

Ministry of Children,
Community and Social Services

Children’s Residence Licensing Checklist
The Child, Youth and Family Services Act, 2017 (CYFSA)

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Child Case Record

1.1 Resident's Name/Sex/Date of Birth

The child's case record includes the child's full name, sex and date of birth.

{O. Reg. 156/18, s.93(1)(a)}

1.2 Parent/Guardian/Placing Agency Contact Information

The child's case record includes the name, address and telephone number of the parent of the child, placing agency or other person who placed the resident.

{O. Reg. 156/18, s. 93(1)(b)}

1.3 Social and Family History/Assessment on File

The child's case record includes any personal, family and social history and assessment respecting the child that has been prepared by the licensee or provided to the licensee.

{O. Reg. 156/18, s.93(1)(d)}

1.4 Reason for Admission

The child's case record includes the reason for the resident's admission.

{O. Reg. 156/18, s.93(1)(c)}

1.5 Legal Documents Concerning Admission on File

The child's case record includes if it can be obtained by the licensee, any legal document that is concerned with the child's admission and stay in the residence, including any consent to admission, treatment and release of information.

{O. Reg. 156/18, s.93(1)(f)}

1.6 Agreement for Service

The child's case record includes a copy of the agreement described in section 88 respecting the resident, including any revised version of the agreement and particulars of any reviews of the agreement.

{O. Reg. 156/18, s.93(1)(g)}

1.7 Court Experience/Involvement

The child's case record includes involvement with court.

{O. Reg. 156/18, s.93(1)(m)(ii)}

1.8 Experiences of separation

The child's case record includes experiences of separation from individuals who are or have been significant in the resident's life.

{O. Reg. 156/18, s.93(1)(m)(iii)}

1.9 French Language Services

The child's case record shows the licensee, where appropriate, made French language services available to children and their families.

{CYFSA s.16}

1.10 Other Information

The child's case record includes any other information required under this Regulation to be included in the case record and any other information that the licensee considers appropriate.

{O. Reg. 156/18, s.93(1)(o)(p)}

2.1 Pre-Admission Assessment - Content of Assessment

The child's case record must include a written report, including the date the report was completed, which demonstrates an evaluation was undertaken by the licensee prior to the decision to place the child, to determine whether the licensed setting can meet the immediate needs of the child.

This written report must include:

1. The child's name, age, and gender,
2. The objectives of the person placing the child or the placing agency,
3. Information about the immediate developmental, emotional, social, medical, psychological, and educational needs, as well as any immediate needs regarding any behavioural changes or any trauma experienced by the child,
4. If the child is being placed by a society, the basis on which the child is in society care (e.g., temporary agreement, extended society care, etc.),

5. Any behaviours of the child that may pose a risk to the safety of the child or others or any other risks to the child's safety that are known to the licensee, as well as the safety measures that should be implemented in order to mitigate those risks if the child were to be placed in the residence,
6. The circumstances necessitating residential care for the child, and
7. Any other information that is relevant to the provision of care to the child.

{O. Reg. 156/18, s.86.1(5)(10)}

2.2 Pre-Admission Assessment - Additional Content of Assessment

The child's case record must include a written report, including the date the report was completed, which demonstrates an evaluation was undertaken by the licensee prior to the decision to place the child, to determine whether the licensed setting can meet the immediate needs of the child.

This written report must include:

1. If there are any other children or adults receiving residential care in the setting at the time of the proposed admission:
 - a) Their age and gender, if relevant to the evaluation,
 - b) A general description of their needs and of the services and supports provided to them, including details of any additional staffing required and an indication of whether they have a safety plan, and
 - c) An assessment of how those needs might impact on the care to be provided to the proposed admission
2. Details of training completed by the persons who will be providing direct care to the child.

{O. Reg. 156/18, s.86.1(7)(10)}

2.3 Pre-Admission Assessment - Written Report Provided to Placing Agency - Needs

The child's case record must include a written report completed based off of the evaluation completed by the licensee on whether the child's immediate needs can be met in the children's residence which includes the date the report was completed, and which summarizes:

1. The information utilized to complete the evaluation of the child's needs
2. How the child's immediate needs will be met by the licensed setting, and
3. If there are any immediate needs of the child the licensed setting cannot meet, and how those immediate needs will be otherwise met.

The child's case record must include documentation confirming that the written report was shared with the placing agency or person proposing to place the child before an admission decision is made.

{O. Reg. 156/18, s.86.1(3)(a)(b)(10)}

2.4 Pre-Admission Assessment - Written Report Provided to Placing Agency - Other Individuals/Training

The child's case record must include a written report completed based off of the evaluation completed by the licensee on whether the child's immediate needs can be met in the children's residence which includes the date the report was completed, and which summarizes:

1. The number of children and adults already receiving care in the licensed setting at the time of the proposed placement,
2. The ages, genders, and information about the needs of the persons described above, as well as the services and supports required to meet those needs that might impact on the services to be provided to the child to be admitted
3. Details of any training provided to the persons providing direct care to residents that are relevant to the care of the child to be admitted.

The child's case record must include documentation confirming that the written report was shared with the placing agency or person proposing to place the child before an admission decision is made.

The licensee must not provide, to the person placing the child or the placing agency, any information referred to in subsection (8) that constitutes personal information.

{O. Reg. 156/18, s.86.1(3)(8)(9)(11)}

2.5 Pre-Admission Assessment - Conditions on Placement

The child's case record must include documentation which demonstrates the child was only

permitted to be admitted to the setting after the following steps were undertaken:

1. A pre-admission assessment has been completed in compliance with regulatory requirements,
2. If the child engages in behaviours that may pose a risk to the safety of the child or others or if there are other risks to the child's safety that are known to the licensee, the licensee has conducted a safety assessment as required by the regulation and, if required, prepared a safety plan.

{O. Reg. 156/18, s.86.2(3)}

2.6 Pre-Admission Assessment - Information Gathered within 30 days

The child's case record must include documentation which demonstrates the licensee has collected the following information no later than 30 days after the child's admission in the home, if it was not already collected to inform the pre-admission assessment, and ensuring this information is still correct and up to date:

1. Any information set out in a personal, family, and social history or assessment respecting the child that has been prepared by or provided to the placing agency or other person placing the child and that is relevant to the assessment under this section,
2. The strengths of the child, including information about their personality, aptitudes and abilities, and
3. Information respecting the child's identity characteristics.

{O. Reg. 156/18, s.86.1(6)} {O. Reg. 156/18, s.86.2(4)}

3.1 Daily Log - Health/Safety/Well Being

The child's case record documents an event described in Minister's Regulation 95 clause (2) (e) that affects or may affect a resident's health, safety or well-being.

{Minister's Reg s.95(3)}

4.1 Agreement for Service - Provide care for the child

The child's case record contains an agreement for service which includes a consent and authorization for the licensee to provide residential care to the child.

{Minister's Reg s. 88 (2) Paragraph1(i)}

4.2 Agreement for Service - Emergency medical treatment

The child's case record contains an agreement for service which includes a consent and authorization for the licensee to obtain emergency medical treatment for the child.

{Minister's Reg s. 88 (2) Paragraph1(ii)}

4.3 Agreement for Service - Inspect/obtain records/reports

The child's case record contains an agreement for service which includes a consent and authorization for the licensee to, if applicable, obtain and inspect records, reports and information concerning the child from person(s) named in the consent.

{Minister's Reg s. 88 (2) Paragraph1(iii)}

5.1 Agreement for Service - Financial arrangements

The child's case record contains an agreement for service which includes financial arrangements with respect to the licensee's provision of residential care to the resident.

{Minister's Reg s. 88 (2) Paragraph2}

5.2 Agreement for Service - Review of the agreement

The child's case record contains an agreement for service which includes provision for a review of the agreement at the request of the child, a parent of the child, the placing agency or other person who placed the child or the licensee.

{Minister's Reg s. 88 (2) Paragraph3}

6.1 Agreement for Service - Licensee

The child's case record contains an agreement for service which is signed by the licensee, subject to subsection (5).

{Minister's Reg s. 88 (1)(a)}

6.2 Agreement for Service - Parent/Other person placing child

The child's case record contains an agreement for service which is signed by the parent of the child, placing agency or other person who placed the child, except if the child is 16 or older and signs the agreement, subject to subsection (5).

{Minister's Reg s. 88 (1)(d)}

6.3 Agreement for Service - The Society

The child's case record contains an agreement for service which is signed by the society and, if the child is a party to the agreement, the child, subject to subsection (5), (in the case of a child in the care and custody of a society pursuant to a temporary care agreement under section 75 of the Act)

{Minister's Reg s. 88 (1)(e)}

6.4 Agreement for Service - Child of Sixteen years or over

The child's case record contains an agreement for service which is signed by the child, if the child has capacity, as defined in subsection 21 (1) of the Act and the child's consent to the provision of residential care is required by section 22 of the Act, subject to subsection (5).

{Minister's Reg s. 88 (1)(b)}

6.5 Agreement for Service - Child's nearest relative

The child's case record contains an agreement for service which is signed by the child's nearest relative, if the child's consent is required under section 22 of the Act and the child does not have capacity, as defined in subsection 21 (1) of the Act, subject to subsection (5).

{Minister's Reg s. 88 (1)(c)}

6.6 Agreement for Service - File notation for no signature

The child's case record contains documentation where, if it is not possible in the circumstances for all the persons listed in subsection (1) to sign the agreement or for the licensee to consult with or involve all of the persons listed in subsection (3) in the development of the agreement:

- a. the licensee may complete the agreement despite the fact that it does not comply with subsection (1) or (3), and
- b. the licensee shall, on an ongoing basis, make reasonable efforts to have the agreement signed by the persons listed in subsection (1) or consult with or involve a person listed in subsection (3) and amend the agreement as necessary, or both, as the case may be, until the agreement complies with subsections (1) and (3).

{Minister's Reg s. 88 (5)(a)(b)}

6.7 Agreement for Service - Child Acknowledging Explanation

The child's case record contains an agreement for service which is signed by the child, acknowledging that the agreement has been explained, if possible, in language that is appropriate for the child given their age and maturity, before the agreement is signed by the persons listed in subsection (1).

{Minister's Reg s. 88 (4)(a)(b)}

7.1 Admission - Orientation of Residence

The child's case record contains documentation that confirms that upon admission the child received an orientation in language suitable to their understanding and in accordance with their age and maturity in respect of:

- a) The residence and the program provided in the residence
- b) The residence's fire and emergency procedures plan
- c) The licensee's policy as to whether or not the licensee uses or permits the use of physical restraints
- d) If applicable, the circumstances in which physical restraints may be used, including what constitutes a physical restraint and the rules governing the use of physical restraints
- e) If applicable, the circumstances in which mechanical restraints may be used including what constitutes a mechanical restraint and the rules governing the use of mechanical restraints, and
- f) the child's right to speak in private with and receive visits from the Ombudsman appointed under the Ombudsman Act and members of the Ombudsman's staff, including with respect to concerns about the use of a physical restraint or a mechanical restraint

{O. Reg. 156/18, s.90(a)}

7.2 Admission - Review of Orientation

The child's case record contains documentation confirming that the matters to be reviewed during the orientation were again reviewed with the child at the following times:

1. 7 days after the child's admission to the residence,
2. As soon as reasonably possible after the child requests that the information be reviewed with them,
3. Any time at which, in the opinion of the licensee or a person designated by the licensee, the information should be reviewed with the child

{O. Reg. 156/18, s.90(2)}

7.3 Admission - Orientation Documentation

The child's case record must include a written record which indicates/includes:

1. The date on which the child received the orientation required under O. Reg. 156/18, s. 90 paragraph 1
2. The dates on which the matters reviewed during orientation were reviewed again with the child.
3. The child's signature indicating that they understood the matters reviewed with them during the orientation.
 - a. The licensee must document if the child refused to sign this record.

{O. Reg. 156/18, s.90(3)}

8.1 Plan of Care - Developed Within 30 Days

The child's case record must include a written Plan of Care developed within 30 days of the child's admission into the licensed setting.

{O. Reg. 156/18, s.94(1)(a)}

8.2 Plan of Care - Timelines for Review

The child's case record must include documentation showing that the plan of care has been reviewed and amended where required at the following intervals:

- a) 90 days after their admission into the setting,
- b) 180 days after their admission into the setting, and
- c) Every 180 days thereafter.

{O. Reg. 156/18, s.94(1)(b)}

8.3 Plan of Care - Additional Reviews

The child's case record must include documentation confirming, where applicable, that the child's plan of care has been reviewed and amended by the licensee as soon as possible after:

1. There is a material change in the child circumstances,
2. New information comes to the attention of the licensee about the child's needs, behaviours, or any diagnosis,
3. The child or their parents or the placing agency or other person who placed the child requests the plan be reviewed.

{O. Reg. 156/18, s.94(2)}

8.4 Plan of Care - Information Current

The child's case record must include written documentation which demonstrates that during each review of the child's plan of care they have:

- a) Ensured any information included in the plan of care is current, and
- b) Documented the services, treatment and supports referenced in the plan of care that have been provided to the child.

{O. Reg. 156/18, s. 94(3)(a)(b)}

8.5 Plan of Care - Meeting with Child

The child's case record must include documentation showing that before beginning the process of

developing or reviewing a plan of care, the licensee met with the child and explained the following, to the extent possible given their age and maturity:

- a) The purpose for developing or reviewing their plan of care,
- b) The type of information that will be discussed during the development or review of their plan of care and the type of information that will be included in their plan of care, and
- c) The role of the child in the development or review

The date of the meeting must be documented in the child's case record.

{O. Reg. 156/18, s.94.1(1)(2)} {O. Reg. 156/18, s.94.3(2)}

8.6 Plan of Care - Information Utilized in Development

The child's case record must include documentation that demonstrates that when developing or reviewing the child's plan of care, the licensee used the information in the child's case record, including:

1. Any documents developed during the pre-admission assessment referred to in section 86.1,
2. Any information referred to in subsection 86.1(6) that was not collected for the purposes of the pre-admission assessment
3. The child's safety plan, where applicable,
4. Any reports respecting the child prepared by the licensee or persons providing direct care to the child on behalf of the licensee, and that relate to incidents involving the child and contain information that is reasonably necessary for the development or review of the plan of care, including but not limited to serious occurrence reports, and
5. Any personal, family, and social history or assessment respecting the child in that has been prepared by or provided to the licensee and that contains information that is reasonably necessary for the provision of care.

{O. Reg. 156/18, s.94.1(3)}

8.7 Plan of Care - Assessment of Needs

The child's case record must include evidence that when developing or reviewing the child's plan of care, the licensee:

1. Assessed whether the needs of the child can be met in the children's residence on the basis of the information referred to in subsection (3); and
2. Documented the assessment in the child's plan of care

{O. Reg. 156/18, s.94.1(4)}

8.8 Plan of Care - Individuals Involved

The child's case record includes evidence showing that the licensee has met with all of the following individuals together at least once for the purpose of consulting with them and involving them in the development or review of the child's plan of care:

1. The placing agency, if the placing agency is not the licensee,
2. The child's parents, if appropriate,
3. The child, to the extent possible given their age and maturity,
4. In the case of a child who is First Nations, Inuk or Métis, a representative chosen by each of the child's bands or First Nation, Inuit or Métis communities,

{O. Reg. 156/18, s.94.1(5)(6)}

8.9 Plan of Care - Individuals not Consulted

If any of the individuals referred to in s. 94.1 subsection (5) of O. Reg. 156/18 were not consulted or involved in the development or review of the child's plan of care, the licensee must record:

1. Efforts to consult with and involve them after the development or review of the plan of care, and
2. Any amendments to the plan of care to reflect their input, if necessary.

{O. Reg. 156/18, s.94.1(16)}

8.10 Plan of Care - Additional Persons Consulted

The child's case record must include documentation that shows that the licensee engaged the following individuals on the development or review of the child's plan of care, if they believe the

individual has relevant information to support the development or review of the plan of care or if any of the required participants recommend it:

1. The child's probation officer, where applicable,
2. Medical professionals or clinicians providing services, treatment, or support to the child.
3. Individuals named as a resource person for the child,
4. A representative from the child's school,
5. A person who is assigned as the child's primary worker (e.g., staff member) in the residence,
6. In the case of a review, the adult identified in the child's plan of care as being a positive influence in their life, where applicable.

{O. Reg. 156/18, s.94.1(9)}

8.11 Plan of Care - Participants and Meetings Dates

The child's case record must include the child's plan of care which includes:

1. The names and, if applicable, job titles, of the persons consulted on and involved in the development or review of the plan of care; and
2. The dates of any meetings held to discuss the development or review of the plan of care and the names of the persons who participated in the meetings.

{O. Reg. 156/18, s.94.1(10)}

8.12 Plan of Care - Signatures

The child's case record must include documentation that shows the licensee has made reasonable efforts to have the plan of care signed and dated by those who are consulted on and involved in the development or review of the plan of care, in such a way as to indicate their agreement with the information set out in the plan of care.

Note: If the child is not able to understand the plan of care given their age and maturity or does not wish to sign the plan of care, the licensee is not required to have the plan of care signed and dated by the child.

{O. Reg. 156/18, s.94.1(11)(12)}

8.13 Plan of Care - Copy Provided to Child

The child's case record must include documentation confirming that if the child has indicated they would like a copy of their plan of care, the licensee provided a copy of the plan of care to the child in their chosen format, within seven days after it is developed or reviewed.

{O. Reg. 156/18, s.94.1(14)}

8.14 Plan of Care - Refusal to Sign

The child's case record includes documentation within the plan of care that indicates if the child has refused to sign the plan of care, the reasons for the refusal.

Note: If the child is not able to understand the plan of care given their age and maturity or does not wish to sign the plan of care, the licensee is not required to have the plan of care signed and dated by the child.

{O. Reg. 156/18, s.94.1(15)}

9.1 Plan of Care - Amended Version

The child's case record includes evidence that where a plan of care is amended after its initial development, the licensee has clearly labelled the plan of care as being an amended plan of care.

{O. Reg. 156/18, s.94.2(2)}

9.2 Plan of Care Content - Personal Strengths

The child's case record must include a written plan of care which includes details related to the child's personal strengths, including a description of the child's strengths, including information about their personality, aptitudes and abilities, based on the information collected for the pre-admission assessment, a plan as to how the licensee will promote those strengths and details of how the licensee has promoted those strengths.

{O. Reg. 156/18, s.94.2(1)}

9.3 Plan of Care Content - Identity Characteristics

The child's case record must include a written plan of care which includes details related to the child's

identity characteristics including:

1. A description of the child's identity characteristics, and
2. Details of how the licensee has taken and will continue to take the child's identity characteristics into account in providing services to the child, including details of supports or activities that take their identity characteristics into account.

{O. Reg. 156/18, s.94.2(1)}

9.4 Plan of Care Content - Needs and Behaviours

The child's case record must include a written plan of care which includes details related to the needs and behaviours of the child and applicable diagnosis information, including:

1. A complete description of the child's needs, including any developmental, emotional, social, medical, psychological and educational needs, and any needs related to any behavioural challenges and any trauma experienced by the child,
2. Details of any medical or clinical diagnosis that is relevant to the provision of services, treatment or supports to the child.

The licensee must ensure that the description of the needs of the resident is consistent with:

1. The content of any current or previous medical, emotional, developmental, psychological, educational and social assessments of the child.
2. Information contained in serious occurrence reports respecting the child or other reports prepared by the licensee or persons providing direct care to the child on behalf of the licensee respecting incidents involving the child.
3. Information reported by persons responsible for providing direct care to the child on behalf of the licensee.

{O. Reg. 156/18, s.94.2(1)}

9.5 Plan of Care Content - Services and Treatment

The child's case record must include a written plan of care which includes details related to all services, treatment and supports for the child including:

1. Details of all services, treatment or supports that have been and that will be provided to the child to meet their individual needs and any challenges or concerns specific to those needs, including:
 - a) A detailed description of all services, treatment or supports the child will receive that are provided by the licensee or by others pursuant to arrangements made by the licensee, as well as those that the child has already received, along with the dates on which they were received,
 - b) The names of persons, including medical professionals and clinicians, providing services, treatment or supports to the child and their contact information,
 - c) Any recommendations from persons providing services, treatment or supports to the child, including as reflected in any assessment reports, and
 - d) The reasons that any services, treatment or supports were not provided within the timeframe specific in the plan of care.
2. A complete list of any medications that the child is taking, along with an indication of:
 - a) Any concerns about missed medication known at the time at which the plan was developed or that have arisen since the plan of care was last reviewed,
 - b) The directions to be followed if medication is not administered when it is supposed to be, and
 - c) Any psychotropic drugs listed in section 91 of Ontario Regulation 155/18 (General Matters under the Authority of the Lieutenant Governor in Council) made under the Act that the child is taking.
3. In determining the services, treatment and supports to be provided to the child, the licensee must demonstrate how they have considered the need to provide services, treatment and supports that relate to the child's identity, culture, language or creed.

{O. Reg. 156/18, s.94.2(1)}

9.6 Plan of Care Content - Identification and Achievement of Goals

The child's case record must include a written plan of care which includes details related to the

identification and achievement of the child's goals, including:

1. A description of the child's immediate and long-term goals and how those goals were determined, as well as a description of any progress made towards achieving those goals at the time the plan was developed or since the plan was last reviewed,
2. A statement setting out how the child was involved in the development or review of their immediate and long-term goals, with reference to their age and maturity,
3. Activities for supporting the child in achieving their immediate and long-term goals, including the names and, if applicable, job titles of persons responsible for supporting the child in performing these activities.
4. The licensee must demonstrate how the child's needs, behaviours and any diagnoses have been considered in the development or review of the child's immediate and long-term goals.

{O. Reg. 156/18, s.94.2(1)}

9.7 Plan of Care Content - Adult Ally

The child's case record must include a written plan of care which includes details related to the identification of an adult ally, including:

1. A statement identifying at least one adult who the child has named as being a positive influence in their life, including the adult's name, the reasons why the adult is important to the child and the role and responsibilities that the adult has agreed to assume in supporting the child
2. If the child is unable to identify such an adult, the plan of care must instead include identifying an adult who is a positive influence in the child's life as one of the child's goals.

