

9.24. Pregnant Inmates (revised: May-15)

Overview

1. BC Corrections recognizes the special bond between mother and child, and acknowledges that experiencing pregnancy while incarcerated may be an especially difficult and complex time for female inmates.
2. BC Corrections supports the bonding of mother and child through access to prenatal care, parenting programs and community resources that affirm the value of relationship and strength of family.
3. BC Corrections facilitates access to appropriate pre and post-delivery resources as necessary in consultation with pregnant inmates and incarcerated mothers. This may involve contacting a resource deemed necessary, including:
 - Local health authority hospital;
 - Aboriginal health authority;
 - Ministry of Children and Family Development (MCFD) office;
 - Delegated Aboriginal agency; and
 - Internal resources such as BC Corrections health care personnel.
4. BC Corrections offers the Mother-Child Program at Alouette Correctional Centre for Women which is voluntary and designed for women who give birth while incarcerated at a provincial correctional centre in British Columbia. Women approved to participate in the program may reside at Alouette Correctional Centre for Women with their child for up to 24 months. (Participation in the program beyond 24 months is considered on a case-by-case basis.)
5. The Mother-Child Program provides a managed system of support and services and supports the mother-child bond through appropriate programming and community support in order to prepare for a strong family structure upon release that is in the best interests of the child. Wherever possible, the program attempts to mirror the community experience and normalizes the living environment as much as possible taking into account the constraints of the correctional setting.

Pre-delivery role of the case manager, Adult Custody Division

1. When notified about an inmate's pregnancy, the case manager informs the inmate regarding support and services available to her during the pregnancy.
2. If there a possibility that the pregnant inmate could still be incarcerated at the time of the birth, the case manager obtains information from the inmate regarding her plan for care of the child and discusses with her the eligibility requirements for the Mother-Child Program if she is interested.

3. If the inmate is interested in getting support services from the Ministry of Children and Family Development or a delegated Aboriginal child and family services agency, the case manager assists the inmate in contacting these agencies.
4. If the inmate is interested in receiving public health and health care services outside of the correctional centre, the case manager communicates with the health care manager to facilitate the services.

Pre-delivery role of BC Corrections staff

1. Corrections staff encourage inmates to take appropriate care of themselves during pregnancy. Self-care includes consuming regular meals and pre-natal vitamins, communicating and co-operating with health care staff, taking advantage of available pre-natal resources, and following prescribed treatment.
2. Corrections staff report any changes in the pregnant inmate's behaviour to the case manager, health care staff and centre management.
3. Observations of the pregnant inmate by corrections staff are recorded in the CORNET Client Log.
4. Corrections staff immediately notify health care personnel if an inmate reports that she is experiencing cramping or bleeding.

Delivery

1. Corrections staff immediately notify health care personnel and call 911 for an ambulance when there are indications that a pregnant inmate may be experiencing labour.
2. To address the possibility of the baby's birth prior to ambulance arrival when health care staff are unavailable, correctional centres with female offenders ensure:
 - Basic written instructions for delivering a baby are available; and
 - A delivery kit is available and contains: Two receiving blankets, three towels, two regular blankets, and an ear syringe to clear the infant's nose and mouth.
3. After an ambulance has been called, corrections staff remain on the phone with 911 dispatch personnel until the ambulance arrives. The inmate is kept as comfortable as possible during this time.
4. As soon as possible after the inmate reports experiencing labour, corrections staff contact the Ministry of Children and Family Development, and if applicable the intended caregiver for the unborn child. This contact helps to ensure that the caregiver, if applicable, attends the correct location to take custody of the child.

Post-delivery role

1. The Ministry of Children and Family Development or the delegated Aboriginal agency assesses the release plan for the infant, including the option of participating in the Mother-Child Program if the inmate meets the eligibility requirements.

2. Once the release plan for the infant is approved by the Ministry of Children and Family Development or the delegated Aboriginal agency, placement of the infant is facilitated. If the inmate is approved to participate in the Mother-Child Program, corrections staff facilitate the placement of mother and child at Alouette Correctional Centre for Women.
3. If the mother is found to not be eligible or if she chooses to not participate in the Mother-Child Program, the case manager and health care personnel ensure that the incarcerated mother receives appropriate counselling and support immediately following the removal of the infant from her care.
4. Corrections and health care staff monitor the mother for signs of post-partum depression and any other significant changes in behaviour. They record their observations of the mother in the CORNET Client Log
5. Health care personnel review the CORNET Client Log and arrange for the mother's treatment.

Correctional centre visits between incarcerated mother and infant

1. If the incarcerated mother is found to not be eligible or chooses to not participate in the Mother-Child Program, and the infant is cared for outside of the centre, and there is no involvement with the Ministry of Children and Family Development or delegated Aboriginal agency, a case conference is held. The case conference includes the case manager, other corrections staff, the incarcerated mother, and the infant's caregiver and is to establish an approved visitation plan for the incarcerated mother and her infant at the correctional centre.
2. When the Ministry of Children and Family Development or delegated Aboriginal agency is involved in the case, the child welfare worker also attends the case conference. The purpose of the case conference is to establish an approved visitation plan for the incarcerated mother and her infant at the correctional centre. The frequency and length of visits are determined on a case-by-case basis and in a manner that does not conflict with maintenance of the safety, security and operation of the correctional centre.
3. Visits between the incarcerated mother and her infant occur during regular visiting hours, or as approved by centre management. Consideration is given to MCFD's Children in Care Service Standard 10: "Meeting a Child's Need for Stability and Continuity of Lifelong Relationships".
4. Visits between the incarcerated mother and her infant occur in areas approved by centre management.
5. Incarcerated mothers are permitted to breast feed their infant during visits, provided health care personnel have not identified related concerns.
6. Overnight visits at the correctional centre between the incarcerated mother and her infant are not permitted, unless the incarcerated mother is participating in the Mother-Child Program.
7. According to the approved visitation plan, the infant's guardian books visits between the incarcerated mother and the infant.
8. At least one case conference is held every month. Significant concerns regarding visitation or any changes to visitation are shared among all parties.

9. The correctional centre may suspend or withdraw visitation at any time if the safety and security of the correctional centre, the incarcerated mother, or the infant are considered to be at risk.

9.19. Condoms

General

BC Corrections recognizes a duty to reduce the risk of sexually transmitted diseases among inmates. To meet this responsibility, adult correctional centres make condoms available to inmates.

Purpose

This policy provides guidelines for the distribution of condoms in adult correctional centres.

Definition

1. A condom is a prophylactic used to prevent the transmission of infectious disease.
2. For the purpose of this policy, the term “condom” refers to latex rubber condoms for male inmates or latex dental dams for female inmates.

Confidentiality

Staff ensure that confidentiality is maintained to respect the privacy of inmates who request or possess condoms.

Method

Condom distribution methods include availability in the:

- Health care unit; and
- Dorms/ living units.

Costs

Condoms are distributed to inmates free of charge.

Types

Latex condoms are distributed. Medical research indicates that latex is the most effective material to prevent the transmission of infectious disease.

Lubricant

Single-use packages of water-soluble lubricants (i.e. KY Jelly or Lubafax) are supplied with condoms to ensure maximum protection for users.

Education

Education on the use of condoms is provided to inmates in accordance with infection control policy, set out in sections **Error! Reference source not found.** and **Error! Reference source not found.**.

Contraband

1. Staff who discover unopened condoms or lubricant packages in an inmate's possession do not confiscate these articles.
2. Inmates suspected of using condoms to smuggle contraband are disciplined through the normal process.

Mother-Child Program

Participant Guide



Alouette Correctional Centre for Women

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Introduction

This guidebook outlines the Mother-Child Program (MCP) for mothers and children at the Alouette Correctional Centre for Women (ACCW). It:

- Explains how to get in the program and the program rules.
- Lists the services and programs available to develop your parenting skills.
- Answers some of the questions you might have about the Mother-Child Unit (MCU) and program.

Mission Statement

The program is guided by the following mission statement:

“To support the bonding of mother and child, through access to pre-natal care, parenting programs and community resources that affirm the value of relationship, and strength of family.”

Program Description

The program is designed for women who give birth while in custody at ACCW and allows you to live with your child for up to 24 months.

ACCW tries to make your parenting experience similar to the one you would have in the community, while understanding that ACCW is a correctional centre.

The MCP operates on the medium custody site at ACCW in the Alder Unit. The unit has 9 bedrooms.

- 4 are bedrooms for a mother and child with a single bed and room for a crib or toddler bed.
- 5 are rooms that have one or two beds and may be used by inmates who are respite workers (babysitters) or who are suitable for living on the unit
- The unit also has a playroom, child bath area, laundry facilities, and a small kitchen.



What is the purpose of the Mother-Child Program?

The purpose of the Mother-Child Program is to provide you with a system of support and services to help you establish a strong relationship with your child and a strong family structure for when you are released.

Your goals for the program will be individual and unique. We hope the program will:

- Provide you with tool, resources and an environment that encourages a secure, safe, and healthy attachment between you and your child.
- Make sure the nutritional needs of your child are met.
- Provide breastfeeding support as needed.
- Establish relationships and supports with community agencies.
- Improve your well-being for a successful re-integration into the community with your child.

What to expect from the program:

- Provide education to help you understand your child's developmental needs during pregnancy and after birth.
- Access to Family Counsellor to provide tools, parenting programs and resources to establish and build on the mother-child relationship.
- Create a safe and nurturing environment.
- Encourage meaningful contact with supportive family members.
- Help with release planning and linkages with appropriate community supports via aboriginal and community integration liaisons; Integrated Offender Management and housing programs; etc.
- Provide programs and opportunities for you to acquire skills and supports:
 - ✓ Correctional programs, such as:
 - Essential Skills to Success (more than 18 modules)
 - Substance Abuse Management
 - Thinking Leads to Change
 - ✓ Pre and post natal care and education via Fraser Health Authority and/or ACCW healthcare
 - ✓ Mental health and addictions support
 - ✓ Social assistance through the Ministry of Social Development and Social Innovation
 - ✓ Support and services through the Ministry of Children and Family Development
 - ✓ Aboriginal elder and/or spiritual support

Benefits for Mothers:

Develop and/or improve your parenting skills:

- Bond with your child.
- Build positive approaches to parenting.
- If applicable, improve relationships with other children you may have.
- Improve your communication, problem-solving and guidance skills.
- Learn to understand the physical, emotional and spiritual well-being needs of your children.

Develop life skills you need to care for your children

- Improve your ability to make better life and health choices for you and your child.
- Increase your self-esteem and practice being a good role model for your children.
- Improve your understanding of the value of healthy foods and good eating habits.
- Improve your ability to manage stress and frustration.

Develop community connections

- Develop and improve your community connections with outside agencies for assistance in accessing:
 - the child tax benefit
 - employment and job skills
 - health services
 - housing
 - child minding
- Reduce social isolation by being involved in community support groups, such as mothers groups.
- Increase your knowledge of and access to programs and services offered through the Ministry of Social Development and Social Innovation.
- Access applicable First Nations programs.

How do you get into the Mother-Child Program?

If you are likely to give birth in custody you can choose to apply to the MCP by filling out an application (Appendix A).

If you are approved, you must then agree to the terms set out in the *Participation Agreement* (Appendix B).

Ministry of Child and Family Development Involvement

The Ministry of Children and Family Development (MCFD) does not run the Mother-Child Program. But they are involved because the safety and well-being of your child is foremost. The MCFD ensures the Child, Family and Community Service Act is followed which protects children. MCFD also offers community family support services for release planning.

