Standards Quality Improvement Plan (Standards QIP) Progress Report

Society: Catholic Children's Aid Society of Toronto

Regional Office: Central

Compliance Reporting Period: February 1-28 2026

Date of Report: March 13, 2026

General Instructions:

- In December 2015, the Auditor General of Ontario's Value-For-Money Audit Report was released which identified several concerns related to child protection services. Based on the recommendations, the ministry instructed all children's aid societies to complete a Quality Improvement Plan, which includes the completion of this template.
- This template will serve as your Children's Aid Society's Standards QIP and is intended to be used jointly by your society and the Ministry of Children, Community and Social Services (ministry) to promote quality improvement and assess your society's progress in meeting the ministry's expectations of full compliance to child protection standards.
- Complete sections A through C prior to submitting to the ministry.
- For reported results of 100%, societies are not required to carry out an analysis in section A. However, your society may choose to do so to identify best practices in achieving full compliance.
- Your Program Supervisor will meet with the Executive Director within 45 calendar days of the Standards QIP submission due date.

Section A Analysis of Society Results

Part 1: Compliance Results

- Please manually input compliance results/data from Column 8 of the EXCEL Compliance Workbook
- The standards/requirements related to specific case types have been colour coded (i.e., pink refers to standards/requirements for referral/intake cases, blue refers to investigation cases, green for ongoing child protection cases, gold for children in care cases, and orange for kinship service cases).

			Compliance Result from this Report (Column 8)	Analysis of Compliance Results A. What factors have influenced the society's compliance results? B. List any strategies that have successfully impacted the compliance result. C. List any new strategies/actions intended to improve compliance.	Documentation Errors and Input
1	**Standard 1 - Conduct child protection history checks when information is received by a CAS regarding protection concerns about a child.**	**Internal society record checks**	96.6%	Factors and Strategies that have Influenced Results • Intake continues to have high compliance in this area. • Supervisors provide documentation oversight. • Adding new participants continues to be an issue in CPIN, which impacts compliance. When adding a new participant to a case after an intake has been created, the report will highlight the case as non-compliant. Successful Strategies • Staff double-check the contact logs so that the purposes selected are accurate. • A tracking system (Power BI) that allows staff and supervisors to observe compliance with standards in real time.	
2		**Provincial record checks**	96.6%		
3		**Child Abuse Register checks**	100%		

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				• The QIP working committee, consisting of supervisors, service director, and QA, meets at minimum quarterly to discuss processes and strategies geared to sustain and improve results. • Supervisors create spreadsheets to keep track of cases and due dates and to promote that recording is done on time. • QIP reviews are built into supervision and team meetings, with expectations made clear to workers. • As a step towards a successful outcome, the Program Supervisor was apprised of the CPIN issue about the need to undergo a new record check when adding a new participant to an intake, after the initial record check. CPIN counts from the date of opening rather than when the new participant is entered into the system. The goal is that this issue can be systematically addressed. • Compliance has been expected as a Performance Goal for all staff at various levels. <u>New Strategies</u> • The Department Director reminded staff at Intake and After Hours of all the Eligibility Spectrum Codes for new intakes that require a Child Abuse Register check and the associated documentation. There are some Eligibility Spectrum codes that rarely arise that require a Child Abuse Register check. • The QIP working committee is participating in a QIP submission plan. Additional touch points for supervisors, QA, and Directors before submission promote discussion, support and oversight. • To announce news, kudos, and reminders about QIP in the CCAS newsletter that is sent to all staff.	
4	**Standard 3 - Conduct a safety assessment at the point of the first face-to-face contact within the response time for all referrals (intakes) assigned for an investigation.**	**Response Time - 12 hours**	94.4%	<u>Factors and Strategies that have Influenced Results</u> • 12-hour response delays pertain to the Child and Youth Advocacy Centre waiting for police-led investigations to commence. • Workers are taking a non-intrusive approach by planning with a family when they can meet, as opposed to visiting unannounced, which can provoke negative interaction and a lack of engagement. • After Hours staff underwent full training to promote identification of the right purposes and guidelines in CPIN and to understand CPIN expectations for investigation. • Quality Assurance and the CPIN support team respond to documentation practice questions. <u>Successful Strategies</u> • A tracking system (Power BI) that allows staff and supervisors to see compliance with standards in real-time. • Familiarizing the ongoing supervisors and staff in response times for investigations. • The QIP working committee, consisting of supervisors, director, and QA, has been meeting to discuss processes and strategies geared to improve and sustain results. • QIP reviews are built into supervision, and expectations are made clear to workers.	<u>Documentation Review Findings:</u> Some documentation initially appeared as non-compliant. A detailed review confirmed that all documentation in CPIN was accurate and aligned with required standards. No gaps in worker action or documentation were identified. <u>System Discrepancy Follow-Up:</u> Efforts were made, reviewing these kinds of situations to determine whether a system-related issue
5		**Response Time - 48 hours**	100%		
6		**Response Time - 7 days**	94.6%		

