statement is developed to help us have some common understandings. Further guidance can be obtained from the CanChild web site and the 18 Fact Sheets produced by this centre.

All staff and clients of the centre are encouraged to share their individual understanding of our approaches to service delivery and to at any time raise thoughts or concerns that will assist in our goal of continual learning and improvements in our services.

A review of service approaches shows no model or philosophy of service delivery stands alone and philosophies often overlap. Philosophies of service delivery are often complementary but have differing emphasis on a value or belief.

For our manual we have included the following brief definitions.

Confidentiality, Our Code of Conduct, Family Centered Practice, Client Centered Practice, Integrated Service Delivery, Inclusion, Equity of Service Provision, Relationship–Focused Model, Child Centered Teaching Philosophy, Emergent Curriculum, Child Centred Approach and Team Approach.

Confidentiality is an extremely high value of the Centre and has a stand alone policy 3.6

Consent for Services 3.7 is also a stand alone policy and procedure.

Our Code of Conduct is operational policy 2.7.2. This code is also posted at the front entrance of our building.

Family Centered Service is a set of values, attitudes and approaches for children with special needs and their families. Family centered service recognizes that each family is unique, that the family is the constant in the child's life and that they are the experts on the child's abilities and needs. The family works with the service providers to make informed decisions about the services and supports the child and family receive. In family centered services the strengths and needs of all family members are considered. There is complete and unbiased information exchanged between families and professionals in a supportive manner at all times.

Guiding principles include:

1. Staff will recognize that the family as a system is the constant in a client's life.
2. Staff will respect the cultural and socio-economic diversity of families.
3. Staff will put into practice a collaborative team approach, identifying parents as partners.
4. Each family will have the opportunity to decide the level of involvement they wish in the decision making for their child.
5. All services provided will benefit the child within the family and strengthen the families/child's inclusion in the community
6. Families will have a process to evaluate the services they are receiving.
7. Each family and family members will be treated with respect as individuals.
8. Families will have the opportunity to maximize their decision making and competencies.

Procedures:

1. Staff will approach each family on the families own terms with no judgments or preconceptions and enabling each family to define its own requirements for service.
2. Staff will share with families, on a continuing basis and in a supportive manner, complete and unbiased information.
3. Staff will respect family choice to prioritize services, goals and strategies used in intervention or treatment services provided by the Centre.

4. An opportunity for evaluation of services will be provided to families in all programs. See policy 3.3 and 3.16 regarding evaluation procedures and client discharge.

References

Informed Consent policy 3.8

Kwok, A., & Robinson, E. (1999) Partnerships in Family Support/ Family Centred Practice Ministry of Children and Family Development. Victoria, BC

Greey, M. (2002). Honouring Diversity: A Cross-Cultural Approach to Infant Development for Babies with Special Needs. Toronto: Centennial Infant and Child Care Centre.

Dunst, C.J., Trivette, C.M. & Deal, A.G. (Eds.) (2002) Supporting and Strengthening Families: Methods, Strategies and *Practices*. Cambridge, MA: Brookline Books.

CanChild Fact Sheets 1-18 Law, M, Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning-Skut, t., Ketoy, M., Pollock, N., Viscardis, L., & Teplicky, R., 2003

KCDC Resource Files.

Client Centered Service Philosophy: Within the Centre we view clients as unique individuals. We recognize that clients contribute in what ever capacity they are able. Clients are provided with the information required to make their own informed consent to services.

Individualized Service Delivery is defined as services provided are responsive to individual needs. Respect is given to individual values, beliefs, coping styles, strengths, ethnicity, and cultural diversity.

Integrated Service Delivery

Integrated delivery of services is the process that delivers a wide range of educational, health and social services in a coordinated way to improve outcomes for clients. Characteristics of integration include joint planning, decision making, information systems, screening, referral, care planning, purchasing, training and evaluation. It involves the use of common procedures and practices so that clients do not have to repeat intake and consent procedures. The Centre is integrated in that our services are often co-located and resources are shared

between different service providers. We also have a common data base, chart room and policies under which we provide our services.

Reference: Shirley Meaning, Integrated Service Delivery for Children, Youth and Their Families: A literature Review prepared for the Ministry of Children and Family Development. Special Needs Branch.

Relationship-Focussed Model of Service Delivery . Also called Collaborative multi- disciplinary approach to services.

The relationship focused model of service delivery argues in favor of fostering and integrating parent, client and caregiver relationships as being important for effective intervention to occur.

Collaborative multi disciplinary or inter disciplinary approaches is based on partnerships which include the client and/or family in a relationship that is characterized by honesty, trust, respect, reciprocity and open communication.

Emergent Curriculum:

Emergent curriculum focuses on the needs and interest of children. It is one that literally emerges from the children themselves and is supported by teachers. The topics are captured from the talk of children's interests, enthusiasms and questions that children bring to the classroom. The teacher works together with parents and other community supports to develop a curriculum emergent from the children's needs.

Child Focused Preschool Approach:

The child focused preschool approach states, "children's learning needs are best fulfilled by allowing each child to pursue his or her unique interests through play. What the child wants is what the child needs. "(Grossen, 1998 cited in Williams, n.d.) In the child centered education system, the teacher facilitates learning by emphasizing child choice of activity. This methodology is not new and also

known as progressive education, open education or developmentally appropriate practices (DAP) in different regions of the world.

Grossen, B. (1998). Child directed teaching method. Cited in Williams, B. (n.d.) *Child-centered and child-led education*. Retrieved from <http://www.oakmeadow.com/reesources/articles/center.htm> on July 12, 2005

Team Approach

The concept of a team approach is the way we want to work together to accomplish the services we provide. Clients are seen as team members and the team around a client is determined on client need and choice. The staff at the Centre work together and are committed to the common code of conduct and mission statement of the Centre. Each and every staff member is bound by our code of confidentiality and conduct. This is very important because we do have an integrated client record system and chart storage room and shared office spaces.

“Key Worker” Model of Service Delivery

Kitimat Child Development Centre	Policy #: 3.3. Subject: Requests for Services/Referral, Intake, Wait listing and Discharge.
Section: Program Policies and Procedures	Subsection: Centre Service Standards
# of Pages: 3	Signature:
Effective Date: September 2003 Revised Date: July 2003 Revised August 2005	Replaces Policy: Section H:Department/Program File Documentation: Charting Standards. new August 2003

Policy Statements

- Referrals, intakes, wait listing and discharges are done in as timely a fashion as possible given staff resources.
- Referrals, intakes, wait listing and discharges are done using a Family Centered service approach. (see policy on service 3.2 on service delivery approaches.)
- Client and/or family/guardians are fully informed about the referral, intake, waitlist and discharge policies and procedures.
- Discharge of files is completed according to legal standards for medical/educational records.
- Referral, Intake, Wait listing and Discharge Policy and Procedures will be used as appropriate depending on contract requirements and guidelines.
- Service Delivery will be guided by contract deliverables.

Reason for Policy

To ensure consistent, appropriate and timely services for KCDC clientele.

Procedures

- All relevant policies are adhered to, including KCDC Code of Conduct and philosophy statements. A Family Centred Practice approach being core to our philosophy of service delivery. KCDC has an open request for services/referral policy. For example requests may come from childcare organizations, physicians, public health, social workers and self-family

Referral for Services Policy

New and Re-referrals

1. Referrals to programs/services are received via: mail, phone, fax or in person.
2. Information may be on the KCDC Referral for Services Form or other appropriate forms from referring agency.
3. Referral is stamped with the date received at the KCDC and distributed to the appropriate program.
4. For the Early Intervention Program, Infant Development Program, Supported Child Development Program and on staff choice for other programs the name of the client is recorded on the Family Service Planning meeting agenda for the following week.
5. Referrals are brought to the weekly FSP meeting where the team decides on appropriateness of referral, who will do the intake and if more information is required. See Policy and Procedures of FSP meeting. Policy 3.4

Interdepartment Referral

Duties of staff referring client to other KCDC services:

- completes a Request for Services Form.
- Enters the referral information into CIMS
- If appropriate to discuss at the FSP meeting writes the name of the referred client on the FSP Meeting Agenda for discussion the next week.
- Make a photocopy of the referral and place this in the appropriate staff member's mailbox.

Referrals of Persons who are Ineligible for Services

- Programs are encouraged to use the FSP meeting to determine access for services for clients.
- When referrals are discussed at Family Service Planning Meeting a staff will be assigned responsibility for contacting the family and referral source to provide reasons for being ineligible for services.
- All attempts will be made to provide suggestions for other services if the team determines the person referred is ineligible for services
- Written record of discussion and details of recommendations will be sent to both the person referred and the referral source

Procedure for notifying client/family of ineligible for services.

Procedure for Discharging a client on completion of services or change in eligibility occurs.