You will be asked to give your consent for us to contact MCFD to do planning and coordination of MCFD support services. By giving your consent MCFD Family Support Services and ACCW will share information about you and your child. Please note that if you choose not to give consent, MCFD will still be involved once you give birth.

Your case management coordinator will discuss this with you when your application is reviewed.

The Selection Process

In order to qualify for the Mother-Child Program, you must:

- Complete the *Mother-Child Program Application* (Appendix A).
- Agree to the terms set out in the *Participant Agreement and Release* (Appendix B).
- Provide consent per the *ACCW Consent for Disclosure under the Freedom of Information and Protection of Privacy Act* (Appendix D)
- Health care will be asked about any known mental or physical issues or concerns that related to your participation in the program.
- Willingly participate in parenting programs and other programs related to your learning needs as outlined in your case management plan.

You will not qualify to participate in the program if you:

- Have a court order forbidding contact with your children, or child welfare authorities are filing for termination of parental rights.
- Have a documented history of:
 - sexual offending
 - crimes against children or vulnerable persons
 - arson
 - stalking (involving a minor or vulnerable person)
 - kidnapping and/or forcible confinement involving a minor or vulnerable person
 - abusing a child or vulnerable person
 - committing incest
 - any other serious offense that has jeopardized the safety of a child or vulnerable person

Please note: The warden or designate can make exceptions or create other exclusions from the program.

The Screening Process

The steps below outline the process used to decide if you can take part in the Mother-Child Program:

1. The case management coordinator will meet with you to find out if you are eligible for the program.
2. If eligible, the case management coordinator will contact the ACCW health care manager and mental health professionals to make sure there are no mental and/or physical health concerns that are known at that time that relate to the Mother and Child Program.
3. The ACCW health care manager and mental health professionals will be asked if you have any known mental or physical health concerns that could put children at risk if you participate in the program.
4. Once you have successfully met the screening criteria, a selection committee will meet. The selection committee will:
 - a. Review your application.
 - b. Interview you.

- c. Provide a written recommendation to the deputy warden or designate.

If you meet the screening requirements and are interested in receiving support services from MCFD this will be facilitated through your case coordinator.

The Review Committee

A review committee will make a recommendation if you are eligible for the Mother-Child Program. The committee will be made up of at least three people, including:

- The assistant deputy warden of the sentence management unit
- Your case management coordinator
- Healthcare manager or designate

The committee may talk with other people who may have relevant information about you, and can include additional committee members, if they think it is necessary.

Two more people may be asked to participate on the committee if they are available, and if time permits. These may include:

- First Nations Health Authority staff
- An Elder
- MCFD or Delegated Aboriginal Agency social worker
- Fraser Health Authority staff
- Probation officer
- Correctional officer
- ACCW contracted service provider
- Member of the Community Advisory Board

The committee will forward their written recommendation to the deputy warden of programs for an interim decision.

It is important that you understand the final decision will not be confirmed until your baby is born and MCFD supports your acceptance into the Mother-Child Program.

Expectations if accepted to the program:

As a new participant, you will be expected to:

- Engage in regular case management to get full benefit from the program.
- Enroll in and complete parenting programs (i.e. first aid, infant CPR) before your baby is born.
- Sign the *Mother-Child Program Consent for the Collection of the Personal Information of the Child*. (Appendix D)
- Complete other programs as outlined in your case management plan.
- Sign all other required consent forms.
- Sign the Digital Camera expectations.

Providing Emergency Contacts

You will be asked to provide two emergency community contacts (Alternative Community Caregivers) who are willing to care for your child if you are unable to do so. If you cannot provide emergency contacts, the Ministry of Children and Family Development will fill this role.

Going into labour

Tell a correctional officer when you are in distress or you feel you are going into labour. If you are in labour, you will be taken to the hospital. A bag with required items will be provided for you and your newborn. A list of approved items can be found in (Appendix E).

Visits

In the hospital

Only visitors pre-approved by the deputy warden or designate will be allowed to visit you while in the hospital.

Visiting Rules and Visitor Guidelines:

- Visitors must be on the approved visiting list.
- Visitors must receive prior approval from the deputy warden or designate before they show up at the hospital.
- Correctional officers will be present during all visits.
- The number of visitors at the hospital will be limited to two at a time.
- All visits at the hospital will be limited to a maximum of two hours during the hospital's regular visiting hours. All exceptions are at the discretion of the deputy warden or designate.

- The deputy warden must approve any gifts you or your child may receive at the hospital.

Centre visits

Immediate family members or others that have been approved and identified as good community supports will have open visits in the family room located in SMU.

Transporting your Child

Federal and provincial laws require that all children under the age of 16 be correctly secured in a child car seat or seat belt. Whenever your child travels in a vehicle, he or she must be in an approved car seat. ACCW will provide approved child car seats for your child for transportation in all corrections vehicles. As a parent, you are responsible for making sure your child is secure in a car seat.

More detailed instructions regarding the use of car seats are available in the *Child Car Seat Usage Guide* in (Appendix F).

Living on the Mother-Child Unit with your Child

After your baby is born you can apply for up to six months leave from work programs. This is to make sure you have the chance to get used to your new baby and settle into routines. You will begin programming designed to address your unique needs and to meet your goals. This will be set up in consultation with your case manager and case management coordinator. However, you may return to work programs earlier if you choose.

Health Care and Well-being of your Child

Your child must be medically stable in order to be able to participate in the Mother-Child Program. The health and well-being of your child is the top priority.

Your baby's health care services and personal medical information will be collected by ACCW healthcare. This information will be available to health care providers working with ACCW, if it is needed.

You are ultimately responsible for the health and safety of your child. You will be given support and access to community professionals to make sure your child is healthy and provide routine healthcare for your child. Emergency medical care will be provided by ACCW

healthcare and/or community emergency services. Day-to-day assistance may be provided by ACCW healthcare services.

Feeding your Child

Breastfeeding

Breastfeeding enhances the health of your baby and promotes mother-child bonding. It is the generally accepted way of providing your baby with the nutrients needing for healthy growth and development; unless there are medical reasons not to. It is recommended that infants be fed only breast milk for the first six months. After six months, appropriate foods can be added.

Your individual room provides privacy for breastfeeding your baby. However if you choose to breastfeed in the common area, we suggest that you be discrete as these areas do have camera coverage.

Some excellent tips for successful breastfeeding can be found in *Quick Tips: Successful Breast-Feeding* (Appendix G). The following are issues related specifically to breastfeeding in the Mother-Child Unit:

- It is important that you remain awake and alert during the feeding of your child.
- Your breast milk or baby food is for your child only. Do not share breast milk or baby food with other children.
- If you use a breast pump, make sure it is properly cleaned and cared for after each use.
- Breast milk pumped for later use must be labeled, dated, and stored in the refrigerator in the Alder Mother-Child Unit staff office.

Food and Milk Preparation and Storage

The Alder Unit has a kitchen area to prepare food for children. Hot pots are to be used in the kitchen area only. The unit refrigerator is for baby food storage only. To avoid any confusion, all baby formula, juice, and approved food must be labeled with your child's name and the date it was put into the refrigerator. Other things to note include:

- Children are to be fed age-appropriate food. Unless ordered by a doctor, no cereal or baby food should be placed into a baby's bottle.
- Always hold the bottle for your baby. If age appropriate, the baby may hold the bottle under your supervision. Baby bottles are never to be propped up during feeding.

- Infant formula and food items for children housed at ACCW will be provided by the centre.
- Children eating baby or table food are to be fed on the unit, not in your room.
- Use high chairs when your child is eating baby or table food.

Medications for your Child

If your child needs medication, you must tell the unit correctional officer. Any medical instructions or medications prescribed or recommended by your child's doctor, nurse, or clinic must be given to the correctional officer for safe storage.

You, or your respite worker, will be responsible for giving your child the medication under staff supervision. Unit staff must witness and write down all medication dispensed to the children housed in the MCU in the Child Medication Dispensary Log that is kept in the staff office.

Clothing and Supplies for your Child

All necessary clothing and supplies for your child are provided by the centre and distributed by the living unit officer.

Clothes for your child will be available from the storeroom on the MCU. Clothing provided through the centre should be returned once your child grows out of the item, or when you are released from the centre. Upon discharge, you will be allowed to take seven sets of clothing for your child, plus appropriate seasonal outerwear.

Shopping for your Child

After your child is born, you will be able to request additional items for your child on a weekly Shopping Request Sheet. You may only ask for items necessary for the proper care of your child. You will complete the Shopping Request Sheet and submit it to the deputy warden or designate for approval. You must:

- only buy items appropriate for your child's age
- have money in your Trust Account to cover the cost of the items
- only order items on the approved child supply and clothing list

Gifts from the Community for you and your Child

People like to give gifts to new mothers and their babies. It is important to remember that as a participant in the Mother-Child Program, you must follow the current incoming mail guidelines. You can only receive items for your child if the items are on the approved list or they have been approved by the assistant deputy warden of programs. Packages that arrive at the centre that have not been pre-approved will be returned to the sender.

****No food or perishable items are allowed in incoming gifts.***

Camera Use and Pictures of your Child

We understand the desire to have photos of your child. To achieve this you will have two options:

1. By special request, you can have an inexpensive digital camera sent into the centre.
2. You may purchase a digital photo chip from the centre and use the MCP digital camera.

Photo guidelines:

- Your photo chip will be marked for identification
- The camera will be kept at the staff station and will be signed out and returned after each use
- You are only permitted to take photos of your own child or have someone take photos of you with your child. You cannot take pictures of other children, other inmates, or staff.
- You can only take pictures in designated areas.
- All of your photos will be screened by unit staff to make sure that the content of the photos meet these guidelines. Photos that do not meet the guidelines will be deleted from the photo chip. You will be shown all photos that are required to be removed.

Safety and Security of your Child

The Mother-Child Program is supervised by correctional staff who are responsible for the daily operation of the unit. These officers are responsible for your safety and security. You are responsible for the safety and well-being of your child.

The safety of your child is important. Each rule or regulation in the MCP is for the safety and security of your child. Not following these rules may result in a review of your participation in the MCP and could result in your removal from the program.

The following information outlines the rules you must follow to ensure your safety and the safety of your child and others living on the unit:

- Inmates living in the MCU must follow all of the centre's rules and regulations as outlined in the ACCW Inmate Handbook. In addition, MCP participants must follow all rules and regulations specific to the MCU as outlined in this guidebook.

- If you break the rules, you will face the same disciplinary procedures as others in the general population. This is explained in the *Correction Act Regulations*.
- For the safety and health of the children and all inmates on the unit, all rooms must be kept clean and neat.
- Every inmate on the unit is expected to do her part to keep the unit clean. Therefore, it is expected that you will fulfill the cleaning duties listed on the unit cleaning schedule.
- You may request to have your meals on the Mother-Child unit for a time to allow you to recover. The length of this will be determined in consultation with your case manager; healthcare and/or the Family Counsellor.
- The unit kitchen is used for preparing age-appropriate foods for your child and for food items obtained through the canteen.
- The playroom has books and toys and provides an area for children to play and do crafts. When you use the playroom with your child, it is your responsibility to clean and tidy the room after use.
- Television viewing in the playroom is restricted to child-appropriate TV programs and DVDs.
- The changing room is for changing diapers and for bathing children. Soiled diapers must be disposed in the appropriate diaper pail. No diapers should be disposed in the day room garbage.
- You must clean the bathing area after you have bathed your child.
- For the safety of everyone on the unit, children's items such as toys will not be permitted in the day room area.
- You are permitted to let others hold your child however you need to be next to them.