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			• CPIN workflows are available to workers and supervisors on the Society internal webpage. • Compliance has been noted as a Performance Goal for all staff at various levels. <u>New Strategies</u> • The working committee is adhering to a revised QIP submission plan with additional touch points for Supervisors, Quality Assurance, and Directors that promote discussion, support, and oversight. • To announce news, kudos, and reminders about QIP in the CCAS newsletter that is sent to all staff.	contributed to the false appearance of non-compliance. Updates from CPIN Support will be incorporated into the file as they become available.
7	**Standard 3 - Complete the formal documentation of a Safety Assessment and Plan within 5 days of the first face-to-face contact.**	90.6%	<u>Factors that have Influenced Results</u> • Ongoing staff, who are not as familiar with Intake and Assessment timelines as Investigation staff, need support to ensure compliance in this area. • After Hours staff underwent training to promote identification of the right purposes and guidelines in CPIN and to understand CPIN expectations for investigation. • Quality Assurance and the CPIN support team respond to documentation practice questions. <u>Successful Strategies</u> • A tracking system (Power BI) that allows staff and supervisors to see compliance with standards in real-time. • QIP reviews are built into supervision, and expectations are made clear to workers. • Compliance has been noted as a Performance Goal for all staff at various levels. <u>New Strategies</u> • The QIP working committee is participating in a QIP submission plan. Additional touch points for supervisors, QA, and Directors before submission promote discussion, support, and oversight. • To announce news, kudos, and reminders about QIP in the CCAS newsletter that is sent to all staff	
8	**Standard 5 - Conclude a child protection investigation within 45 days of receipt of the referral (or within 60 days of receipt of the referral in the case of an extension).**	91.2%	<u>Factors that have Influenced Results</u> • Opportunities to extend investigations beyond 45 days promote better engagement and outcomes for families. • After Hours staff underwent full training to promote identification of the right purposes and guidelines in CPIN and to understand CPIN expectations for investigation. • Quality Assurance and the CPIN support team respond to documentation practice questions.	

		Compliance Result from this Report (Column 8)	Analysis of Compliance Results A. What factors have influenced the society's compliance results? B. List any strategies that have successfully impacted the compliance result. C. List any new strategies/actions intended to improve compliance.	Documentation Errors and Input
			<u>Successful Strategies</u> • A tracking system (Power BI) that allows staff and supervisors to see case compliance in real-time. • Staff review their documentation to ensure accuracy, in addition to supervisors reviewing all submitted documentation for accuracy. Supervisors are also reviewing this documentation regularly with staff. • QIP reviews are built into supervision, and expectations are made clear to workers. • Compliance has been noted as a Performance Goal for all staff at various levels. <u>Strategies Requiring further Attention/Consideration</u> • Cases at the Child and Youth Advocacy Centre continue to take longer than other investigations because they are police-led and we must adhere to police timelines. • Community Caregiver Investigation cases may take more time than other investigations because of the need to consult more professionals and collaterals involved in the cases than in a typical assessment. • Some cases may go past the 45 days because workers attempt to divert cases away from child welfare and connect families to support in the community.	
9	**Standard 7 - Complete an initial service plan within 30 days of the completion of the investigation, or within 30 days of the date of the case transfer to ongoing child protection services following the initial investigation.**	100%	<u>Factors that have Influenced the results</u> • Staff, with the support of their supervisors, have been able to meet Ministry timelines. • Quality Assurance and the CPIN support team respond to documentation practice questions. • Ongoing reminders have been sent out by the Department Director to the total staff. <u>Successful Strategies</u> • There has been additional supervisory oversight and review of documentation expectations. • The QIP working committee is participating in a QIP submission plan. Additional touch points for supervisors, QA, and Directors before the submission promote discussion, support, and oversight.	
10	**Standard 7 - Complete a formal case review and evaluation every 180 days following the development of the initial service plan for ongoing child protection cases.**	95.7%	<u>Factors that have influenced the Results</u> • Case reviews are conducted between the worker and supervisor, in collaboration with the service team and centered around the voice of the family, child, or young person. All efforts are made to ensure that the voice and identity of the service recipient is reflected in the decision making. This process may be slow at times, resulting in the worker going past the Ministry timeframe. <u>Successful Strategies</u>	