{O. Reg. 156/18, s.94.2(1)}

9.8 Plan of Care Content - Involvement of Child's Family/Placing Agency

The child's case record must include a written plan of care which includes details related to the involvement of the child's family and placing agency including:

1. A statement describing the involvement of any parent or member of the child's extended family and, if applicable, placing agency in supporting the child, including any arrangements for contact between the child and parent, member of the child's extended family or placing agency, as the case may be.
2. If it is determined the involvement of the child's parents and extended family is not appropriate, a statement to this effect must be included in the plan of care, along with the reasons in support of its determination.

{O. Reg. 156/18, s.94.2(1)}

9.9 Plan of Care Content - Safety Planning

The child's case record must include a written plan of care which includes details related to safety planning including if the child has a safety plan, a summary of the review of the safety plan, together with any changes made to the safety plan.

{O. Reg. 156/18, s.94.2(1)}

9.10 Plan of Care Content - Outcomes

The child's case record must include a written plan of care which includes details related to the outcomes for the child, including a description of the desired outcomes for the child based on the child's specific strengths, needs and, if applicable, diagnoses.

{O. Reg. 156/18, s.94.2(1)}

9.11 Plan of Care Content - Education

The child's case record must include a written plan of care which includes details related to education, including:

1. A description of the child's current educational status and an indication of the educational resources that have been made available to the child from among those identified by the licensee through the consultations required once a year with the school board in the area in which the child is located and the entity which operates a school in the area that the child is located,
2. An indication of whether there are any concerns about the child's school attendance or academic performance and, if applicable, any action to be taken to address those concerns,
3. A description of how the licensee has ensured the place in which the child lives has a space or

spaces that constitute a suitable environment for the child to undertake their studies, including completing homework or other assignments, that is responsive to the child's individual needs and is appropriate given their age and maturity.

{O. Reg. 156/18, s.94.2(1)}

9.12 Plan of Care Content - Activities and Supports

The child's case record must include a written plan of care which includes details related to activities and supports, including:

1. A description of any cultural, recreational, athletic and creative activities that the child has participated in or will participate in, as well as a description of how those activities are appropriate given the child's aptitudes, interests, needs and strengths.
2. A plan to enroll the child in such cultural, recreational, athletic or creative activities and to encourage their continued involvement in such activities.

{O. Reg. 156/18, s.94.2(1)}

9.13 Plan of Care Content - Meals and Nutrition

The child's case record must include a written plan of care which includes details related to meals and nutrition, including a current description of the child's dietary preference and any dietary restrictions, along with details of how those preferences and restrictions, if applicable, are to be accommodated.

{O. Reg. 156/18, s.94.2(1)}

9.14 Plan of Care Content - Access to Electronic Devices and the Internet

The child's case record must include a written plan of care which includes details related to access to electronic devices and the internet, including:

1. A current description of any access to electronic devices or the internet to be accorded to the child and any supervision that the child requires while using the electronic devices or the internet,
2. If the plan of care indicates that no internet access is to be accorded to the child, an explanation of the reasons for this decision and a description of the measures to be implemented to ensure that the child does not access the internet.

{O. Reg. 156/18, s.94.2(1)}

9.15 Plan of Care Content - Child's Preferences and Wishes

The child's case record must include a written plan of care which includes details related to the child's preferences and wishes for their care, including:

1. A current description of the child's views and wishes with respect to the manner in which residential care is provided to them,
2. A current description of any concerns expressed, or changes recommended by the child respecting the provision of residential care to them and how the licensee has responded to those concerns or recommendations.

{O. Reg. 156/18, s.94.2(1)}

9.16 Plan of Care Content - Transfer or Discharge

The child's case record must include a written plan of care which includes a description of any anticipated plans for transfer or discharge of the child, including details of whether it is anticipated that the child will be transferred or discharged from the residence to another person or agency, including the child's parent and, if so, details of the person or agency that would be responsible for caring for the child.

{O. Reg. 156/18, s.94.2(1)}

9.17 Plan of Care Content - Revisions

The child's case record must include a written plan of care which includes any revisions to the plan of care, including an indication of the following:

1. The date by which the next review of the child's plan of care must be completed, and
2. The dates on which the plan of care was previously revised after its initial development.

{O. Reg. 156/18, s.94.2(1)}

9.18 Plan of Care - Copies in Case Record

The child's case record must include the original plan of care, as well as any amended plan of care.

{O. Reg. 156/18, s.94.3(2)1} {O. Reg. 156/18, s.94.3(2)2}

10.1 Assisting Child to Exercise Rights

The child's case record includes that a service provider shall make reasonable efforts to assist a child for whom it provides a service to exercise or receive the benefit of their rights under Part II of the Act, including by doing the following:

1. Considering such information as may be available to the service provider about the child to identify what supports, if any, may assist the child in exercising or receiving the benefit of the rights.
2. Asking the child to identify what, if any, supports may assist in enabling the child to exercise or receive the benefit of the rights.
3. If the service provider is required under section 4 to inform an individual described in paragraph 1, 2 or 3 of subsection 4 (3), making reasonable efforts to ask the individual to identify what, if any, supports may assist the child in exercising or receiving the benefit of the rights.
4. Considering the supports identified under paragraphs 1, 2 and 3 and making reasonable efforts to provide supports that the service provider considers to be necessary.

The licensee shall document in the child's case record a description of any assistance provided in accordance with this section, any supports identified under subsection (1) and if the service provider did not provide supports identified under subsection (1), the reasons for that decision.

{O. Reg. 155/18, s.6} {CYFSA Part II, s.8(1) s.15(2)(3)}

10.2 Informed of Rights and Complaint Procedure

The child's case record indicates that the service provider informed the child of:

- a) the child's rights under Part II of the Act;
- b) the service provider's complaints procedures; and

{O. Reg. 155/18, s.4(5) (a & b)}

10.3 Review of Rights and Responsibilities/Complaint Procedures

The child's case record indicates that information regarding their rights and responsibilities in care, and of the complaint procedures, are explained:

- a) as part of the process of the service provider beginning to provide a service to the child (admission);
- b) at any other times as is considered to be necessary, in the opinion of the service provider, to ensure that the child, or individual understands the information; and
- c) as soon as practical after information comes to the attention of the service provider that the child's rights under Part II of the Act may have been violated by another service provider.

{O. Reg. 155/18, s.4(6)(a-c)}

10.4 Review of Rights and Responsibilities Timeline

The child's case record shows that:

- 30 days after admission,
- 90 days after admission,
- 180 days after admission, and then
- every 180 days after that,

the child was informed of their rights and responsibilities and the parents were also informed of these rights and of the complaints procedure.

{O. Reg. 155/18, s.9(a)(b)(c)}

10.5 Recreational, Athletic and Creative Activities

The child's case record indicates that a service provider has made reasonable efforts to:

- a) determine whether there are services, programs or activities that may complement the service being provided by the service provider and support the objectives of the service and that relate to the information described in subsection (1); and

- b) if the service provider determines that such a service, program or activity is available and would assist the child,
 - i. ask the child if they wish to receive the service or participate in the program or activity, and
 - ii. if so, facilitate the child receiving the service or participating in the program or activity in addition to continuing to receive the service from the service provider.
- c) The service provider shall document the steps it has taken to comply with the requirements of this section.

{O. Reg. 155/18, s.8(2)(a)(b)(i)(ii)(3)} {CYFSA Part II, s.13(f)}

10.6 Participate in Decision Making

The child's case record contains information about how and when the child had an opportunity to participate in decision making about the services provided to or to be provided to them or decisions affecting them.

Also, whether the child participated in the decision and, if they did participate, a description of how they participated and any views they expressed.

{O. Reg. 155/18, s.7}

10.7 Safety Plan - Completion of Safety Assessment

The child's case record must include written documentation that demonstrates that a written safety assessment has been completed which includes:

1. That the licensee has made reasonable efforts to determine whether the child engages in behaviours that may pose a risk to the safety of themselves or others, or whether there are other risks to the child's safety, based on all information known to the licensee, including information about the child's needs and behaviours contained in:
 - a) Any documents or information collected by the licensee or created by the licensee as part of the pre-admission/placement assessment,
 - b) In the case of a resident, any serious occurrence reports or other reports concerning the resident prepared by the licensee or persons providing direct care to the resident, and any plan of care developed for the resident
2. The views of the placing agency or person who is placing or placed the child, on the need for a safety plan for the child.

{O. Reg. 156/18, s.86.3(1)(2)(3)}

10.8 Safety Plan - Completion of Safety Plan

The child's case record must include evidence that a safety plan has been created in circumstances where the outcome of the safety assessment is that:

1. The child engages in behaviours that may pose a risk to the safety of themselves or others or there are other risks to the safety of the child, or
2. It is the view of the placing agency or person placing the child or who placed the child, as the case may be, that a safety plan is needed.

{O. Reg. 156/18, s.86.3(4)}

10.9 Safety Plan - Timing

The child's case record must include evidence that a safety plan was created by the licensee at the following times:

1. Before a child's admission into a licensed setting, or
2. If the child is already living in a licensed setting:
 - a) During the development of the child's written plan of care,
 - b) During a review of the child's written plan of care, and
 - c) Immediately following any situation where the child has engaged in behaviour which may pose a risk to the safety of themselves or others.

{O. Reg. 156/18, s.86.3(5)}

10.10 Safety Plan - Content of Safety Plan

The child's case record includes evidence that a safety plan has been completed which, at minimum, sets out:

1. The child's behaviours that may pose a risk to the safety of the child or others and any other reasons for which the safety of the child may be at risk,
2. Safety measures informed by information provided by the placing agency or person placing the child or who placed the child, including the amount of any supervision required, to prevent the child from engaging in behaviours that may pose a risk to the safety of themselves or others,
3. Procedures to be followed by the licensee's staff, and any other persons providing direct care to the child on behalf of the licensee, in circumstances where the child engages in behaviour that may pose a risk to the safety of themselves or others,
4. Any recommendations to which the licensee has access from persons that provided or are providing specialized consultation services, specialized treatment, or other clinical supports to address the child's behaviours,
5. Any clinical or other supports to be provided to the child to address behaviours that may pose a risk to themselves or others,
6. The names, contact information and, if applicable, job titles of any persons consulted on and involved in the development of the safety plan, including the date or dates on which they were consulted.

{O. Reg. 156/18, s.86.4(1)}

10.11 Safety Plan - Consultation

The child's case record includes documentation which demonstrates the following persons were consulted with and involved in the development of the safety plan and that they received a copy of the child's safety plan before the child is admitted to the licensed setting or as soon as possible after it is developed:

1. The placing agency,
2. The child, to the extent possible given their age and maturity,
3. The child's parents, if appropriate,
4. In the case of a child who is a First Nations, Inuk or Métis child, a representative chosen by each of the child's bands or First Nation, Inuit or Métis communities.

If the above noted individuals were not able to be consulted or involved in the development of the safety plan, the child record must include:

1. The reasons why the individuals were not consulted or involved in the safety plan, and
2. Documentation of reasonable, ongoing efforts to engage with them on the safety plan.

{O. Reg. 156/18, s.86.4(2)(3)(4)(5)}

10.12 Safety Plan - Review of Safety Plan

The child's case record must include documentation which indicates the child's safety plan has been reviewed during the development and/or review of their plan of care and immediately after:

1. The child has engaged in behaviour that poses a risk to the safety of themselves or others,
2. An incident occurred during which the measures set out in the safety plan are shown to be ineffective in preventing the child from engaging in behaviours that pose a risk to the safety of themselves or others,
3. New information has come to the attention of the licensee respecting the safety risks posed by the child, or to which the child is subject, or behaviours of the child that has implications for the information contained in the safety plan,
4. The child or a person consulted on and involved in developing the safety plan has requested the safety plan be reviewed.

{O. Reg. 156/18, s.86.5(2)(3)}

10.13 Safety Plan - Requirements for Safety Plan Review

The child's case record must include documentation which indicates that, when reviewing the child's safety plan, the licensee has ensured:

1. It still adequately keeps the child and others safe, and if it does not, an amended safety plan is developed,
2. The same requirements for developing a safety plan are complied with when reviewing and amending the safety plan,

3. Any amendments to the safety plan are documented and dated in the safety plan itself,
4. All information known to the licensee about the child's behaviours that might be relevant to the child's safety plan is considered, including information collected from persons providing direct care to the child on behalf of the licensee,
5. Any recommendations received by the licensee from any individual named as a resource person for the child, any person who provides direct care to the child on behalf of the licensee, or any person assigned as the child's primary worker are incorporated into the safety plan.

{O. Reg. 156/18, s.86.5(4)}

10.14 Safety Plan - Reviewed in Response to Incident

The child's case record must include documentation which demonstrates, in instances where a safety plan is being reviewed because the measures set out in the plan were deemed ineffective, different preventative measures are proposed to prevent the child from engaging in such behaviours than the measures previously identified in the original safety plan.

{O. Reg. 156/18, s.86.5(5)}

10.15 Safety Plan - Staff Sign Off

The child's case record includes the child's safety plan which contains the signature and date when each staff reviewed the child's safety plan.

{O. Reg. 156/18, s.86.6(2)}

11.1 Medical within 72 hours - Dr/RN(EC)

The child's case record includes documentation that a resident has received a general medical examination conducted by a physician or a registered nurse in the extended class within 30 days prior to admission or within 72 hours after admission.

{Minister's Reg s. 89 (1)(a)}

11.2 Medical - Reasons for Delay are noted

The child's case record includes documentation if it is not possible in the circumstances for the resident to have received a general medical examination in the time period described in clause (a), the circumstances that lead to the delay, and arrange for the examination as soon as possible in the circumstances after the 72-hour period has elapsed.

{Minister's Reg s. 89 (1)(b)(i)(ii)}

11.3 Dental 6 months prior/90 days after

The child's case record includes documentation that a resident has received a dental examination conducted by a dentist within six months prior to admission to the residence or within 90 days after admission.

{Minister's Reg s. 89 (3)(a)}

11.4 Dental - Reason for Delay are noted

The child's case record includes documentation that if it is not possible in the circumstances for the resident to have received a dental examination in the time period described in clause (a), the circumstances that lead to the delay, and arrange for the examination as soon as possible in the circumstances after the 90-day period has elapsed.

{Minister's Reg s. 89(3)(b)(i)(ii)}

11.5 Immediate Medical Treatment

The child's case record indicates that if there are specific indications upon the admission of a resident that suggest that a medical examination or treatment is urgently needed by the resident, the licensee shall immediately arrange for the examination or treatment.

{Minister's Reg s. 89(2)(a)}

11.6 Immediate Medical Treatment - Reason for Delay are noted

The child's case record indicates if there are specific indications upon the admission of a resident that suggest that a medical examination or treatment is urgently needed by the resident, but it is not possible in the circumstances to immediately arrange for the examination or treatment, the licensee shall:

- (i) the reasons for which the examination or treatment could not be immediately arranged, and
- (ii) arrange for the examination or treatment as soon as possible in the circumstances.

{Minister's Reg s. 89(2)(b)(i)(ii)}

11.7 Prescribed Medication and Medical Treatment

The child's case record shall ensure that the following things are identified at admission: 1. Any medical treatment that the child is receiving. 2. Any medication that the child is taking. 3. Any allergy or physical ailment from which the child is suffering.

{Minister's Reg s. 89(4)}

11.8 Prescribed Medication and Medical Treatment - Continued

The child's case record that any treatment or medication referred to in paragraphs 1 and 2 of subsection (4) is continued, as necessary, to ensure the health and safety of the child.

{Minister's Reg s. 89(5)}

12.1 Record of Medical/Dental Care

The child's case record contains a cumulative record of reports of medical and dental examinations and treatments given to the child that have been provided to the licensee and of reports of all medical and dental examinations and treatments given to the resident after the date of their admission to the residence

Note: {O. Reg. 156/18, s.82(1)(g)(iv)} requires that the health program must include at least an assessment of the health, vision, dental and hearing conditions of the child at least once every 13 months.

{O. Reg. 156/18, s.93(1)(e)} {CYFSA Part II, s.13(2)(d)} {O. Reg. 156/18, s.82(1)(g)(iv)}

12.2 Medical Care - Provided at Regular Intervals

The child's case record contains documentation that the services of a physician or a registered nurse in the extended class are provided for each child at regular intervals and otherwise as needed by the child.

{O. Reg. 156/18, s.104(1)}

13.1 Medical and Dental Care - Provided in Community

The child's case record shows that residents are provided access to community health programs, unless none are available.

{O. Reg. 156/18, s.82(1)(g)(i)} {CYFSA Part II s.13(2)(d)}

14.1 Self-Medication Plan

The child's case record shows that a resident may self-administer their own medication if:

- (i) in the case of prescription medication, a physician or a registered nurse in the extended class is of the opinion that the resident is capable of administering their own medication and has provided a written self-medication plan for the resident to the licensee, or
- (ii) in the case of non-prescription medication, the resident wishes to assume the responsibility of administering their own medication and the licensee is of the opinion that the resident is capable of assuming that responsibility. The physician or registered nurse in the extended class shall provide a copy of the written self-medication plan that is to be kept in the child's case record.

{Minister's Reg s. 106 (1)(b)(i)(ii)(3)}

15.1 Serious Occurrences on File

The child's case record includes any serious occurrence involving the resident reported under section 84, including the time of the occurrence, the name of the person reporting it and the person to whom the report was made.

{O. Reg. 156/18, s.93(1)(k)}

16.1 Child Protection Reporting on File

The child's case record includes reports of any child protection concerns reported by staff.

{CYFSA s.125(1) Paragraphs 1-13}

17.1 Education - Notification of Absences

The child's case record must include documentation which outlines:

1. All actions taken by the licensee to notify the parent, placing agency or person who placed the child to receive residential care, when the child is to be absent from school or from another educational program, including a description of the reasons for the absence.
2. All actions taken by the licensee to notify the parent, placing agency or other person who placed the child of the child's absence within 24 hours of learning of the absence if the licensee was not able to do this before the child's absence.

{O. Reg. 156/18, s.80.1(6)(7)}

17.2 Education - Academic Records/Report

The child's case record includes the resident's school records and reports, if applicable.

{O. Reg. 156/18, s.93(1)(h)}

17.3 Parent involvement - Education and Upbringing

A child's case record shows that a parent with a right to direct the child's education and upbringing, in accordance with the child's creed, community identity and cultural identity has had the ability to do so.

{CYFSA Part II s.14 (a)}

17.4 Instruction/involvement in Activities of their Choice

A child's case record shows that the resident has the opportunity to receive instruction and participate in activities of their choice related to their creed, community identity and cultural identity, subject to parental consent in accordance with section 14, if applicable.

{CYFSA Part II s. 12(b)}

17.5 Complaint - No Instruction/involvement in Activities of their Choice

If a child's case record shows that if a complaint about not being allowed to receive instruction and participate in activities of their choice related to their creed, community identity and cultural identity, was filed, that the matter was resolved in accordance with the licensee's complaint and review procedures.

{CYFSA Part II s. 18(1)}

18.1 Food and Nutrition - Special Dietary Requirements/ Modified Meals

The child's case record shows that the residents receive well balanced meals and snacks that are nutritionally adequate for their physical growth and development and respect the food preferences, culture, traditions and creed of the residents.

{Minister's Reg s. 102(a)}

18.2 Food and Nutrition - Special Food Recommend Dr/RN(EC)

The child's case record shows if special foods are recommended by a resident's physician or registered nurse in the extended class, they are provided to the resident.

{Minister's Reg s. 102(b)}

18.3 Food and Nutrition - Medical and Behaviour Advice

The child's case record includes any food allergies, options for a balanced diet and emergency procedures in the event of severe allergic reactions as well as any unique needs.

{Policy - Food and Nutrition (2008-1a) Medical and Behaviour Advice}

18.4 Food and Nutrition - Food and Kitchen Access

The child's case record indicates a resident's reasonable access to food and kitchen facilities is not restricted to meal or snack times unless specifically provided for in the resident's plan of care.

{Minister's Reg s. 102(c)}

19.1 Opening Written Communication

The child's case record contains documentation if the licensee or a member of the licensee's staff opens or withholds any written communication intended for the resident under subsection 10 (3) of the Act, the reasons for which the written communication was opened or withheld.

{O. Reg. 156/18, s.93(1)(l)} {CYFSA Part II, s.10(3)}

19.2 Improper Material Removed Noted

The child's case record contains documentation if the licensee or a member of the licensee's staff removes an article from any written communication intended for the child under subsection 10 (3) or (4) of the Act, the reasons for which the article was removed.

{O. Reg. 156/18, s.93(1)(l)}

19.3 Complaint Filed - Internal Process

The child's case record shows that where a child made a complaint regarding alleged violations of their rights the complaint was heard by the service provider.

{CYFSA Part II s.18(1)(a)}

19.4 Complaint Received - Documentation

Where applicable, the child's case record includes a written summary of each complaint made by the child or a complaint made by someone else on behalf of the child, including the steps taken in response to the complaint.

{O. Reg. 155/18, s.22(3)(f)}

19.5 Complaint Procedure - Documenting Debrief

The child's case record includes the following documentation, if a complaint has been made by a child, if the child is the subject of a complaint, or if the child witnessed any conduct that gave rise to a complaint:

1. The date and time of each debriefing involving the child, as well as the names and, if applicable, titles of the persons involved in each debriefing and the duration of each debriefing.
2. An indication of the child's wishes to participate in the debriefing process, including if the child did not wish to participate.
3. A description of the efforts made to conduct the debriefing processes, including the names of the persons who made those efforts.
4. An indication that the debriefing process was conducted within seven days after the complaint was reviewed, and if it was not possible for the debriefing to take place within seven days, an indication that the debriefing took place as soon as possible and a description of the circumstances which prevented the debriefing from taking place.

{O. Reg. 155/18, s.23.1(2)(3)(5)(6)(7)}

20.1 Clothing

The child's case record includes documentation confirming that sufficient clothing of a suitable quality and size considering the resident's age, activities and local weather conditions are provided to the resident and where the licensee is unable to ensure that a resident has suitable clothing, the licensee must document efforts made to obtain the clothing.