Child Sleeping and Crib Safety

The Mother-Child program has developed the following guidelines to keep your child safe in bed.

- All children must sleep in the cribs or toddlers beds, not in your bed. You may however, move the crib close to your bed.
- Children must sleep on their back, both at nap time and bedtime.
- The crib should be completely empty, except for the crib mattress and the fitted sheet.
- No blankets or soft objects are allowed around the child while sleeping. These can cause the child to become overheated or to suffocate. Overheating is a risk factor for Sudden Infant Death Syndrome (SIDS). If the room temperature is comfortable for you, it is also comfortable for your child.

- The sides of the crib are to be raised up fully whenever your child is in the crib.
- During the night, if your child is awake and disturbing the sleep of others on the unit, you may take your baby into the playroom area until he or she is calm enough to go back into the bedroom.
- Cribs should be neat and tidy at all times. Toiletries and diapers should not be placed in the cribs. Nothing should be hanging on the sides of the crib.
- Children under six months may have three firm toys in the crib while awake and playing. These toys are not allowed in the crib when the child is sleeping.

For more information see *Safe Sleeping Tips for Babies* (Appendix H).

Child Safety Guidelines for your Child

It is important that you follow these safety guidelines to make sure that your child is safe at all times.

- Safety straps must be used whenever your child is in a stroller, infant carrier, high chair, baby seat, or baby swing.
- Children are to be supervised at all times. Do not leave your child unattended on a bed, changing table, or in a stroller. When the child is asleep and you are in another room, a baby monitor counts as supervision.
- Do not sleep with your child in your bed.
- You must give permission for another person to:
 - touch or hold your child; or
 - give your child anything to eat or drink.

Outdoor Recreation and Special Events for your Child

- You are encouraged to take your child outside daily for fresh air weather permitting, unless there is a medical reason not to do so.
- You and your child are allowed in all outdoor areas permitted by medium custody inmates; however you are responsible for their safety. ACCW does have a dog program and it is your responsibility to keep your child away from all dogs.
- Your child is not permitted program's building during regular program times or during regular recreational times. Exceptions may be made for special events.
- If you are required to visit the program's building during regular program or recreational times, a respite worker may care for your child.

Unacceptable Behaviours and Actions

Physical and emotional abuse or neglect is **NEVER** acceptable and is treated very seriously. There is a legal requirement to report this behaviour to the MCFD, who will investigate the situation. Physical and emotional abuse and neglect includes, but is not limited to:

- Slapping
- Assault
- Pushing
- Hitting
- Choking
- Verbal attacks
- Threats
- Insults
- Humiliation
- Rejection

Anyone who has reason to believe that your child, or any other child, is being abused or neglected has a legal duty to report this. For more details about the *Child, Family and Community Service Act* and *Duty to Report* see *Duty to Report* (Appendix I).

Search Procedures

Being a participant in the Mother-Child Program does not exclude you from searches. It is important to note the following:

- Regular search procedures apply on all community temporary absences.
- You will receive a pat-down search after a contact visit.
- When there are reasonable grounds that contraband may have been placed on your child after a contact visit, you will be asked to change the child's clothing and diaper in the presence of a staff member.

When you cannot look after your child, who will?

From time to time, you may need someone to watch your child. Respite workers (babysitters) may be available to care for your child. The respite worker's primary role is to take care of your child when you are working or attending other correctional programs. The time limit for respite workers caring for your child will normally be no longer than a 24-hour period.

Respite workers may live on the MCU or on another unit in the medium site. Respite workers are selected through a thorough screening process. Before they become respite workers, they are required to complete necessary training associated with their role in the Mother-Child

Program. The respite worker position is a paid position at ACCW and may be assigned other duties on the unit or attend other work programs during part of the day.

You will be able to participate in the selection and approve a primary respite worker and two alternates to care for your child. You will make this selection from a list of trained inmates.

Ending the Program Early

The Mother-Child Program is a voluntary program that requires your full cooperation. You may decide at any time that you no longer want to be part of the program.

While in the program, you must agree to follow the rules outlined in this guidebook. The best interest of the child is the primary focus. If you do not follow the rules, there will be a review of your participation and you may be required to leave the program. The deputy warden of programs will make all decisions about removing a participant from the program.

Recommendations to remove a program participant will be based on:

- a serious concern about the health and safety of your child or other children in the program, or
- a security threat to the operation of the program or centre.

If your child's safety is in question, or if your child is in possible danger, he or she will be temporarily removed from the Mother-Child Unit while an investigation by the Ministry of Children and Family Development takes place. While waiting for a more permanent placement, your child may be placed with one of the alternate care givers you have selected.

When the investigation is complete, your child may be return to the MCP at the discretion of MCFD and the review committee. Termination from the program will occur when:

- It is in the best interest of the child.
- Attempts to assist the inmate have failed.
- When the participant wishes to leave the program.



MOTHER-CHILD PROGRAM

Program Application

Resources

Baby's Best Chance-Parents Handbook of Pregnancy and Baby Care

This book is a provincial resource to help you have a healthy pregnancy and give your baby a good start in life. Copies of the book will be available on the Mother-Child Unit and in the staff office area.

Toddlers' First Steps

This book covers child development from six months to three years of age.

BC Health Guide helping you and your family stay healthy

This book offers simple guidelines on how to recognize and handle common health problems. It also includes chapters on making wise health decisions, developing an effective relationship with your doctor, staying healthy, and leading a healthy lifestyle. Copies of the book will be available on the Mother-Child Unit and in the staff office area.

In addition, HealthLink BC provides a service where you can speak to a nurse anytime of the day or night to receive approved medical information. You are permitted to contact the **811 – 24/7** ***hotline*** for healthcare advice at any time add.



MOTHER-CHILD PROGRAM

Program Application

Appendix A – Program Application

Date of Application: _____

Last Name: _____

First Name: _____

CS Number: _____

DOB: _____

PDD date: _____

OR Next court date: _____

PREGNANCY INFORMATION

Due Date: _____ or How many weeks pregnant? _____

Date Last Seen by OB/GYN: _____ Date Started Pre-natal Care: _____

Is this your 1st Pregnancy? Yes ☐ No ☐

Difficulties: _____

Drug Use: _____

Pre-Natal Treatment Received (type, location, dates):

Do you have any children under the age of 19? Yes ☐ No ☐ (If yes, please provide details)



MOTHER-CHILD PROGRAM

Program Application

Do you plan to breast feed the child? Yes ☐ No ☐

Are you or the father of the child aboriginal? Yes ☐ No ☐

Is the Ministry of Children and Family Development involved with any care of your children?

Yes ☐ No ☐ (If yes, provide details)

Father's Contact Information

Do you feel the father will object to your baby entering the program or attempt to gain custody of the baby? (If yes, explain)

RELEASE PLANS (Provide details of plans upon release and address of anticipated place of residence.)



MOTHER-CHILD PROGRAM

Program Application

Full address of residence upon release:

In your own words, why do you think you should be accepted into the Mother-Child Program?

Signed: _____
(Participants Name)

Date: _____

Witness: _____
(Signature)

Date: _____

(Print Name and Title)



MOTHER-CHILD PROGRAM

Program Application

FOR OFFICE USE ONLY

Listing of Current and Past Charges/Convictions attached? _____

Each section is to be signed or initialed:

_____ **Mother Child Program Application Document completed**

_____ **No Medical concerns identified** _____ **No Mental health concerns identified**

☐ Recommended for Program ☐ **Not** Recommended for Program

Selection Committee Member's Signatures:

_____	Case Coordinator
_____	Assistant Deputy Warden – SMU
_____	MCFD Representative (if needed)
_____	Health Services Manager or designate
_____	Deputy Warden – Programs
_____	Other

Date: _____

☐ **Accepted into Program** ☐ **Not Accepted into Program**

_____ Warden or designate Date: _____

_____ Applicant Signature Date: _____



MOTHER CHILD PROGRAM

Participant Agreement

Appendix B –Participant Agreement

Name: _____ CS Number: _____

The following procedures and terms are for the safety of all children and residents in the Mother-Child Program. In order to participate in the Mother-Child Program, I agree to abide by the terms and conditions of this Parenting Agreement, as set out below and in the attached Appendices.

1. I agree to assume all risks and responsibilities associated with my child's participation in the Mother-Child Program (see Section 1).
2. I agree to accept full responsibility for the care of my child on a 24-hour basis while in the Mother-Child Program and further agree to make every effort to meet the physical and safety needs, social and emotional needs and health care needs of my child.
3. I agree to take training/programming that will give me the tools and resources to assist me in the care of my child.
4. I agree to abide by the protocol for disciplining my child (see Section 2).
5. I agree to abide by the health care protocol for my child (see Section 3).
6. I agree to not possess or consume alcohol, tobacco, unauthorized drugs/medication or other intoxicants and agree to submit to regular urine analysis. I understand that if I am found in an intoxicated state/under the influence of an unknown substance, my participation in the Mother-Child Program will be immediately re-evaluated.
7. If drugs or contraband are found on my child or in my room or in its contents, my participation in the Mother-Child Program will be immediately re-evaluated.
8. I understand that my child's personal information will be collected, used and may be disclosed as part of my child's participating in the Mother-Child Program (see Section 4).
9. I have identified two designated Emergency Contacts (Community Caregiver) in the event that I am unable to care for my child (see Section 5).
10. I understand that I may be removed from the program at any time and my child placed with one of its designated Emergency Contacts (Community Caregiver) or in the care of the Ministry of Children and Family Development, if I do not abide by the rules of the program.



MOTHER CHILD PROGRAM

Participant Agreement

11. I understand that during any form of critical incident, if the emergency extends beyond 12 hours, one of my designated Emergency Contacts (Community Caregiver) shall take custody of my child until such time as the incident is resolved.
12. I understand that my child may be searched under certain circumstances with my consent (see Section 6).
13. I agree that my child may be cared for by a Respite Worker. I understand that ACCW does not certify, guarantee, or assure the performance of the Respite Worker.
14. I agree to cooperate with and facilitate visits between my child and other significant caregivers where I am legally required to do so.
15. I agree to abide with the behavioral expectations of the Mother-Child Program (see Section 7).

	yyyy/mm/dd
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Initials of
Participant

Date



MOTHER CHILD PROGRAM

Participant Agreement

Section 1: Release

I agree to permanently release all persons who are present or former employees or administrators of the Mother Child Program from any actions and claims in any way related to my participation in the Mother Child Program. I also permanently release their former, current, and future agents, heirs, successors, administrators, corporations, and insurers.

I understand that the terms "actions and claims" include, but are not limited to:

1. Any and all liability claims, demands, actions, or causes of action which I may now or in future claim to have, both known and unknown.
2. Any and all claims for personal injuries, damages, compensation, punitive damages, attorney's fees, costs, and expenses.
3. Any and all claims described above as relate to the action or non-action of a respite worker while caring for my child.