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				• A review of compliance has been done with staff, and clarity provided regarding responsibilities and accountability. • The QIP working committee is participating in a QIP submission plan. Additional touch points for supervisors, QA, and Directors before submission promote discussion, support and oversight. • Compliance has been noted as a Performance Goal for all staff at various levels. · • We ensure staff are scheduling regular time for documentation	
11	**Standard 7 - Visit with families in their home minimally once every 30 days for ongoing child protection cases.**		98.3%	Factors that have Influenced the Results: • Workers employ a family-centered approach. They work with the service recipients to schedule an agreed-upon time that is best for the service recipients. This work is done to be non-intrusive and to support positive engagement. Successful Strategies: • Supervisors provide weekly reminders to staff, which has been beneficial in meeting compliance. • The QIP working committee is participating in a QIP submission plan. Additional touch points for supervisors, QA, and Directors before submission promote discussion, support and oversight.	
12	**Standard 7 - Review every ongoing child protection case in a supervision session minimally once every 42 days.**		97.6%	Successful Strategies: • Greater emphasis and oversight of QIP at each level of the agency.	
13	**Private visits with children in a kinship service placement**	**7-day visits**	100%	Factors that have Influenced Results • Being unable to complete Approved Departures for 3-month visits that would count towards compliance when there are clinical reasons for not being able to see children and kin families. Successful Strategies • Dedicated time between Quality Assurance staff and supervisor/service directors to discuss QIP and plan for submission. • Supervisors provide documentation oversight. • Developing stronger familiarity with the tracking system (Power BI) by reviewing it in team meetings and individual supervision sessions. • The QIP working committee, consisting of supervisors, service director and QA, was revived to discuss processes and strategies geared to sustain and improve results.	
14		**30-day visits**	100%		
15		**3-month visits**	100%		

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				• QIP reviews and reminders are built into supervision, and expectations are made clear to workers.	
16	**Prepare an initial Plan of Care prepared within 30 days of placement or re-placement in a foster/group/kin or customary care home.**		100%	Factors that have Influenced Results: • According to the Quality Standards Framework, all operators are now required to have the Plan of Care document available in advance so that it can be reviewed at the Plan of Care meeting. This document is provided within 7 days of the meeting to all parties present, including parents. • Plan of Care details for Outside Placement Resources are agreed upon at the Plan of Care meeting, and the completed documents are uploaded into CPIN. The contents of Plans of Care are agreed upon with the young person possible, the resource, and the Children's Services Worker before being reviewed and approved by the Children's Services Supervisor.	
17	**Private visits with Children in Care** **Includes kinship care.**	**7-day visits**	85.7%	New Strategies Intending to Improve Compliance • The Ministry has provided clarification on how compliance with how the CIC/Adoption 30-Day visits are calculated since the assent of the Supporting Children's Futures Act. An updated document will be posted online for staff reference. • Clarification regarding what department has the responsibility for the first visit after admission.	In certain circumstances, 30-day visits are permitted virtually according to the new regulatory and policy amendments. Topics that have been brought forth to the appropriate parties are confirmation of the approved definition and dates for these 30-day visits, and ensuring the CPIN reports are aligned to the new amendments.
18		**30-day visits in foster/group/kin.**	85%		
19	**Customary Care**	**7-day visits**	N/A		
20		**30-day visits**	N/A		
21		**90-day visits**	N/A		
22	**Adoption**	**7-day visits**	N/A		
23		**30-day visits**	94.1%	Factors that have Influenced Results: • When we receive Director's Consent, it triggers a shift from 30-day visit requirements to 90-day visit requirements, this shift can cause a discrepancy in compliance for visits. New Strategies/Actions Intended to Improve Compliance: • Further investigation about the technical aspects of the discrepancy in compliance. • A review with caseworkers regarding visit timelines and compliance requirements.	

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24		**90-day visits**	0%	Factors that have Influenced Results: • When we receive Director's Consent, it triggers a shift from 30-day visit requirements to 90-day visit requirements; this shift can cause a discrepancy in compliance for visits. New Strategies/Actions Intended to Improve Compliance: • Further investigation about the technical aspects of the discrepancy in compliance. • A review with caseworkers regarding visit timelines and compliance requirements.	Contact log for this one 90-day visit had the documentation correct as per all instructions and the visit was on time, but the case is designated noncompliant. Further investigation into this system error is occurring.

Section B Planned Activities to Address 2015 OAGO Findings

- This section includes planned activities for both specific standards/requirements and overall/overarching planned activities that may address multiple areas. These may include other areas of concern identified by your society. You are required to address all areas in the Standards QIP (i.e., where full compliance has not been achieved) and/or concerns have been identified (i.e., recurrence of child protection concerns).
- Indicate the corresponding reference number(s) of any audit items addressed (i.e., 1, 4, 5) by each planned activity identified. Refer to Section A for the audit item reference numbers.
- Highlight content in yellow that was updated for this reporting period (i.e., a new planned activity, an updated status or timeline for a planned activity).
- Indicate the activities that have been completed.
- Insert additional rows if required.