If a referral is received for services and the team determines services are not appropriate or available at the CDC the following steps will be done:

1. The client being referred will be informed and if possible other possible sources of assistance will be suggested and
2. The referral source will be informed.

It is the responsibility of the staff member to whom the referral was directed to inform the client and the referral source. For the Early Intervention team this responsibility may be delegated to the Family Support Worker.

Client Discharge

Each program may have their own specific discharge from services reporting responsibilities. For example: completion of discharge report to be submitted to the funding agency if required by contracts. (e.g. CYC contracts).

It is important that the client receive clear correct information. Thus it is our policy to have the direct care provider be the team member who informs the client of service changes or discontinuing of services. The informing of a client may be delegated to the Program Manager, the Executive Director or another team member only on consent of the direct care provider. The reason for this policy is to have clear information being given to our clients.

When a client is discharged from a program it is the staff member's responsibility to ask the client to complete an exit survey. Program managers may choose to use may use a program specific exit satisfaction tool or the Exit Survey tool incorporated in our statistical program. The advantage of the CIMS tool is the report that summarizes the results is programmed into the tool. The Centre has agreed in 2005 to use the E-POC standardized service evaluation tool. Other CDC's in the Province will also be using this tool. For more details see our quality assurance plan.

It is the staff members responsibility to inform the FSP team members of clients being discharged.

For **total discharges** from our data base (CIMS) it is the responsibility of the staff doing a discharge to review the CIMS data base and if no other services are being offered then a total discharge is to be entered into our

data base. (note: by the end of 2004 all CDC programs will be incorporated into our CIMS data base).

Removal of files from active into our discharged file area is done on a yearly basis using the total discharge data file off of CIMS. Files are then kept per legal requirements outlined in our operations policies and procedures.

Intake

Staff member duties:

1. Contacts the referred client to schedule the intake visit within a time limit set by program guidelines. The Centre strives for an intake consultation to occur within two (2) weeks of receipt of referral.
2. Sets up a Main Client File according to policy.
3. Conducts the intake interview and completes the Intake Checklist, having it signed on completion by both staff and client/family and/or guardian. Intake checklists may be program specific.
4. Completes client tracking procedure.

N.B. On initial visit all clients/families are given a KCDC handbook and/or the program specific brochure.

Casual Client Intake

Casual clients are clients who receive some service from staff but are not admitted to the CDC caseload. When possible, basic information is taken on casual contacts in case they are required to be admitted to a CDC program at a later date (example: a casual contact is made to staff regarding a two year old with temper tantrums and when the child is three, the family refers him/her for behavior intervention, the information from the first contact could be useful as history to the official referral).

Staff responsibilities:

- Complete the Casual Contact Summary Report Form. Information that may be obtained includes the child's full name, PHN number, date of birth, address, phone number, and what department is contacted
- Place in Casual Contact Summary Report binder in main chart room.
- Reach for a Sunbeam program reports are kept in a confidential program file.
- These are archived according to KCDC P&P.

Waitlisting of Clients After Intake is Completed

Staff of the program the client has been referred to places the client's name on the waitlist.

The Centre Wait listing guidelines for all programs are as follows:

1. Client's name is placed on the waitlist in chronological order, based on date of referral. Client is informed of the length of time expected before services will start.
2. Short consultations may be offered before services are available.
3. Specific programs may have more detailed waitlist policies.

Referral and Intake Interview Checklists

Referral and Intake Checklists may be program specific.

Reason for checklist

- The intake checklist is a tool developed to assist in ensuring our standards for client intake are followed. Information required on all program intake checklists includes: client identification, referral source,
- The intake checklist assists in identifying needs, relevant medical, social and psychological history, previous or current services and supports, environmental needs including cultural, language (interpretor, Braille or other, technology and social and the identification of any safety risks.
- Appendices:
 - Request for services/referral form,
 - Service summary form
 - Intake checklist
 - Casual contact form

Kitimat Child Development Centre	Policy #: 3.4 Subject: Where and when services are provided.
Section: Program Policies and Procedures	Subsection:
# of Pages: 2	Signature:
Effective Date: September 2003 Revised Date: July 2003	Replaces Policy: new August 2003

Where and When Services are Provided?

Policy Statement

The KCDC will implement services in the setting of client choice as long as criteria of safety, availability and effectiveness of service can be met.

Reason for Policy

- To enable client choice.

Procedures

Initiation of Services

1. When services are available and/or the child's name is at the top of the waitlist, the staff member contacts the client and/or family/guardian to discuss current needs.
2. Appropriate requested services are initiated by staff member.

Location of Services

1. Services are provided as appropriate and/or requested by client/family/guardian and as staff resources are available.
2. Locations may include:
 - a) Community recreation facilities
 - b) Community child care settings
 - c) KCDC premises including KCDC child care settings or programs housed at the KCDC
 - d) Community agencies
 - e) Homes
 - f) Schools

Kitimat Child Development Centre	Policy # 3.5 Subject: Weekly Service Planning Meeting
Section: Program Policies and Procedures	Subsection:
# of Pages: 2	Signature:
Effective Date: September 2003 Revised Date: July 2003	Replaces Policy:

Types of Services

1. All services are delivered following professional guidelines and KCDC Policy and Procedures.
2. Types of services may include:
 - Screening, Assessment, Intervention, Treatment and Consultations including Team Meetings

Regulated Professional Staff include Physiotherapy, Occupational Therapy, Social Work and Speech Language Pathologists. All staff with professional regulation have a copy of their regulatory act, bylaws and standards within their offices.

Conceptually the Centre provides services based on a continuum of activities from screening to assessment (formal and informal) to planning to interventions. Currently (2005) the Ministry of Children and Family Development is reviewing the collection of case load data and the definitions for screening, assessment, diagnosis, intervention etc.

Weekly Service Planning Meetings. (SP)

Policy Statement

The KCDC team will meet weekly at a SP (service planning) meeting. All programs may use this meeting to ensure co-ordination of services, team collaboration and problem solving, program to program communications and sharing of resources. The early intervention, supported child care, infant development and child and youth care contract administrators/staff use this meeting regularly. Other programs/contract managers do so on a need basis. This is a client related meeting and not a centre administration meeting.

Reason for Policy

- The purpose of the meeting is to provide effective services for all clients referred to Centre services by ensuring program to program communications occur. Our goal is to have integrated complementary services being offered to clients.

References

Service Planning Agenda

Centre for Ability Policy and Procedure Manual 2003

Proceedures

- The Service Planning Meeting is chaired by the Family Support Worker. In his/her absence a substitute chair is appointed.
- Meetings are scheduled on a weekly regular basis for one hour.
- The agenda is prepared and posted beside the Family Support Worker workspace.
- If staff enter a client to be discussed it is the staff responsibility to come to the meeting with the client chart and record the discussion in the client's chart.

Meeting Functions

- **Weekly Caseload Management**

- **Referrals, Intakes, Waitlist, Discharges:**

At the weekly Family Service Plan meetings, all program changes that have occurred since the last caseload meeting will be discussed with the staff (referrals, intakes, consultations received, waitlists, discharges, casual contacts, client demographic changes, etc.). When a staff member is not able to attend this meeting, he/she needs to review the changes on the SP minutes kept in the Family Support Worker office.

- **Scheduling of Consultants**

The SP meeting agenda will include times to discuss scheduling of visiting consultants such as the Sunnyhill outreach psychologist. If the SP meeting does not have enough time to cover this at the SP meeting then other meeting times will be set.

- **Program Updates**

Programs can place on the agenda a request for time to share with team members program changes. This is done on a time available basis. This is not an administrative meeting for non-client related issues.

- **Ordering Equipment and letters Supporting Equipment Purchase**

A requests for specialized equipment purchase or staff letters authorizing purchase or recommending purchase will be added to the SP agenda so a staff meeting can be held immediately after the SP meeting. See purchasing policy.

Appendix: Agenda template.