I have read and understand this participation agreement and release, and I freely and voluntarily agree to abide by them.

	yyyy/mm/dd
Initials of Participant	Date



MOTHER CHILD PROGRAM

Participant Agreement

Section 2: Discipline Protocol

I shall not use any physical, abusive or other violent methods to discipline my child.
I shall not verbally abuse my child, or use derogatory names or yell at my child.
I shall not threaten to withdraw my affection or withdraw my affection as a consequence of misbehaviour.
I shall try to encourage my child's good behaviour in a balanced way.
I shall try to be consistent.
I shall try to set limits and respect the consequences I set.
I shall use the following types of intervention:

- a. verbal instructions (explanations)
- b. negotiation
- c. direct orders (set limit, define consequences that the child can understand and follow through)

	yyyy/mm/dd
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Initials of
Participant

Date



MOTHER CHILD PROGRAM

Participant Agreement

Section 3: Healthcare Protocol

1. I will be responsible for the healthcare of my child.
2. I shall keep all medical appointments and will accompany my child to all medical appointments if he/she requires examination.
3. I will promptly inform staff of any injury or illness to my child as soon as it occurs, and complete any related paperwork that may be required.
4. If my child has a fever or any other contagious medical condition, I understand that my child will receive medical treatment.
5. I authorize the staff of Alouette Correctional Centre for Women (ACCW) to authorize emergency medical treatment for my child in my absence or if I am physically or emotionally incapacitated and unable to give my approval.
6. Should my child require emergency medical treatment, I will accompany him/her to the outside medical provider, if I have been approved by the Warden or designate. While in the community I will follow the direction of ACCW staff.

	yyyy/mm/dd
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Initials of
Participant

Date



MOTHER CHILD PROGRAM

Participant Agreement

Section 4: Collection, Use and Disclosure of my Child's Personal Information under the Freedom of Information and Protection of Privacy Act (FOIPPA).

My case management coordinator reviewed the following information with me. While incarcerated at ACCW, I understand that:

1. During my incarceration and as part of my participation in the Mother-Child Program, my child's personal information will be collected (i.e. pictures, video recordings, medical information, etc...). BC Corrections has the authority to collect my child's personal information as per section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) for the purpose of my child receiving appropriate, consistent and effective care and to provide safe and secure custody of myself and others. For questions regarding the collection of my child's personal information, I may contact the Corrections Branch Privacy Analyst at PO Box 9278 STN PROV GOVT, Victoria, BC V8W 9J7. Tel: 1-888-952-7968.
2. All my child's health care services and personal medical information will be documented. This file is computerized and will be attached to my personal medical file. It will be available to health care providers working in the BC correctional system. Health care providers could include:
 - nurses
 - dental assistants
 - dentists
 - medical office assistants/clerks
 - pharmacy technicians
 - physicians
 - radiographers and radiologists
3. Health care providers will look at my child's medical information only when they need it. They must keep my child's information confidential. They may share my child's relevant information:
 - with health care providers if it is needed to provide my child with appropriate health care services,
 - with community health care providers if it is needed to make referrals and arrange for my child's health care, and,
 - with correctional staff and other authorities in circumstances where the safety of my child is in question or my child is in imminent danger.
4. I will be asked for my permission to share my child's PharmaNet records if they are needed to understand my child's medical history.
5. I may ask for my child's health care records to be given to another community health care provider or other third party.
6. I may get my child's records by making an application under FOIPPA.
7. My child's records may be disclosed under certain legal conditions. The reasons may be:



MOTHER CHILD PROGRAM

Participant Agreement

- if a court order or subpoena is issued for them,
- if my child and I are transferred to be under the care of another agency who is enforcing my legal hold (such as Correctional Service Canada),
- if my child's safety is a concern and an application is made under the *Child, Family and Community Services Act*, and
- if I make a complaint about my child's health care.

By initialing below, I show that:

- I understand and agree to the information above.
- I had an opportunity to ask questions.

	yyyy/mm/dd
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Initials of
Participant

Date



MOTHER CHILD PROGRAM

Participant Agreement

Section 5: Emergency Contacts (Community Caregivers)

Complete the following information below on two individuals who you believe will be willing to care for your child in any emergency. Each Emergency Contact (Community Caregiver) must sign and return an Emergency Contact (Community Caregiver) Agreement and will agree to pick up your baby within 24 hours if called by Alouette Correctional Center for Women to do so. If you do not have an Emergency Contact, the Ministry of Children and Families will be contacted.

The Emergency Contacts (Community Caregivers) who you select must meet the following criteria:

1. Cannot have been convicted of any offense against a child.
2. Must have transportation and a car seat for your baby.
3. Must be willing to take your baby with little notice.
4. Must agree to be your Emergency Contact.

Primary Emergency Contact (Community Caregiver)

Name: _____ Relationship to you: _____

Address: _____ Relationship to child: _____

_____ Are they on your visiting list? _____

Home Phone Number: _____

Work Phone Number: _____

Alternate Phone Number: _____

Secondary Emergency Contact (Community Caregiver)

Name: _____ Relationship to you: _____

Address: _____ Relationship to child: _____

_____ Are they on your visiting list? _____

Home Phone Number: _____

Work Phone Number: _____

Alternate Phone Number: _____



MOTHER CHILD PROGRAM

Participant Agreement

Section 6: Search of my child

I understand that my child may be searched under certain circumstances:

- When my child is entering or leaving ACCW, a staff member may conduct a routine non-intrusive search of him/her.
- A staff member may conduct a non-intrusive search of my child when that staff member suspects on reasonable grounds that my child is carrying contraband or other evidence relating to an offence under section 17 of the *Correction Act*.

No search of my child shall be conducted without my consent at the time of the search. Normally, this consent shall be in writing; however, if I am unable to be present, the consent may be verbal.

If drugs or contraband are found on my child or in my child's belongings, my participation in the program shall be re-evaluated. The re-evaluation may result in the termination of my participation in the program.

I shall normally be present during all searches of my child. However, if I am unable to be present, the reason for my absence shall be documented.

Searches shall be carried out with the utmost discretion and consideration for the impact on my child, and with sensitivity to my child's gender and age.

Where the search of my child is non-routine or where the staff member seizes an item in the course of the search, it will be documented in CORNET.

I understand that once I have signed the Parenting Agreement and this appendix, if I subsequently refuse to consent to searches of my child, my participation in the Mother-Child Program shall be immediately re-evaluated. The re-evaluation could result in my participation in the Mother-Child Program being terminated.

	yyyy/mm/dd
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Initials of
Participant

Date



MOTHER CHILD PROGRAM

Participant Agreement

Section 7: Behavioural Expectations

1. I will promptly respond to any sign of my child's distress (crying, coughing, etc.).
2. I will not leave my child unattended in my room at any time.
3. I will not place my child in/on a chair or any other area where he/she could fall. I shall secure him/her with the proper restraints to prevent falls or injuries.
4. I will never engage in horseplay that could endanger the infants, other offenders, or staff members.
5. I will bathe myself and my child regularly and maintain our clothes, bed linen, room and common areas to reflect a neat and orderly environment.
6. I agree to keep all objects which could be swallowed away from all infants.
7. I agree to mediation if I have a contact concern with another mother on the Mother Child Unit.

	yyyy/mm/dd
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Initials of
Participant

Date

I acknowledge that I have been fully informed of the rules of the program, its procedures and its specifics. I agree to abide by the rules of the Mother-Child Program and of ACCW.

I have read the Participants Agreement and Sections 1 – 7 and agree to live by the conditions in it.

Signed: _____
(Participants Name)

Date: _____

Witness: _____
(Signature)

Date: _____

(Print Name and Title)



MOTHER CHILD PROGRAM

Emergency Contact

Appendix C – Emergency Contact

Date

Emergency Contact

Address

Address

RE: Emergency Contact (Community Caregiver)

Dear Ms. / Mr. *[Emergency Contact's name]*,

This letter is to notify that you have been identified as the Emergency Contact (Community Caregiver) for *[applicant's name]*.

[Applicant's name] is being considered for participation in the Mother Child Program at Alouette Correctional Centre for Women. As part of the approval process, we must confirm that you are willing to act as an Emergency Contact (Community Caregiver) for the child.

The expectations of being an Emergency Contact are the following:

- If contacted to pick up the infant, you are expected to be at Alouette Correctional Centre for Women within 24 hours.
- You are able to provide a car seat for the infant.
- You will accept all property belonging to the infant.
- If you arrive at the centre appearing to be under the influence of alcohol or drugs, you will not be permitted to take care of the child.
- If informed to return the child to Alouette Correctional Centre for Women, you are expected to accomplish this within twenty-four hours, and to return all infant property given to you when you obtained temporary care of the child.

You would have an integral role in this program. In the event that the infant must leave Alouette Correctional Centre for Women, you would be one of the only approved persons who can take care of the child. If you are not available, the child may go into emergency foster care. It would be very important that you keep us informed of your address and phone number so that we can contact you in the event of an emergency.

The expected delivery date for the child is *[Date]*. *[Applicant's name]* would contact you to advise you of the child's birth.

If you would like to be the child's emergency contact, please complete the enclosed application and return it within 7 business days to Alouette Correctional Centre for Women (see contact information below).



MOTHER CHILD PROGRAM

Emergency Contact

Please write or call if you have any further questions regarding this program.

Sincerely,

[Case Management Coordinator's Name]

Case Management Coordinator
Alouette Correctional Centre for Women
PO Box 1000
Maple Ridge, BC V2X 7G4

[Case Management Coordinator's email address]

Telephone: (604) 476-2660
Facsimile: (604) 476-2981

Application enclosed



MOTHER CHILD PROGRAM

Emergency Contact

The mother listed below with her child wishes to participate in the Mother Child Program at Alouette Correctional Centre for Women. Information has been included with this form which will explain the highlights of this program. You have been identified as someone who could pick up the infant at the institution should an emergency situation arise. If you wish to act in this capacity, please complete and return this form.

Name of the Expectant Mother:	Your Name:
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Relationship to the Expectant Mother and /or the unborn child:	
Street address	
City/Province/Postal Code	
Home Phone Number () -	
Work Phone Number () -	Alternate Phone Number () -
Driver's License or Passport Number	
Please Circle the correct answer to the following: I have been convicted of a crime against a child YES NO I am willing to act as an emergency contact YES NO I am able to provide a car seat for the infant YES NO	

I agree to act as an emergency contact. If contacted by Alouette Correctional Centre for Women, I will report to the centre within 24 hours and take temporary care of the child. I understand that a criminal background check will be conducted by the case coordinators of Alouette Correctional Center for Women.
_____ Your Signature

*** This form must be returned within (7) seven working days.***

The collection of your personal information is authorized under section 26 of the *Freedom of Information and Protection of Privacy Act* to ensure that the mother and her child receive appropriate, consistent and effective care and support in a safe and secure environment. Should you have any questions about the collection of this personal information please contact the Privacy Analyst at BC Corrections at 1-888-952-7968 or write to PO BOX 9278 STN PROV GOVT, Victoria BC V8W 9J7

Appendix D- Consent for Disclosure under Freedom of Information and Protection of Privacy Act

MCFD/DAA CONSENT Alouette Correctional Centre for Women Mother –Child Program

Consents for Disclosure under the *Freedom of Information and Protection of Privacy Act*

Last Name _____ First and Middle Name _____

Alias _____ Date of Birth _____

Previous Last Name(s) or Maiden Name _____

Last known community address _____

REASON FOR CONSENT

As part of the ACCW Mother-Child Program, I am interested in receiving Family Support Services offered by the Ministry of Children and Family Development (MCFD). I consent to and understand the following:

CONSENT and Understanding

I consent to MCFD/DAA (Family Support Services) and ACCW sharing information about me and/or my child where necessary to integrate the planning and/or delivery of MCFD/DAA support services if I wish to receive those services. Such personal information may include information specific to my needs and my child's needs, what services are being provided to me by MCFD and how they are helping. It might also include information about when I am leaving the centre and what my plan is.