{O. Reg. 156/18, s.110(1)(2)}

21.1 Record of Use of Discipline

The child's case record includes documentation of any method of discipline or other intervention administered to a resident that is intended to reduce or eliminate a certain behaviour and who administered the discipline or intervention.

{O. Reg. 156/18, s.109(3)(a)}

21.2 Physical Restraint - Record of Use

The child's case record documents each use of a physical restraint of the child and the record must include the following:

1. The name and age of the child on whom the physical restraint was used.
2. The dates and times when physical restraint was used and the name and title of the person or persons who used it.
3. A description of the risk referred to in paragraph 1 of subsection 10 (1) that existed before the physical restraint was used.
4. A description of the alternatives to the use of physical restraint that were considered and why those alternatives were not used.
5. The type or types of physical restraint used.

6. The time period during which the physical restraint was used.
7. All documentation related to assessment and monitoring of the child while they were physically restrained, including assessments of the child's medical condition while being physically restrained.
8. The date and time when the child ceased being physically restrained.
9. Documentation relating to notification and attempted notification under section 13 of the child's parent and, in the case of a child in care, the placing agency or person who has placed the child.

{O. Reg. 155/18, s.14(1) Paragraph 1-9(2)}

21.3 Physical Restraint - Debriefing Process

The child's case record includes documentation that a debriefing process was conducted with the child on whom the physical restraint was used.

A debriefing process was offered and conducted to any children who witnessed the use of the physical restraint and wish to participate in the debriefing process.

The debriefing process referred to in paragraphs 2 and 3 must be structured to accommodate any child's psychological and emotional needs and cognitive capacity.

A debriefing process referred to in paragraph 2 and 3 must be conducted within 48 hours after the use of the physical restraint.

A record of the debrief must include:

- i. The date and time of each debriefing, the names and, if applicable, the titles of the persons involved in each debriefing and the duration of each debriefing.
- ii. The name of each child for whom a debriefing was offered in accordance with paragraph 3 and who indicated that they did not wish to participate in the debriefing process.
- iii. A description of the efforts made to conduct the debriefing processes required by this section that includes the names of the persons who made those efforts.

If circumstances do not permit a debriefing to take place within 48 hours after the physical restraint is used, the debriefing must be conducted as soon as possible, and a record must be kept of the circumstances which prevented the debriefing process from being completed within the 48-hour period.

{O. Reg. 155/18, s.12(2)(3)(4)(5)(6)(7)}

21.4 Physical Restraint - Debrief with Child

If the service provider has used or permitted the use of a physical restraint on a child, the child's case record includes a written report of the debriefing with the child that was subject to the physical restraint. The report must set out any information reported by the child during that debriefing, including any information about services and supports that the child may require as a result of the restraint.

{O. Reg. 155/18, s.12(4.1)} {O. Reg. 155/18, s.12(2)(a)(b)}

21.5 Physical Restraint - Record of Notification

The child's case record shows that where a physical restraint was used on a child for whom it provides a service, the service provider notified the child's parent and, in the case of a child in care, the placing agency or person who has placed the child.

{O. Reg. 155/18, s.13(1)}

22.1 Cultural Competency

The child's case record indicates the child was informed of the programs that address various cultural competencies and indicates what is being done to address their individual needs upon admission and every six months thereafter.

{Policy Cultural Competency (2008-2) 1}

22.2 Cultural Competency - Licensee Program Description

The child's case record indicates what is being done if any of a) to f) that are relevant to the individual needs of the child.

- a) Provision of inclusive services that are non-discriminatory and in an environment that takes into account ethno-cultural, racial, linguistic and ancestral diversity.

- b) Accommodation of the gender-specific needs of children.
- c) How the service provider accommodates the needs of Lesbian, Gay, Bisexual and Transgender children.
- d) Opportunities for participation in leisure and recreational activities that promote physical, social and cultural benefits for the children in their care.
- e) How children of Indigenous heritage will be assisted in preserving their unique cultural identity and in maintaining positive contact, involvement and participation with their Indigenous community as identified in the plan of care.
- f) Provision of tailored support for children with unique needs.

{Policy - Cultural Competency (2008-2)}

22.3 Informed of Program that Address Religion

The child's case record and plan of care indicates what is being done to address the individual needs of the child in regard to:

- child's right to voluntarily access and benefit from religious and spiritual care,
- the collection of information regarding a child's religious affiliation or preference,
- name of the child's community spiritual/religious care provider, if available,
- how they have addressed the child's spiritual and religious needs, and
- how religious diets and fasts or recognized faith groups are observed.

{Policy Cultural Competency (2008-2) 3A, B, C, D, E, F, G}

23.1 Medication Safety and Monitoring - Individualized Response Plans

The child's case record includes individualized response plans to handle situations where a child refuses to take their medication.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 4}

23.2 Medication Safety and Monitoring - Changes Observed

The child's case record includes changes in weight, behaviour, emotions and physical state.

{Policy- Safe Administration, Storage and Disposal of Medication (2011-1) 4}

23.3 Medication Safety and Monitoring - Medical Advice/Follow up

The child's case record includes medical advice sought from a health practitioner and follow ups obtained on any medical tests or lab work.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 4}

23.4 Medication Safety and Monitoring - Concerns

Discussions with children regarding any concerns they have about psychotropic or other medication must be documented.

{Policy- Safe Administration, Storage and Disposal of Medication (2011- 1) 4}

23.5 Medication Safety and Monitoring - Medication Incidents and Near Misses

The child's case record includes actions taken to identify, monitor and respond to medication incidents, including seeking emergency medical attention as required and notifying the child's placing agency and/or parent or legal guardian.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 4}

23.6 Medication Safety and Monitoring - High Risk Situations - Psychotropic Medications

The child's case record includes actions taken to notify the placing agency and/or parent or legal guardian of "high risk" situations involving psychotropic medication.

{Policy - Safe Administration Storage and Disposal of Medication (2011-1) 5}

24.1 Admission Health Records - Health Card

The child's case record includes the Provincial health card number, date of birth, current height and weight.

{Policy - Communication and Transfer of Medication Information (2011-2) 2}

24.2 Admission Health Records - Medication

<p>The child's case record includes the Name, dosage, frequency, duration and purpose of medication.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>24.3 Admission Health Records - Medical History</p> <p>The child's case record includes the medical history including medical and psychological assessments and medication history.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>24.4 Admission Health Records - Special instructions</p> <p>The child's case record includes any special instructions and/or monitoring procedures (e.g., blood tests)</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>24.5 Admission Health Records - Allergies</p> <p>The child's case record includes information about Allergies</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>24.6 Admission Health Records - Contact Info</p> <p>The child's case record includes contact information for child's physician and other involved health practitioners.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>24.7 Admission Health Records - Reactions</p> <p>The child's case record includes record of previously observed adverse behavioural, emotional and physical reactions to medication or other medical treatments.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>24.8 Admission Health Records - Reasons for not obtaining Info</p> <p>The child's case record includes an explanatory note where any of the above information cannot be obtained.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>25.1 Prescription Medication</p> <p>The child's case record includes any information obtained about prescription medications.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>25.2 Sharing Info and Side effects</p> <p>The child's case record includes documentation of having shared information about medication and possible side effects with the child.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>25.3 Following a Change in Medication</p> <p>The child's case record includes documentation explaining the reason for the change in medication and the possible side effects to the child, following a change in medication.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>26.1 Short Term Absences - Info for Receiving Person</p> <p>The child's case record includes details of what information and medication was provided to the receiving person or agency for short-term absences.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>26.2 Short Term Absences - Written Plan</p> <p>The child's case record includes a written plan for continued medication administration and monitoring for regular planned absences.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>26.3 Short Term Absences - Documentation re: Safety Considerations</p> <p>The child's case record includes documented support (written or verbal) from the prescribing health practitioner for occasional planned absences where there are significant safety considerations</p>

<p>associated with a medication or medical condition.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>27.1 Attendance at Scheduled Medical Appointments</p> <p>The child's case record includes documentation of staff, placing agency or parent/guardian's attendance at scheduled medical appointments or notes detailing why children were not accompanied, and any other pertinent information (e.g., treatment and diagnosis), as applicable.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>28.1 Hospital Admission - Notification to Placing Agency/Parent or Guardian</p> <p>The child's case record includes documentation of notification to the placing agency (if applicable) and/or parent or guardian of the emergency hospital admission.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>28.2 Hospital Admission - Attendance at a Hospital</p> <p>The child's case record includes documentation of staff, placing agency or parent/guardian's attendance at the hospital or notes detailing why children were not accompanied, and any other pertinent information (e.g., treatment and diagnosis), as applicable.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>29.1 Transfer of Medication/Medical Records</p> <p>The child's case record includes documentation of what information and/or medication was provided upon discharge or transfer, and a copy of the discharge transfer plan.</p> <p>{Policy - Communication and Transfer of Medication Information (2011-2) 2}</p>
<p>29.2 Closed Case Record</p> <p>The child's closed case record contains:</p> <ol style="list-style-type: none"> 1. Documentation respecting the circumstances of transfer or discharge of the child from the residence 2. The name and address of the licensee, person or agency to whom the child is transferred or discharged 3. A description of the relationship between the child and the licensee, person or agency to whom the child is transferred or discharged 4. Any information relevant to the provision of residential care to the child that is provided by a licensee under paragraph 3 of section 80.2. <p>{O. Reg. 156/18, s.93(1)(n)(i)(ii)(iii)(iv)}</p>
<p>29.3 Closed Case Record - Information Provided within 7 Days</p> <p>The closed case record demonstrates the licensee, as soon as possible and no later than seven days after the transfer or discharge, provided the following information to the person or agency to whom the child was transferred or discharged:</p> <ol style="list-style-type: none"> 1. A copy of the most recent version of the child's plan of care. 2. A copy of the most recent version of the child's safety plan, if one is required for the child. 3. Any other information that, in the opinion of the licensee, is relevant to the provision of residential care to the child at the time of the transfer or discharge. <p>{O. Reg. 156/18, s.80.2}</p>
<p>29.4 Closed Case Record - Retention</p> <p>The child's case record must be retained by the licensee for at least 20 years after it was last amended or, if the resident dies, for at least five years after the death of the resident.</p> <p>{O. Reg. 156/18, s.93(2)}</p>
<p>30.1 Services to Children</p> <p>The child's case record includes steps taken to determine and facilitate services, programs or activities that would relate to the race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression or cultural or linguistic needs of the child; or regional differences that may affect the child.</p> <p>{O. Reg. 155/18, s.8} {O. Reg. 156/18, s.3(1)(3)}</p>

30.2 Services to FNIM Children

For First Nations, Inuit or Métis children and their families, the child's case record shows evidence the service provider has taken into account the child's cultures, heritages, traditions, connection to community and the concept of the extended family, as required.

{O. Reg. 155/18, s.8} {O. Reg. 156/18, s.3(2)(3)}

30.3 Services to Children - Providing Information and Enquiring

The child's case record includes steps taken to inform and receive information from the child and their parent in relation to identity characteristics of the child and regional differences, including information the licensee provided and received and how it was taken into account.

{Minister's Reg s.4(8)}

30.4 Resource Person

The child's case record includes steps taken to contact and work with a resource person, including information provided and received and how this information was taken into account.

{O. Reg. 156/18, s.5}

30.5 FNIM Child — Complementary Services

For First Nations, Inuk or Métis child, the child's case record includes steps taken to determine whether there are services, programs or activities that may complement and support the objectives of services provided or that would further the purposes set out in paragraph 6 of subsection 1 (2) of the Act that are offered or recommended by:

- a) any of the child's bands or First Nations, Inuit or Métis communities; or
- b) if the child does not have a band or First Nations, Inuit or Métis community, an organization that is closely linked to the child's cultures, heritages and traditions.

If there are and the child wishes to participate in such a service, there is documentation that this was facilitated.

{CYFSA Part I s.1(2) paragraph 6} {Minister's Reg s.6(1)(a)(b)(2)(a)(b)(3)}

31.1 Mechanical Restraint - Authorized Use

The child's case record must include documentation which demonstrates the use of mechanical restraints were only used on the child when:

1. The use has been authorized by a plan of treatment to which the child or their substitute decision-maker has consented in accordance with the Health Care Consent Act, 1996, or
2. The use has been authorized by a plan for the use of a PASD to which the child, or their nearest relative, has consented.

{O. Reg. 155/18, s.21(2)(a)}

31.2 Mechanical Restraint - Plan of Treatment for PASD

The child's case record must include documentation which demonstrates that the plan of treatment for a PASD:

1. Includes the content described in subsection 4.1 or 4.2 as the case may be,
2. Has been signed and dated by any health care practitioner who participated in its development and by the child, or their substitute decision-maker, in such a manner as to indicate their agreement with the content of the plan, and
3. If the plan has been amended following its development:
 - (a) It clearly indicates the amendments that were made,
 - (b) Those amendments are signed and dated by any health practitioner who participated in developing the amendments to the plan and by the child, or their substitute decision-maker, in such a manner as to indicate their agreement with the amendments.

{O. Reg. 155/18, s.21(2)(b)}

31.3 Mechanical Restraint - Plan of Treatment Content

The child's case record must include the following documentation and must be kept in the child's file at the location at which the child is receiving service from the licensee:

A written plan of treatment for the use of a mechanical restraint, which:

1. Includes a description of:

- (a) Any risks the child poses to themselves or others or any other behaviours the child engages in that require the use of mechanical restraints,
 - (b) How the use of mechanical restraints supports the health, safety and well-being of the child
 - (c) Alternative interventions to the use of a mechanical restraint that have been considered or proven to be ineffective in managing the child's behaviours and the risks posed by those behaviours,
 - (d) Clinical or other supports to be provided to the child that are intended to address the behaviours or needs that are being managed through the use of mechanical restraints, and
 - (e) Alternative interventions that are being used to teach the child skills intended to eliminate the behaviours or meet the needs that are being managed through the use of mechanical restraints.
2. Indicates the length of time during which the mechanical restraint may be used, which shall not exceed 12 hours in any 24- hour period.
 3. Indicates the date on which the plan was developed.

{O. Reg. 155/18, s.21(4.1)}

31.4 Mechanical Restraint - Plan for Use of PASD Content

The child's case record must include a written plan for the use of the PASD which includes:

1. A description of alternatives to the use of the PASD that have been considered or proven to be ineffective in assisting the child with a routine activity of daily living,
2. A description of how it was determined that the use of a PASD is reasonable and that the PASD in question is the least restrictive type of PASD that would effectively assist the child with a routine activity of daily living, taking into consideration their physical and mental condition and their personal history,
3. A description of how the child being restrained by the PASD will be repositioned, and
4. An indication of the date on which the plan was developed.

{O. Reg. 155/18, s.21(4.2)}

31.5 Mechanical Restraint - Rules Regarding Use

The child file must include documentation which demonstrates that, if a mechanical restraint was used:

1. The mechanical restraint was not used on a child for the purpose of punishment or solely for the convenience of the service provider,
2. The least intrusive type of mechanical restraint that is necessary was used,
3. The mechanical restraint was applied using the least amount of force that is necessary in the circumstances,
4. The child was not secured by a mechanical restraint to a fixed object or another person,
5. The child being restrained by the use of mechanical restraints was monitored continuously and in accordance with any instructions or recommendations provided in the child's plan of treatment or plan for the use of a PASD,
6. The mechanical restraint was removed immediately upon the earliest of the following:
 - a) When there is a risk that their use will endanger the health or safety of the child,
 - b) When the continued use of the mechanical restraint would no longer be authorized by the plan of treatment or plan for the use of a PASD,
 - c) If the child, or their substitute decision-maker, withdraws consent to the use of the mechanical restraint.

{O. Reg. 155/18, s.21(5)}

31.6 Mechanical Restraint - Application and Maintenance

The child's case record must include documentation that the service provider ensured mechanical restraints used:

1. Were applied in accordance with the manufacturer's instructions, if any,
2. Are maintained in good condition in accordance with the manufacturer's instructions, if any, and

3. Are not altered except for adjustments made in accordance with the manufacturer's instructions, if any.

{O. Reg. 155/18, s.21(6)}

31.7 Mechanical Restraint - Duration of Use

If the use of a mechanical restraint is authorized by a plan of treatment, the child's case record includes documentation which demonstrates that the use of the mechanical restraint did not exceed 12 hours, or such other shorter amount of time set out in the plan of treatment, in any 24-hour period, unless the use of the mechanical restraint for a longer amount of time is approved by the following, with approval documented in the plan of treatment:

1. A legally qualified medical practitioner,
2. A registered nurse or registered practical nurse,
3. A member of the College of Occupational Therapists of Ontario, or
4. A member of the College of Physiotherapists.

{O. Reg. 155/18, s. 21(7.1) (7.2)}

31.8 Mechanical Restraint - Appropriate Use

The child's case record must include a written record which includes:

1. Information that is necessary to demonstrate that the use of the mechanical restraint was in conformity with the child's plan of treatment or plan for the use of a PASD, and
2. The names of every staff member who was permitted to use mechanical restraints on the child and a description of the training, instruction or education that the staff member received

{O. Reg. 155/18, s.21(8)}

31.9 Mechanical Restraint - Intervals for Review

The child's case record must include documentation which demonstrates that the plan of treatment or plan for the use of a PASD has been evaluated to ensure it complies with the requirements of O. Reg. 155/18, s. 21, at the following times:

- a) 30 days after the child's plan of treatment or plan for the use of a PASD, as the case may be, is developed or, if the plan was developed more than 30 days before the child began receiving services from the service provider, 30 days after the child began receiving those services.
- b) 90 days after the child's plan of treatment or plan for the use of a PASD, as the case may be, is first evaluated.
- c) 180 days after the child's plan of treatment or plan for the use of a PASD, as the case may be, is first evaluated and every 180 days thereafter.

{O. Reg. 155/18, s.21.1(1)}

31.10 Mechanical Restraint - Additional Review of Plan

The child's case record must include documentation that demonstrates that the plan of treatment or plan for the use of a PASD has been evaluated to ensure it complies with the requirements of O. Reg. 155/18, s. 21 if any of the following occur:

1. New information comes to the attention of the service provider respecting the child's needs.
2. There is a change to the needs of the child such that an intervention set out in the plan is no longer necessary.
3. An intervention set out in the plan has been shown to be ineffective.
4. The service provider receives a request that the plan be reviewed from the child or their substitute decision-maker if the substitute decision-maker consented to the plan.

{O. Reg. 155/18, s.21.1(2)}

31.11 Mechanical Restraint - Individuals Involved in Evaluation of Plan

The child's case record must include written evidence that the following individuals were consulted as part of an evaluation of the plan of treatment or plan for the use of a PASD:

- a) Any health care practitioner who developed the plan.
- b) The child to whom the plan relates.

c) The child's substitute decision-maker if the substitute decision-maker consented to the plan.
{O. Reg. 155/18, s.21.1(3)}

31.12 Mechanical Restraint - Plan of Treatment in File

The child's case record must include any plan of treatment or plan for the use of a PASD including any revised versions and must be kept at the location at which the child receives the service.

{O. Reg. 155/18, s.21.1(4)}

31.13 Mechanical Restraint - Plan of Treatment Reviewed by Staff

The child's case record must include documentation which demonstrates:

1. The plan of treatment or plan for the use of a PASD has been reviewed by any individual who is employed or otherwise engaged by the service provider to provide a service and who provides direct care to the child to whom the plan relates, including their signature and date of review.
2. That such reviews have taken place before the individual provided direct care to the child for the first time and as soon as reasonably possible after any revisions were made to the plan.

{O. Reg. 155/18, s.21.1(5)(6)}

31.14 Mechanical Restraint - Service Provider Who Permits Use

The child's case record must include, in the case of a service provider that uses or permits the use of mechanical restraints, demonstration that the child who is receiving services, and their parents, have been provided the following information, about the service provider's use of mechanical restraints:

1. A description of the circumstances in which a mechanical restraint may be used on the child.
2. Any steps that may be taken by the service provider when the mechanical restraint is being used.
3. A description of the type of mechanical restraint that may be used.
4. How the use of the mechanical restraint would comply with the child's plan of treatment or plan for the use of a PASD, as the case may be.

{O. Reg. 155/18, s.21.2(3)}

31.15 Mechanical Restraint - Service Provider Who Permits Use - Timelines

The child's case record must include, in the case of a service provider that uses or permits the use of mechanical restraints, demonstration that the child and their parents were provided the information outlined in O. Reg. 155/18, s.21.2(3) at the following times:

1. Upon the child beginning to receive services (admission), 30 days after that date, 90 days after that date, 180 days after that date and subsequently at intervals of 180 days.
2. In between the intervals referred to above, if the child requests a review of the information or the service provider is of the opinion that the child would benefit from such a review.

{O. Reg. 155/18, s.21.2(2)}

31.16 Mechanical Restraint - Service Provider Who Does Not Permit Use

The child's case record includes documentation which demonstrates that, in the case of a service provider that does not use or permit the use of mechanical restraints, that the child and their parents have been informed of that fact.

{O. Reg. 155/18, s.21.2(4)}

32.1 Mechanical Restraints - Secure Treatment Program - Authorizing Use

NOTE: Only applies to designated Secure Treatment Programs.

The child's case record should include the order made by a psychiatrist or other person designated by the Minister authorizing the mechanical restraints use immediately before or as soon as possible after mechanical restraints are applied.

{LGIC Reg s.75(1)}

32.2 Mechanical Restraints - Secure Treatment Program - Written Plan

NOTE: Only applies to designated Secure Treatment Programs.

The child's case record should include the written plan that outlines the behaviour intervention strategies for the purpose of preventing the use of mechanical restraints and developing alternatives to the use of mechanical restraints.

The child and their parent shall be invited to participate in the development of the plan.

The child's wishes shall be documented in the plan and considered as part of the development and implementation of the plan.

The written plan should be regularly re-evaluated and updated.

{LGIC Reg s.82(1)(2)(3)(4)}

32.3 Mechanical Restraints - Secure Treatment Program - Debriefing

NOTE: Only applies to designated Secure Treatment Programs.