Kitimat Child Development Centre	Policy #: 3.6 Subject: Confidentiality
Section: Program Policies and Procedures	Subsection:
# of Pages: 2	Signature:
Effective Date: September 2003 Revised Date: July 2003 Reviewed August 2005	Replaces Policy:

Policy Statement

1. All staff, service provider, students and volunteers sign a confidentiality agreement when entering service at the Centre.
2. Any information about clients and families is confidential, including the fact that the client is seen at the Centre.
3. All Kitimat Child Development Centre Staff keep confidential information related to
 - a. Clients and family members
 - b. Centre personnel and volunteers
 - c. The financial status of the Centre
 - d. Any legal proceedings in which the Centre is involved, or
 - e. Any other matter that is designated confidential by the Centre.
4. Client records are only accessed by staff directly or indirectly involved with the client. The client chart room is accessible only to staff and is locked when staff are not present to supervise that confidentiality can be maintained.
5. The obligation to maintain confidentiality continues indefinitely after the staff has ceased contact with clients/persons served.
6. Staff will avoid unnecessary conversation regarding clients and their affairs, as matters overheard by persons without an official need to know may prove to be detrimental to the overall well being of those served.
7. The Freedom of Information and Protection of Privacy Act. Sets the legal framework for release of client information. Client information is only released with consent except when legally required to. See the reference section of this manual for an appendix of information on determining release of information and on informed consent.
8. Clients or legal guardians can view the client records in the presence of the Executive Director, contract manager or staff designate. See procedure regarding viewing of client records.
9. Confidentiality is not an absolute obligation. There are occasions when confidential information must be released. (e.g. when there is

a legal obligation to do so, or there is a risk of significant harm to the client or others.) In these cases legislation in British Columbia overrides an individual's right to confidentiality and requires, in certain situations, for Centre staff to disclose information to authorities. See reference section of this manual and information on the legal duty to report.

10. Client's names will not be released for fund raising or publicity needs of the Centre without consent of the individual and/or parent/guardian.

Reason for Policy.

Confidentiality is an integral part of our client/family/staff relationship.

The Kitimat Child Development Centre respects clients and families right to privacy and releases all information consistent with the Freedom of Information and Protection of Privacy Act and the B.C. Child, Family and Community Services Act.

To ensure the client for legal guardian has access to the medical record.

References

- Freedom of Information and Protection of Privacy Act
- Operations Policies: Media Relations
- Centre for Ability Policy and Procedure Manual 2003
- Grey Areas Freedom of Information bulletin.

Appendices:

Consent to Release and Obtain Information Forms
Staff confidentiality agreement
Student confidentiality agreement
Volunteer confidentiality agreement
Request to view File Form.

Kitimat Child Development Centre	Policy #: 3.7 Subject: Informed Consent and Informed Refusal
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 3	Signature:
Effective Date: September 2003 Revised Date: July 2003	Replaces Policy: Section H: Department/Program File Documentation; Charting Standards

Policy Statements:

1. Consent to services must be obtained from parents/guardians for each client prior to the initiation of services, and when guardianship is changed. For clients being transported by staff a transportation consent form must also be completed.

2. Staff may provide intervention to a client without the parent/guardian consent if acute medical intervention is required. Age of consent for acute medical is 14 years of age. See advisory statement on informed consent attached to this policy.

3. For mental health services age of consent is 12 years of age. See program policies and procedures.

4. Families/guardians must be given full and unbiased information by KCDC staff so that they can make informed decisions about the care of their child.

5. Staff must ensure that families/guardians have full and unbiased information prior to deciding to refuse services or recommendations for their child.

6. Staff must document all refusals of intervention and/or services.

Reason for Policy:

Every client, family/guardian has the right to:

- Give or refuse consent
- Select a particular form of available intervention
- Revoke consent
- Expect that the decision to give, refuse or revoke consent will be respected.
- Be involved to the greatest degree possible in all services, including assessment and intervention planning and decision making.

References:

- Policy # 3.2 Family Centred Practice
- Policy # 3.7 Consent to Services and Consent for Obtaining and Release of Information Forms
- Centre for Ability Policy and Procedure Manual 2003.
- CPTBC Clinical Practice Statement #4 Consent to Treatment

Appendices:

- Consent To Services Form

Advisory Statement

Informed consent is a legal concept that has been developed by the courts over a number of years and continues to evolve for all service providers. There is now a better understanding of how the care provider should collaborate (work together) with the client in the decision making. The doctrine of informed consent may have been derived from the Nuremberg Code (1947), which required that Doctors obtain voluntary consent of the subject prior to conducting research, and or, treatment.

Informed consent requires that the consumer is provided with all the relevant information prior to providing consent. The four elements that must be provided are: the nature of the treatment or procedure, the risks, the benefits, and the alternatives.

An analysis of informed consent identifies important limitations and problems in the application of informed consent for children and youth services. The concept of parental permission and client assent are important to consider. In other words when it is developmentally appropriate and the child/youth has adequate decision making capacity the client should be asked to agree to the service (s). This step respects the individual as they develop and become responsible for decisions affecting themselves.

Parent/Guardian consent is based on making decisions that are in the "best interest of the child/youth." The exception to when parent/guardian consent is not respected is in situations where child abuse or neglect is possibly occurring. Child abuse and neglect protective responsibilities and procedures that are legally binding for all are included in our health and safety policy and procedure manual.

Verbal consent might be appropriate for certain populations including the non-literate. Verbal consent means the prospective consenter is read a verbal version of the consent. Since the presentation is verbal, the script can be somewhat reduced, but must include the required elements of consent.

Procedures:

A) Consent to Services

1. A Consent to Services Form must be signed by the client's parent/guardian prior to the initiation of services. It must subsequently be reviewed and re-signed when guardianship for the child is changed.
2. Families/guardians must be given full and unbiased information by KCDC staff so they can make an informed decision prior to signing the Consent to Services Form (i.e. the nature, purpose and risks of intervention, and other possible or alternative interventions and the consequences of refusing intervention.)
3. Families/guardians will be asked if they have any additional or special instructions they wish to have followed.
4. Staff should update consent and may do this with a verbal consent from families/guardians in the following circumstances:
 - Significant change in the intervention plan
 - Provision of therapeutic equipment, orthotics and casting
 - In-house referral for other services

- Referrals to other agencies/health care professionals to assist in meeting the needs of the child/family.
5. Updated verbal consents should be documented in the client main file with indications that the family has had the recommendations fully explained to them in an unbiased manner.
 6. When seeking consent regarding intervention staff should arrange for proper interpretation for families who have limited functional English. To attain a qualified interpreter our procedure is to use a Centre staff member or to contact our regional health authority for their recommended available interpreters. In some circumstances and in some testing protocols it is recommended that family members not be used as interpreters.
 7. Parents/guardians on their request can be given a copy of the original signed consent form to keep for their own records.

B) Informed Refusal

1. Staff need to ensure that families/guardians have full and unbiased information prior to deciding to refuse services or recommendations for their child.
2. Staff must document all refusals of interventions and/or services, along with the communication about the risks and possible adverse consequences of the family/guardian's decision to refuse intervention.
3. Staff should consider putting this information in writing for the family/guardian (i.e. on a triplicate note).

Procedures

Consent to Obtain/Release Information

1. All staff, service providers, students and volunteers will be asked to sign a pledge of confidentiality upon starting work. The document is filed in the employee's personnel file, student and volunteer consents are filed in the student volunteer file. All files are kept in the locked personnel filing cabinet in the Executive Director's office.
2. All new clients are required to sign consent/release forms at the initial visit, and on an annual basis following the initial visit. Any amendments to the initial consent/release forms must be signed and dated.
3. When contacted and asked to provide confidential information, staff state that they are only authorized to release information to individuals identified on the consent forms.
4. All employees refer requests for confidential information to their department manager or the Executive Director for anything not specifically identified on the consent form.
5. Staff only release internal documentation. Documentation and information from a third party is not released (the individual requesting information is referred to the source.)
6. Verbal consents for release of information should only be accepted under exceptional circumstances. To accept verbal consent staff must verify the identity of who is giving the verbal consent and then document the consent in the client chart. Written consent for release of information should be obtained as soon as possible.

7. Staff do not release information to the media. All requests for media information go to the Executive Director or designate.
8. Where an adult client has a Committee, staff release information to the Committee. See information regarding Plan and other legal methods of adult clients having a committee responsible for decision making for a client kept in the family resource worker files.
9. If custody or guardianship changes, new consent forms must be completed. Staff should ensure families are aware of this, especially on discharge from services.

Kitimat Child Development Centre	Policy #: 3.8 Subject: Consent Forms
Section: Program Policies and Procedures	Subsection: Program/Department Standards
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Effective Date: September 2003 Revised Date: July 2003	Replaces Policy: Section H: Department/Program File Documentation; Charting Standards

Policy Statements:

A Consent for Services and a Consent to Release and Obtain Confidential Information form must be completed prior to or at the first visit by a KCDC staff member.

1. Every Consent for Services and Consent to Release and Obtain Confidential Information form must be an original, and must be signed, dated and witnessed.
2. All Consent for Services and Consents to Release and Obtain Confidential Information will be valid for up to one year unless otherwise noted on the form.
3. Consent is invalid once a client is totally discharged from KCDC services.
4. All revisions to Consent for Services and Consent to Release and Obtain Confidential Information must be clearly indicated, signed, dated and witnessed.
5. For clients seen in the schools consent is obtained through the referring Principal and updated on a regular basis for long term clients.

Reason for Policy:

- To comply with the Freedom of Information and Protection of Privacy Act.