This consent will expire one year from the date of signing or upon my release or transfer from ACCW or if I inform ACCW and MCFD at any time that I am withdrawing my consent.

Signed: _____ Date: _____

(Participants Name)

Witness: _____ Date: _____

(Signature)

(Print Name and Title)

Appendix E – Approved Items to be transported with the expectant mother to the hospital

Immediately prior to the woman's departure to the community hospital for delivery of the child, the following items may be transported with the woman:

Personal items for the child:

- 3 receiving blankets
- 3 infant outfits
- 3 pair's infant socks
- 3 onesies (undergarment)
- Seasonally appropriate outerwear/blanket

Personal items for the woman:

- 1 complete set of clothing (pants, -Shirt, and sweatshirt)
- 3 underpants
- 1 bra
- 1 pair of socks
- 1 nightgown/pajamas
- 1 toothbrush & toothpaste
- 1 shampoo & conditioner
- 1 comb
- 1 bar of soap
- Seasonally appropriate outerwear

All items must be ACCW issue only.

Approved Items returning with Mother and Child

Approved items will be allowed into the correctional center. All items initially transported with the woman are approved upon return to the centre. The following additional items are approved for entry into the facility:

- Baby formula (unopened)
- Bottle nipples
- Diapers
- Baby wipes
- Diaper rash cream
- Bulb syringe
- Diaper bag

Any other items must be approved by deputy warden – programs, or designate, before being permitted on the Mother-Child Unit.

1. Approved Items for Family Visiting Area

The mother will be allowed to bring the following items into the family visiting area during a visit:

- Diaper bag
- Diapers
- Diaper rash cream
- Wipes

- 1 Blanket
- 1 Pacifier
- 1 Outfit (change of clothes)
- Container (bottle) with breast milk or baby formula (if required)
- 1 Age appropriate baby toy
- 2 receiving blankets

2. Approved Child Supplies for the Mother-Child Unit

- 7 sleepers
- 7 onesies
- 7 T-shirts
- 7 pairs of socks
- 2 pairs of shoes
- 5 blankets
- 2 quilts
- 7 outfits
- 1 jacket
- 1 pair of gloves
- 1 stocking hat
- 1 brimmed hat
- 1 bottle sunscreen
- 1 winter coat
- 3 hooded bath towels
- 6 baby wash cloths
- 1 bottle of baby shampoo/wash
- 1 bottle of baby lotion
- Wipes are refilled as needed
- Diapers are provided as needed
- 1 diaper bag
- 8 bottles
- 2 pacifiers
- 1 brush/comb set
- 1 digital thermometer
- 1 nail clipper
- 1 bulb syringe

Appendix F – Child Car Seat Usage Guide

For an update on this information please check:

<https://www.tc.gc.ca/eng/motorvehiclesafety/safedrivers-childsafety-car-time-stages-1083.htm> (June 19, 2014)

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Copyright

Appendix G – Quick Tips: Successful Breast-Feeding

Some aspects of breast-feeding may come naturally, but learning some breast-feeding skills and techniques can help you be more successful. Before your baby is born, take classes, read books, and watch videos that demonstrate breast-feeding techniques.

If you have concerns about your ability to breast-feed, talk to a lactation consultant while you are pregnant. After your baby is born, it is helpful to have one-on-one instruction with knowledgeable health professionals.

Get set up

Breast-feeding may go more smoothly in the first days and weeks if you and your baby are relaxed and comfortable.

- Make sure the room is quiet and warm and that you are able to relax. Keep the room darkened. Bright light makes it difficult for newborns to open their eyes.
- Keep something to drink nearby. Most women get thirsty as they breast-feed. Drink enough to satisfy your thirst.
- Use one or more pillows to support your arms and the baby, support your back with a pillow, and use a stool to raise your feet. This will help you and your baby be more comfortable during feeding.
- Do not bend over your baby when breast-feeding. Bring the baby to you—not you to the baby. Bending toward the baby can lead to back and neck problems.
- Find a position that is comfortable for both you and your baby. For all positions, make sure the baby's head and chest are lined up straight and not turned to one side or tilted up or down while breast-feeding.

Wake up baby

Having an alert baby will make it easier to get your baby to latch on. To wake your baby you can:

- Cool your baby off by taking off his or her clothes. Have skin-to-skin contact with your baby as you place him or her for feeding. Keep a light-weight blanket nearby.
- Tickle your baby lightly wherever you get a reaction (on the feet, neck, top of the head, or stomach).
- Change your baby's diaper.

Get baby latched on

A proper latch helps prevent problems.

- Lightly touch the middle of your baby's lower lip with your nipple until the baby opens his or her mouth. The baby's mouth needs to be wide open, like a yawn, before attempting to latch.
- Support and narrow your breast with one hand. This will help you control your breast as you bring your baby onto your breast.
- Bring the baby quickly onto the nipple and the areola (the dark circle around the nipple), so it goes deep into your baby's mouth. If the baby does not immediately get the idea to suck, squeeze a little milk into his or her mouth.
- Listen for a regular sucking and swallowing pattern while the baby is feeding. If you cannot see or hear a swallowing pattern, watch the baby's ears, which may wiggle slightly when the baby swallows.

- If the baby's nose appears to be blocked by your breast, reposition him or her by raising the baby's hips or relaxing the baby's head back slightly, so just the edge of one nostril is clear for breathing.

Provide a complete feeding

Let your baby feed until he or she is satisfied.

- Offer the other breast when the first breast feels empty and the infant sucks more slowly, pulls off, or loses interest. Usually the baby will continue breast-feeding, though perhaps for less time than on the first breast.
- Anytime you need to remove your baby from the breast, put one finger into the corner of his or her mouth and push your finger between your baby's gums to gently break the seal. If you do not break the tight seal before you remove the baby from your breast, your nipples can become sore, cracked, or bruised.
- If your baby falls asleep before finishing breast-feeding, you may need to stimulate him or her to finish the feeding. After a while, you will learn your baby's patterns and will know whether he or she needs rousing or has fed long enough.
- When your baby is satisfied, gently pat his or her back to help him or her let out any swallowed air. After the baby burps, offer the breast again. Sometimes a baby will want to continue feeding after being burped.

Appendix H – Safe Sleeping for Babies

<http://www.healthlinkbc.ca/healthfiles/hfile107.stm>

In the early weeks of life, babies sleep for about 16 hours a day. Planning where your baby can sleep safely is important.

Creating a safe sleeping environment for your baby will reduce the risk of injuries and Sudden Infant Death Syndrome (SIDS). For more information on SIDS, see HealthLinkBC File #46 Sudden Infant Death Syndrome (SIDS).

Share this information with anyone who may take care of your baby; it is important for all parents, babysitters, and caregivers to be informed about safe sleeping practices for babies. For a safe sleeping resource for parents and caregivers see Every Sleep Counts! at www.health.gov.bc.ca/library/publications/year/2011/Every_sleep_counts_resource_web.pdf (PDF 1.04MB).

What can I do to keep my baby safe during sleep?

Put your baby to sleep on his or her back every time (at night and for naps).

Babies should always be placed on their backs to sleep. Healthy babies and newborns do not choke or have any problems from sleeping on their backs.

When your baby can roll over on his own from his back to stomach, usually at 5 to 7 months of age, there is no need to continue to place him on his back if he turns over in his sleep.

Do not use items that prop the baby in one position during sleep. If your baby has a health condition that requires a different position for sleep, discuss safe options to meet your baby's needs with your health care provider.

When a baby is awake, some 'tummy time' (lying on his or her stomach) is needed for healthy development. This also prevents temporary flat spots that may develop on the back of a baby's head.

Place your baby on a firm surface that is free of hazards.

Use a crib, cradle, or bassinet that has a firm mattress, a tight-fitting sheet and no bumper pads, pillows, heavy blankets, or toys. Ensure the crib, cradle, or bassinet meets Canadian safety regulations. For more information about Canadian safety regulations and to check for product recalls, visit the Health Canada Consumer Product Safety web page at www.hc-sc.gc.ca/cps-spc/index-eng.php.

Never let a baby sleep on a soft mattress, couch, air mattress, pillow, sheepskin, duvet or quilt, or waterbed.

Put the crib together using the manufacturer's instructions, and do not change the crib in any way.

To prevent a baby from being trapped, smothered, or strangled check and be sure:

- The crib mattress fits the frame. There should be no gaps bigger than 3 cm between the mattress and frame when the mattress pushes into the corners of the crib.

- The crib bars are less than 6 cm apart.
- There are no knobs or items on a crib that could catch a baby's clothing. If a baby tries to climb out of a crib and catches his or her clothing, the baby could strangle.
- There are no straps, cords, or window blinds near the baby's crib.

Do not leave your baby sleeping in a car seat, stroller, baby swing, or bouncer seat if you are not staying near and watching your baby. These are not safe sleeping places.

Do not smoke around your baby.

Smoking or exposure to second-hand smoke increases the risk of SIDS.

It is best to not share a bed with your baby.

The safest place for your baby to sleep is on his/her back, in a safety approved crib beside your bed.

Babies should always sleep in a crib until there is a possibility that the child could climb out on their own.

Bed-sharing is a common practice for many families, and many people around the world believe that it is natural to sleep with young infants. However, babies who share a bed with adults, other children, or pets are at risk of accidental death or SIDS.

Bed-sharing is especially unsafe if the parent is very tired, is under the effects of medications or alcohol, or is overweight. The risk of accidental death or SIDS is greater for the baby when sharing a bed with a person who smokes, drinks alcohol, or uses drugs, which can make them less responsive. Accidental death from bed-sharing is preventable.

Share a room with your baby.

Sharing a room helps protect your baby against SIDS. Babies, who share a room with parents and sleep in their own cribs, are safer than when they share a bed.

You can help protect your baby by sharing a room or sleeping close to your baby, within arm's reach, but not on the same bed or sleeping surface. For example, your baby's crib can be placed beside your bed.

Breastfeed your baby.

Breastfeed your baby, as this protects against SIDS. If you bring your baby into bed to breastfeed, it is best to place your baby back in his/her crib for sleeping.

For more information about breastfeeding, see HealthLinkBC File #70 Breastfeeding.

Keep your baby warm but not hot.

The temperature of the room should be comfortable for an adult. A sleep sack, blanket-weight sleeper, or light blanket should be all that is needed to keep your baby warm. Do not swaddle your baby and do not use hats or toques indoors.

Do not use alcohol or drugs.

The use of certain drugs or substances during and after pregnancy is strongly discouraged. This includes alcohol, marijuana, crack, cocaine, heroin, and others. Evidence suggests that the use of these substances may increase the risk of accidental death and SIDS. If you or your partner needs support to stop using alcohol or drugs, call your local public health unit to find out about services in your area. You

can also call the Alcohol and Drug Information and Referral Service: in Greater Vancouver call 604-660-9383, and in other areas of British Columbia call toll-free 1-800-663-1441.

Speak with your health care provider if you or your partner need help to quit smoking. You can also call the QuitNow helpline toll-free in British Columbia by dialing 8-1-1 or visit www.quitnow.ca.

For more information speak with your health care provider. You can also visit the Pregnancy and Parenting section of the Healthy Families BC website at www.healthyfamiliesbc.