The licensee shall keep a written record of the date and time of each debriefing, after the use of mechanical restraints, the names and titles of the persons involved in each process and the duration of each session.

{LGIC Reg s.77 paragraph 5}

32.4 Mechanical Restraints - Secure Treatment Program - Each Use

NOTE: Only applies to designated Secure Treatment Programs.

The licensee shall keep a written record for each instance of the use of mechanical restraints. The record shall include the following:

1. The name and age of the child who was restrained by the use of mechanical restraints.
2. The dates and times when mechanical restraints were used and the name and title of the person or persons who applied them.
3. A description of the emergency situation referred to in clause 160 (3) (b) of the Act that was present before the mechanical restraints were used.
4. A description of the alternatives to the use of mechanical restraints that were considered and why those alternatives were not used.
5. The name and title of the psychiatrist or other person designated by the Minister who made an order under section 75, and any instructions provided by that person or by the order in relation to the use of the mechanical restraints.
6. The type or types of mechanical restraints that were used.
7. The duration of time that the mechanical restraints were used.
8. All documentation related to assessment and monitoring of the child while they were restrained by the use of mechanical restraints, including assessments of the child's medical condition while restrained by the use of mechanical restraints.
9. The date and time when the mechanical restraints were removed, the name and title of the person who removed them and a description of the care that the child received after they were removed.

{LGIC Reg s.78(1)}

Child Interview

1.1 Signing the Agreement for Service

Residents state the service agreement was explained to them and they understood it. Note: only if (b) the child, if the child has capacity, as defined in subsection 21 (1) of the Act and the child's consent to the provision of residential care is required by section 22 of the Act;

{Minister's Reg s.88 (1)(b)}

1.2 French Language

The resident states that upon admission, they were informed of their right to receive services in French (if applicable).

{CYFSA Part II s.16}

2.1 Orientation Upon Admission

The child states that upon admission they received an orientation in language suitable to their understanding and in accordance with their age and maturity in respect of:

- a) The residence and the program provided in the residence
- b) The residence's fire and emergency procedures plan
- c) The licensee's policy as to whether or not the licensee uses or permits the use of physical restraints
- d) If applicable, the circumstances in which physical restraints may be used, including what constitutes a physical restraint and the rules governing the use of physical restraints
- e) If applicable, the circumstances in which mechanical restraints may be used including what constitutes a mechanical restraint and the rules governing the use of mechanical restraints, and
- f) the child's right to speak in private with and receive visits from the Ombudsman appointed under the Ombudsman Act and members of the Ombudsman's staff, including with respect to concerns about the use of a physical restraint or a mechanical restraint

{O. Reg. 156/18, s.90(a)}

2.2 Orientation Review

The child confirms that the matters to be reviewed during the orientation are again reviewed with the child at the following times:

1. 7 days after the child's admission to the residence,
2. As soon as reasonably possible after the child requests that the information be reviewed with them,
3. Any time at which, in the opinion of the licensee or a person designated by the licensee, the information should be reviewed with the child

{O. Reg. 156/18, s.90(2)}

3.1 Plan of Care - Involvement and Understanding

The child states the following pertaining to their plan of care development / review process:

1. They can describe the purpose of the development or review of their plan of care, the process for developing or reviewing their plan of care, and their role in the process.
2. How they were actively involved in the development or review of their plan of care and were encouraged to participate in this process, to the extent possible given their age and maturity.
3. They received a copy of their plan of care in their requested format (written or electronic) where the child has requested a copy after every plan of care/amendment.

{O. Reg. 156/18, s.94.1(1)} {O. Reg. 156/18, s.94.1(5)(3)} {CYFSA Part II, s.13(2)(a)}

3.2 Plan of Care - Reflective of Care Received

The child confirms and describes how the care they receive in the residence is consistent with the content of their plan of care.

{O. Reg. 156/18, s.94.4}

3.3 Safety Plan - Involvement in Development

Where the child requires a safety plan, the child states that they were engaged in the development and review of their safety plan.

{O. Reg. 156/18, s.86.4(2)}

4.1 Knowledge of Rights

Residents state that upon admission, they were informed of their rights under Part II of the CYFSA, in a format that was understandable and accessible to them.

{CYFSA Part II s. 9} {O. Reg. 155/18, s.5}

4.2 Internal Complaint and Review Procedures

Residents state that upon admission they were informed of the internal complaint and review procedure regarding alleged violation of their rights while in care, including the components of the procedure.

{CYFSA Part II, s.9(b) s.18(1)(a)} {O. Reg. 155/18, s.22(2)(a)} {O. Reg. 156/18, s.90(b)}

4.3 Access External Avenues of Complaints/Advocacy/RPAC

The resident states that upon their admission, they were informed of their rights to access external avenues of complaints and the Residential Placement Advisory Committee, their responsibilities, the rules governing the day-to-day operations including disciplinary measures and consequences.

{CYFSA Part II s.9(b)(c)}

4.4 Response to Complaint

The child confirms the following, where applicable:

1. Upon request, they received an update on their complaint
2. They were informed of the results of the review of their complaint in a manner in which they understood, in accordance with their age and maturity, and
3. That they were aware that their complaint was reviewed by a person other than the person in respect of whom the complaint was made

{O. Reg. 155/18, s.22(3)(d)(e)(g)}

4.5 Complaint Debriefing Process

The child confirms the following, if a complaint has been made by a child, if the child is subject of a complaint, or if the child witnessed any conduct that gave rise to a complaint:

1. They were asked to participate in the debriefing process,
2. If the child made the complaint or was the subject of the complaint, they were asked to identify whether they wanted an adult to be included in their debriefing as a support person.
3. Their debriefing was focused on understanding their experiences which led to the complaint being made as well as what the licensee can do to meet the needs of the child.

{O. Reg. 155/18, s.23.1(2)(3)(4)}

4.6 Rights and Responsibilities / Complaint Procedures - Reviewed

The child states that information regarding their rights and responsibilities in care, and the complaint procedures, were explained at admission and at the prescribed intervals. The following intervals are prescribed for the purposes of section 9 of the Act:

1. 30 days after the child's admission.
2. 90 days after the child's admission.
3. 180 days after the child's admission and every 180 days after that.

{O. Reg. 155/18, s.9}

4.7 Support Provided to Exercise Rights

The resident states that they were asked to identify what, if any, supports may assist in enabling them to exercise or receive the benefit of their rights, as required.

{O. Reg. 155/18, s.6(1) Paragraph 2}

5.1 Medical and Dental Care - Regular Health Care

The child states that they receive medical and dental care in the community at regular intervals, including general health, vision, dental and hearing at least once every 13 months.

{CYFSA Part II, s.13(2)(d)} {O. Reg. 156/18, s.82(1)(g)(iv)}

5.2 Medical and Dental Care - Explained to Child

Residents confirm that if they receive a medical or dental treatment, the treatment is explained to the resident, to the extent possible based on the resident's age and maturity.

{O. Reg. 156/18, s.104(2)}

5.3 Medical Care - Staff Attend Appointments

Interviews with residents indicate that children are accompanied to scheduled medical appointments, in accordance with the policy and with respect to the child's wishes.

{Policy - Communication and Transfer of Medication Information (2011-2) 5}

5.4 Medication - Information about Medication is Shared with Child

The resident indicates they were provided information about their medications and possible side effects. This was done in a manner in which they understood what was being said. The child also said they are provided information when there is a change in medication.

{Policy Communication and Transfer of Medication Information (2011-2) 3}

6.1 Food and Nutrition - Meals are Well Balanced/Access to Food & Kitchen

Residents confirm:

- a) they receive well balanced meals and snacks that are nutritionally adequate for their physical growth and development and respect the food preferences, culture, traditions and creed
- c) reasonable access to food and kitchen facilities is not restricted to meal or snack times unless specifically provided for in the resident's plan of care.

{Minister's Reg s.102 (a)(c)}

6.2 Food and Nutrition - Special Diets Accommodated

The resident confirms that if special foods are recommended by a resident's physician or registered nurse in the extended class, they are provided to the resident.

{CYFSA Part II s.13(2)(b)} {Minister's Reg s.102 (b)}

6.3 Food and Nutrition – Mealtimes - Set Times/Social

Interviews with children identify set mealtimes and how they are used as a social time.

{Policy - Food and Nutrition (2008-1a) Mealtimes}

6.4 Food and Nutrition - Health Education

Interviews with children identify what information about food handling and food preparation is provided to them.

{Policy - Food and Nutrition (2008-1a) Health Education}

6.5 Food and Nutrition - Cultural Diversity

Interviews with children indicate that the residential setting supports and facilitates culturally diverse menus.

{Policy - Food and Nutrition (2008-1a) Cultural Diversity}

6.6 Food and Nutrition - Prohibited Disciplinary Practices

Interviews with children identify that food is not used to bribe, punish, reward or coax.

{Policy - Food and Nutrition (2008-1a) Prohibited Disciplinary Practices}

7.1 Fire Safety Measures and Procedures

The resident states that, upon admission, they received an orientation to the residence's fire and emergency procedures plan and were instructed in what they should do when the fire alarm is activated or a fire is discovered, including their roles and responsibilities, in a manner they were able to understand, and the evacuation procedure is posted in the residence.

They confirm fire drills are practiced at least once a month and with the use of the fire alarm to initiate

drills.

{O. Reg. 156/18, s.90(a)(ii)} {O. Reg. 156/18, s.112(3)(d)(e)(i)(ii)(g)}

8.1 Appropriate Disciplinary Practices

The resident is able to describe the methods of discipline used in the residence, and these methods do not contravene the requirements of the Act and regulations.

{CYFSA Part II s. 4 s.5} {O. Reg. 156/18, s.109(1)(a)(b)}

8.2 Disciplinary Practices Explained

Residents state they were told the behaviours which would result in the administering of disciplinary methods.

{O. Reg. 156/18, s.109(2)}

9.1 Private Communication

The resident is aware they have the right to privately speak to and have visits from family members, their lawyer, another person representing them including the Ombudsman, a member of the Legislative Assembly of Ontario or the Parliament of Canada.

{CYFSA Part II s.10(1)(a)(b)}

9.2 Correspondence - Private Correspondence

Residents state that they are permitted to send and receive private correspondence and that these communications are not opened examined or read except as noted in CYFSA s 10(3) and (4).

{CYFSA Part II s.10(1)(c)}

9.3 Reasonable Grounds - Opening of Written Communication

Residents indicate that if written communication was opened by staff, the licensee or staff had indicated that there were reasonable grounds (and stated them) that the contents of the written communication might cause the child physical or emotional harm.

{CYFSA Part II s.10(3)(b)}

9.4 Opening of Written Communication in Front of Resident

Residents indicate that if written communication was opened by staff, that they opened the written communication in front of the resident.

{CYFSA Part II s.10(3)(a)}

9.5 Solicitor's Communication Not Opened

Residents indicate that if written communication was opened, examined or read by staff, that the written communication was not to or from the child's lawyer.

{CYFSA Part II s.10(3)(c)}

9.6 Personal Possessions

Residents state they are allowed to have their own personal possessions in their room.

{CYFSA Part II s.12(a)}

10.1 Clothing

Residents state that they are provided with clothing that is of good quality and appropriate for the child, given their size and activities and prevailing weather conditions.

{CYFSA Part II s.13(2)(c)} {O. Reg. 156/18, s.110(1)}

10.2 Clean Mattress and Bedding

Resident states that they were provided with their own bed and clean mattress and bedding suitable for the child based on their age and size and appropriate for weather and climate.

{O. Reg. 156/18, s.97(5)}

10.3 Support Around Money Earned

The resident states: the manner in which a resident is supported in relation to any work done and money earned by the resident both inside and outside of the residence.

{O. Reg. 156/18, s.82(1) (q2)}

11.1 Recreation, Athletic and Creative Activities

Residents state that they participate in recreational, athletic and creative activities that are appropriate for their aptitudes and interests, in a community setting whenever possible.

{CYFSA Part II s.13(2)(f)}

12.1 Physical Restraints - Debriefing Process (Involved in Restraint)

The child states that if they were involved in the use of physical restraint a debriefing process was conducted among the persons involved in the use of the physical restraint and the child on whom the physical restraint was used.

The debriefing process was structured to accommodate the child's psychological and emotional needs and cognitive capacity.

During the debriefing process the child states that the following was discussed:

1. An explanation of what occurred and the reasons why the physical restraint was used
2. Whether they required any services or supports because of the physical restraint

{O. Reg. 155/18, s.12(2)(4)(4.1)}

12.2 Physical Restraints - Debriefing Process (Witnessed Restraint)

Residents interviewed confirm that if a physical restraint was witnessed by them, a debriefing process was offered to and was conducted if any such child wishes to participate in the debriefing process.

The debriefing processes referred to in paragraph 3 must be structured to accommodate any child's psychological and emotional needs and cognitive capacity.

{O. Reg. 155/18, s.12(1)(3)(4)}

13.1 Cultural Competency - Program Description

Interviews with residents confirm the review program description related to cultural competency and the policies and procedures related to the rights of children was completed on admission and reviewed every six months thereafter.

{Policy - Cultural Competency (2008-2)}

13.2 Religion

Interviews with residents confirm implementation of policies and procedures related to religion.

{Policy - Cultural Competency (2008-2)}

14.1 Educational Plans/Involvement

The resident states that they are involved in the decisions affecting their education, training, or work programs and where applicable, their parent has also been involved in the decision-making process.

{CYFSA Part II s.8(1)(a)}

14.2 Designated Space to Complete Studies

The child describes the space or spaces provided within the licensed setting to complete their studies, including homework and other assignments, and that these spaces are responsive to their needs, given their age and maturity.

{O. Reg. 156/18, s.80.1}

15.1 Services to Children

The resident confirms they were asked about, receive instructions, and participate in activities of their choice related to their race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression, cultural or linguistic needs, community identity and/or cultural identity, as required.

They were informed of the service provider's obligation to consider these needs at the time of admission; when a decision materially affects or is likely to materially affect their interests; and when their identity characteristics may have changed.

Their parent was also informed, as appropriate.

{CYFSA Part II s.12(b), s.14(a)} {O. Reg. 155/18, s.8(1)(a)} {O. Reg. 156/18, s.3(a), s.4(1)(a)(b)(c), (2) Paragraphs 1,2,3, (4)(b), (5)(a)(i)(ii)}

15.2 Services to FNIM Children

For First Nations, Inuit or Métis children and their families, they were asked about and received services related to their cultures, heritages, traditions, connection to community and the concept of the extended family, as required. They are aware they can provide additional information about the above, if necessary.

{O. Reg. 156/18, s.3(2), s.4(5)(b)(d)}

15.3 Resource Person

The resident states they are offered a resource person to assist in taking into account their identity characteristics or regional differences when a decision is made that will materially affect or may materially affect their interests; and, in the case of a First Nations, Inuk or Métis child, to assist with their culture, heritage, tradition, connection to community and the concept of the extended family.

{O. Reg. 156/18, s.4(5)(e), s.5(1)(a)(b)}

16.1 Mechanical Restraint - Review Intervals

The child confirms that the information identified in O. Reg. 155/18, s. 21.2 paragraph 3 or 4 as the case may be pertaining to the use of mechanical restraints was reviewed with the child at the following times:

1. Upon admission (beginning to receive services from the licensee), 30 days after that date, 90 days after that date, 180 days after that date and subsequently at intervals of 180 days.
2. In between the above-noted intervals if the child requests a review of the information or the service provider is of the opinion that the child would benefit from such a review.

{O. Reg. 155/18, s.21.2(1)(2)}

16.2 Mechanical Restraint - Not Used as Punishment

The resident states they have never had mechanical restraints used as a form of punishment.

{O. Reg. 155/18, s.21(5) Paragraph 1}

16.3 Mechanical Restraint - Rules Governing Use

The child confirms in instances where they reside in a setting which permits the use of mechanical restraints, the licensee has reviewed with them in a manner that considers their age and maturity:

1. A description of the circumstances in which a mechanical restraint may be used on the child.
2. Any steps that may be taken by the service provider when the mechanical restraint is being used.
3. A description of the type of mechanical restraint that may be used.
4. How the use of the mechanical restraint would comply with the child's plan of treatment or plan for the use of a PASD, as the case may be.

{O Reg. 155/18, s.21.2(3)}

16.4 PASD - Participation in Plan of Treatment

If applicable, the child confirms the following considering their age and maturity:

1. They were engaged in the evaluation of their plan of treatment or plan for the use of a PASD.
2. Where applicable, their plan of treatment or plan for the use of a PASD was reviewed, upon their request.

{O. Reg. 155/18, s.21.1(2)(3)}

17.1 Mechanical Restraint - Secure Treatment Program - Debriefing

NOTE: Only applies to designated Secure Treatment Programs.

The resident states that when mechanical restraints were used on them a debriefing process took place within 48 hours.

{LGIC Reg s.77 paragraphs 2, 3 and 4}

Licensee/Designate Interview

1.1 Policy and Procedures - Changes

The licensee indicates whether there have been changes in the policies and procedures.

{Policy - Review of Policy and Procedures}

1.2 Policy and Procedures - Written, Kept up to Date and a Copy in the Residence

The licensee indicates that the written policies and procedures are kept up to date and a copy is kept in the residence accessible to staff.

The licensee states that the policies and procedures are consistent with any applicable requirements of the Act and its regulations and any other applicable law.

The licensee states that persons to whom the policies and procedures apply comply with the policies and procedures, including all persons providing direct care and supervision to residents on behalf of the licensee.

{O. Reg. 156/18, s.82(1)(2)(3)(4)}

1.3 Policy and Procedure - Reviewing Changes

The licensee indicates that each person employed to work in the children's residence, must review any changes to the policies and procedures before they take effect.

{O. Reg. 156/18, s.83(1)(c)}

1.4 Change in Directors or Officers

The licensee states if there is a change in officers or directors of the corporation, the Director is notified in writing within fifteen days of the change and the role of the new director or officer.

{O. Reg. 156/18, s.139}

1.5 Staff Qualifications - Certificate, Diploma, Degree

The licensee describes the process for employing or otherwise engaging staff and supervisors in alignment with the requirements related to qualifications specific to certificate, diploma or degree holders.

{O. Reg. 156/18, s.80.3(3)(a)}

1.6 Staff Qualifications - Experience and Skill Holders

The licensee describes the process for employing or otherwise engaging staff and supervisors in alignment with the requirements related to qualifications specific to experience and skill holders.

{O. Reg. 156/18, s.80.3(3)(b)}

1.7 Staff Qualifications - Enrolled in a Program

The licensee describes the process for assessing whether persons that fall under this category satisfy all regulatory requirements applicable to persons enrolled in a program to obtain a certificate, diploma or degree.

The licensee describes the importance of ensuring that these persons are supervised and the process of assigning supervisors to these persons.

{O. Reg. 156/18, s.80.3(4)(a)}

1.8 Staff Qualifications - First Nations, Inuk or Métis Persons

The licensee describes the process for employing or otherwise engaging staff and supervisors in alignment with the requirements related to qualifications specific to being a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Person and possessing, in that capacity, cultural knowledge and skills.

{O. Reg. 156/18, s.80.3(3)(c)}

2.1 Training on Policies and Procedures within 30 days

The licensee states that each person employed to work in the children's residence, receives training with respect to the policies and procedures of the residence, including the policies and procedures respecting emergency situations, within 30 days after commencing their employment in the residence;

and reviews the policies and procedures at least once every twelve months.

{O. Reg. 156/18, s.83(1)(a)(b)}

2.2 Duty to Report - Child protection

The licensee states that each staff person is informed, at the time of hiring, of the process that will be followed when an investigation is required, both when allegations that a child may be in need of protection are brought against staff or management or when staff report child protection concerns.

{CYFSA Part V s.125(1) Paragraph 1-13}

2.3 Duty to Report - Protection from Liability

The licensee states that there is a policy that staff are protected from liability for making a report unless they are acting maliciously or without reasonable grounds.

{Policy -Staff Support}

2.4 Staff Contravention of Policy and Procedures

The licensee states that each staff person is informed about the written policies and procedures for the residence respecting situations in which the policies and procedures under this section or the requirements of section 109 of this Regulation or section 4 of the Act are not complied with.

{O. Reg. 156/18, s.82 (1)(r)}

3.1 Reasonable Provisions for Supervision

The licensee states that they have made reasonable provisions for supervision, care and safety of a child on premises. A licensee who operates a children's residence shall ensure that,

- a) There is reasonable provision in the circumstances for the supervision, care and safety of a child who is on the premises of the residence; and
- b) If only one adult is on the premises while children are present, an additional adult is kept on call.

{O. Reg. 156/18, s.98(4)(a)(b)}

3.2 Staffing Ratios

The Licensee states that they employ a sufficient number of program staff in each residence operated by the Licensee, to ensure a minimum ratio of one program staff to every eight residents in the residence, averaged over a 24-hour period.

{O. Reg. 156/18, s.98(1)}

3.3 Staff on Shift

The licensee states that if more than one program staff person is on duty per shift in a staff model children's residence, one program staff person is designated to be in charge of the shift.

The licensee who operates a staff model children's residence and who uses or permits the use of physical restraint states that, at all times in the children's residence, there is at least one program staff person on duty who has completed the training and education (physical restraint) required by section 16 of O. Reg. 155/18.

{O. Reg. 156/18, s.98(3)(3.1)}

4.1 Written Notification Within 21 days

The licensee states that written notification of the intent to admit or refuse admission is given to the applicant within twenty-one calendar days of the date of the application.

{Minister's Reg s. 85(1)}

4.2 Reasons for Delays Sent to Applicant

The licensee states that when it is not possible to provide written notification of the decision within twenty-one days of the date of application, then the reasons for the delay in notification are sent in writing to the applicant.

{Minister's Reg s.85(2)}

4.3 Admission Date Provided

The licensee states that if the licensee decides to admit the child, the licensee shall notify the applicant in writing of the anticipated date of admission of the child.