Procedures:

1. Any changes to consent forms must be carried out in one of the following way:
 - Parent or legal guardian adds or deletes name(s) from the original consent form. Parent/guardian and witness initial and date the changes.

OR

- If the current, valid Consent to Release and Obtain Confidential Information form has no more room for additions, use a new Consent to Release and Obtain Confidential Information form, following policies as above.
2. Invalid consent forms (over the year limit) should be stamped void. They remain on the main file.
3. A copy of any consent forms from or prepared for external agencies (e.g. Sunny Hill Health Centre) should be kept in the main client file.
4. If families/guardians refuse to allow consent to release/obtain information to another health professional associated their child's care, staff must communicate the risks and possible adverse consequences of this decision to the family/guardian. This refusal should then be documented in the Client File.

Appendix

Consent for Services Form

3.7 Consent to Release and Obtain Confidential Information

Kitimat Child Development Centre	Policy #: 3.9 Subject: Client Documentation and Database Requirements
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 2	Signature:
Effective Date: September 2003 Revised Date: July 2003 Reviewed August 2005	Replaces Policy: Section H: Department/Program File Documentation; Charting Standards

Policy Statements

1. All clients receiving services will have client demographics recorded in the Centre's confidential data base.
2. The Centre will only record relevant and needed client information on our CIMS database program.
3. This data will be used for service planning and tracking of clients.
4. Centre confidentiality policies apply to the use of the data.
5. Only necessary data for quality client care will be collected.

Reason for Policy

To ensure appropriate client tracking, planning and provision of services.

References

- Policy # 3.9 Management of Client Files
- Policy # 3.12 Department/Program File Documentation
- CIMS procedure manual
- Policy #3.9 Family Service Planning Meeting
- Centre for Ability Policy and Procedure Manual Policy 2003

Procedures:

Client Tracking **Intake of Clients**

Up until the summer of 2004 a Blue Record Book was kept as a hardcopy of new and re-referrals to the Centre. This data base for assigning client file numbers is now on computer in the chart room.

- Assigns a KCDC File Number in numerical order following the last client referred.

- Enter client onto our CIMS program according to the Cims Staff Handbook. This handbook is filed in the chart room and is on shared documents on our computers.
- Main Client File forms are completed including noting in progress notes the intake.
- If referred to the early intervention program, supported child care, infant development and/or child and youth programs staff enters the client name on the next week's Service Plan meeting (SP) meeting agenda. Refer to Service Planning meeting policy # 3.6
- At the SP meeting it is determined who will complete the intake of the client. For children under three intake is usually done by the Infant Development staff and over three the Family Support Worker. The team can determine if another staff should be doing the intake.
- Other programs/contracts for services will complete their own intake procedures and enter their own clients. i.e school age referrals are done by the physiotherapy or occupational therapists.

Intake Procedure

1. Check on CIMS to see if the referred client has previously received any KCDC services.
2. If it is a new client to the Centre, a KCDC Main Client File number is given to the client in numerical order following the last client referred.
3. If it is a re-referred client, the client is given the original Main Client File number that was assigned

Procedure: Tracking of File Number- Client Name Developed June 24 2004

The process of tracking and storing File Numbers referenced with Client Name has been replaced with an online process of data storage. Previously, the process involved recording file number and client name in a book reserved for this purpose. This process has been reviewed and replaced with online entry and storage for the purpose of sorting records for faster and easier entry and reference, and therefore more efficient use.

Tracking Process

This process requires the following be met:

- All new clients to the Centre will have both file number and client name stored within the listing file,
- All data will be entered into the online file within a timely matter,
- Existing data will not be manipulated without approval from Supervisor unless changing client status of one's own client, and
- Annual review of client and status will be scheduled and implemented so as to ensure recorded status of clients remains accurate.

Online File

- The online file "File Number – Client Name Listing.xls" will be used for this Tracking purpose;
- The file will be stored on the central chart room computer, until future server is in place at which time it will be transferred to the server;
- A hard copy backup will be printed and filed every six months.

Procedure

Data Entry

- Enter the appropriate data on the next available row in spreadsheet
- Save spreadsheet

Data Manipulation

- Editing existing data requires approval from Program Manager beforehand.
- If only changing status of one's own client, then no approval is needed
- Edit the client's status
- Save spreadsheet

Data Reference/Retrieval

- Data will be retrieved from the online file, rather than the hard copy as the online file will be considered up to date.
- To look up data, on any individual file or client, data may be sorted for relevancy (ie. sorted by last name, sorted by file number, etc). This will provide an easy and fast way of finding a record in the listing.

- In a reference or retrieval, spreadsheet should never be saved as it is assumed that no data has been modified.

File Backup

- Backup of the online file will be automatic and require no user intervention unless backup fails
- Backup will be scheduled, tested, and set by IT Personnel
- A printed hard copy will be filed in Client Records Cabinet, and replaced with updated copy every six months.

Procedure for Discharging Clients from Services

Staff responsibilities:

- Discharge on CIMS
- Complete the Discharge Summary Report Form and place in Main Client File
- Complete entries in the Progress Notes, SP Meeting Agenda (if relevant), and prints the updated service summary form from the CIMS data base.
- Letter to family re: discharge and service survey form sent.

Procedure for total discharging Clients from KCDC (Total Discharge)

When clients are totally discharged from the Centre caseload:

- Procedure for discharging clients from services is followed, then
- The Main Client File is placed in the discharge file cabinet in the main file room. Discharged files are archived once yearly by KCDC client file number and stored in the fireproof, locked chart room lower floor of the Centre.
- If appropriate Service Evaluation forms and letter confirming discharge is sent to the client/family.

Kitimat Child Development Centre	Policy #: 3.10 Subject: Management of Client Files
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 4	Signature:
Effective Date: September 2003 Revised Date: July 2003 Reviewed August 2005	Replaces Policy: Section H: Department/Program File Documentation; Charting Standards

Policy Statements:

1. Files are kept on all clients.
2. All client files are archived for children seven (7) years past the age of majority and for adults seven (7) years after discharge. (currently (2005) no files have been destroyed.)

Main Client Files

1. All main client files are kept in the main chart room. Exceptions to this policy are: 1) Youth Mental Health - Reach for a Sunbeam Program. These files are locked in the filing cabinet in the Reach for a Sunbeam Program office. 2] Community Link Program files will be securely kept in the schools. At discharge the file is then stored at the Centre in the vault.
2. To remove a main client file from the KCDC premises the sign out and security procedures must be followed. See Policy 3.14
3. Videotapes are part of the main client file. Videotapes are stored in the locked chart room.

Department/Program Files

1. Team members of a program may have a department or program file on active clients. The existence of this file must be charted on the main client file.
2. Upon discharge of a client or discharge from a program the department/program file is transferred to the main client file. Contract managers are responsible for ensuring that all

department/program files are with the main client file before it is placed in archives.

3. Department/program files are legal documents that can be subpoenaed.
4. Department/program files may be removed from the KCDC premises.

Reason for Policy:

To provide client confidentiality and security of client information and appropriate documentation of client, KCDC and community interactions.

To ensure security and confidentiality of client information.

References:

- Freedom of Information and Protection of Privacy Act
 - Professional Practice Documentation Standards.
 - Centre for Ability Policy and Procedure Manual 2003
 -
- Policy # 3.14 : Storage and Handling of Client Files
- # 3.5: Confidentiality Policy
 - o Email and electronic communications policy Operations Policy and
 - o Procedures Manual #
 - # 3.11: Timelines and Authorization for Main Client File Documentation
 - # 3.12: Department/Program File Documentation
 - # 3.10: KCDC Documentation and Client File Guidelines

Procedures:

Contents of Main Client Files

1. Main client files may include the following:
 - All reports produced by KCDC staff and external professionals
 - Copies of all correspondence and a record of all outgoing correspondence
 - Signed consent forms
 - CIMS cover sheet and other CIMS forms as appropriate
 - Consult reports from outside agencies. Progress notes

- Case review notes
- Copies of Department/Program reports,
- Copies of Team meeting minute and reports.
- Intervention recommendations
- Assessment protocols and forms
- Records of phone conversations and emails. Client and family faxes and emails are printed and kept in the client record.

Contents of Department/Program Files

1. Department/Program files may include the following:
 - CIMS cover sheet
 - Copies of signed consent forms
 - Progress notes
 - Case review notes
 - Copies of Department/Program reports,
 - Copies of Team meeting reports, Team reports
 - Intervention recommendations
 - Assessment protocols and forms
 - Records of phone conversations and emails
 - Copies of correspondence

2. Client and/or family emails relevant to the client's treatment are to be printed and kept on the client record.

Videotape Recordings

1. Video tape recordings are not to be erased.

2. Videotapes are labeled with the client's name and file number and stored in the Chart Room.

3. Videotapes used for adult training sessions (e.g. interviewing skills, workshop training) are not part of the client file and may be taped over or erased.