Appendix I – Duty to Report

Under section 14 of the *CFCSA* anyone who has reason to believe that a child is in need of protection has a legal duty to report the matter promptly to a child protection social worker. Section 13 of the *CFCSA* states that a child needs protection in the following circumstances:

- (a) if the child has been, or is likely to be, physically harmed by the child's parent
- (b) if the child has been, or is likely to be, sexually abused or exploited by the child's parent
- (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child
- (d) if the child has been, or is likely to be, physically harmed because of neglect by the child's parent
- (e) if the child is emotionally harmed by:
 - (i) the parent's conduct, or
 - (ii) living in a situation where there is domestic violence by or towards a person with whom the child resides;
- (f) if the child is deprived of necessary health care
- (g) if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide consent or treatment
- (h) if the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care
- (i) if the child is or has been absent from the home in circumstances that endanger the child's safety or well-being
- (j) if the child's parent is dead and adequate provision had not been made for the child's care
- (k) if the child has been abandoned and adequate provision has not been made for the child's care
- (l) if the child is in the care of a director or person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.

(1.1) For the purpose of subsection (1) (b) and (c) but without limiting the meaning of "sexually abused" or "sexually exploited", a child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be,

- (a) encouraged or helped to engage in prostitution, or
- (b) coerced or inveigled into engaging in prostitution.

(1.2) For the purpose of subsection (1) (a) and (c) but without limiting the circumstances that may increase the likelihood of physical harm to a child, the likelihood of physical harm to a child increases when the child is living in a situation where there is domestic violence by or towards a person with whom the child resides.

(2) For the purpose of subsection (1) (e), a child is emotionally harmed if the child demonstrates severe:

- (a) anxiety,
- (b) depression,
- (c) withdrawal, or self-destructive or aggressive behaviour

9.24. Pregnant Inmates

9.24.1. Overview As set out in Adult Custody Policy section 9.24.1.

9.24.2. Pre-delivery role of the case manager, Adult Custody Division As set out in Adult Custody Policy section 9.24.2.

9.24.3. Pre-delivery role of Corrections Branch staff As set out in Adult Custody Policy section 9.24.3.

9.24.4. Delivery As set out in Adult Custody Policy section 9.24.4. Delivery kit placed in the women's unit staff office. As well as signs of labour, and How to Deliver a Baby info sheets posted in the following areas: • PLU F Unit office

9.24.5. Post-delivery role As set out in Adult Custody Policy section 9.24.5.

9.24.6. Correctional centre visits between incarcerated mother and infant As set out in Adult Custody Policy section 9.24.6 for procedures and guidelines.

9.24.7. Pregnant inmate procedures

A. Admission of pregnant inmates The admissions and discharge supervisor notifies the assistant deputy warden of CCM and the classification officer of any new admissions that are pregnant.

B. Pregnant Inmate on remand status The admissions and discharge supervisor contacts crown counsel advising of a remanded inmate's pregnancy for the court's consideration for sentencing purposes.

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C. Case management 1. Sentenced pregnant inmates are assigned a case manager within one week of arrival to the centre. 2. Pregnant inmates, who are sentenced, remanded or an immigration detainee will receive case management by a CCM officer if there is a potential that they will give birth in custody (i.e. in custody during third trimester.) 3. The assigned CCM officer conducts preliminary interviews with the inmate to seek information regarding the inmate's proposed plan for care of the infant. 4. If a pregnant inmate is expected to give birth while in custody and there is a possibility that the inmate may keep the child while in custody, arrangements are made with Allouette Correctional Centre for Women to have the inmate transferred. 5. The CS of CCM is the primary point of contact for the Ministry of Children and Family Development (MCFD) and the pregnant inmate.

D. Case management protocols – MCFD 1. The following process is followed when the Prince George Regional Correctional Centre is made aware that an inmate may give birth while in custody. The designated CCM officer: • conducts interviews with the inmate seeking information regarding her proposed plan for care of the child; • provides the inmate with the MCFD consent form to conduct a prior contact check and for the release of information to Prince George Regional Correctional Centre; • advises the local MCFD contact that an inmate is expected to give birth while in custody and

communicates the proposed plan for care of the infant as indicated by the inmate; • faxes the signed consent form to MCFD. 2. If MCFD involvement is required the following occurs: d) Prior to delivery • Social worker will be assigned by MCFD; • Case coordinator is assigned by PGRCC; • Case conference between MCFD, Prince George Regional Correctional Centre and the inmate, if she agrees to participate; • Monthly case conferences will be scheduled, at minimum or, as and when required based on circumstances; Prince George Regional Correctional Centre Standard Operating Procedures Revised: June121 Chapter 9: Inmate Health Care Services Page 9.24–3 • Ongoing communication between all parties regarding any significant changes. e) After delivery • Case conference to discuss access arrangements; • Enhanced visits at PGRCC occur whenever possible with MCFD approval; • Monthly, at minimum, case conferences continue as long as access is active or inmate is in custody; • Ongoing communication between all parties regarding any significant changes.

E. Pregnancy tracking form 1. When PGRCC identifies that an inmate may give birth while in custody, or the inmate has been identified as having a high-risk pregnancy where premature labour/delivery is anticipated, the assigned CCM officer ensures the Pregnancy Tracking Form is completed. 2. The Pregnancy Tracking Form is emailed to the deputy warden sentence management or assistant deputy warden CCM by the assigned CCM officer upon creation and each time there is a significant change or update specific to the plans for the infant upon delivery. 3. The Pregnancy Tracking Form provides the following information: • log of initial interview with the inmate and proposed plan for care for the infant; • date inmate was provided with and signed the MCFD consent form to conduct a prior contact check and for the release of information to PGRCC; • date PGRCC advised local MCFD that inmate is expected to give birth while in custody and of communication of the proposed plan for care of the infant as indicated by the inmate; • date PGRCC faxed the signed consent form to local MCFD; • date local MCFD informed PGRCC a prior contact check has been conducted on the person proposed to care for the infant; • date PGRCC advised local MCFD of any known protection concerns and whether their involvement is required. 4. If MCFD involvement is required the CCM officer ensures the following occurs and is documented on the Pregnancy Tracking Form: a) Prior to delivery • contact information of social worker assigned by MCFD; Revised: June121 Prince George Regional Correctional Centre Standard Operating Procedures Page 9.24–4 Chapter 9: Inmate Health Care Services • name of PGRCC case coordinator assigned; • case conferences between PGRCC, MCFD and the inmate if she agrees to participate; • liaison with MCFD to provide any requested information to assist with MCFD processes; • monthly case conferences are scheduled at minimum, or as and when required, based on the circumstances; • ongoing communication regarding any significant changes. b) After delivery • Case conference to discuss access arrangements; • Enhanced visits at PGRCC occurs whenever possible with MCFD approval; • Monthly, at minimum, case conferences continues as long as access is active or inmate is in custody; • Ongoing communication between all parties regarding any significant changes.

F. Enhanced visits 1. The assigned CCM officer coordinates enhanced visits post- delivery with the inmate, the designated caregiver, and the infant. Should MCFD remain involved in the infant's care, they also will attend. 2. Visits must be approved by the MCFD social worker. 3. The designated CCM officer communicates visit details via email to the deputy warden – programs. 4. Enhanced visits take place in an area designated by the deputy warden – programs.

G. Labour / delivery Inmates that go into labour are transported to the hospital as directed by a health care professional. In the absence of health care professional, the officer in charge contacts 911 and requests an ambulance for transport. The Emergency Management of Labour and Delivery by corrections staff guide is referenced in situations where an inmate is in advanced labour and delivery is likely to occur prior to the arrival of emergency medical services. Prince George Regional Correctional

Centre Standard Operating Procedures Revised: June 2021 Chapter 9: Inmate Health Care Services Page 9.24-5 A birthing kit is located in the women's unit staff office. The assistant deputy warden – regulations is responsible for ensuring the birthing kit is restocked and inventoried following each use.

H. Restraints for pregnant inmates Please refer to PGRCC's SOP Restraint and Control Devices.

I. Notification 1. When a pregnant inmate is transported to the hospital for delivery, the officer in charge contacts the hospital Social Work Department to advise of the pending arrival and communicates any specific information relative to MCFD's involvement. 2. If the transport is after hours, the designated CCM officer ensures an envelope containing notification requirements for the specific inmate is available. Notification to the warden or designate must be made as soon as practical.

J. Releases from hospital – Infant care If MCFD involvement is not required and the inmate is released from the hospital, the infant will be taken into the care of the person identified in the inmate's proposed plan.

K. Pumping / storage of breast milk Pumping and storage of breast milk will be coordinated by health care professionals and the case manager

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10.16. Mother-Child Program - Case Management

Set out as local policy to ACCW.

10.16.1. General

1. All inmates participating in the Mother-Child Program will receive enhanced case management and release planning.
2. The primary consideration in allowing participation in the Mother-Child Program is the safety and best interest of the child and other children that may be living in the Alder Mother-Child Unit (MCU).
3. Where possible, applications to participate in the program will be processed prior to the inmate giving birth. It is recognized that in some circumstances the application process may need to be expedited to reduce the chance that the inmate is separated from her child for any period of time.
4. At no time will an expedited application jeopardize the safety of the child.

10.16.2. Case management responsibility

1. Inmates (remand and sentenced) who have been accepted into the Mother-Child Program (MCP) will receive enhanced case management by the case management coordinator and the assigned case manager.
2. The inmate will be encouraged to fully participate in all case management and release planning activities.
3. Enhanced case management will include:
 - Weekly contact between the case coordinator and the inmate;
 - Assisting inmates in connecting with outside agencies involved such as Ministry of Children and Family Development; and
 - Regular contact between the case coordinator with outside agencies involved with the case.
4. All inmates participating in the MCP will be considered for participation in the Integrated Transition and Release Plan (ITRP) program where practical and consistent with principles of ITRP.

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10.16.3. Case plan

1. The case plan will be completed by the case manager and documented on the Case Management Plan (Case Plan) form.
2. Inmates participating in the MCP will access programming and work activities however the primary responsibility is for the safety and care of her child.
3. Programming related to parenting and addressing criminogenic needs will be a priority in all case planning activities.
4. Participation in recreational activities is encouraged and should form part of the case plan.
5. The case manager is responsible for monitoring the inmate's compliance with her case plan and notifying the case coordinator if any concerns arise.

10.16.4. Classification

1. Inmates who are classified as medium or open security are eligible to immediately apply for the Mother-Child Program.
2. Inmates who are classified to secure custody are required to request an exceptional classification review to determine if placement in the medium setting will compromise public safety and the safe and secure operation of the MCU or centre.
3. The case management coordinator will review all requests for exceptional classification and identify the benefits and potential risks associated with a placement in the medium site. The review will also identify case management strategies that would benefit and assist the inmate in a medium setting.
4. Based on the information provided by the case management coordinator balanced with the best interest of the child, the warden will make the decision for exceptional placement into the MCP.
5. Inmates not participating in the MCP may be housed on the Alder MCU. If housed on the MCU inmates are classified as medium custody and meet the same criteria as a respite worker. (Refer to SOP Respite Worker)

10.16.5. Program criteria

1. Participation in the MCP is voluntary and only inmates who express an interest will be considered.
2. Inmates having a documented history and/or conviction of any of the following will not be accepted to the program:
 - Sexual offending;
 - Crimes against children and/or vulnerable persons;

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- Arson;
 - Stalking (involving a minor);
 - Kidnapping/forcible confinement involving a minor;
 - Child abuse;
 - Offending related to incest; and/or
 - Any other serious offence that could place the child in jeopardy.
3. Inmates having a court order prohibiting contact with their children will not be accepted to the program
 4. Exceptions may be made at the discretion of the warden

10.16.6. General program criteria

1. Inmates on remand status or sentenced may apply to the MCP. Inmates accepted into the program must meet the basic criteria prior to placement on the Mother-Child Unit (MCU).
2. Pregnant inmates who meet classification requirements may be placed on the MCU before completing the Parenting Skills Program and/or Neonatal CPR but must be registered or actively participating in the courses.