{Minister's Reg s. 85(3)}

4.4 Pre-Admission Assessment

The licensee describes the process for accepting a child into the setting in alignment with s. 86.1 of O. Reg. 156/18.

{O. Reg. 156/18, s.86.1}

4.5 Pre-Admission Assessment - Needs Met

The licensee describes the process for determining if a child's needs can be met by the setting, and in the event that any immediate needs cannot be met, how they will otherwise be addressed/met, prior to accepting the child for admission.

{O. Reg. 156/18, s.86.1(3)}

5.1 Written Agreement for Service

The licensee states that a written agreement for the provision of service to a child is entered into at the time the child is admitted (or as soon as possible thereafter).

{O. Reg. 156/18, s.87(1)}

5.2 Society/Other Consulted

The licensee states that any Society or probation officer who is supervising or otherwise providing services to a resident but who is not the parent of the child; or the Society or other person placing the child is consulted and involved in the development of the Agreement for Service.

{Minister's Reg s.88(3) Paragraph 1 & 2}

5.3 Agreement Explained to Child

The licensee states that before the agreement is signed by the persons listed in subsection (1), the licensee shall:

- a) Ensure that the agreement is explained to the child to the extent possible and in language that is appropriate for the child given their age and maturity; and
- b) Obtain a signed acknowledgement from the child that the agreement has been explained, if possible.

{Minister's Reg s.88 (4)(a)(b)}

5.4 Agreement Signed by Child

The licensee states that a written agreement respecting the provision of residential care to a child is signed by:

The child, if the child has capacity, as defined in subsection 21 (1) of the Act and the child's consent to the provision of residential care is required by section 22 of the Act;

If the child's consent is required under section 22 of the Act and the child does not have capacity, as defined in subsection 21 (1) of the Act, the child's nearest relative, as defined in that subsection;

{Minister's Reg s.88(1)(b)(c)}

6.1 Consent for Admission

The licensee states that if it is not possible in the circumstances to complete an agreement before the child begins receiving residential care in the residence, the licensee shall obtain the following before the child begins receiving residential care in the residence:

1. The consent for admission of the child required by section 22 of the Act.
2. A consent and authorization for the licensee to obtain emergency medical treatment for the child.

Note: With respect to consents regarding all necessary emergency medical treatment for the child, the requirements of the Health Care Consent Act, 1996 must be followed.

{Minister's Reg s.87(2) Paragraph 1 & 2}

7.1 Plan of Care - Process

The licensee states the process for:

- Developing or reviewing a child's plan of care, including who they engage in this process, with specifics around how they actively engage the child themselves.
- Documenting when a child is not able to participate or refuses to be engaged in the development or review of their plan of care.
- In the case of a child who is First Nations, Inuk or Métis, contacting a representative chosen by

each of the child's bands or First Nation, Inuit or Métis communities.

{O. Reg. 156/18, s.94.1(5)(8)(9)}

7.2 Plan of Care - Child Involvement

The licensee states that each child has the right to attend and participate in the development of their plan of care and any changes made to it.

{CYFSA Part II, s.13(2)(a)}

7.3 Plan of Care - Intervals for Review

The licensee states that a written plan of care is developed for each child within 30 days after a child's admission, and a review of each child's plan of care is completed 90 days after the child's admission, 180 days after the child's admission, and every 180 days after that.

{O. Reg. 156/18, s.94(1)}

7.4 Plan of Care - Care Provided to Child

The licensee describes how they ensure that a child's care is provided in accordance with their plan of care.

{O. Reg. 156/18, s.94.4}

7.5 Safety Plan - Process

The licensee describes the process for:

1. Conducting safety assessments,
2. Determining whether a safety plan is required,
3. Developing safety plans,
4. Reviewing and amending safety plans.

{O. Reg. 156/18, s.86.3, 86.4, 86.5}

7.6 Safety Plan - Care Provided to Child

The licensee describes how they ensure that any person who provides direct care to a child on behalf of the licensee does so in accordance with the safety plan for the child, if any.

{O. Reg. 156/18, s.86.8}

8.1 Transfer / Discharge - Documentation

The licensee states that if a child is transferred or discharged from the residence, the licensee who operates the residence must, as soon as possible and no later than seven days after the transfer or discharge, provide the licensee, person or agency to whom the resident is transferred or discharged:

1. A copy of the most recent version of the child's plan of care.
2. A copy of the most recent version of the child's safety plan, if one is required for the child.
3. Any other information that, in the opinion of the licensee, is relevant to the provision of residential care to the child at the time of the transfer or discharge.

The licensee states that the following documentation is developed and on file:

1. Documentation respecting the circumstances of transfer or discharge of the child from the children's residence,
2. The name and address of the licensee, person or agency to whom the child is transferred or discharged,
3. A description of the relationship between the child and the licensee, person or agency to whom the child is transferred or discharged
4. Any information relevant to the provision of residential care to the child that is provided by a licensee under paragraph 3 of section 80.2

{O. Reg. 156/18, s.80.2} {O. Reg. 156/18, s.93(1)(n)}

8.2 Transfer / Discharge - Child Informed and Right to be Heard

The licensee states that upon transfer or discharge each child is informed of and helped to understand the reasons for the transfer or discharge and their views and wishes are taken into account, given their age and maturity. Children are informed of their right to a review by the Residential Placement Advisory

<p>Committee (RPAC).</p> <p>{CYFSA Part II s.8(1)(c) Part III s.64(1)(b)}</p>
<p>9.1 French Language Service for Children and Families</p> <p>The licensee states that French language services and programming is available to children and their families, where appropriate.</p> <p>{CYFSA Part II s.16}</p>
<p>9.2 Support Around Money Earned</p> <p>The licensee states: The manner in which a resident is supported in relation to any work done and money earned by the resident both inside and outside of the residence.</p> <p>{O. Reg. 156/18, s.82(1)(q2)}</p>
<p>9.3 Residence is Kept Safe and Clean</p> <p>The licensee states:</p> <p>how the licensee will ensure that the children's residence is kept safe and clean.</p> <p>{O. Reg. 156/18, s.82(1)(h1)}</p>
<p>10.1 Child's Orientation to Residence</p> <p>The Licensee states that upon admission to a residential placement, the child is informed, in language suitable to their understanding and in accordance with their age and maturity, to:</p> <ol style="list-style-type: none"> the residence and the programs provided in the residence the fire and emergency procedures plan the licensee's policy as to whether or not they use or permit the use of physical restraints if applicable, the circumstances in which physical restraints may be used, including what constitutes a physical restraint and the rules governing the use of physical restraints if applicable, the circumstances in which mechanical restraints may be used, including what constitutes a mechanical restraint and the rules governing the use of mechanical restraints, and the resident's right to speak in private with and receive visits from the Ombudsman appointed under the Ombudsman Act and members of the Ombudsman's staff, including with respect to concerns about the use of a physical or mechanical restraint <p>{O. Reg. 156/18, s.90(a)}</p>
<p>10.2 Inform Children of their Rights</p> <p>The licensee states that each child upon admission to a residential placement, and at regular intervals thereafter (30 days after the child's admission, 90 days after admission, 180 days after admission and every 180 days after that), is informed of:</p> <ol style="list-style-type: none"> Their rights under Part II of the CYFSA; The internal complaints procedure including their ability to ask the Minister (in writing) for a further review of their complaint; The existence of the Residential Placement Advisory Committee; Their own responsibilities while in the placement; The rules governing day to day operation of the residential care, including disciplinary procedures. <p>This is provided in a language suitable for the child's level of understanding.</p> <p>{CYFSA Part II, s.9(a)(b)(c)(d)(e)(f)} {O. Reg. 155/18, s.9} {O. Reg. 156/18, s.90(b)}</p>
<p>10.3 Inform Parent/Guardian of Rights</p> <p>The licensee states they notify the parent or person with custody of a resident in their care of the child's rights and responsibilities while in the residence. In addition, the residence must also inform the parent, or person with custody, of the residence complaint procedure.</p> <p>The service provider shall inform the following individuals of the matters set out in subsection (5), as required by subsection (6):</p> <ol style="list-style-type: none"> In the case of a child who is not in the care of a society, a parent of the child. In the case of a child who is in the care of a society, except for extended society care, a person

who was the child's parent immediately before the child was placed in the care of the society.

3. In the case of a child who is being cared for under customary care, the person who, immediately before the child was placed in customary care, was the child's parent.

{O. Reg. 155/18, s.4(3) Paragraph 1 -3}

10.4 Right to be Consulted

The Licensees states that the child is consulted and provided an opportunity to express his/her views, whenever significant decisions concerning the child are made, including decisions with respect to treatment, education, training, work programs, creed (including religion), community and cultural identity, and decisions with respect to their discharge from the placement or transfer to another residential placement.

{CYFSA Part II s.8 s.15}

10.5 Providing Information and Efforts to Support Child with Rights

The licensee states that children are provided information under section 9 of the Act both verbally and in writing, in a format that is understandable and accessible to them.

The Licensee states that reasonable efforts are made to assist a child to exercise or receive the benefit of their rights under Part II of the Act, including considering available information about the child to identify what supports, if any, may assist them in exercising or receiving the benefit of their rights and asking them to identify what, if any, supports may assist in enabling them to exercise or receive the benefit of the rights.

This is documented in the child's file.

{CYFSA Part II, s.9} {O. Reg. 155/18, s.5(1)(2)(3) Paragraph 3 s.6(1) Paragraphs 1 &2}

10.6 Complaints/Concerns to Violation of Child's Rights

The Licensee states the procedures that have been established in accordance with the CYFSA and regulations for hearing and resolving complaints regarding alleged violations of a child's rights, including how a child in care, the parent of a child in care, or other person representing the child in care may make a complaint, either verbally or in writing.

The Licensee states the following policies have been implemented:

- (a) Make a record of any complaint that was made verbally;
- (b) Set out timelines for responding to a complaint, including that an acknowledgement of a complaint was provided within 24 hours of receiving it;
- (c) Require the service provider to, within 24 hours of receiving a complaint, determine what, if any, immediate action can be taken to respond to the complaint and what, if any, supports the child in care or the person making the complaint may require in order to participate in the complaints review process; and
- (d) Require the service provider, until the results of a complaints review have been provided under subsection 18 (4) of the Act to the person who made the complaint, to provide an update to the person on the status of the review,
 - i. If requested by the person, and
 - ii. At such other times as necessary to ensure that the person receives an update on the review no later than 15 days after the service provider receives the complaint and subsequently at intervals of no more than 15 days
- (e) Set out a process for complaints received to be considered and responded to by a person other than a person in respect of whom the complaint is made;
- (f) Require the service provider to document the details of the complaint and the steps taken in response to the complaint in the file of the child in respect of whose rights the complaint is made;
- (g) Require the service provider to make reasonable efforts to ensure that any person who is informed of the results of the complaints review understands those results; and

If it is determined during the review that there has been a violation of the rights of a child in care under Part II of the Act, require the service provider to determine whether there are any measures that could be implemented to prevent the same violation from recurring and implement any such measures.

{CYFSA Subsection 18 (1)(a)} {O. Reg. 155/18, s.22(2)(3)}

10.7 Complaint Procedure - Provide Written Summary

The licensee must confirm they have a written policy and procedure which includes the process for providing a written summary of the complaint to the following persons, including steps taken in response to the complaint:

- a) The child's placing agency or person who placed the child if the complaint relates to an alleged violation of the child's rights by a service provider providing residential care to the child (unless the service provider that prepared the document is the placing agency)
- b) The service provider providing residential care to the child if the complaint relates to an alleged violation of the child's rights by a placing agency, (unless the service provider that prepared the document is the service provider providing residential care to the child)

{O. Reg. 155/18, s.22(6)}

10.8 Complaint Procedure - Version Available to Public

The licensee must confirm that a version of the written complaint procedure is prepared that sets out the aspects of the written procedure relevant to making a complaint regarding alleged violations of the rights of a child in language suitable to the understanding of the individuals who are entitled to make that type of complaint, and that version is made available to the public.

{O. Reg. 155/18, s.22(5)}

10.9 Complaint Procedure - Debriefing Required

The licensee must confirm the process for conducting a debriefing following receipt of a complaint, in accordance with the following rules:

1. A debriefing process must be conducted with the persons to whom the complaint relates, in the absence of any children.
2. A second debriefing process must be conducted with the child who made, or is subject of, the complaint, in the absence of the persons to whom the complaint relates. If requested by the child, the debriefing must also include an adult identified by the child as a support person.
3. A third debriefing process must be offered to be conducted with any children who witnessed any conduct that gave rise to the complaint and must be conducted if any such children wish to participate in the debriefing process.

{O. Reg. 155/18, s.23.1(1)(2)(3)}

10.10 Complaint Procedure - Debrief with Child

The licensee confirms that the debriefing with the child who made, or is subject of, the complaint, as well as the debriefing with any children who witnessed any conduct that gave rise to the complaint, must:

1. Be structured to accommodate any child's psychological, communication and emotional needs and cognitive capacity, and
2. Be focused on understanding the experiences of the child that led to the complaint being made as well as what the service provider can do to meet the needs of the child.

{O. Reg. 155/18, s.23.1(4)}

10.11 Complaint Procedure - Timeline for Debrief

The licensee confirms that the debriefing process following receipt of a complaint is conducted within seven days after the complaint has been reviewed.

The licensee confirms the process in circumstances which do not permit a debriefing process to take place within seven days after the complaint has been reviewed, including that the debriefing process is conducted as soon as possible after the seven-day period and a record is kept of the circumstances which prevented the debriefing process from being conducted within the seven-day period.

{O. Reg. 155/18, s.23.1(5)(6)}

10.12 Complaint Procedure - Monthly Analysis

The licensee confirms the process for, on or before the fifth day of every month:

1. Preparing, for the previous month, a written analysis of every complaint received pursuant to the complaints procedure and the results of the review to determine whether any changes are required to the manner in which a service provider respects the rights of children when providing a service, and

2. Providing the written analysis to a ministry Director

{O. Reg. 155/18, s.23.2(2)}

10.13 Complaint Procedure - Annual Evaluation

The licensee confirms the process for undertaking a written evaluation of the written complaints' procedure, at least once every 12 months, to assess:

1. The effectiveness of the written complaints' procedure, and
2. The need for any changes to the procedure to improve the effectiveness.

{O. Reg. 155/18, s.23.2(1)}

11.1 Right for Privacy and Possessions

Licensee indicates that the residents have reasonable privacy and possession of their own personal property.

{CYFSA Part II s.12(a)}

12.1 Education- Needs Assessed

The licensee states how a child's educational needs are assessed and will be met.

{CYFSA Part II s. 13(2)(e)}

12.2 Education - Consultation Required

The licensee states that, for the purposes of identifying and utilizing all relevant educational resources available for children receiving residential care under the authority of the licence, they consult at least once in a year with:

- (a) the school boards in the area where residential care is provided under the authority of the licence; and
- (b) any entity that operates a school in the area where residential care is provided under the authority of the licence, including:
 - i. Any band, or any council of the band within the meaning of the Indian Act (Canada).
 - ii. The Crown in right of Canada.
 - iii. Any education authority within the meaning of the Education Act that is authorized by an entity referred to in paragraphs 1 or 2.

{O. Reg. 156/18, s.80.1(2)(3)}

12.3 Education - Information Provided

The licensee states that they provide a parent, placing agency or other person who places a child to receive residential care under the authority of the licence with,

1. Information respecting the educational resources identified by the licensee under subsection (2) that are available in the area where the child receives residential care; and
2. The name and contact information of a person or persons responsible for the provision of residential care to the child and who may be contacted by the child's school or other educational program regarding the child's education or in emergency situations in which the parent, placing agency or other person who places the child is unavailable.

The licensee also states that they also provide the information referred to in O Reg 156/18 s.80.1 (4)(b) to the child's school or other educational program.

{O. Reg. 156/18, s.80.1(4)(5)}

12.4 Education - Informing of Absences

The licensee states that when a child is to be absent from school or alternative educational program, the licensee, in advance of the absence, informs the parent, placing agency or other person who placed the child of the absence and the reasons for it.

If the licensee is not able to inform the parent, placing agency or other person who placed the child of the absence and the reasons for it before the absence occurs, the licensee states they do so within 24 hours after learning of the absence.

The licensee states that notification of absences to the parent, placing agency or other person who placed the child is documented in the case record.

{O. Reg. 156/18, s.80.1(6)(7)(8)}

12.5 Education - Space Provided for Studies

The licensee describes how they provide a space or spaces for children to complete their studies, including homework and other assignments, that are responsive to the needs of each child given their age and maturity.

{O. Reg. 156/18, s.80.1(1)}

12.6 Rights to Instruction/Activities Related to Creed, Community and Cultural Identity

The licensee interviewed states the procedure used when a resident asks to receive instruction and participate in activities of their choice related to their creed, community identity and cultural identity, subject to section 14.

{CYFSA Part II, s.12(b)}

12.7 Parent involvement - Education and Upbringing

The licensee has a procedure to include a parent, who has a right:

- a) To direct the child's education and upbringing, in accordance with the child's creed, community identity and cultural identity.
- b) To consent to treatment on behalf of an incapable child, if the parent is the child's substitute decision-maker in accordance with section 20 of the Health Care Consent Act, 1996.

{CYFSA Part II, s.14(a)(b)}

13.1 Fire and Emergency Procedures Plan

The Licensee states that have established a procedure for situations in which the children's residence needs to be evacuated because of a fire or other emergency and that all staff members are instructed on the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities.

{O. Reg. 156/18, s.111(1)(c)} {O. Reg. 156/18, s.112(3)(c)}

13.2 Fire and Emergency Procedures Plan - Reviewed

The Licensee states that the fire and emergency procedures plan is reviewed as often as necessary to ensure the safety of staff and residents but at least once every 12 months; and is revised to take into account any changes to the nature of the residence or the children to whom residential care is provided.

{O. Reg. 156/18, s.111(3)(a)(b)}

13.3 Trained in the Use of a Fire Extinguisher

The Licensee states that each staff member is trained in the proper use of a fire extinguisher and that a record is kept of each training session.

{Minister's Reg s. 99}

14.1 Cultural and Geographic Isolation

The licensee state that they recognize the special needs of residents who are isolated by virtue of language, culture, or distance from their homes.

{Policy - Cultural and Geographic Isolation (1995)}

14.2 Cultural Competency - Program Description Reviewed at Orientation and Annually

The Licensee states the program description related to cultural competency and the policies and procedures related to the rights of children are reviewed by staff within thirty days of the commencement of employment and at least annually thereafter.

{Policy - Cultural Competency (2008-2)}

15.1 Dr/RN(Extended Class) - Services Provided

The licensee states that the services of a physician or registered nurse in the extended class are provided for each child at regular intervals and otherwise as needed by the child.

{O. Reg. 156/18, s.104(1)}

15.2 Annual Medical Assessments

The licensee indicates that residents have access to community health services. The licensee states that residents receive assessments of the residents' general health, vision, hearing and oral health, at least

once every 13 months.

{O. Reg. 156/18, s.82(1)(g)(i)(iv)}

15.3 Dr/RN(Extended Class) Recommended Procedures

Licensee states how they ensure the carrying out of procedures recommended by a physician, a nurse in the extended class or a dentist for the prevention and control of disease.

{O. Reg. 156/18, s.82(1)(g)(vi)}

15.4 Medical and Dental Examination Upon Admission

The licensee states that they ensure that a resident has received a general medical examination conducted by a physician or a registered nurse in the extended class within 30 days prior to admission or within 72 hours after admission and that a resident has received a dental examination conducted by a dentist within six months prior to admission to the residence or within 90 days after admission.

Also, if there are specific indications upon the admission of a resident that suggest that a medical examination or treatment is urgently needed by the resident, the licensee shall, immediately arrange for the examination or treatment.

{Minister's Reg s.89 (1)(a)(2)(a)(3)(a)}

15.5 Reasons for Delay Noted

The licensee states that if it is not possible in the circumstances for the resident to have received a medical examination or treatment or dental examination within the time period prescribed the licensee shall note in the resident's case record the circumstances that lead to the delay and arrange for the examination or treatment as soon as possible in the circumstances.

{Minister's Reg s.89(1)(b)(2)(b)3(b)}

15.6 Safe Administration, Storage and Disposal of Medication - Review Policy and Procedures at Orientation and Annually

The Licensee states that the policies and procedures related to the safe administration, storage and disposal of medication are reviewed with staff at the time of hiring and at least annually thereafter.

{Policy Safe Administration, Storage and Disposal of Medication (2011-1)1a}

15.7 Communication and Transfer of Medication Information - Review at Orientation and Annually

The Licensee states that the policies and procedures related to the communication and transfer of medication information are reviewed with staff at the time of hiring and at least annually thereafter.

{Policy Communication and Transfer of Medication Information (2011 -2)1a}

16.1 Isolation of Person With Communicable Diseases

The licensee states that there are procedures to ensure the isolation of children with communicable diseases from other residents who have not been infected if isolation of the person is considered necessary by a physician or registered nurse in the extended class.

{Minister's Reg s.107}

17.1 First Aid Kit

The licensee states that:

- a) The residence is equipped with a first aid kit and a first aid manual that are kept in a location that is accessible to staff; and
- b) Staff are made aware of the location of the first aid kit and the first aid manual.

{Minister's Reg s.103(a)(b)}

18.1 Medication in Locked Containers

The licensee states that:

- a) All medication in the residence is kept in locked containers; and
- b) The licensee shall provide lockable storage facilities in the children's residence for storage of medication that is self-administered by a resident.

{Minister's Reg s.105(1)(a)(2)}

18.2 Access to Medication by Authorized Persons Only

The licensee states that only authorized persons in the residence who are authorized by the licensee

have access to medication and records.

{Minister's Reg s.105 (1)(b)}

18.3 Medication and Records

The licensee states that all prescription medication is administered to a resident only under the general supervision of the staff and only when prescribed by a physician or registered nurse in the extended class. A record is kept of all medication administered to or by each resident that includes:

- i. The medication administered;
- ii. The period for which the medication is prescribed (if applicable);
- iii. When each dose of the medication is supposed to be administered to the resident in accordance with the prescription (if any);
- iv. When each dose of medication is actually administered to the resident. The licensee also states that the record is available to the prescribing physician or registered nurse in the extended class.