Signing Out Client Files

1. To sign out a client file, the staff member signs and dates the "OUT" card in the red chart divider and then leaves the red divider in place of the file.

2. When the file is returned, the staff members places the file back in the file drawer, removed the "OUT" card and crosses off her/his name.

Procedure for Closure of Client Files

1. Staff return Department/Program files to main client file.
2. Prior to closing a file, it is the responsibility of the staff member to:
 - Ensure all Department/Program files are placed in the main client file
 - All appropriate documentation including our client information database is completed and on file
3. After file is closed, the file is kept in the discharge file cabinet in the Chart Room for six (6) months. Filing is by KCDC client file number and year of closure..
4. After one (1) year, the closed client file is placed in the archives.

Security of Client Files

1. The Chart Room is locked after hours.
2. Department/program files are put away after hours in a secure locked location.
3. Staff entering the Chart Room after hours are responsible to ensure it is locked when they are finished. Main client files for the Reach for a Sunbeam Program are locked in the filing cabinet in the Reach for a Sunbeam Program office.
4. Archived files are kept in the locked, fire proof vault located on the lower floor of the Centre.
5. Client specific documentation on computers should be stored in appropriate folders (not on your desk top).

Kitimat Child Development Centre	Policy #: 3.11 Subject: KCDC Documentation and Client File Guidelines
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 4	Signature:
Effective Date: September 2003 Revised Date: July 2003 Revised August 2005	Replaces Policy: Section H: Department/Program File Documentation; Charting Standards

Policy Statements:

Documentation is any written or electronically generated information about a client that describes the care or services provided to a client. A client can be an individual, family or groups using KCDC services. Accurate and complete records of services provided will be kept for all CDC services.

Reason for Policy:

- The main file and department/program files are part of the medical/educational/legal record of each client.
- To ensure consistent, appropriate documentation of the client, Child Development Centre and community interactions are recorded (i.e., therapy sessions, community outings).
- To standardize management of client files.

Each client admitted to services from the KCDC will receive a client number.

Procedure : Numbering of Main Client Files

Client files are numbered in order of date of first referral.
Number is obtained from the client number data base on the chart room computer.

Establishing a Main Client File

1. CDC client files are tabbed green files that ensure no papers will fall from the folders. For large files a brown accordion file can also be used as a second file.

2. All pages in the client chart will be labeled with client name, date of birth, file number and date of referral. This is done using client labels which are kept on the front of the Service Summary section.

Each chart will be divided into six sections.

Front of File Service Summary
Personal Data
Service Planning
Assessments and Consults
Correspondence
Progress Notes

Each Section is labeled with a laminated header.

Content of Main Client Chart Sections.

1. Front of file: **Service summary**

- If a client has an allergy, a red sticker is placed next to the client's name on the tab of each of the client's file folders (some clients have two or three folders) and the allergy (ies) is (are) clearly noted on the Service Summary form.
- Service Summary (all clients)
- Check List (for staff wishing to use)
- Admission Letter (for staff wishing to use)

2. Personal Data Section

Includes

- Personal data form
- Change to Personal Data Form
- Consents- updated yearly
- Confidentiality Statement
- History
- Request for Service
- Intake checklist.

3. Service Planning.

- Contains pre-team meeting notes
- Individual/family service plans (see definition of individual service plans)
- Intervention plans.

4. Assessments and Consults.

Includes:

- Therapist reports
- Audiology reports
- Psycho-ed reports
- Letters from pediatricians, family physicians
- Formal reports from medical staff
- Program reports (IDP, SCC, CYC)

5. Correspondence (all clients) this section includes all ingoing and outgoing correspondence including parent/guardian correspondence (emails and faxes), legal correspondence, and funding correspondence. Cover sheet of fax is included in correspondence section and must indicate what reports were faxed.

Includes

- Emails with parents, service providers
- Faxes
- Letters to and from parents
- External referrals
- Supported child care referrals
- Inter-departmental recommendations.

6. Progress Notes (all clients). This section includes team notes. Progress notes are used by all services being provided to a client. Progress notes must indicate if there is a program specific working file. Team notes can include progress reports, intervention plans completed by a Centre team or for use by a Centre team. Notes must be in

- Chronological order and
- Multiple page reports must be numbered.

Procedure for receipt of Consult reports

When consult reports arrive from an outside agency (i.e., Sunny Hill Psychology Assessments), an administrator opens the mail, dates the receipt of it, notes receipt of report on the FSP agenda and then places the report in the FSW mail box. The FSW records on the Correspondence Received Form/list at the front of the FSP meeting binder, places consult report in the Main Client File and charts in the Progress Notes. It is staff members' responsibility to review the consult report as required for service delivery-

Client labels are kept at the front of the file with the service summary.
Incident Reports

Incident Reports.

The completion of an incident reports will be recorded in the client file. Service providers can determine if the incident report is to be sealed and only to be opened for appropriate reasons of client management. This decision to be done in consultation with a program manager, the Executive Director or on a legal request.

When the Main Client File outgrows one file folder

1. When a main client file becomes too large for the green folders a second brown accordion will be made up to include the service summary form and indexes of the past information that will be kept in this secondary file.

Filing of Main Client files

Once the client folder is set up client files are filed in alphabetical order of the client's last name in the chart filing cabinet. For easy identification of the chart the chart label is marked with the first three letters of the client's name.

Policy.

All information placed in a client file is filed sequentially by time of service. The most recent service being at the front of the chart section. All information filed on a client file must be dated. Documents may also be page numbered using the following standardized process.

Reason for Policy

To maintain accurate and up to date information on client files.

The Progress notes section of the chart will also be page numbered to ensure no documentation is missing. Pages will be numbered at the right hand bottom corner starting at the back and continuing to the front of the document.

- a. A progress note written on both sides of the sheet will be numbered with A at the front and B at the back (example 1A and 1B).
2. Documents of more than one page that are stapled together can be labeled as # doc. and the number of pages in the document.
Example Doc. 1. (6-pgs.).

3. Staff sign client 'team reports' only when they have provided specific input to the reports.
4. Staff sign the client's "Team Report" team reports, after ensuring that each section of the child's report has a clearly identified staff member(s) as source of the information
5. Clinical information written in the client's record is the professional responsibility of the staff who wrote it. No changes will be made to this information by other staff members or by parents if it contravenes the clinical judgment of the clinician.
6. Requests by parents for changes or additions are noted with an addendum written, signed, and dated by the parent, below the staff notes.

Guidelines for Documentation

To provide a complete record for communication and medical/educational/legal purposes, staff shall ensure that:

- Appropriate KCDC forms are used.
- The client's name and date of birth and/or identification number appears on each page.
- All reports are dated and reports of more than one page must have page numbers.
- All entries are legibly written and permanent (using ballpoint pen), or typewritten.
- All entries are dated and signed with name and title. Full signature must occur at initial documentation. After which, if handwriting is identifiable initialing or short signature is acceptable.
- Only abbreviations, symbols and terminology recognized by professional peers are used.
- In the progress notes there can be no unused lines. If this does occur then a straight line is drawn through the space. This ensures nothing can be added into the notes.
- Information is recorded at the time of the event or as soon as possible following.
- All entries are in the chronological order. All entries are recorded accurately, concisely, without bias and from personal knowledge.
- Corrections or alterations are made according to standardized methods:

- Draw a thin, straight line through each line of the incorrect/inaccurate entry leaving it legible.
- Write the word ERROR in the margin beside the entry.
- Date and initial.
- Enter the correct information.
- Date and sign the correct information.

Note: Omission of any significant information could be interpreted in a court of law as evidence that an event did not occur.

Reminder of things you should never chart.

- Avoid using labels to describe your client's behavior
- Don't refer to staff/personnel problems.
- Don't try to explain a mistake or use words like "accidentally" or "somehow."
- Avoid airing your "dirty laundry."
- Never chart that you have "informed" a colleague or supervisor of a certain event if you really only mentioned it.
- Keep charting objective. E.g. "appeared happy" What does this mean, how do you know? Could use smiled, giggled, played with a toy for a time.

Kitimat Child Development Centre	Policy #: 3.12 Subject: Timelines and Frequency of Main Client File Documentation
Section: Program Policies and Procedures	Subsection: Centre Service Standards
# of Pages: 4	Signature:
Effective Date: September 2003 Revised Date: July 2003 Revised June 2005	Replaces Policy: Section H: Department/Program File Documentation; Charting Standards

Policy Statements:

These policies and procedures will be applied for all Centre services. Individual programs or departments may also have guidelines and/or standards of practice to be followed.