10.16.7. Specific program criteria

1. All applicants are required complete or agree to the following:
 - Complete Mother-Child Program Application form;
 - Remain drug (non-prescribed) and alcohol free upon acceptance into the program;
 - Adhere to the Methadose agreement, if participating in the methadone program;
 - Provide consent for the case management coordinator to consult with the ACCW Health Care Department to confirm that there are no mental or physical health concerns that could put children at risk;
 - Be medically cleared of any physical or mental health conditions that would put children at risk for participation in the program;
 - Participate in the Parenting Program and other programs related to their criminogenic needs as outlined in their case plan;

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- Agree to drug testing upon acceptance into the program;
 - Complete training and be certified in Infant Cardio-Pulmonary Resuscitation (CPR); and
 - Agree to abide by the policies and procedures of the unit and sign the Mother-Child Program agreement.
2. Women accepted into the program will be asked to have an alternative placement plan for their children in case of emergency or extended absence that will have them absent from the centre for an extended period of time. If women do not have access to an acceptable community alternative MCFD or Delegated Indigenous Agency (DIA) will fulfill this role.
 3. Women accepted into the program will be informed about the family support services offered through MCFD and facilitate contact if requested.

10.16.8. Ministry of Children and Family Development or Delegated Indigenous Agency involvement

A. MCFD and DAA involvement

1. MCFD or DAA involvement with inmates in the program will always be with consent of the inmate. In cases of suspected or observed neglect or abuse of children consent is not required; MCFD or DAA will be immediately contacted by correctional staff and become involved.
2. MCFD or DAA involvement will occur when:
 - There is suspected or observed neglect and abuse of children; and/or
 - Inmate has signed consent requesting family support services.

B. Screening process

1. The case management coordinator will meet with the applicant to review the application and form and process.
2. The case management coordinator will contact the mental health professional and health care manager at ACCW to confirm that there are no mental or physical health concerns that would put children at risk for participation in the program.
3. Where child custody concerns exist by the father or other family members MCFD or DAA will be involved consistent with section 13 of the Child Family & Community Service Act that is related to the protection of the child.

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4. A selection panel will be responsible to make a recommendation/decision regarding the inmate application to the MCP. The selection committee will be composed of a minimum of three people:
 - Assistant deputy warden;
 - Case management coordinator; and
 - Health care/mental health professional.
5. If available and time permits up to two additional people may be asked to participate on the selection panel. These may include: First Nations Health Authority, Indigenous contractor, MCFD or Delegated Indigenous Agency social worker, Fraser Health Authority staff, probation officer, correctional officer, ACCW contracted service provider, member of Community Advisory Board.
6. Once the applicant's screening information has been obtained, a selection panel will be convened. The selection panel will:
 - Review the application and associated documentation;
 - Interview the mother; and
 - Provide a written recommendation to the deputy warden of programs or designate for an interim decision.
7. Women accepted into the program through an interim decision will be asked to have an alternative placement plan for their children in case MCFD does not support participation in the program.

10.16.9. Decision to accept or deny access to the Mother-Child Program

1. The deputy warden of programs or assistant deputy warden of SMU will make an interim decision regarding the applicant's admission to the program.
2. The final decision will be confirmed by MCFD when the child is born.
3. Inmates will participate in a case conference consisting of the case management coordinator, social worker (if involved), and deputy warden of programs or assistant deputy warden of SMU to communicate and discuss the decision.
4. Inmates will receive written reasons for the decision.

10.16.10. Documentation of decision

1. The case management coordinator will document the decision in the inmate's client log.

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2. A copy of the written decision from the deputy warden of programs will be attached to the client log.

10.16.11. Appeal of decision

Where an inmate is denied access to the MCP she may appeal to the warden within 14 days of the decision.

10.16.12. Removal from Mother Child Program

1. Removal of participants from the program will only occur under extreme circumstances and will be based on the health and safety of the child or other children living on the MCU or security issues that threaten the operation of the program or centre.
2. An exit interview will occur with all women leaving the MCP.

10.16.13. Risk to the child

1. In circumstances where the safety of the child is in question or there are concerns regarding abuse or neglect MCFD/DAA will be contacted immediately.
2. MCFD or DAA will determine if the child will be temporarily removed from the mother pending an investigation. If the investigation is anticipated to take more than 24hrs to complete the child will be temporarily removed from the program and placed with a community contact as determined with MCFD or DAA.
3. Inmates will be moved to a regular living unit away from the MCP while the investigation is completed.
4. Upon completion of an investigation conducted by MCFD or DAA, the child may be returned to the mother if the allegations are unsubstantiated.

10.16.14. No determined risk to the child

1. Where the inmate participating in the program is displaying behaviours not conducive to the MCU environment or if the conditions of the parenting agreement are not being adhered to, a selection panel will be formed to assess if continued participation in the program is warranted.
2. The selection panel as outlined in section 1.06 (6) of this Standard Operating Procedure. The selection panel will:
 - Review the documentation and circumstances of the situation;
 - Interview the mother; and
 - Provide a written recommendation to the deputy warden of programs or designate for a decision.

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10.16.15. Voluntary withdrawal

1. An inmate may submit a request in writing to be removed from the MCP.
2. When voluntary removal from the program is requested, the case management coordinator will meet with the inmate to discuss the circumstances and reasons.
3. The deputy warden of programs will be notified and approve the removal from the program and initiate the alternate care plan for the child.

10.16.16. Release planning

1. The case management coordinator will ensure that regular case conferences take place regarding release plans for inmates in the MCP. If MCFD or the DAA is involved with the inmate, they will be included in the case conferences.
2. Other involved parties may include community reintegration worker, native liaison, mental health personnel, case manager, health care staff, contracted mother-child resource worker, Fraser Health Authority, probation officers and family members.
3. Case conferences may be facilitated on-site or by telephone conference as appropriate. All case conferences will be documented.
4. Due to the potential of an unknown release date for inmates on remand status additional attention
5. In these situations, the records supervisor/ADW of Sentence Management will ensure ongoing communication with the following persons regarding court dates and potential for release:
 - Crown counsel;
 - Defense counsel; and/or
 - Sheriffs.
 - When there is likelihood that the inmate will be released at court the release plan will be clearly outlined and documented prior to the court appearance.
6. Inmates participating in the program who are released at court will make prior arrangements for the care of their children. Children will only be released to the custody of their legal guardian.

10.16.17. Confirmation of person taking custody of children

1. Inmate mothers must submit in writing the name and relationship of any person who is identified to take custody of her children.

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2. A copy of the signed form is forwarded to records department.
3. Prior to receiving children housed at ACCW, persons approved to take custody must present two pieces of government identification and one must have a picture.

10.16.18. Federal sentencing

1. In cases where the case management coordinator is aware that the inmate is expecting to receive a federal sentence the coordinator will contact Correctional Service of Canada-Fraser Valley Institution (FVI) as soon as possible.
2. A case conference will be requested to discuss the circumstance of the case and the inmate will be provided with her options:
 - Apply for access to the Mother-Child Program at FVI;
 - Arrange for alternate custody for her child.

10.16.19. Mother-Child Program participants – Discharge

Discharge plans for mothers and children will be pre-planned by the case management coordinator.

10.16.20. Approved car seat

A Canada Motor Vehicle Safety Act approved car seat will be made available if necessary for transporting the child upon discharge.

10.16.21. Mother-Child Program – case management

Inmates participating in the Mother-Child Program will receive enhanced case management as per ACCW SOP on MCU Case Management.

10.16.22. Mother-Child unit – emergency caregiver contact

1. A current list will be maintained by case management coordinators on the supervisors drive.
2. A hard copy of the emergency caregiver contact list will be in the following locations:
 - Assistant deputy warden office (medium and secure); and
 - Correctional supervisor of operations office (medium and secure).

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10.17. Mother-Child Program – Maternity Leave

Set out as local policy to ACCW.

10.17.1. General

1. Inmates participating in the Mother Child Program will be permitted leave from programming to facilitate bonding with their child. During this time the inmate will be considered to be on maternity leave.
2. Maternity leave for mothers will be available. The return to programming will be determined by the case management coordinator in consultation with the mother, health care and mental health. Programming related to parenting and child development is a priority.

10.17.2. Program transition guidelines

1. Program transition will be detailed in the case management plan as follows:
 - Weeks 2 - 4 Adjustment period parenting, breastfeeding;
 - Weeks 4 - 6 Parenting and child development programs;
 - Weeks 6 - 8 Recreational and educational programs; and
 - Weeks 16 – 24 Work programs.
2. These are guidelines and may be adjusted by the case management coordinator in consultation with the mother, health care and mental health taking into account the individual needs of the inmate.

10.17.3. Pay while on maternity leave

Inmates on maternity leave will be permitted to earn a maximum of \$ 2.00 per day.

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10.18. Mother-Child Program - Child Health Care Services

Set out as local policy to ACCW.

10.18.1. General

1. Only medically stable children will be permitted to participate in the Mother-Child Program. Where possible the health care of children and the access to health services will reflect a community practice and routine where possible.
2. Inmates participating in the program will have primary responsibility for the health, well-being and safety of their child.

10.18.2. Routine health care for children

Routine health care for children participating in the program will be provided through community health care services as outlined by the Fraser Health Authority. Where possible, inmates and their children will be taken into the community for these appointments.

10.18.3. Family physician services

1. Linkage with a community family physician for the child will be arranged through ACCW. Although it is preferred that the inmate and child are taken to physician appointments in the community it is recognized that these services may be required to occur at the correctional centre.
2. The physician will provide a care plan for the child to the accepted community standard if required.
3. Appointments that occur both on-site and, in the community, will be coordinated through the ACCW Health Care Department.

10.18.4. Child health care resources

1. The BC Ministry of Health has created or endorsed a variety of free resources available to assist parents with caring for the needs of their children. These resources provide information on such topics as how to have a healthy pregnancy, giving a baby a good start in life and child development.
2. Copies of the books and resources will be available on the Mother-Child Unit and in the staff office area.
3. The unit officer will ensure the following resources are available on the MCU:
 - “BC Health Guide Helping you and your family stay healthy”

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- BABY's Best Chance - Parents Handbook of Pregnancy and Baby Care
- Safe sleeping tips for babies (Health Canada)
- Toddlers' First Steps

4. MCP participants will be provided with personal copies of the resources. Video resources, where they exist, will also be made available on the MCU.

10.18.5. 24-Hour hotline

1. HealthLink BC provides a service where people can speak to a nurse anytime of the day or night to receive medically approved information.
2. Inmates on the MCU are permitted to contact the *811- 24/7 Helpline* for healthcare advice at any time.
3. The hotline number (8-1-1) will be placed in a visible area next to the unit telephone.