{Minister's Reg s.106 (1)(a)(c)(2)}

19.1 Written Communication - Permitted to Send and Receive

The licensee states that children in the residence are permitted to send and receive private correspondence.

{CYFSA Part II s.10(1)(c)}

19.2 Written Communication - Communication May be Examined, Read and Withheld

The licensee states that they may examine or read the child's written communication, in the child's presence, where they believe on reasonable grounds that the contents of the written communication may cause the child physical or emotional harm.

{CYFSA Part II, s.10(3)(b)}

19.3 Written Communication - Not Censored or Withheld

The licensee states that written communication shall not be censored or withheld from the child, except that articles prohibited by the service provider may be removed from the written communication and withheld from the child.

{CYFSA Part II, s.10(3)(d)} {O. Reg. 156/18, s.93(1)(l)}

19.4 Written Communication - Not Examined or Read

The licensee states that they do not examine or read written communication from the following:

- (i) Their lawyer,
- (ii) Another person representing the child;
- (iii) The Ombudsman appointed under the Ombudsman Act and members of the Ombudsman's staff, and
- (iv) A member of the Legislative Assembly of Ontario or of the Parliament of Canada.

{CYFSA Part II s.10(3)(c)}

19.5 Written Communication - Reasons Documented for Opening

The licensee states they document in the child's file if the child's written communication is read, examined or censored and the reasons for reading, examining or censoring the child's written communications and when articles are removed from a child's written communications and the reasons for removing the articles.

{O. Reg. 156/18, s.93(1)(l)}

20.1 Disciplinary Policies and Procedures

The licensee states that there are written policies and procedures on the methods of discipline and intervention that may be used and may not be used in the residence.

{O. Reg. 156/18, s.82(1)(f)}

20.2 Corporal Punishment

The licensee's description of the residence's policy on corporal punishment falls within the requirements under the Act and regulations. No service provider shall inflict corporal punishment on a child or permit corporal punishment to be inflicted on a child in the course of the provision of a service

to the child.

{CYFSA Part II, s.4}

20.3 Locked Premises

The licensee states that children are not detained or permitted to be detained in locked premises in the course of the provision of a service to the children.

{CYFSA Part II s.5}

20.4 Disciplinary Measures Not Permitted

The Licensee states that they do not permit the use of harsh or degrading measures to humiliate a resident or undermine a resident's self-respect; or deprive or permit a person to deprive a resident of basic needs including food, shelter, clothing or bedding.

The licensee states that the staff and residents in each residence operated by the licensee are informed of the type of behaviour of a resident that may result in the administration of a method of discipline.

{O. Reg. 156/18, s.109(1)(a)(b)(2)}

20.5 Monitoring of Discipline

The licensee states that they or a designate is informed of the administration of the discipline or intervention used to eliminate behaviour of a child.

{O. Reg. 156/18, s.109(3)(b)}

21.1 Firearms - Not Permitted

The licensee states that they ensure that firearms are not permitted on the premises of the residence, except in the circumstances of a peace officer who is authorized to carry a firearm in the course of the officer's duties attending at the residence in response to an emergency.

{Minister's Reg s. 114}

22.1 Death of A Resident

The licensee states that they notify the coroner in the event of a death of a child in care (except where the coroner is the attending physician in which case another coroner must be notified.)

{Minister's Reg s. 140 (1)}

23.1 Child Protection

The licensee states they have protocols with their local Children's Aid Societies for the investigation and reporting of allegations regarding protection concerns in the children's residences.

{Policy- Local Protocols}

24.1 Record Retention

The Licensee states that a resident's written case record shall be retained by the licensee for at least 20 years after it was last amended or, if the resident dies, for at least five years after the death of the resident.

{O. Reg. 156/18, s.93(2)}

25.1 Serious Occurrence - Criteria and Reporting Timeline

The Licensee confirms that all serious occurrences are reported to the ministry within 24 hours of the occurrence and that serious occurrences may include:

1. Death
2. Serious Injury
3. Serious Illness
4. Serious Individual Action
5. Restrictive Intervention
6. Abuse or Mistreatment
7. Error or Omission
8. Serious Complaint
9. Disturbance, Service Disruption, Emergency Situation or Disaster

{O. Reg. 156/18, s.84(1)} {Policy - Serious Occurrence Reporting Guidelines, 2019}

25.2 Serious Occurrence - Level 1 Criteria and Reporting Timeline

The licensee is familiar with the criteria for Level 1 serious occurrences and is aware that Level 1 serious occurrences must be reported to the ministry within 1 hour.

{Policy - Serious Occurrence Reporting Guidelines, 2019}

25.3 Serious Occurrence - Resident is Absent - Persons to be Notified

A licensee who operates a children's residence shall report to a person listed in subsection (3) any of the following occurrences concerning a resident immediately after the occurrence:

1. A resident is absent from the residence without permission for 24 hours or more.
2. A resident is absent from the residence without permission for a period of time that is less than 24 hours, and the licensee considers the absence to be a serious matter. The following are the persons mentioned in subsections (1) and (2):
 - (i) A parent of the resident.
 - (ii) If the resident was placed by a person and that person was also involved in the development of the resident's plan of care, the person who placed the resident.
3. If the resident was placed by a society, the society that placed the resident.
4. A Director, except in the case of an occurrence described in paragraph 1 or 2 of subsection (2).
5. Only in the case of an occurrence described in paragraph 1 or 2 of subsection (2), the police force having jurisdiction in the area where the residence is located.

{Minister's Reg s.84(2)(3)}

26.1 Police Record Checks/ Vulnerable Sector Search

The licensee states that they have developed and implemented the revised Police Records Check Policy, which applies to all staff and volunteers, board members and students having direct contact with children.

{Policy Police Records Check (2008-3) 1-(A)} {Policy Police Records Check (2012)}

27.1 Physical Restraint - Rules Governing Use

The licensee indicates that physical restraint of residents is not carried out except in circumstances where there is imminent risk that the child will physically injure or further physically injure themselves or others.

{O. Reg. 155/18, s.10(1) Paragraph 1(i)}

27.2 Physical Restraint - Not Used for Punishment or Convenience

The licensee indicates that physical restraint of residents shall not be used on a child for the purpose of punishing the child or for the convenience of the service provider or a person the service provider has permitted to use a physical restraint.

{O. Reg. 155/18, s.10(2)}

27.3 Physical Restraint - When to be Carried Out

The licensee indicates that physical restraint of a resident may be carried out only after it has been determined that a less intrusive intervention is or would be ineffective in preventing, reducing or eliminating a risk referred to in paragraph 1.

{O. Reg. 155/18, s.10(1) Paragraph 3}

27.4 Physical Restraint - Staff Trained

The licensee states that the person who will use the physical restraint has successfully completed the training required under section 16, including a training program that includes training in the use of physical restraint that is approved by the Minister, including training in a particular holding technique that may be used.

{O. Reg. 155/18, s.10(1) Paragraph 4} {O. Reg. 155/18, s.16(3) Paragraph 1}

27.5 Physical Restraint - Training - Refreshers Courses

The licensee indicates that all persons who provide direct care to residents of the residence, including the licensee, if applicable, have successfully completed all refresher courses required by the Minister approved physical restraint training program being used.

{O. Reg. 155/18, s.16(3) Paragraph 2}

27.6 Physical Restraints - Education

The licensee states that all program staff including the licensee, if applicable, providing direct care to residents have received education in accordance with the regulation with respect to the provisions of the Act and the Regulation concerning physical restraint of residents of a residence.

{O. Reg. 155/18, s.16(4)}

27.7 Physical Restraint - Education-Ministry Policies

The licensee states that all program staff including the licensee, if applicable, providing direct care to residents have received education in accordance with the regulation with respect to the policies established by the Ministry concerning physical restraint of residents of a residence.

{O. Reg. 155/18, s.16(4)}

27.8 Physical Restraint - Education-Residence Policies

The licensee states that all program staff including the licensee, if applicable, providing direct care to residents have received education in accordance with the regulation with respect to the residence's policies concerning physical restraint of its residents.

{O. Reg. 155/18, s.16(4)}

27.9 Physical Restraint - Education- within 30 days

Licensee states that all new staff and the licensee, if applicable, providing direct care to residents have completed education in accordance with the regulation within 30 days after the person commences employment in the residence.

{LGIC Reg s.18}

27.10 Physical Restraint - Staff Assessment Recorded

The licensee states that the service provider shall ensure that each time the person is required to complete an education requirement under section 16, 17 or 18, and at least on an annual basis, the person is immediately assessed after their completion of the education requirement to determine their understanding of and ability to apply the education.

This is recorded in the staff file.

{LGIC Reg s.20(2)(4)}

27.11 Physical Restraint - Staff on Duty

The licensee states that there is at least one program staff person on duty, at all times, who has completed the physical restraint training and education pursuant to s. 16 of O. Reg. 155/18.

{O. Reg. 156/18, s.98(3.1)}

27.12 Physical Restraint - Debriefing within 48 hours

Licensee states that a debriefing process referred to in paragraphs 1 to 3 is conducted within 48 hours after the use of physical restraint.

{O. Reg. 155/18, s.12 Paragraph 5}

27.13 Physical Restraint - Debriefing Reason for Delay Recorded

Licensee states that if circumstances did not permit a debriefing process to be conducted within 48 hours after the physical restraint was carried out, the debriefing process was conducted as soon as possible after the 48- hour period and a record was kept of the circumstances which prevented the debriefing process from being conducted within the 48-hour period.

{O. Reg. 155/18, s.12 Paragraph 6}

27.14 Physical Restraint - Debriefing Process Individuals Involved

The licensee states that where a physical restraint was used on a child a debriefing process was conducted in accordance with the following rules:

1. A debriefing process must be conducted among the persons who were involved in the use of the physical restraint, in the absence of any children.
2. A second debriefing process must be conducted among the persons mentioned in paragraph 1 and the child on whom the physical restraint was used.

3. A third debriefing process must be offered to be conducted among any children who witnessed the use of the physical restraint and must be conducted if any such children wish to participate in the debriefing process.

{O. Reg. 155/18, s.12 Paragraph 1-3}

27.15 Physical Restraint - Debriefing Process Accommodation

The licensee describes how the debriefing process accommodates the resident's psychological and emotional needs and cognitive capacity.

The licensee states that during the debriefing process, the service provider ensures that,

- i. The reasons for which the physical restraint was used on the child are explained to them,
- ii. The child understands those reasons, and
- iii. The child is asked whether they may require any services or supports because of the use of the physical restraint.

{O. Reg. 155/18, s.12(4) (4.1)}

27.16 Physical Restraint - Documenting Debrief

The licensee states that they prepare a written record setting out any information reported by the child during the debriefing process following use of a physical restraint.

The record includes any information about services and supports the child may require and is kept in the child's file.

{O. Reg. 155/18, s.12(2)}

27.17 Physical Restraint - Monthly Analysis

The licensee states that for every month, they maintain a written record that summarizes every instance of the use of physical restraint on a child for whom it provides a service, including the following for each instance:

1. The name and age of each child who was physically restrained.
2. The dates and time periods during which the physical restraint was used in respect of each child.
3. A description of the risk referred to in paragraph 1 of subsection 10 (1) that existed before the physical restraint was used.

The Licensee shall prepare a written analysis of every instance of the use of physical restraint is prepared in order to ensure that the physical restraint was used in accordance with this Regulation.

{O. Reg. 155/18, s.15(2)(4)}

27.18 Physical Restraint - Yearly Evaluation

The licensee states that at least once every calendar year, a written evaluation is conducted respecting:

- (a) The effectiveness of the policy required by subsection 11 (1); and
- (b) Whether changes or improvements to the policies are required, particularly with respect to whether changes are required to minimize the use of physical restraint.

{O. Reg. 155/18, s.15(6)(a)(b)}

28.1 Food and Nutrition - General

Interviews with the licensee indicate that the policy has been implemented and identifies any consultation for menu development, e.g., doctor, RN(EC), nutritionist.

{Policy Food and Nutrition (2008-1a) General}

28.2 Food and Nutrition - Medical and Behaviour Advice

Interviews with the licensee identify how medical and/or behavioural advice is obtained, and any staff training related to allergies and/or eating disorders.

{Policy Food and Nutrition (2008-1a) Medical and Behaviour Advice}

28.3 Food and Nutrition - Cultural Diversity

Interviews with the licensee indicate that the residential setting supports and facilitates culturally diverse menus.

{Policy Food and Nutrition (2008-1a) Cultural Diversity}

28.4 Food and Nutrition - Well Balanced Meals and Special diets

Licensee states that residents receive well balanced meals and snacks that are nutritionally adequate to their physical growth and respect food preferences, culture, traditions and creed of the residents. If special foods are recommended by a resident's physician or registered nurse in the extended class, they are provided to the resident.

{Minister's Reg s.102 (a)(b)} {CYFSA Part II s.13 (2)(b)}

28.5 Access to Food and Facilities Not Restricted

The Licensee states that residents have reasonable access to food and kitchen facilities are not restricted to meal or snack times unless specifically provided for in the resident's plan of care.

{Minister's Reg s.102(c)}

29.1 Secure De-escalation - Policy and Procedures Reviewed at Orientation and Annually

Note: Only to be used with Director's Approval

The Licensee states that each staff member, who is involved in the use of a secure de-escalation room, reviews the secure de-escalation policies and procedures upon their initial orientation and at least annually thereafter.

{O. Reg. 155/18, s.87(2)}

29.2 Secure De-escalation - Criteria

Note: Only to be used with Director's Approval.

The licensee states a child may only be placed in a secure de-escalation room if the child's conduct indicates that they are likely, in the immediate future, to cause serious property damage or to cause another person serious bodily harm and no less restrictive method of restraining the child is practicable.

{CYFSA Part II s.174(3)}

29.3 Secure De-escalation - Continuous Observation

Note: Only to be used with Director's Approval.

The licensee states that a child who is placed in a secure de-escalation room is continuously observed by a responsible person.

{CYFSA Part VII s.174(5)}

29.4 Secure De-escalation - One Hour Limit

Note: Only to be used with Director's Approval.

The licensee states that a child who is placed in a secure de-escalation room shall be released within one hour unless the person in charge of the premises approves the child's longer stay in a secure de-escalation room in writing and records the reasons for not restraining the child by a less restrictive method.

{CYFSA Part VII s.174(4)}

29.5 Secure De-escalation - Review After One Hour

Note: Only to be used with Director's Approval.

The licensee states where a child is kept in a secure de-escalation room for more than one hour, the person in charge of the premises shall review the child's placement in a secure de-escalation room at prescribed intervals.

{CYFSA Part VII s.174(6)}

29.6 Secure De-escalation - Frequency of Reviews - Child Under 16

Note: Only to be used with Director's Approval.

The Licensee states that when a child who is under 16 is kept in a secure de-escalation room for more than one hour, the person in charge of the premises in which the secure de-escalation room is located reviewed the continued need to keep the child in the secure de-escalation room at the end of the first hour and at least every 30 minutes thereafter.

{CYFSA Part VII s.174(6)} {LGIC Reg s.86(1), paragraph 1}

29.7 Secure De-escalation - Release from Room

Note: Only to be used with Director's Approval.

The licensee states a child who is placed in a secure de-escalation room shall be released as soon as the person in charge is satisfied that the child is not likely to cause serious property damage or serious bodily harm in the immediate future.

{CYFSA Part VII s.174(7)}

29.8 Secure De-escalation - Under 16 Maximum Period Note: Only to be used with Director's Approval.

The Licensee states that a child who is under 16 was not kept in a secure de-escalation room for a period or periods that exceed an aggregate of eight hours in a given 24-hour period or an aggregate of 24 hours in a given week.

{CYFSA Part VII s.174(8)}

29.9 Secure De-escalation - Hazardous Items Removed Note: Only to be used with Director's Approval.

The licensee confirms that, prior to placement in a secure de-escalation room, all potentially hazardous items have been removed.

{O. Reg.155/18, s.85(1) Paragraph 5}

29.10 Secure De-escalation - Not a Bedroom

Note: Only to be used with Director's Approval.

The Licensee states that the secure de-escalation room is not used as a bedroom.

{LGIC Reg s.85(1) Paragraph 1}

30.1 Services to Children

The licensee states that reasonable efforts are made to determine whether there are services, programs or activities that would relate to the race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression or cultural or linguistic needs of child; or regional differences that may affect child.

If such a service, program or activity is available and would assist the child, they ask the child if they wish to receive the service or participate in the program or activity, and, if so, facilitate the child receiving the service or participating in the program or activity in addition to continuing to receive the service from the service provider.

{O. Reg. 155/18, s.8(1)(a)(b)(2)(a)(b)(i)(ii)}

30.2 Services to FNIM Children

The licensee states that, in addition to identity characteristics and regional differences, for First Nations, Inuit or Métis children and their families, the child's cultures, heritages, traditions, connection to community and the concept of the extended family are taken into account.

The child and their parent are asked about and informed of the licensee's obligation to take this into account and are aware they can provide additional information.

{O. Reg. 156/18, s.3(2), s.4(3)(5)(b)(d)}

30.3 Services to Child - Obligation to Inform Child and Parent

The licensee states that they inform the child and their parent about their obligation to take into account the identity characteristics of the child and regional differences.

This occurs at admission, as part of making a decision respecting a service provided to the child if the decision materially affects or is likely to materially affect the child's interests; and when the service provider becomes aware of new information that suggests that a child has an identity characteristic previously unknown to the service provider or that an identity characteristic of the child may have changed.

{O. Reg. 156/18, s.4(1)(a)(b)(c)(2) Paragraphs 1,2&3 (4)(b) (5)(a)(i)(ii)}

30.4 Services to Children - Parent Contact

The licensee states that, in relation to the child's identity characteristics and regional differences, they ask the parent what information, if any, they wish to have the service provider take into account when making decisions and how this information should be taken into account.

The parent is offered the opportunity to name a resource person.

{O. Reg. 156/18, s.4(5)(f)(i)(ii)(iii)(iv)}

30.5 Services to FNIM Children - Parent Contact

For a First Nations, Inuk or Métis child, ask the individual what information, if any, about the child's cultures, heritages, traditions, connection to community and the concept of the extended family they wish the service provider to take into account in relation to any aspect of providing services to the child and the child's family and how this information should be taken into account.

The parent is offered the opportunity to name a resource person.

{O. Reg. 156/18, s.4(5)(f)(i)(ii)(iii)(iv)}

30.6 Efforts to Obtain Information

The licensee states, if the child is unable to communicate whether or not there is any information in relation to their identity characteristics and regional differences and there is no parent, the licensee makes reasonable efforts to determine if this information is otherwise available in:

- The case record;
- If applicable, another service provider's file, if any, that transferred the child; or
- A relative or sibling of the child who can be contacted after making reasonable efforts to do so, who is aware of the child's placement, and who may reasonably be expected to have such information.

{O. Reg. 156/18, s.4(6)(a)(b)(c)(7)(a)(b)}

30.7 Resource Person

The licensee states the child is offered a resource person whose role, on a voluntary basis, is to assist the service provider in taking into account one or more identity characteristics of the child or regional differences when making a decision that will materially affect or may materially affect the child's interests; and, in the case of a First Nations, Inuk or Métis child, to assist the service provider in taking into account the child's cultures, heritages, traditions, connection to community and the concept of the extended family in relation to any aspect of providing services to the child and the child's family.

{O. Reg. 156/18, s.4(5)(e)} {O. Reg. 156/18, s.5(1)(a)(b)}

30.8 Resource Person - Contact

The licensee states that, as soon as practicable, the resource person is contacted to inform of decisions, if any, that the service provider reasonably anticipates needing to make with respect to the child that would or would be likely to materially affect the child's interests.

The licensee also receives any information the resource person wishes to provide and is available when the resource person contacts the service provider.

{O. Reg. 156/18, s.5(2) Paragraphs 1,2&3}

30.9 Resource Person - Communication

The licensee states, if the child or parent subsequently indicates they no longer wish for that resource person to be contacted, or if a resource person declines to act or to continue acting in that role, the service provider ceases contacting the resource person and asks the child or parent whether they wish to name another resource person.

The licensee determines the times, places and methods of communicating with a resource person, as appropriate.

{O. Reg. 156/18, s.5(3)(4)}

30.10 Training for Identity Characteristics, Regional Differences, and FNIM Children

The licensee states that training is provided to all staff who make decisions that may materially affect a child's interests and who provide services to FNIM child on matters related to identity characteristics, regional differences, and First Nations, Inuit and Métis cultures, heritages, traditions, connection to community and the concept of the extended family.

{Minister's Reg s.7(1) paragraphs 1&2}

30.11 Training After Eight Months

The licensee states that staff who have not previously received training with respect to Minister's Reg s.7(1)(2), receives the training within eight months after beginning to make decisions that may materially affect a child's interests or being involved in providing the described services.

{Minister's Reg s.7(3)}

30.12 FNIM Children — Complementary Services

The licensee states, for First Nations, Inuk or Métis child, reasonable efforts are made to determine whether there are services, programs or activities that may complement and support the objectives of services provided or that would further the purposes set out in paragraph 6 of subsection 1 (2) of the Act that are offered or recommended by:

- (a) Any of the child's bands or First Nations, Inuit or Métis communities; or
- (b) If the child does not have a band or First Nations, Inuit or Métis community, an organization that is closely linked to the child's cultures, heritages and traditions. If there are, they ask the child if they wish to participate in such a service and facilitate participation.

{CYFSA s.1(2) paragraph 6} {Minister's Reg s.6}

31.1 Mechanical Restraints

The licensee states that they may use or permit the use of a mechanical restraint on a child if,

1. The use is authorized by,

- (a) A plan of treatment to which the child, or their substitute decision-maker, has consented in accordance with the Health Care Consent Act, 1996, or
- (b) A plan for use of a PASD to which the child, or their substitute decision-maker, has consented; and

2. The plan of treatment or plan for the use of a PASD,

- a) includes the content described in O. Reg. 155/18 subsection 4.1 or 4.2 as the case may be,
- b) has been signed and dated by any health practitioner who participated in its development and by the child to whom it relates, or their substitute decision-maker, in such a manner as to indicate their agreement with the content of the plan, and
- c) if the plan has been amended following its development
 - it clearly indicates the amendments that were made, and
 - it has been signed and dated by any health practitioner who participated in developing the amendments to the plan and by the child to whom it relates, or their substitute decision-maker, in such a manner as to indicate their agreement with the amendments.