1. The initial visit/consult record for each staff visit or client contact should be completed and on the main file within one week.
2. The initial assessment should be completed and on the main file within three visits, or within three months of initial contact.
3. All clients will have a service plan completed and on the Main Client File within three months.
4. It is the responsibility of the team to ensure that 'Team Meetings' are offered at a minimum of once a year to families and are done in a timely manner. The decision to have/not have 'Team Meetings' ultimately lies with each client/family. If the family refuses to have a "Team Meeting", this does not preclude staff discussion for the purposes of coordination and planning of service delivery.
5. 'Team Meeting Minutes' should have a designated 'minute-taker' who does the final signing off of the minutes, after checking them with appropriate individuals. Report is then filed in the client chart within two weeks of the team meeting.
6. Department/Program meetings minutes will be filed weekly in the Family Service Planning Meeting Binder kept in the Chart Room. The

minutes of this meeting do not substitute for progress notes in the client's file.

7. When a child/family is discussed at any meeting, documentation should occur in the main client file within one week of date of meeting. Minutes of team/department meetings are not considered replacement for progress notes or assessments.
8. Progress reports and/or goal reviews should be completed on the main client file at least every six months. An exception to this is school OT and PT clients will receive progress reports on a need basis but minimally on a yearly basis.
9. Discharge reports should be completed and on the main file within two months of last contact. The client's discharge report must be on the main client file before September of the client's entry to school.
10. Progress reports and/or goal reviews should be completed and filed in the main client file at least every six months.

Reason for Policy:

To maintain accurate and up-to-date information on the main client files.

References:

- Policy # 3.9 Management of Client Files
- Policy # 3.12 Department/Program File Documentation
- Centre for Ability Policy and Procedure Manual 2003

Kitimat Child Development Centre	Policy #: 3.13 Subject: Department/Program File Documentation
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 4	Signature:
Effective Date: September 2003 Revised Date: July 2003 Revised August 2005	Replaces Policy: Section H: Department/Program File Documentation; Charting Standards

Policy Statements:

1. Department specific files may be kept on clients. The use of a department specific file must be noted in the Main Client File.
2. On a regular basis and minimally once per year department files must be placed in the client file, or a summary report placed on the file.
3. Every visit must be documented, specifically stating changes in the client's status, and any recommendations made.
5. All written documentation should be on formal Centre forms/progress notes. Individual programs may use approved notebooks for record keeping.
6. All Centre produced written client documentation must have client identification.
7. All client documentation (Centre produced and received) must be sequentially labeled and filed in appropriate section of folder.

Reason for Policy:

- ◆ Department/program files are part of the medical/educational/legal record of each client.
- ◆ To ensure appropriate documentation of all client, Child Development Centre and community interactions

References

Centre for Ability Policy and Procedure Manual 2003

- Policies: #3.9 Management of Client Files
- #3.14 Storage and Handling of Client Files
- #3.11 Timelines and Authorization For Main Client File Documentation
- CPTBC Clinical Practice Statement #1

Procedures

1. The minimum documentation includes:
 - Client identification
 - Date and location of intervention
 - The session plan for the client including the specific treatments/interventions provided and the particulars of any referral, goals set, etc. and any advice/education/warnings/precautions given.
 - Documentation of changes in client status or treatment.
 - All communications whether in person, by phone, or electronic.
 - All cancellations (and who cancelled the appointment). It is advised to document when next visits are scheduled.
2. No photocopies of external documentation/reports should be done for the department/program file
3. Department/program files should be returned to the Main Client File within 2 months of the client's discharge with appropriate documentation in the Main Client File.
4. Department/Program files become the responsibility of the Program Coordinator when a staff member has resigned and completed their last day of work, and when the client(s) have not been immediately re-

assigned to another staff member. Staff should also inform the Program Coordinator where the department/program files are located. The client main chart should have notation of a department file existing in the progress notes. On Cim's the existence of a program file should be noted on the important notes and thus is on the face sheet of the main client chart.

References:

- ◆ Clinical Practice Statement Number 1: Clinical Records; College of Physical Therapists of British Columbia; Revised May 1999
- ◆ Elements of Clinical Documentation (Revision); American Journal of Occupational Therapy, Nov/Dec 1995
- ◆ Nursing Documentation; Registered Nurses Association of British Columbia; Revised April 1999

Kitimat Child Development Centre	Policy #: 3.14 Subject: KCDC Reports Distribution and use of Draft Reports
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 1	Signature:
Effective Date: September 2003 Revised Date: July 2003	Replaces Policy: Section H: Department/Program File Documentation; Charting Standards

Policy Statements

- Parents/clients are given the opportunity to review draft reports.
- Only CDC produced reports are to be faxed or mailed out – for copies of other reports being requested, the person/agency requesting must go the originator of the report.
- When KCDC reports are distributed cc's are indicated on the report and a copy is placed in the appropriate section of the client's main file.
- Original report goes to the parents or caregivers (i.e., MCFD).

Reason for Policy:

To ensure confidentiality of reports and to facilitate parental involvement.

To ensure confidentiality and appropriate distribution of reports.

References

Centre for Ability Policy and Procedure Manual 2003

Proceedure

All CDC reports sent must have:

- CC indicated at the end of each report with date being sent, sent to whom, how and number, and by whom and title (i.e., cc: Dr. Smith, January 15, 2002, sent via Fax # 999-9999)
- In the main file pages or documents must be filed in sequential order and labeled so order is identifiable.

Draft Reports

All draft reports are forwarded to parents/clients either by the service provider, or by mail accompanied by a letter requesting that parents may provide necessary changes, additions to the report and return within a two week period, which is the standard time frame for approving a draft report.

Family's Request for Input Into Reports

- The staff writing the report may add the family information to the report or may add the information by using an index.
- An appendix can be added to client reports if there is crucial information missing that the family wants included in a completed report, or if the family requests additional information added to the report that contravenes the clinical judgment of the clinician.
- In situations where there is contravening information, it must state at the top of the appendix that the family has requested the appendix.

Kitimat Child Development Centre	Policy #: 3.15 Subject: Storage and Handling of Client Files
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 2	Signature:
Effective Date: September 2003 Revised Date: July 2003 Revised August 2005	Replaces Policy: Section H: Department/Program File Documentation; Charting Standards

Policy Statements:

1. Staff must take every precaution to ensure safe handling and keeping of confidential client records in Centre offices and in the community.

2. All client information will be put away after hours in a locked location.

3. Client-specific documentation in computers should be stored in appropriate folders (i.e. not on computer desktop.)

Reason for Policy:

"Section 30 of the Freedom of Information and Protection of Privacy Act requires government agencies and other public bodies to take reasonable security measures to – among other things – guard against unauthorized access, disclosure or disposal of personal information. Personal information is defined as: recorded information about an identifiable individual" and includes, therefore, everything from an individual's name and address to more sensitive information like an individual's medical or financial information".

(Ref: Guidelines for Protecting Personal Information When Travelling on Business).

References:

- Freedom of Information and Protection of Privacy Act
- Policy: 3.9 Management of Client Files
- Centre for Ability Policy and Procedure Manual 2003
- Guidelines for Protecting Personal Information When Traveling on Business, Office of the Information and Privacy Commissioner for BC

Procedures:

Within the Centre

1. All client documentation will be filed in a secure manner such as a locked room or filing cabinet after normal working hours.
2. The door the Chart Room will be locked after hours.

In the Community

1. Before taking the client information with you, ascertain what you will need and what can be left behind, and only take what you absolutely need.
2. Do not leave the records unattended in an unlocked office or meeting room.
3. When outside the Centre, all client information should remain with staff. Under exceptional, circumstances where this is not possible, the documentation should be securely locked in the trunk of the vehicle or securely hidden in the vehicle (if there is no trunk).
4. Documentation is not to be left in a vehicle overnight under any circumstances.
5. Client information should be returned to their original storage place as soon as possible.
6. If, despite the above precautions, a theft occurs and client information is stolen, notify your Program Coordinator and the Executive Director immediately.

When Charts/Documentation are Misfiled/Missing

1. Coordinator or staff members fill out a Record Incident Report.

If the file is not found within 6-8 weeks, the Coordinator of the Program is responsible for ensuring a letter is added to the Client File reporting the missing documentation.

Procedure to follow if a record is stolen.

If a client record is stolen the following steps will be taken.

1. Reporting and documentation of the theft.
 - a. Completion of the lost record form
 - b. Notification of Program Manager or Executive Director
 - c. Notification of RCMP
 - d. Notification of client(s) whose record is lost.
2. Provide written notification to client of steps being taken.
3. Establish process of re-establishing the record.

Sample letter to be used:

Dear Mr and Mrs XXX

Re: Notification of Theft of Records

I am writing as a follow up to the telephone call you have received from _____-with respect to the Child Development Centre record for _____.

