

GUIDELINES FOR SUBMITTING A QUALITY IMPROVEMENT PLAN

Attached is a form for your use in submitting a Quality Improvement Plan (QIP). Quality improvement efforts are regarded by CARF as integral and critical facets of the accreditation process. Guidelines for completing the form are as follows:

1. Respond to all standards identified.
2. Include a brief response that indicates the steps that have been taken or are being taken to address the recommendation. Indicate estimated dates for completion of "in process" items, where appropriate. Do not repeat the wording of the recommendation from the survey report in your QIP.
3. Do **not** include any copies of your organization's forms, policies, procedures, memos, pamphlets, documents, or other attachments with the QIP. CARF will only review your written response to each recommendation.

Upon receipt of the QIP, CARF will review your progress toward addressing the recommendations and acknowledge the plan in a letter to your operational leadership. The QIP will be included in the packet of materials sent to the next survey team. During the next survey visit, the team will review this further to make the determination whether the actions you have taken have brought your organization into conformance to the standards. Additional information concerning the interpretation of specific standards is available by calling CARF.

Please note that the submission of a QIP within 90 days following your initial notice of accreditation is a CARF Accreditation Condition and is required to maintain accredited status. For more information refer to the Accreditation Conditions in the current standards manual.

We encourage you to approach the completion of the QIP as an additional opportunity to enhance the quality, value, and outcomes of your services. If you would like further assistance, please do not hesitate to contact us toll free at (888) 281-6531 [dial 001 (520) 325-1044 from outside the US and Canada].

Please send the completed QIP to asc@carf.org via email.

If you are unable to submit the QIP electronically, you may send the completed plan via regular mail to the Tucson, Arizona, office.

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Edmonton, AB T5J 1A7, Canada

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QUALITY IMPROVEMENT PLAN

Return to CARF by 9/7/2021

Company ID: 213459

FPSS Foster Parent Support Services Society

145 - 735 Goldstream Avenue
 Victoria BC V9B 2X4
 CANADA

Survey Number: 136790

Accreditation Decision: Three-Year Accreditation

Accreditation Expiration Date: 12/31/2023

Survey Date(s): 4/8/2021–4/9/2021

Standards Manual(s): 2020 Child and Youth Services

Completed by (Name): __Dan Malone_____

Date Completed: July 23rd_____

Job Title: _Executive Director_____

Standard Number for Recommendation	Step(s) to Address the Recommendation	Completion Date (Actual or Estimated)
1.A.6.a.(2) 1.A.6.a.(3) 1.A.6.a.(5) 1.A.6.a.(6)(a)(i) 1.A.6.a.(6)(a)(ii) 1.A.6.a.(6)(a)(iii) 1.A.6.a.(6)(b) 1.A.6.a.(6)(c) 1.A.6.a.(6)(d)	Completed. Waiting for Board approval. FPSS Society has expanded its Code of Ethics policy in the Organization Manual (Board members) and Staff Handbook (Staff) to include the above items.	September 30, 2021
1.H.5.c.(3) 1.H.5.c.(6)	Completed. Waiting for Board approval. FPSS Society has added a <i>Shelter in Place Policy</i> under the Health and Safety Section of the Organization Manual. Waiting for Board approval.	September 30, 2021
1.H.7.a.(1) 1.H.7.a.(2)	FPSS will complete drills on time	2021
1.H.10.f.(1) 1.H.10.f.(8) 1.H.10.f.(14) 1.H.10.f.(15)	Completed. Waiting for Board Approval Critical Incident Policy updated to include missing items.	September 30, 2021
1.I.3.a.	In progress. Workplace Analysis Grid (Current skill strengths and gaps) – in progress Workplace Analysis Checklist – in progress	December 2021

	<p>Exploring creative ways to initiate succession planning for various positions within the organization.</p> <p>Cross-training</p> <p>Job shadow (“Me for a Day”)</p> <p>Review job descriptions for relevancy.</p>	
1.I.11.f.	<p>In progress.</p> <p>FPSS will use the results of the Workforce Analysis, discussions, and Performance Appraisals to complete a GAP analysis. The results will also be used to determine which positions need to be included in this process.</p>	December 2021
1.J.1.a.(6)	<p>In progress.</p> <p>Assessment of assistive technology will be added to the Technology Plan and formalized on the Accessibility Review Checklist.</p>	December 2021
<p>1.N.1.f.(1)</p> <p>1.N.1.f.(2)</p> <p>1.N.1.f.(3)</p> <p>1.N.1.f.(4)</p>	<p>Completed. Awaiting revision and Board approval.</p> <p>FPSS Society created a Service Delivery Performance Review that it will use to assess the need for improvements. FPSS Society will gather information through workshop evaluations, Annual Satisfaction Survey, and comments/discussion with caregivers and other stakeholders. FPSS Society will conduct the review Annually and on an <i>as needed</i> basis. Events which require an immediate response will be dealt with at the time. An example requiring an immediate response is the PHO order banning in-person meetings.</p>	December 2021
<p>1.N.2.f.(1)</p> <p>1.N.2.f.(2)</p> <p>1.N.2.f.(3)</p> <p>1.N.2.f.(4)</p>	<p>In progress.</p> <p>FPSS Society will expand and revise its Business Continuity/Disaster Recovery Policy to include an analysis of overall business function. Connects to <i>Service Delivery Performance Review</i>.</p>	December 2021