A plan for the use of a PASD means a plan that is developed by one or more health practitioners and provides for how a PASD will assist a child with hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulation or positioning or any other routine activity of living.

{O. Reg. 155/18, s.21(2)(a)(b)(3)}

31.2 Mechanical Restraints - Rules Governing Use

The Licensee states that the use of mechanical restraints under this section is carried out in accordance with the following rules:

- 1) Mechanical restraints shall not be used on a child for the purposes of punishment or solely for the convenience of the service provider, or staff member who is providing the service.
- 2) Only the least intrusive type of mechanical restraint that is necessary in the circumstances shall be used
- 3) Mechanical restraints must be applied using the least amount of force that is necessary in the circumstances.
- 4) A child must not be secured by a mechanical restraint to a fixed object or another person
- 5) The service provider must ensure that the child being restrained by the use of mechanical restraints is monitored continuously and in accordance with any instructions or recommendations provided in the child's plan of treatment or plan for the use of a PASD.
- 6) Mechanical restraints must be removed immediately upon the earliest of the following:
 - i. When there is a risk that their use will endanger the health or safety of the child.
 - ii. When the continued use of the mechanical restraints would no longer be authorized by the plan of treatment or plan for the use of a PASD, including when the length of time set out in the plan has expired and no approval under subsection 7.1 has been given

- iii. If the child, or their substitute decision-maker withdraws consent to the use of the mechanical restraint

{O. Reg. 155/18, s.21(5) Paragraph 1-4}

31.3 Mechanical Restraints - Not Altered or Adjusted

The Licensee states that the use of mechanical restraints under this section is carried out as follows:

- a) Are applied in accordance with the manufacturer's instructions, if any;
- b) Are maintained in good condition in accordance with the manufacturer's instructions, if any; and
- c) Are not altered except for adjustments made in accordance with the manufacturer's instructions, if any.

{O. Reg. 155/18, s.21(6)(a)(b)(c)}

31.4 Mechanical Restraints - Training for Staff

The Licensee states that a staff member who is permitted to use a mechanical restraint on a child under this section has received the necessary training, instruction or education to allow the staff member to use the mechanical restraint in accordance with the child's plan of treatment or plan for the use of a PASD.

{O. Reg. 155/18, s.21(7)}

31.5 Mechanical Restraints - Records Regarding Use

The Licensee states that they maintain written records regarding the use of a mechanical restraint on a child under this section and those records include:

- a) Information that is necessary to demonstrate that use of the mechanical restraint was in conformity with the child's plan of treatment or plan for the use of a PASD; and
- b) The names of every staff member who was permitted to use mechanical restraints on the child and a description of the training, instruction or education that the staff member received

{O. Reg. 155/18, s.21(8)(a)(b)}

31.6 Mechanical Restraint - Monthly Reporting

The licensee describes the process for preparing the following documentation to be provided to the ministry pertaining to mechanical restraints, including how they will ensure they provide the written report to the ministry on or before the fifth day of each month to the Director:

1. A written record, prepared monthly, which summarizes every instance of the use of a mechanical restraint that is not a PASD on a child at any premises at which the service provider provides a service during that month. Specifically, the record must include the following in respect of each instance:
 - a) The name and age of the child who was restrained,
 - b) The dates and time periods during which the mechanical restraint was used, and
 - c) A description of the circumstances and the risk that existed before the mechanical restraint was used.

{O. Reg. 155/18, s.21(8.1) (8.2)}

32.1 Mechanical Restraints - Secure Treatment Program - Authorizing Use

NOTE: Only applies to designated Secure Treatment Programs.

The licensee states that: Immediately before or as soon as possible after mechanical restraints are applied to a child, the licensee shall ensure that an order made by a psychiatrist or other person designated by the Minister authorizing their use is obtained.

{LGIC Reg s.75(1)}

32.2 Mechanical Restraints - Secure Treatment Program - Debriefing

NOTE: Only applies to designated Secure Treatment Programs

The licensee states that when mechanical restraints are used on a child in a secure treatment program, a debriefing is conducted in accordance with the service provider's policy required under subsection 160 (4) of the Act and the following rules:

1. One debriefing process must be conducted among the staff members who were involved in the use of the mechanical restraints in the secure treatment program.

2. Another debriefing process must be conducted among the persons mentioned in paragraph 1 and the child who was placed in mechanical restraints, and this process must be structured to accommodate the child's psychological and emotional needs and cognitive capacity.
3. Subject to paragraph 4, the debriefing processes referred to in paragraphs 1 and 2 must be conducted within 48 hours after the mechanical restraints are removed.
4. If circumstances do not permit a debriefing process to take place within 48 hours after the mechanical restraints are removed, the debriefing process must be conducted as soon as possible after the 48-hour period referred to in paragraph 3 and a record must be kept of the circumstances which prevented the debriefing process from being conducted within the 48-hour period.
5. The administrator must record the date and time of each debriefing process, the names and titles of the persons involved in each process and the duration of each session.
6. The administrator must consider the results of each debriefing process to determine whether revisions to a child's plan referred to in section 82 may be required.

{LGIC Reg s.77}

32.3 Mechanical Restraints - Secure Treatment Program - Written Plan

NOTE: Only applies to designated Secure Treatment Programs

The licensee states that a written plan is developed outlining the behaviour intervention strategies for the purpose of preventing the use of mechanical restraints and developing alternatives to the use of mechanical restraints.

The child and their parent shall be invited to participate in the development of the plan. The child's wishes shall be documented in the plan and considered as part of the development and implementation of the plan.

The written plan should be regularly re-evaluated and updated.

{LGIC Reg s.82(1)(2)(3)(4)}

32.4 Mechanical Restraints - Secure Treatment Program - Rules with Respect to an Order

NOTE: Only applies to designated Secure Treatment Programs.

The licensee states that the following rules apply with respect to an order made under this section:

1. An order may be made only after an emergency situation referred to in clause 160 (3) (b) of the Act arises.
2. The order may be made orally or in writing. If the order is initially made orally, the psychiatrist or other person designated by the Minister must ensure that the order is reflected in writing as soon as possible afterwards.
3. The order must describe the behaviour that is to be controlled by the use of mechanical restraints.
4. The order must set out the length of time during which the mechanical restraints may be used, subject to the following rules:
 - i. The maximum length of time that may be set out in the order is 12 hours from the time when the mechanical restraints were applied or, in the case of a new order that is made while an order is still in effect, from the time that the new order is made.
 - ii. If the service provider's policy sets out a maximum length of time that is shorter than 12 hours, the maximum length of time set out in the policy applies.

A new order may be made by a psychiatrist or other person designated by the Minister while an existing order is in effect.

A psychiatrist or other person designated by the Minister who makes an order under this section shall do the following:

1. As soon as possible after the order is made, assess the child in person to determine whether to authorize the continued use of mechanical restraints on the child. However, in no circumstance shall the assessment be conducted later than two hours after the order is made.
2. Make a written record of the assessment referred to in paragraph 1, including the reasons for the determination of whether to authorize the continued use of the mechanical restraints.

{LGIC Reg s.75(2)(3)(4)}

32.5 Mechanical Restraints - Secure Treatment Program - Removal and Reapplying Rules

NOTE: Only applies to designated Secure Treatment Programs

The licensee states that mechanical restraints must be removed from a child immediately upon the earliest of the following:

1. When there is a risk that the mechanical restraint will endanger the health or safety of the child.
2. When the emergency situation referred to in clause 160 (3) (b) of the Act is no longer present.
3. When an alternative to the use of mechanical restraints would be effective to prevent serious bodily harm to the child or others.
4. When an order under this section is not obtained within two hours after the mechanical restraints were applied.
5. When a psychiatrist or other person designated by the Minister determines that an order under this section should not be made.
6. When the psychiatrist or other person designated by the Minister who made the order fails to assess the child in accordance with paragraph 1 of subsection (4).
7. When, after assessing the child in accordance with paragraph 1 of subsection (4), the psychiatrist or other person designated by the Minister does not authorize the continued use of the mechanical restraints.
8. When the length of time set out in the order for the use of mechanical restraints has expired and a new order has not been made before that time.

Mechanical restraints that are removed may be applied again to a child without the need for a new order if all of the following circumstances exist:

1. The mechanical restraints were removed because the emergency situation referred to in clause 160 (3) (b) of the Act was no longer present or an alternative to the use of mechanical restraints was effective to prevent serious bodily harm to the child or others.
2. The order that was in effect when the mechanical restraints were removed has not expired.
3. An emergency situation referred to in clause 160 (3) (b) of the Act arises after the mechanical restraints were removed.

If mechanical restraints are applied to a child again under subsection (6), the order that was in effect when the mechanical restraints were removed continues to be in effect as if the mechanical restraints had not been removed.

{LGIC Reg s.75(5)(6)(7)}

32.6 Mechanical Restraints - Secure Treatment Program - Use of Mechanical Restraints

NOTE: Only applies to designated Secure Treatment Programs

The licensee states the use of mechanical restraints on a child is carried out in accordance with the following rules:

1. Mechanical restraints must not be used on a child as a means of punishment.
2. Only mechanical restraints that have been approved by the administrator may be used.
3. Mechanical restraints must be applied using the least amount of force that is necessary in the circumstances, having regard to the emergency situation referred to in clause 160 (3) (b) of the Act.
4. The type of mechanical restraint used must be the least intrusive that is necessary in the circumstances, having regard to the emergency situation referred to in clause 160 (3) (b) of the Act.
5. The use of more than one mechanical restraint on a child at the same time is permitted only if the person applying the mechanical restraint determines that a single restraint is insufficient in the circumstances, having regard to the emergency situation referred to in clause 160 (3) (b) of the Act.
6. Mechanical restraints must not be used unless alternatives to the use of mechanical restraints would not be, or have not been, effective to address the emergency situation referred to in clause 160 (3) (b) of the Act.
7. A child must never be secured by mechanical restraint to a fixed object. However, a child may be secured by mechanical restraint to a bed, but only if the mechanical restraint is specifically designed to be used in conjunction with a bed.
8. A child must never be secured by mechanical restraint to another person.
9. If a mechanical restraint is applied while a child is in the prone position with their hands behind their back, the child must be placed in a sitting or standing position as soon as possible after the mechanical restraint has been applied.
10. The child must be continuously observed, in person, by a responsible person and that person shall record their observations in the child's case record.
11. The administrator shall ensure that the monitoring and assessment of the child's condition while restrained is conducted in accordance with the service provider's policy required under subsection 160 (4) of the Act and any instructions provided by the psychiatrist or other person designated by the Minister in their order made under section 75 of this Regulation.
12. The child must be frequently repositioned or permitted to ambulate while restrained, in accordance with the service provider's policy required under subsection 160 (4) of the Act and any instructions provided by the psychiatrist or other person designated by the Minister in their order made under section 75 of this Regulation.
13. The administrator shall review the continued need for using the mechanical restraints within 15 minutes after the restraints are applied or as soon as possible after 15 minutes have elapsed and then at regular intervals, not exceeding 15 minutes, thereafter.

When reviewing the continued need for the use of mechanical restraints, the administrator shall consider whether there is an alternative to the use of mechanical restraints that would be effective to address the emergency situation referred to in clause 160 (3) (b) of the Act.¹⁴

The administrator shall ensure that medical assessments are conducted, and any necessary medical care is provided in accordance with any instructions provided by the psychiatrist or other person designated by the Minister in their order made under section 75 of this Regulation.

{LGIC Reg s.76}

32.7 Mechanical Restraints - Secure Treatment Program - Maintained

NOTE: Only applies to designated Secure Treatment Programs

The licensee states that mechanical restraints are maintained as follows:

- (a) Are applied in accordance with the manufacturer's instructions, if any;
- (b) Are maintained in good condition in accordance with the manufacturer's instructions, if any; and
- (c) Are not altered except for adjustments made in accordance with the manufacturer's instructions, if any.

{LGIC Reg s.81}

32.8 Mechanical Restraints - Secure Treatment Program - Monthly and Yearly Evaluations

NOTE: Only applies to designated Secure Treatment Programs

The licensee states that monthly and yearly evaluations are completed that include:

- (a) On a monthly basis, an evaluation of the use of mechanical restraints is performed to ensure that every use of mechanical restraints is carried out in accordance with the Act and the regulations; and
- (b) At least once every calendar year, an evaluation is performed to determine,
 - i. The effectiveness of the policy required under subsection 160 (4) of the Act, and
 - ii. Whether changes or improvements to the policy are required, particularly with respect to whether changes or improvements are required to minimize the use of mechanical restraints.

{LGIC Reg s.80(2)}

32.9 Mechanical Restraints - Secure Treatment Program - Debriefing Process

NOTE: Only applies to designated Secure Treatment Programs

The licensee states that the results of each debriefing process is considered when determining whether revisions to a child's plan referred to in section 82 may be required.

{LGIC Reg. s. 77 Paragraph 6}

32.10 Mechanical Restraints - Secure Treatment Program - Staff Training

NOTE: Only applies to designated Secure Treatment Programs

The licensee states that staff training has been completed within the following timelines:

1. With respect to the training in the use of mechanical restraints under paragraph 1 of subsection (1), within 30 days after a new type of mechanical restraint is approved by the administrator.
2. With respect to the subject matter described in subparagraph 3 i of subsection (1), within 30 days after each new provision of the Act or this Regulation concerning the use of mechanical restraints comes into force.
3. With respect to the subject matter described in subparagraph 3 ii of subsection (1), within 30 days after each new or revised Ministry policy or standard concerning the use of mechanical restraints in a secure treatment program is received by the administrator.
4. With respect to the subject matter described in subparagraph 3 iii of subsection (1), within 30 days after the policy referred to in that subparagraph is established or revised.

{O. Reg. 155/18, s.79(3)}

32.11 Mechanical Restraints - Emergency Situations

Note: Only applies to designated Secure Treatment Programs

The licensee states that mechanical restraints in secure treatment are only used:

In an emergency situation under the common law duty of a caregiver to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or others.

{CYFSA Part VII s.160 (3)(b)}

Physical Inspection

1.1 Physical Site/Floor Plans

The current usage of the residence is consistent with the site and floor plans.

{O. Reg. 156/18, s.80(1) Paragraph 1 & 2}

2.1 Health and Safety - Compliance with Authorities

An inspection of the physical site indicates continued compliance with authorities with regard to health and safety. Note: During the inspection of the premises, renovations or changes have been noted which require inspection by a local authority.

{O. Reg. 156/18, s.80(1) Paragraph 3(2)(a)(b)(c)(d)(e)}

3.1 First Floor Exit

A licensee who operates a children's residence shall ensure that the children's residence has at least one exit from the first story of the residence.

{O. Reg. 156/18, s.112(2)(a)}

3.2 Third Story Exit

A licensee who operates a children's residence shall ensure that the children's residence has at least one exit or two means of egress from the third story of the residence, if the third story contains sleeping accommodation.

{O. Reg. 156/18, s.112(2)(b)}

3.3 Smoke Alarms

Every licensee shall ensure that each residence operated by the licensee has one or more smoke alarms that meet the requirements of the fire code, located in each bedroom/sleeping area and on each story.

{O. Reg. 156/18, s.112(3)(b)}

3.4 Fire and Emergency Procedures

There is a copy of the fire and emergency procedures plan in the residence.

{O. Reg. 156/18, s.111(2)}

3.5 Fire Extinguisher

Every licensee shall ensure that each residence operated by the licensee has a fire extinguisher rated at least 2A:10BC and listed by an organization accredited by the Standards Council of Canada for the kitchen and maintained in accordance with the manufacturer's instructions

{O. Reg. 156/18, s.112(3)(a)}

3.6 Fire Procedure Posted

There is a written fire evacuation procedure posted in a conspicuous place in the children's residence.

{O. Reg. 156/18, s.112(3)(e)(i)}

3.7 Storage for Flammable Items

Flammable liquids and paint supplies are stored in lockable containers and not stored near any appliance.

{O. Reg. 156/18, s.112(3)(h)}

3.8 Secure Storage Hazardous Materials

Any harmful, poisonous, or hazardous substance or object is only kept in the residence if it is essential to the operation of the residence and is kept in a locked container if it is in the residence.

{O. Reg. 156/18, s.97 Paragraph 13(i)(ii)}

4.1 Secure Storage - Records

All records are kept in locked containers and only persons authorized by the licensee have access to the records. "Locked containers" refers to lockable filing cabinets, lockable closets, or rooms, lockable cupboards, lockable desk drawers and safes. "Authorized persons" are persons specifically designated

<p>by the licensee as having access to records.</p> <p>{Minister's Reg s.137}</p>
<p>5.2 Firearms</p> <p>Firearms are not permitted on the premises of the residence, except in the circumstances of a peace officer who is authorized to carry a firearm in the course of the officer's duties attending at the residence in response to an emergency.</p> <p>{Minister's Reg s.114}</p>
<p>6.1 Bedroom Windows</p> <p>There are no rooms without windows being used as bedrooms.</p> <p>{O. Reg. 156/18, s.97 Paragraph 2}</p>
<p>6.2 Bedrooms in Basement</p> <p>No part of a basement shall be used for sleeping accommodation without the written approval of a Director.</p> <p>{O. Reg. 156/18, s.97 Paragraph 1}</p>
<p>6.3 Floor Space for 18 months to 16 years</p> <p>The floor space of each bedroom measured is at least, for children over 18 months and under 16 years, not less than 5 sq. m/child (5 sq. m = 53.70 sq. ft.).</p> <p>{O. Reg. 156/18, s.97 Paragraph 3(i)}</p>
<p>6.4 Floor Space for 16 years and older</p> <p>The floor space of each bedroom measured is at least, for children 16 years and over, not less than 7 sq. m/child (7 sq. m = 75.32 sq. ft.).</p> <p>{O. Reg. 156/18, s.97 Paragraph 3(ii)}</p>
<p>6.5 Floor Space for Under 18 months</p> <p>The floor space of each bedroom measured is at least, for children under 18 months, a minimum of 3.25 sq. m/child in a room not less than 7.5 sq. m (3.25 sq. m = 34.97 sq. ft., 7.5 sq. m = 80 sq. ft.).</p> <p>{O. Reg. 156/18, s.97 Paragraph 4(i)(ii)}</p>
<p>6.6 Bed per Child</p> <p>Children are provided with their own bed.</p> <p>{O. Reg. 156/18, s.97 Paragraph 5}</p>
<p>6.7 Clean Mattress/Bedding</p> <p>Children are provided with a clean mattress and bedding suitable for the child based on their age and size and appropriate for the weather and climate.</p> <p>{O. Reg. 156/18, s.97 Paragraph 5}</p>
<p>6.8 Sharing a Bedroom</p> <p>No resident who is 7 or older shares a bedroom with a child of the opposite sex without approval of the Director.</p> <p>{O. Reg. 156/18, s.97 Paragraph 6}</p>
<p>7.1 Clothing</p> <p>The children have sufficient clothing that is suitable in quality and size in relation to their age, activities and the climate.</p> <p>{O. Reg. 156/18, s.110(1)} {CYFSA Part II s. 13(2)(c)}</p>
<p>8.1 Storage of Possessions</p> <p>The child has a place to store the child's own personal possessions that the children have access to.</p> <p>{CYFSA Part II s.12(a)}</p>
<p>9.1 Residence Temperature</p> <p>The minimum temperature of the residence is at least 17° Celsius (62° Fahrenheit).</p> <p>{O. Reg. 156/18, s.97 Paragraph 11}</p>

<p>10.1 Sinks/Toilets</p> <p>There is one sink with hot and cold water and one flush toilet for every five children or fewer in the residence.</p> <p>{O. Reg. 156/18, s.97 Paragraph 7(i)(ii)}</p>
<p>10.2 Bath/Shower</p> <p>There is one bath or shower with hot and cold water for every eight children or fewer in the residence.</p> <p>{O. Reg. 156/18, s.97 Paragraph 7(iii)}</p>
<p>10.3 Separate Toilets</p> <p>If the residence has more than one toilet in a room, they are each in a separate compartment.</p> <p>{O. Reg. 156/18, s.97 Paragraph 8}</p>
<p>11.1 Water Temperature</p> <p>The temperature of water in the children’s residence reaches a minimum of 40 degrees Celsius (104 degrees Fahrenheit) and does not exceed 49 degrees Celsius (120 degrees Fahrenheit).</p> <p>{O. Reg. 156/18, s.97(9)}</p>
<p>12.1 Outdoor Play Space - 9 sq. m per child</p> <p>There is 9-sq. m (96.9 sq. ft.) of outdoor play space per child on the site, or an alternate arrangement that has been approved by the Director in writing.</p> <p>{O. Reg. 156/18, s.97 Paragraph 10}</p>
<p>13.1 Licence Kept on Premise</p> <p>The licence is kept on the premises of the residence and is available for public inspection.</p> <p>{CYFSA Part I s.248(1) Paragraph 1}</p>
<p>15.1 Medications Locked</p> <p>Medication is stored in locked containers and only authorized persons have access.</p> <p>{Minister's Reg s.105(1)(a)(b)}</p>
<p>15.2 Self Medication - Locked Containers</p> <p>Where it has been indicated that a child is administering their own medication, lockable storage is provided for that medication.</p> <p>{Minister's Reg s.105(2)}</p>
<p>15.3 Medication - Storage and Disposal</p> <p>Physical inspection demonstrates that medication is stored as directed and in original labelled containers, and that unused or expired medications are kept in a separate and secure storage area if present in the residence.</p> <p>{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 2}</p>
<p>16.1 Policies and Procedures On Site</p> <p>A copy of the written policies and procedures is kept in the residence in a place accessible to staff.</p> <p>{O. Reg. 156/18, s.82(2)}</p>
<p>16.2 Education - Space Provided for Studies</p> <p>There is a physical space or spaces for children to complete their studies, including homework and other assignments, that are responsive to the needs of each child given their age and maturity.</p> <p>{O. Reg. 156/18, s.80.1(1)}</p>
<p>17.1 First Aid Kit</p> <p>Each residence operated by the licensee is equipped with a first aid kit and a first aid manual, both of which are kept in a location that is known and accessible to staff of the residence.</p> <p>{Minister's Reg s.103(a)(b)}</p>