As explained in the call, this letter confirms that -----record has been stolen. The Centre attempts at all times to keep our records secure and confidential but we do travel from site to site and take records with us as part of providing our service. Your record that included.....was stolen

The RCMP have been notified. We have examined the circumstances of the theft and our records management practices while traveling on Centre business to ensure steps continue to be taken to safeguard the records and fulfill our responsibilities under the Freedom of Information and Privacy Act. In addition, we have notified the Office of the Information and Privacy Commissioner for British Columbia (OIPC) of the theft of the confidential file and the steps we are taking to deal with it.

We are working to reproduce as much of the information as possible from other sources and the memory of the staff who provide services for your child.

This theft of information will in no way jeopardize the care and services your -----may continue to receive from the Centre.

We sincerely regret, that despite reasonable precautions being taken to safeguard your file, a theft did occur. I trust this letter will provide you with an explanation of the steps we have taken to address this issue. I wish to assure you that we take confidentiality and security of personal information very seriously.

Respectfully

Kitimat Child Development Centre	Policy #: 3.16 Subject: Quality Assurance Policies
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 1	Signature:
Effective Date: \ Revised Date: January 2004 Revised June 2005	Replaces Policy E-22 Implemented 2000

Quality Assurance Policies

On a once yearly review basis each service contract held by the Kitimat Child Development Centre will be reviewed in the following ways:

Service levels:

- Program yearly outcomes will be reviewed in relation to budget, resource and community needs.
- Staff resources will be reviewed in regard to yearly individual staffing needs including continuing education needs, team support and mentoring needs.
- Client outcomes will be collated and analyzed using CIMS/TOMS Outcomes. This is in the developmental stages, see program outcomes report.

Client feedback on services provided will be attained by each service provider at a minimal frequency of once per year.

Procedures

1. Budget year is March 31st to March 31st. See Financial Policy Manual to review policies related to contract operating budgets and reporting responsibilities
2. Staff resources are reviewed in association with budget review and at yearly personnel reviews. See operations Policy and Procedure Manual.
3. CIMS : Target outcome measures TOMS are being developed and implemented in 2004. Application for research support to validate these outcomes is in progress.
4. Client feedback is used by each program for evaluation of services and implementation of continual improvements. Process for attaining this feedback is summarized in the outcome evaluation binder in the Executive Directors Office.

Statistics Policy

Accurate and up to date statistics are kept on all Kitimat Child Development Centre clients specific to program or contract needs.

Procedure

All staff are required to collect and maintain caseload statistics as per department policy and procedures and respecting the Privacy of Information legislation which mandates that only need to know information is collect.

The Kitimat Child Development Centre will use the CIMS statistic program. A separate CIMS utilization manual is available for all staff.

Chart Audit Policy and Procedures.

On a yearly basis the following schedule of chart audit procedures will be done.

Chart audit is the responsibility of the Family Support Worker and the Executive Director. These responsibilities can be delegated to Program managers or Key workers for specific tasks.

On a minimum of a yearly basis (June/July) all charts will be audited for

- Date of last consent
- Cims face sheet present and completed
- Service plan on chart and date of last plan.
- Chart identification stickers available.

On a random basis three charts will be pulled per quarter for audit of completeness.

This includes signatures on chart notes, date of last chart entry, consents up to date, current demographic report.

The Occupational Therapists complete a full caseload review every six months. Files are reviewed for completeness. Progress towards goals is evaluated. Discharges completed and evaluation forms sent.

Kitimat Child Development Centre	Policy #: 3.17 Subject: Individual Service Planning
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 2	Signature:
Effective Date: Revised Date: July 2003 Revised June 2004	Replaces Policy

Service Planning

Service Planning is an essential process of how the Centre provides our services. The purpose of the planning is to ensure that we (by we mean client, family and service providers) all work towards a common goal, the well being of the child, youth and family. Service plans recognize there is a shared responsibility and accountability to each other and to clients for maintaining individual parts of the service plans. Communication and understanding between all providers, the client and if appropriate their family is an important best practice for effective provision of services.

Our policy accepts that there is not a single model of service planning nor one approach that should be employed. The choice of service plan is based on individual need for different types of planning and assessment, professional standards and requirements set in the funding contract for services. Choice of plan to use may also be based on the length of time the client/family will be involved in services provided by the Centre.

There are several approaches we use. Of importance in choosing the type of plan to use is all plans must be based on:

Content of service plans must be based on the person's strengths, abilities, needs, preferences, desired outcomes and cultural background. All plans must be understandable to family/client and staff. The completeness of service plans must meet the needs of the client and their family.

All Centre service plans are filed on the client chart in a separate chart section. Service plans currently used by the Centre include:

Child and Youth Care: Life Skills. Under these contracts goals are set with the client/family on the authorization and service plan form received from the Ministry of Children and Family Development form. A copy of this agreed to services is filed on the Centre chart in the client service section

of our charts. For School District child and youth clients the same format is used.

Supported Child Development: It is a standard of this program to have both a Support Guide and an individual service plan. The program standards for SCD are available at www.scdp.bc.ca or www.sccp.bc.ca. Copies of these documentations are filed in the KCDC client chart in the service plan section of the chart.

Preschool service plan matrix:

TOMS : Therapy Plans:

When the client is receiving direct individual therapy interventions plans will be completed. These can be profession specific and based on professional assessment or can be the TOMS (target outcome measures system) incorporated in our CIMS data base. The TOMS are a therapist tool for service planning. Documentation of intervention(s) and consent for services is done on consent forms, therapy reports and progress notes.

Individual Family Service Planning.

These policies and procedures are intended to be utilized by Kitimat Child Development Centre programs as appropriate to the guidelines of each individual program.

The principles and process for *Individual Family Service Planning* includes:

The pre-Team Meeting may include identifying needs and planning the agenda for the Team Meeting.

The family or individual sets goals, desires, expectations.

The team meeting may include:

- Identifying needs
- Service goals: family sets goals, desires, expectations
- Service goals: staff direction of service delivery
- Team: identify the team and team responsibilities
- Responsibility of family and staff regarding services
- Time framework for Planning of services to be delivering

The family or the individual signs informed consent for the Individual/Family service plan.

The team assists the family in how to secure public assistance, access community resources and/or makes referrals to other providers or agencies as needs are identified.

The team provides support for advocacy (e.g. staff role to assist parents in conducting team meetings, to help family develop knowledge of their rights such as inviting a friend or someone as their advocate at their Team Meeting.

The Individual/Family Service Plan is understood clearly by all involved. Rights and responsibilities are clearly written.

Family service plan is communicated to people responsible for implementing the plan

Integrated Service Delivery Plans, Wraparound plans.

Intervention Plans for Children

Reason for Policy:

The Individual Family Service Plan is based on parent/guardian's or client's assessment of strengths, abilities, needs, preferences, desired outcomes and cultural background.

The Individual Family Service Plan provides an organized and logical method for coordinating services for our clientele.

References:

- Dakota
- Family Centred practice: Michelle Carreiro's book
- Policy # Client File Documentation: Timelines and Authorization

Procedure for Individual/Family Services Plan Meetings

This procedure outlines the steps taken for an Individual/Family Services Planning meeting. The Centre recognizes that for some clients all these steps may not occur. Differences may occur depending on individual client needs.

1. Staff member will be assigned to contact family regarding team meeting at the Family Services Planning (FSP) meeting.

2. Once a staff member has been assigned, s/he contacts family (at least three weeks before the scheduled meeting) and describes purpose of team meeting. Below are sample statements to guide staff:
 - The CDC staff would like to have a meeting to determine what services could be put in place/might be helpful/desired/supportive at home, pre-school and in the community to assist your child and your family.
 - The CDC staff are doing back to pre-school/school meetings. Could we set up an appointment time to plan the meeting?
 - Child's team at the CDC would like to discuss options of services that could be put in place to assist him/her and your family.
3. Make appointment to plan the meeting with the parent(s) at least two weeks prior to the scheduled meeting. NOTE: The parent may choose not to participate in the planning of the meeting and/or may not attend the meeting.
4. During the pre-team meeting appointment with the parent(s):
 - Explain that staff do not want this meeting to end up adding too much work to the family's life. Staff are available to assist in any way necessary.
 - Determine individual/family tentative goals using the Individual Family Service Planning Form. - Describe three family goals and prioritize those goals. Ensure that parent(s) know that this information will be shared with the people invited to the meeting to assist them to prepare for the meeting.
 - Show the parent(s) a blank and a sample (if available) Family Services Plan and state that the purpose of the team meeting will be to fill out the Family Services Plan.
 - Determine whom the parent(s) would like to invite to the meeting and where they would like to have the meeting. Ensure that they understand that they can invite CDC staff members, extended family members, friends, staff members from other involved with their family etc.
 - Determine whether or not parent(s) would like to choose whom they would like to be the Service Coordinator. Discuss parent's choice of Service Coordinator with the team to check on availability of staff resources. The Service Coordinator must be a KCDC staff member. If they choose not to identify a person at this time, the staff member arranging this team meeting will be Service Coordinator until such time as parent(s) or other team members