Planned Activity	Audit Items Addressed (Ref #s)	Objectives of Planned Activity • Identify the specific intended outcomes of the planned activity.	Status/Progress of Planned Activity • Was the planned activity completed? Were the objectives achieved?	Timelines for Milestones or for Completion	Regional Office Comments (for Discussion at Quarterly Progress Meeting)
Consistent reminders and review of compliance expectations for staff during supervision and performance evaluation.	1-8, 10-12,17-18,23-24	Tasks are to be reviewed. Set targets for the use of Approved Departures.	This planned activity is ongoing. Discussions among Supervisors, managers, and Quality Assurance to review the use of approved departures.	Ongoing Ongoing	

		The QIP committee, consisting of supervisors across all service departments, reviews compliance expectations. Timelines to complete documentation were established for this reporting period.		Ongoing
Ongoing and consistent communication throughout the organization regarding QIP compliance.	1-8, 10-12,17,18,23, 24	To provide clear expectations and timelines for documentation.	Email correspondence was sent to workers and supervisors – this activity was completed. The agency-wide staff newsletter provided a means to highlight compliance and the next QIP reporting period – this activity was completed in January 2026. The newsletter will be utilized for QIP announcements during the next reporting period. An improved QIP compliance dashboard in Power-BI was developed that captures snapshots for the standards in real time – this activity was completed and will be monitored and updated ongoingly.	Ongoing Newsletter – September 2026 Completed and monitored/updated ongoingly.
Reminding staff at Intake and Assessment via email, individual supervision, and team meetings, of the Eligibility Spectrum Codes at Intake that require a Child Abuse Register check and the associated documentation.	3	To boost compliance with the check of the Child Abuse Register.	Discussion occurred between supervisors and the Director, and a reminder was sent to Intake and Assessment Staff – this activity was completed. Objectives were achieved given the CAR checks (Standard 3) are now at 100% compliance.	Ongoing: reinforcement for staff during team meetings and supervision
Checklist for all required areas for Child Protection Standards and Quality Standards Framework.	17,18, 23,24	To ensure that all required service areas have been met.	This checklist was completed and continues to positively impact compliance.	Ongoing use
Clarity regarding how compliance with the CIC/Adoption 30-day visits are calculated.	1-8, 10-12,17-18,23-24	Provide additional and ongoing clarity for staff about timelines and definitions.	Post latest tip sheets on agency SharePoint.	April 2026

Section C Approval of Standards QIP (Sections A to B) for Submission to Ministry

- The ministry expects the Standards QIP progress report to include the following:
  - compliance and recurrence results for all standards/requirements bi-annually (or more frequently as requested by a Program Supervisor);
  - status of activities undertaken to date; and
  - Planned activities to improve results for all areas where full compliance has not been achieved or where concerns have been identified.

- **If the Standards QIP does not include the above, please provide an explanation/comment in the Society Comments box below.**

APPROVED BY THE SOCIETY:	**Society Comments (optional):**
Position: Chair, CCAS Board of Directors	
Name: Vanessa Cocco	
Signature: Vanessa Cocco (Signature is an acknowledgement that this report was shared with the Board and of the Board's acceptance of this Progress Report submission)	
Date: April 13, 2026	

Section D Progress Meeting

- This section documents the outcome of the bi-annual progress meeting, including any further actions required by the society for this bi-annual Standards QIP progress report to be accepted by the ministry.
- Societies are expected to meet with the ministry to provide a status update on their progress in meeting ministry expectations. At a minimum, the ministry will meet with the Executive Director of the society when compliance results are submitted. The ministry may choose to meet with the Board Chair and/or Board of Directors as needed.
- Please indicate the date and with whom the ministry met for each meeting date.

<table>
<tr><td colspan="2">Date(s) and Participants of Meeting(s):</td></tr>
<tr><td colspan="2">Is further action required by the society regarding this Progress Report? ☐ Yes ☐ No

If yes, please identify actions to be taken:</td></tr>
<tr><td colspan="2">Ministry Review of Progress Report:

A. Strengths
B. Weaknesses/Gaps
C. Recommended actions/next steps</td></tr>
<tr><td colspan="2">Program Supervisor Name:</td></tr>
<tr><td>Program Supervisor Signature:

(Signature is an acknowledgement that the bi-annual progress meeting(s) has taken place, at a minimum, with the Executive Director of the society, and of the ministry’s acceptance of this bi-annual progress report)</td><td>Date:</td></tr>
<tr><td colspan="2">Regional Program Manager Name:</td></tr>
<tr><td>Regional Program Manager Signature:</td><td>Date:</td></tr>
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