10.18.6. Breast feeding

1. It is recognized that breast feeding is voluntary on the part of the mother.
2. All inmates participating in the MCP have the right to breast feed their children to assist with mother-child bonding. There may be medical concerns or issues that prevent a woman from breastfeeding.
3. Public Health will be the primary source of education and support to mothers who are breast feeding.
4. Inmates who are breast feeding are expected to follow community standards regarding personal privacy when breastfeeding. When not in their room, they should cover their exposed breast while breast feeding.
5. Inmates will be provided with a breast pump to allow for the expressing and storage of milk. Breast milk may be expressed and stored on the MCU. Stored milk may be used by the inmate or respite worker when caring for the child.
6. All breast milk will be labelled by the inmate with her and the date the milk is expressed. The breast milk will be stored in the refrigerator in the MCU staff office.
7. It is the inmate's responsibility to ensure the following:
 - The breast milk is labeled correctly;
 - The label is securely attached to the storage container; and
 - Enough milk is stored for the duration of her absence.

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8. When the inmates are separated from their children due to hospitalization, transportation of breast milk will be facilitated upon the approval of the deputy warden of programs.

10.18.7. Child medication control and distribution

1. In general, most of the medication prescribed or provided to children will be classified as “self-administered” or “over-the-counter” medication.
2. Prescriptions for children will be filled and purchased through a community pharmacy.
3. A dedicated refrigerator is located in the MCU staff office that is designated for the storage of medication for children and breast milk.
4. All medication for children shall be secured in the MCU staff office.
5. Prescribed medication cannot be shared between children on the MCU. The medication will only be given to the child that it is prescribed for and only be administered by the child’s mother or an approved respite worker.
6. Unused or expired medication will be given to the ACCW health care staff for disposal.

10.18.8. Medication schedule and log

1. For information purposes, a medication schedule will be kept in the staff office. Inmates are responsible to ensure that the children’s medication schedule is maintained.
2. Inmates or approved respite workers will request required medication for children from MCU staff who will ensure the following process is followed:
 - Provide the inmate with the medication requested;
 - Have the inmate will confirm the medication is correct by signing the medication dispensary log; and
 - Will identify date and time of distribution and sign to witness the inmate’s signature.
3. When a medication log is completed, it will be forwarded to the Health Care Department and filed as a hardcopy in the inmate’s medical chart.

10.18.9. Medical orders, documentation, and off-site appointments for children

1. Medical orders, documentations and off-site appointments received from an outside healthcare provider source and related to the child shall be forwarded to healthcare staff.
2. Inmates may retain copies of medical documentation related to their children who are participating in the MCP.

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3. Off-site appointments involving children will be scheduled through the Health Care Department consistent with the procedures for all off-site medical appointments.

10.18.10. Emergency situations

1. Nurses, licensed practical nurses and correctional staff will be trained in infant CPR. Emergency equipment and supplies (Infant First Aid Kit) appropriate for use with a child will be located in Alder staff office and the Health Care Department
2. If an emergency situation occurs involving a child a "Code Blue- Infant" will be initiated.
3. Correctional and nursing staff will respond to emergency situations involving a child consistent with the standard Code Blue SOP.
4. Emergency Medical Services (EMS) will be contacted as needed.
5. Following any Code Blue response and EMS is not required to respond, children will be taken to the Ridge Meadows Hospital emergency department to confirm their well-being.

10.18.11. Transport to hospital

1. Where a child requires transportation to the hospital the mother will travel with the child in the ambulance and she will not normally be required to be in restraints.
2. In the case of a single staff escort the correctional officer will normally sit in the front seat of the ambulance. If required the correctional officer may ride in the back of the ambulance with the mother, child, and the paramedic.
3. In the case of a double staff escort one correctional officer will travel in the ambulance and the second officer will follow in a corrections vehicle as/when required.
4. Restraints will be carried by escorting staff and will only be used if an inmate is actively acting out and/or threatening others.
5. All other sections of ACCW Hospital Escorts SOP apply.

10.18.12. Child hospitalization

1. Regular contact between the mother and child will be facilitated wherever possible when a child is hospitalized. The deputy warden of programs in consultation with health care and the case management coordinator will determine the level of contact.
2. Under normal circumstances the mother will be permitted to remain with the child on a 24/7 basis.
3. Visits in these circumstances will be consistent with the hospital visiting rules and procedures identified in ACCW SOP 'Escorts – Hospitalization' section 1.11.

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10.19. Mother-Child Program - Unit Program

Set out as local policy to ACCW.

10.19.1. General

1. The foundation of the Mother-Child Program (MCP) and maintaining contact between mothers and children is supported by Sections 7 and 15 of the Canadian Charter of Rights and Freedoms speaking to protection for the rights of the child and the security of the person.
2. In addition, numerous International Human Rights Documents which have been supported and ratified by Canada and the British Columbia Child Family and Community Service Act (in particular Sections 2 and 4) provide strong ideology for the program.
3. The MCP provides a managed system of support and services for approved inmates to establish and strengthen relationships with their children. The program will provide maternal and infant care and support, allowing for and contributing to the healthy development of her child in a safe and secure environment.
4. Women participating in the program will be able to access all in-bounds areas and program buildings on the medium site. Entering or attending Birch House and Cedar House is not permitted.
5. The primary responsibility of inmates participating in the MCP is for their children. Program participants will also access work and programming activities as outlined in their case plan. They may also access to recreational activities; respite workers are not used to support women attending recreational activities unless it is outlined in the case management plan.

10.19.2. The ACCW mission statement for the program

Support the bonding of mother and child through access to prenatal care, parenting programs and community resources that affirm the value of relationship and the strength of family.

10.19.3. Correctional staff responsibilities

1. All correctional staff will support the principle and philosophy of the program by promoting a supportive and encouraging environment for the mother to raise and bond with her child.
2. Correctional staff are an integral part of the overall operation of the MCU and understanding the unique environment and that child safety is the inmate's responsibility is an important aspect of the operation.
3. The general role of staff that have contact with the program and program participants is consistent with the typical responsibilities of their roles. Staff working directly with the

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program and participants will support the mother in developing and nurturing a bond with her child through supervision, guidance and enhanced case management.

10.19.4. Contact with children

1. Correctional staff will only touch or hold the children with the mother's permission or in an emergent situation where it is reasonably perceived that the child's safety is at imminent risk or jeopardized and the mother is unaware or unable to provide safety for the child.
2. Due to the power imbalance between correctional staff and women participating in the program, officers and other staff will avoid asking the mother if they can hold the child. If the mother asks the correctional officer or other correctional staff if they want to hold the child, the staff member may do so.

10.19.5. Abuse and neglect

1. All correctional staff have a duty to promptly report suspected child abuse or neglect and request referrals for support services to the Ministry of Children and Family Development (MCFD).
2. Child abuse and neglect is defined in the *The BC Handbook for Action on Child Abuse and Neglect* and all correctional staff will receive an orientation to this topic area and the duty to report.
3. Staff observing or feeling there is abuse or neglect occurring will use the following process for reporting:
 - Immediately inform the case management coordinator or their supervisor and who will contact the deputy warden of programs, delegate or on-call manager;
 - The supervisor or case coordinator and officer will review the circumstances;
 - With the support of the case management coordinator or supervisor the person observing the neglect and abuse will report the circumstances to MCFD; and
 - Complete a report outlining their concern or complaint.

10.19.6. Correctional officer general role and responsibilities

1. The general responsibilities of the correctional staff working on the MCU are the same as those officers working on a typical living unit. However, understanding the unique environment and that that safety of the children on the unit is the inmate mother's or respite worker's responsibility is essential.

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2. Flexibility, calmness, mindfulness, patience, and understanding are important traits for officers working on the MCU.
3. Correctional officers assigned to work on the MCU will be the primary case managers for inmates participating in the MCP and as such will participate in case conferences as required. Case planning should be holistic in nature and take into account:
 - Parenting;
 - Criminogenic needs;
 - Indigenous identity and heritage;
 - Spiritual;
 - Health and Wellbeing;
 - Family; and
 - Recreation.
4. Specific responsibilities related to the role are outlined in the Alder Mother-Child Unit Post Job Description.
5. MCU officers are not parenting experts and as such are not required to or expected to give advice in the area. However, officers can encourage the inmate to:
 - Cuddle and hold the child;
 - Play and contact with the child;
 - Develop and maintain healthy family support;
 - Participation in a range of social outlets including work and recreation;
 - Access to elders, participation in cultural and ceremonial activities; and/or
 - Access support services provided through Fraser Public Health, Ministry of Children and Families and contracted service providers at ACCW.

10.19.7. Correctional supervisor – general roles and responsibilities

Correctional supervisors will guide and support correctional officers in managing and supervising the MCU. In addition to the roles and responsibilities outlined in the post job description the correctional supervisor will:

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- Assist and support correctional officers who are required to report abuse and neglect;
- Guide and assist correctional officers in understanding the principles and goals of the MCP;
- Guide and assist MCU officers in their role as a correctional officer working on the MCU; and
- Support the MCU officers in managing stress that they may be experiencing due to their role and responsibility in the operation of the MCP.

10.19.8. Case management coordinator - general roles and responsibilities

The case management coordinator is the primary case management support for inmates participating in the MCP. In addition to the roles and responsibilities associated with their position the related to the MCP include:

- Being the primary contact and liaison with service providers and agencies involved with inmates participating in the MCP;
- Encouraging inmates to fully participate in all case management and release planning activities;
- Overseeing the application and selection process for the MCP and ensure that inmates receive an enhanced case management service;
- Support the unit officer and case managers working on the MCU; and
- Support the MCU officers in managing stress that they may be experiencing due to their role and responsibility in the operation of the MCP.

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10.20. *Mother-Child Program – Alternate Child Care*

Set out as local policy to ACCW.

10.20.1. General

The inmate mother will be the primary caregiver of the child, however, there will be times when the inmate will be unable to care for her child and will require an alternate care giver.

10.20.2. Childcare options

There may be situations where inmates are unable to care for their child. Reasons may include but are not limited to:

- Attending programs/recreation as outlined in the case management plan;
- Attending personal medical appointments in the community;
- Attending court;
- Serious sickness or injury resulting in inmates incapable of caring for their children; and/or
- Belief that a child is being neglected or abused.

10.20.3. Respite worker – absences 24 hours or less

1. Respite workers are appropriately classified and trained inmates who are deemed suitable for taking care of children participating in the Mother-Child Program (MCP).
2. If the inmates are unable to care for their child for a period of time less than 24 hours, the approved respite worker(s) will provide care of the child.
3. Inmate mothers are required to approve all respite workers who will care for their child.
4. The 24-hour timeframe may be extended based on individual basis by the deputy warden of programs.

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10.20.4. Community care giver – absences greater than 24 hours

1. Community care givers are adults who reside in the community who are approved by the inmate to care for a child in cases where the inmate is unable to do so. This may occur under planned or emergency situations.
2. Inmates participating in the MCP will be requested to provide two community contacts that would be willing to provide care of the child in the event that the inmate is unable to provide care of the child.
3. If inmates are unable to provide emergency contacts the Ministry of Children and Family Development (MCFD) or a Delegated Indigenous Agency (DIA) will be contacted in the case of an emergency. All community caregiver contacts will be placed in the client log.
4. In cases where inmates are unable to care for their children for a period of time greater than 24 hours, a community care giver will be contacted to provide care of the child.
5. The community care giver will be requested to report to the centre within 4 hours and take custody of the child until the mother is able to resume caring for her child. If the community care giver is located outside of the Lower Mainland this timeframe may be extended by the deputy warden.
6. Children may be returned to the inmate when the circumstances requiring the community care giver has been resolved.