- request a specific Service Coordinator. Inform parent(s) whether or not identified person is able to be the Service Coordinator.
- Circulate the tentative goals, the blank Individual Family Services Plan, the IFSP meeting agenda and the proposed time and date of the meeting to all invited participants. Request all invited participants to RSVP within three working days and request that they be prepared to fill out the family services plan form
 - Determine whether the parent(s) will run the meeting independently or with the staff member or whether the staff member will run the meeting (meeting facilitator).
 - Determine who will speak first when addressing the tentative goals. This may or may not be the parent. Show them the IFSP Meeting Agenda.
 - Assist parents in determining the time of the meeting.
5. The meeting (i.e.: be prepared to discuss the small steps necessary to achieve the goals and bring the copy of the tentative goals).
 6. Confirm where meeting will be held. Prepare room for meeting if it is at the CDC.
 7. At FSP meeting prior to team meeting steps to achieve goals will be discussed. Staff members will agree on how these steps are presented at the IFSP meeting.
 8. Attend and participate in meeting. See Team Meeting Agenda.

INDIVIDUAL/FAMILY SERVICES PLAN MEETING AGENDA

1. The meeting facilitator will welcome everyone to the meeting, remind them of the one- hour time limit, assign someone to take minutes and a timekeeper and request that all participants introduce themselves. If parent(s) have already determined who the Service Co-ordinator will be, this information will be shared with the team at this time.
2. The meeting facilitator will explain that the purpose of the meeting is to fill out the Individual Family Services Plan form so that all participants understand the family's goals and how, when and where we will each contribute to achieving the goals.
3. The parent goals from the team members pre-IFSP meeting will be read. This will have been circulated to all meeting participants prior to the meeting. All participants will have been requested to bring their copy of parent goals to the team meeting.

4. The person determined by the parent(s) to be the first person speaking to the goals will begin to discuss the small steps that may be necessary to reach the first goal.
5. Group discussion will lead to a team agreement on the information written in the Family Services Plan.
6. Date for review (next IFSP meeting) will be set no later than 6 months from date of this meeting.
7. Send completed draft Family Services Plan to parent(s) and put in chart in Team section no later than two weeks after the meeting. If the parents do not request any changes, Service Coordinator will put completed Individual Family Services Plan in the chart and send finalized copy to parent(s). See KCDC policies 3.9 -1.14) for more information.
8. If you are now the Service Coordinator, begin this cycle again at the determined review time. Review times are set based on individual needs but will be no more than 6-12 months from the date of the previous meeting.

Appendix: See resource file in Integrated Case Management.

Integrated Case Management

Kitimat Child Development Centre	Policy #: 3.18 Subject: School Transition Meetings
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 1	Signature:
Effective Date: May 2005 Revised Date: June 2005	Replaces

Meeting Purpose

- Ensure smooth transition to the school system by providing our history of involvement with the child and family.
- Provide a summary of service provided for the child and family from the CDC.
- Assist the family in becoming familiar and comfortable with working with their child's school. (our advocacy training role). Introduce the family to the school and procedures such as reporting to the office during visits, how to call etc.
- Inform the school of our continuing services (O.T and P.T) and how concerns can be brought forward for our interventions.

Structure and Guidelines for the meeting:

We need to come prepared with any reports that the school needs. Thus get permission ahead of time. We need to clearly state what has been done assessment wise and what the future recommendations are.

If we have a family service plan or an SCD plan these should be shared to show what is on our similar to school IEP documents. This will assist the school by providing a foundation for their IEP writing.

Assign a chair for each meeting. Parent can be chair if they wish. We need to determine the chairperson or spokesperson ahead of time and this person prepares the family as to how the discussion will go.

Meeting is to cover the following:

- Introductions.
- Review of meeting purpose

- Affirm with group the agenda and ask if this is what we want to do? Any further additions?
- Review our understanding of designation- adapted and/or modified program criteria applicable for the child. See definitions attached.
- Need to know what would help the child prepare for school? Are any pre-visits helpful, playground visits over the summer etc.
- Any resources required? What can we loan to begin the school year. i.e picture symbols etc. Is there specialized equipment the school needs to acquire? Is there letters of support required by the Principal to obtain the recommended equipment? We understand the Principal must initiate the request. We will support the requests where applicable.
- In the past if the child requires an assistant with special skills (catheter, feeding, lifting, behavior etc) we have done training sessions in both the spring and the fall where the aide or teacher visits the Centre pre-school for observation.
- Principals are asked to explain how the assistants are assigned in the school. If available will share the fact sheet outlining what the current eligibility and services provided by SCD for school age children are.
- PT and OT will outline how we will continue services to the school age child and the teacher/school responsibility to call us on need.
- SLP will provide input to the teacher on history of the child's speech needs, suggestions applicable to the classroom. SLP will meet with school district therapist individually.
- Centre staff will provide an outline of eligibility for CYC. And an outline of the role of the Community Link Program. (if applicable).
- Ask the teacher directly if there is anything that s/he needs to know that would be helpful in the planning of the transition?
- Ask Principal or teacher to provide feedback on the transition meeting. See attached form.

- If child is on SCD over the summer promise to provide an updated report (in summary form) at the beginning of the school year to share with the school year.
- Suggest to parents that they may wish to bring a picture of their child.

Transition Meeting Agenda Template

Introductions

Review agenda and purpose of meeting. Introduce who is chairing the meeting.

Review child's history of involvement with CDC and why a transition meeting is required. Provide reports to the school.

Define what is a designation and what is an adaptation?

Define what services the CDC can continue to offer. Provide the backgrounder fact sheets on the services.

Individual reports.

Ask key questions to the school?

Principal re: assistants
Equipment?

Questions.

Transition Meeting Feedback.

The Kitimat Child Development Centre- a family resource centre is interested in your feedback on our transition meetings. Would you take a few minutes and complete the following questions. These could be emailed to mwarcup@kitimatcdc.ca or given to your community link worker and they will bring them to the Centre. Asking for feedback is part of our ongoing quality assurance activities and we welcome any input you can provide to ensure our services are meeting the needs of the children and families we serve.

Was the transition meeting helpful?

What would improve the meeting?

Are the goals we defined for the meeting what you see the purpose of the meeting to be?

Kitimat Child Development Centre	Policy #: 3.19 Subject: Purchasing Equipment and providing recommendations for purchases
Section: Program Policies and Procedures	Subsection: Program/Department Standards
# of Pages: 2	Signature:
Effective Date: September 2005 Revised Date: November 2005	Replaces

Purpose:

With the multiple programs we offer at the Centre and the ability of parents under individualized funding to purchase client specific equipment the Centre needs to ensure an accountable system is in place for equipment purchasing. As an organization and professionals providing services we are the “gatekeepers” in approving recommendations for individual child purchases.

This policy applies for when the Centre is directly ordering the equipment and when letters recommending purchase of equipment are being given. Equipment is not consumable supplies.

Effective immediately (September 2005) no equipment can be ordered without review by the Equipment Oversight Committee. This committee will be composed of the Executive Director, SCD Co-ordinator, Occupational Therapists and ex officio our Accounting administrator.

The committee will meet on need immediately after the weekly service planning meeting. If equipment needs to be ordered immediately the committee can be requested to meet earlier than this weekly meeting.

As of implementing this policy no individual staff member may commit to a parent/client that equipment will be ordered without prior approval by the oversight committee. No staff member will purchase equipment on behalf of a client. All purchases must go through our accountant and the process in this policy. No purchases will be done prior to attaining the necessary written approval for funding.

The Equipment oversight committee will attempt to ensure the equipment meets funding criteria. It is acknowledged that this criteria is evolving and there is two streams of equipment/supply purchases. One stream is contract/program equipment and supply purchases. The second stream is purchases done on behalf of clients. Government funding policies regarding approval of family/individual funding purchases continue to

evolve. This equipment oversight committee will attempt to ensure the latest policies are being followed.

Oversight Committee responsibilities include:

1. The Equipment oversight committee has knowledge of equipment in our community that potentially could be re-cycled or loaned for use prior to purchase.
2. Review and recommendations regarding equipment purchasing and/or letters recommending approval.

The Equipment oversight committee will develop a definition to guide in the definition of what is therapeutic equipment and what is not. Guidelines will be developed to guide decisions on what is acceptable to purchase and what is not.

3. Assisting all programs with the development of yearly equipment purchasing plans to be incorporated into their budgets.

This policy will be shared with parents/clients.