<p>18.1 Food and Nutrition - General</p> <p>Physical inspection of food cupboards, storage areas and refrigerator indicate well balanced meals and snacks that are nutritionally adequate for their physical growth and development and respect the food preferences, culture, traditions and creed of the residents and that the food available is reflective of current menus.</p> <p>{Minister's Reg 102(a)}</p>
<p>18.2 Food and Nutrition - Menus</p> <p>Physical inspection of food cupboards, storage areas and refrigerator revealed a variety of foods consistent with the most current Canada's Food Guide and that the food available is reflective of current menus.</p> <p>{Policy - Food and Nutrition (2008- 1a) Menus}</p>
<p>18.3 Food and Nutrition - Mealtimes</p> <p>There is an eating or dining area identified for mealtimes where social interaction can take place.</p> <p>{Policy - Food and Nutrition (2008-1a) Mealtimes}</p>
<p>18.4 Food and Nutrition - Health Education</p> <p>Educational material about proper nutrition is available (for example, copies of the current Canada Food Guide).</p> <p>{Policy - Food and Nutrition (2008-1a) Health Education}</p>
<p>18.5 Access to Food and Kitchen Facilities</p> <p>Physical inspection confirms children's' reasonable access to food and kitchen facilities is not restricted to meal or snack times unless specifically provided for in their plan of care.</p> <p>{Minister's Reg s.102(c)}</p>
<p>19.1 Maintenance of Residence</p> <p>The premises is maintained in a manner that supports the safety and well-being of residents. The premises, including the grounds, is kept safe and clean and any materials, equipment or furnishings in the premises are clean and in good working order.</p> <p>{Minister's Reg s.96(1)(2)}</p>
<p>20.1 Secure De-escalation - Not a Bedroom</p> <p>Note: Only to be used with Director's Approval.</p> <p>The secure de- escalation room is not used as a bedroom.</p> <p>{LGIC Reg s.85(1) Paragraph 1}</p>
<p>20.2 Secure De-escalation - Means of viewing</p> <p>Note: Only to be used with Director's Approval.</p> <p>The secure de- escalation room contains a window that is unbreakable or other means of observing the child.</p> <p>{LGIC Reg s.85(1) Paragraph 3}</p>
<p>20.3 Secure De-escalation - Lighting</p> <p>Note: Only to be used with Director's Approval.</p> <p>The secure de- escalation room lighting allows continuous observation of the child.</p> <p>{LGIC Reg s.85(1) Paragraph 4}</p>
<p>20.4 Secure De-escalation - Objects</p> <p>Note: Only to be used with Director's Approval.</p> <p>The secure de- escalation room contains no objects that could be used by the child as instruments of injury or damage.</p> <p>{O. Reg. 155/18, s.85(1) Paragraph 5}</p>
<p>20.5 Secure De-escalation - Heating and Ventilation</p> <p>Note: Only to be used with Director's Approval.</p> <p>The secure de- escalation room is adequately ventilated, and the temperature is maintained at not</p>

less than 17 degrees Celsius.

{LGIC Reg s.85(1) Paragraph 6}

20.6 Secure De-escalation - Sanitary Condition

Note: Only to be used with Director's Approval.

The secure de-escalation room is maintained in sanitary condition.

{LGIC Reg s.85(1) Paragraph 7}

Policies and Procedures

1.1 Changes to Agency Policies

At the time of licensing, all children's residences must record and submit any changes which have occurred in their policies and procedures during the year.

{Policy - Review of Policy and Procedures}

2.1 Review Policy/Procedures-4yrs

Where there are no changes in policy and procedures, a review of all the residence's policies and procedures must be completed at least every four years.

{Policy - Review of Policy and Procedures}

3.1 Current Written Statement of Purpose

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting the purpose of the residence.

{O. Reg. 156/18, s.82(1)(a)}

3.2 Description of Program

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting the program provided in the residence.

{O. Reg. 156/18, s.82(1)(b)}

3.3 Staff Qualifications

The licensee maintains written policies and procedures which detail an approach for verifying whether a person to be employed or engaged by the licensee to perform the activities described in O. Reg. 156/18 s. 80.3 Paragraph 1 and 2 of subsection (1), possesses the required qualifications as laid out in O. Reg 156/18 s 80.3.

{O. Reg. 156/18, s.80.3(7)}

4.1 Admission

The licensee who operates a children's residence maintains and keeps up to date written policies and procedures for the residence respecting the admission and discharge of children to and from the residence.

{O. Reg. 156/18, s.82(1)(c)}

4.2 Planning for Care and Monitoring/Evaluation

The licensee who operates a children's residence maintains and keeps up to date written policies and procedures for the residence respecting the manner in which planning for the care provided to children is carried out and the manner in which the care is monitored and evaluated.

{O. Reg. 156/18, s.82(1)(d)}

4.3 Staff and Supervisory Practices

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting supervisory practices, to be followed by staff in the children's residence.

{O. Reg. 156/18, s.82(1)(k)}

4.4 Methods of Discipline and Intervention

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting methods of discipline and intervention that may be used and may not be used in the residence.

{O. Reg. 156/18, s.82(1)(f)}

4.5 Health Program for Residents

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting a health program for residents that provides for:

- (i) Access by residents to community health programs,

- (ii) Arrangements for a physician or a registered nurse in the extended class to advise the licensee on an ongoing basis on the medical care required by the residents,
- (iii) Arrangements for a dentist to advise the licensee on an ongoing basis on the dental care required by the residents,
- (iv) Assessments of the residents' general health, vision, hearing and oral health, at least once every 13 months,
- (v) Health education for the residents, and
- (vi) The carrying out of procedures recommended by a physician, a nurse in the extended class or a dentist for the prevention and control of disease.

{O. Reg. 156/18, s.82(1)(g)}

4.6 Security

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting the methods to be used to maintain the security of the residence.

{O. Reg. 156/18, s.82(1)(h)}

4.7 Involvement of the Child's Parent(s)

The licensee who operates a children's residence maintains and keeps up to date written policies and procedures for the residence respecting how a child's parent will be involved with the program provided in the residence.

{O. Reg. 156/18, s.82(1)(i)}

4.8 Conduct/Discipline of Staff

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting the conduct of persons employed in the residence, other than any policies and procedures concerning their conduct that may be set out in a collective agreement between the licensee and the licensee's employees.

{O. Reg. 156/18, s.82(1)(l)}

4.9 Articles Prohibited

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting articles prohibited by the licensee for the purposes of subsections 10 (3) and (4) of the Act.

{O. Reg. 156/18, s.82(1)(p)}

4.10 Community Activities

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting how residents are encouraged to participate in community activities.

{O. Reg. 156/18, s.82(1)(o)}

4.11 Children's Concerns/Complaints

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting the manner in which residents may express concerns or make complaints.

{O. Reg. 156/18, s.82(1)(q)}

4.12 Support Around Money Earned

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting: The manner in which a resident is supported in relation to any work done and money earned by the resident both inside and outside of the residence.

{O. Reg. 156/18, s.82(1)(q2)}

4.13 Residence is Kept Safe and Clean

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting: How the licensee will ensure that the children's residence is kept safe and clean.

{O. Reg. 156/18, s.82(1)(h1)}

5.1 Administrative Structure

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting the administrative structure of the residence.

{O. Reg. 156/18, s.82(1)(j)}

5.2 Financial Administration

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting financial administration of the residence.

{O. Reg. 156/18, s.82(1)(n)}

5.3 Maintenance of Case Records

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting how case records are maintained.

{O. Reg. 156/18, s.82(1)(e)}

6.1 Identity - Services to Children

The licensee shall maintain policies that outlines how efforts will be made to determine whether there are services, programs or activities that would relate to the race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression or cultural or linguistic needs of children; or regional differences that may affect children.

If such a service, program or activity is available and would assist the child, they ask the child if they wish to receive the service or participate in the program or activity, and, if so, facilitate the child receiving the service or participating in the program or activity in addition to continuing to receive the service from the service provider

{O. Reg. 155/18, s.8(1)(a)(b), (2)(a)(b)(i)(ii)}

6.2 Identity - Services to FNIM Children

The licensee shall have written policy and procedures that outlines, in addition to identity characteristics and regional differences, for First Nations, Inuit or Métis children and their families, the child's cultures, heritages, traditions, connection to community and the concept of the extended family are taken into account.

The child and their parent are asked about and informed of the licensee's obligation to take this into account and are aware they can provide additional information.

{O. Reg. 156/18, s.3(2), s.4(3)(5)(b)(d)}

6.3 Identity - Services to Children - Obligation to Inform them and Parent

The licensee shall have written policy and procedures that outlines how they inform the child and their parent about their obligation to take into account the identity characteristics of the child and regional differences. This occurs at admission, as part of making a decision respecting a service provided to the child if the decision materially affects or is likely to materially affect the child's interests; and when the service provider becomes aware of new information that suggests that a child has an identity characteristic previously unknown to the service provider or that an identity characteristic of the child may have changed.

{O. Reg. 156/18, s.4(1)(a)(b)(c), (2) Paragraphs 1,2,3, (4)(b), (5)(a)(i)(ii)}

6.4 Identity - Services to Children - Parent Contact

The licensee shall have written policy and procedures that outlines, in relation to the child's identity characteristics and regional differences, they ask the parent what information, if any, they wish to have the service provider take into account when making decisions and how this information should be taken into account. The parent is offered the opportunity to name a resource person.

{O. Reg. 156/18, s.4(5)(f)(i)(ii)(iii)(iv)}

6.5 Identity - Services to FNIM Children - Parent Contact

The licensee shall have written policy and procedures that outlines, for a First Nations, Inuk or Métis child, ask the individual what information, if any, about the child's cultures, heritages, traditions, connection to community and the concept of the extended family they wish the service provider to take into account in relation to any aspect of providing services to the child and the child's family and how this information should be taken into account.

The parent is offered the opportunity to name a resource person.

{O. Reg. 156/18, s.4(5)(f)(i)(ii)(iii)(iv)}

6.6 Identity - Efforts to Obtain Information

The licensee shall have written policy and procedures that outlines, if the child is unable to communicate whether or not there is any information in relation to their identity characteristics and regional differences and there is no parent, the licensee makes reasonable efforts to determine if this information is otherwise available in:

The case record;

- If applicable, another service provider's file, if any, that transferred the child; or
- A relative or sibling of the child who can be contacted after making reasonable efforts to do so, who is aware of the child's placement, and who may reasonably be expected to have such information.

{O. Reg. 156/18, s.4(6)(a)(b)(c)(7)(a)(b)}

6.7 Identity Characteristics - Resource Person

The licensee shall have written policy and procedures that outlines that the child is offered a resource person whose role, on a voluntary basis, is to assist the service provider in taking into account one or more identity characteristics of the child or regional differences when making a decision that will materially affect or may materially affect the child's interests;

and, in the case of a First Nations, Inuk or Métis child, to assist the service provider in taking into account the child's cultures, heritages, traditions, connection to community and the concept of the extended family in relation to any aspect of providing services to the child and the child's family.

{O. Reg. 156/18, s.4(5)(e), s.5(1)(a)(b)}

6.8 Identity Characteristics - Resource Person - Contact

The licensee shall have written policy and procedures that outlines, as soon as practicable, the resource person is contacted to inform of decisions, if any, that the service provider reasonably anticipates needing to make with respect to the child that would or would be likely to materially affect the child's interests.

The licensee also receives any information the resource person wishes to provide and is available when the resource person contacts the service provider.

{O. Reg. 156/18, s.5(2) Paragraphs 1,2,3}

6.9 Identity Characteristics - Resource Person - Communication

The licensee shall have written policy and procedures that outlines, if the child or parent subsequently indicates they no longer wish for that resource person to be contacted, or if a resource person declines to act or to continue acting in that role, the service provider ceases contacting the resource person and asks the child or parent whether they wish to name another resource person.

The licensee determines the times, places and methods of communicating with a resource person, as appropriate.

{O. Reg. 156/18, s.5(3)(4)}

6.10 Identity Characteristics - Training for Identity Characteristics, Regional Differences, and Indigenous children

The licensee shall have written policy and procedures that outlines that training is provided to all staff who make decisions that may materially affect a child's interests and who provide services to Indigenous children on matters related to identity characteristics, regional differences, and First Nations, Inuit and Métis cultures, heritages, traditions, connection to community and the concept of the extended family.

{Minister's Reg s.7(1) paragraphs 1,2}

6.11 Identity Characteristics - Training After Eight Months

The licensee shall have written policy and procedures that outlines that staff who have not previously received training with respect to Minister's Reg s.7(1)(2), receives the training within eight months after beginning to make decisions that may materially affect a child's interests or being involved in providing the described services.

{Minister's Reg s.7(3)}

6.12 Identity Characteristics - FNIM Children — Complementary Services

The licensee shall have written policy and procedures that outlines, for First Nations, Inuk or Métis children, reasonable efforts are made to determine whether there are services, programs or activities that may complement and support the objectives of services provided or that would further the purposes set out in paragraph 6 of subsection 1 (2) of the Act that are offered or recommended by:

- (a) Any of the child's bands or First Nations, Inuit or Métis communities; or
- (b) If the child does not have a band or First Nations, Inuit or Métis community, an organization that is closely linked to the child's cultures, heritages and traditions .If there are, they ask the child if they wish to participate in such a service and facilitate participation.

{CYFSA Part I s.1(2) paragraph 6} {Minister's Reg s.6(1)(a)(b)(2)(a)(b)}

7.1 Disciplinary Measures

The licensee has written policies and procedures regarding disciplinary practices which include the following:

A licensee who operates a children's residence shall ensure that the staff and residents are informed of the type of behaviour of a resident that may result in the administration of a method of discipline.

{O. Reg. 156/18, s. 109(2)}

7.2 Record of Discipline/Intervention

The licensee has written policies and procedures regarding disciplinary practices which include the following:

- (a) Any method of discipline or other intervention administered on a resident that is intended to reduce or eliminate a certain behaviour is recorded in the resident's case record by the person who administered the discipline or intervention; and
- (b) The licensee or a person designated by the licensee is informed of the administration of the discipline or intervention.

{O. Reg. 156/18, s.109(3)(a)(b)}

8.1 No Corporal Punishment Policy

The licensee has written policies regarding prohibited disciplinary practices which include the following:
No service provider shall inflict corporal punishment on a child or permit corporal punishment to be inflicted on a child or in the course of the provision of a service to the child.

[CYFSA Part II s.4]

8.2 No Degradation Policy

The licensee has written policies regarding prohibited disciplinary practices which include the following:
No licensee who operates a children's residence shall use or permit the use of harsh or degrading measures to humiliate a child or undermine a child's self-respect.

{O. Reg. 156/18, s.109(1)(a)}

8.3 No Deprivation Policy

The licensee has written policies regarding prohibited disciplinary practices which include the following:
No licensee who operates a children's residence shall deprive or permit a person to deprive a resident of basic needs including food, shelter, clothing or bedding.

{O. Reg. 156/18, s.109(1)(b)}

9.1 Emergencies

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting emergency situations.

{O. Reg. 156/18, s.82(1)(m)}

9.2 Fire and Emergency Procedures Plan

A licensee who operates a children's residence shall develop a written fire and emergency procedures plan for the residence that:

- (a) Sets out the roles and responsibilities of staff in the event of a fire or other emergency;
- (b) Designates a place of short-term shelter for situations in which the children's residence needs to be evacuated because of a fire or other emergency; and

- (c) Establishes a procedure for situations in which the children’s residence needs to be evacuated because of a fire or other emergency.

The licensee shall keep a copy of the fire and emergency procedures plan in the children’s residence. The licensee shall:

- (a) Review the fire and emergency procedures plan as often as is necessary to ensure the safety of staff and residents but at least once every 12 months; and
- (b) Revise the fire and emergency procedures plan to take into account any changes to the nature of the residential setting or the residents to whom residential care is provided.

{O. Reg. 156/18, s.111}

9.3 Fire Safety Requirements

The licensee must have written policies and procedures including:

- a. Ensure that any appliance in the residence is maintained in a good state of repair and inspected at least once every 12 months by a qualified individual; and
- b. Maintain a record of each inspection.

A licensee who operates a children’s residence shall ensure that,

- a. A fire extinguisher rated at least 2A:10BC and listed by an organization accredited by the Standards Council of Canada is installed in the kitchen and maintained in accordance with the manufacturer’s instructions;
- b. A smoke alarm that meets the requirements of the fire code respecting standards for smoke alarms is located on each story of the residence and additional smoke alarms that meet those requirements are located in each bedroom and sleeping area in the residence;
- c. All staff members are instructed on the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities;
- d. All residents are, upon admission, instructed in a manner suitable to their age and maturity on the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities;
- e. The procedures referred to in clauses (c) and (d) are, (i) Posted in conspicuous places in the children’s residence, and (ii) Practiced at least once a month in the children’s residence;
- f. A record is kept of each practice under sub clause (e) (ii);
- g. The fire alarm is used to initiate fire drills; and
- h. Any flammable liquids, including paint supplies, that are kept in the residence are stored in lockable containers and not stored near any appliance.

In this section, “exit” has the same meaning as in the fire code.

{O. Reg. 156/18, s.112}

10.1 Secure De-escalation

Note: Only to be used with Director's Approval.

A service provider shall develop and maintain written policies and procedures with respect to the use of a secure de-escalation room on the premises of the provider where it is proposed to place a child in a secure de-escalation room.

The policies and procedures referred to in subsection (1) shall be reviewed with each staff member who is involved in the use of a secure de-escalation room upon the initial orientation of the staff member and at least annually thereafter.

{O. Reg. 155/18, s.87(1)(2)}

10.2 Secure De-escalation Room Supervision/Release

Note: Only to be used with Director's Approval.

No service provider shall place in a locked room a child who is in the service provider’s care or permit the child to be placed in a locked room, except in accordance with this section and the regulations.

A service provider shall develop and maintain written policies and procedures with respect to the use of a secure de-escalation room on the premises of the provider where it is proposed to place a child in a secure de-escalation room.

The written policies and procedures with respect to secure de-escalation reflect that:

- If a child who is under 16 or a child is kept in a secure de-escalation room for more than one hour, the person in charge of the premises in which the room is located shall review the continued need to keep the child in the room at the end of the first hour and at least every 30 minutes thereafter.

{CYFSA s.174} {O. Reg. 155/18, s.87(1)} {O. Reg. 155/18, s.86(1)}

10.3 Secure De-Escalation Room

Note: Only to be used with Director's Approval.

The following standards apply with respect to a secure de-escalation room:

1. The room must not be used as a bedroom for any child.
2. No more than one child may be placed in the room at one time.
3. The room must contain a window that is unbreakable or some other means of observing the child.
4. The room must contain lighting that is adequate to ensure compliance with subsection 174 (5) of the Act and paragraph 1 of subsection 174 (9) of the Act.
5. The room must not contain objects that could be used by the child as instruments of injury or damage.
6. The room must be adequately ventilated and be maintained at not less than 17 degrees Celsius.
7. The room must be maintained in a sanitary condition.

{LGIC Reg. s.85 (1)}

11.1 Contravention Policies/Procedures

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting situations in which the policies and procedures around disciplinary practices are not complied with.

{O. Reg. 156/18, s.82(1)(r)}

12.1 Duty to Report - Reporting Policy/Procedure

Residence has written policies and procedures for reporting a child in need of protection.

{CYFSA Part V, s. 125 (1)-(12)}

12.2 Duty to Report - Encourage/Support reporting

Licensees must develop policies and procedures that encourage, support and protect anyone working in a residence who reports protection concerns, assault or inappropriate practices occurring during the provision of the residential care.

{Policy -Staff Support}

12.3 Duty to Report - Investigation Process

Licensees must develop policies and procedures to inform staff at the time of hiring, of the process that will be followed when an investigation is required, both when allegations of abuse or protection concerns are brought against staff or management, and when they report this abuse or protection concerns.

{Policy -Staff Support}

13.1 Protocols with CAS

All children's residences must establish with their local Children's Aid Societies protocols for the investigation and reporting of allegations that a child may be in need of protection (including resident-on-resident abuse).

{Policy -Local Protocols}

14.1 Right to be Informed

A licensee who operates a children's residence shall maintain and keep up to date written policies and procedures for the residence respecting:

The manner in which staff and residents are informed of the rights of children under Part II of the Act;

{O. Reg. 156/18, s.82(1)(q1)}

14.2 Inform and Review Rights & Responsibilities

A licensee who operates a children's residence shall maintain and keep up to date written policies and

procedures for the residence stating that, upon admission to a residential placement, and at regular intervals as prescribed (noted below) a child in care has a right to be informed, in language suitable to their understanding of:

- their rights under Part II of the Act;
- the licensee's complaints procedures;
- the review procedures available under sections 64, 65 and 66 of the Act (Residential Placement Advisory Committee)
- the child's responsibilities while in the placement;
- the rules governing day-to-day operation of the residential care, including disciplinary procedures.
- The following intervals are prescribed for the purposes of section 9 of the Act:
 - 30 days after the child in care's placement in residential care.
 - 90 days after the child in care's placement in residential care.
 - 180 days after the child in care's placement in residential care and every 180 days after that

{CYFSA Part II, s.9} {O. Reg. 155/18, s.9}

14.3 Notify Parent/Guardian Rights & Responsibilities

There are procedures to notify the parent or guardian of a resident in their care of the child's rights and responsibilities while in the residence.

{Policy - Review of Rights and Responsibilities (1994)}

14.4 Notify Parent/Guardian Complaint Procedure

Licensee must also inform the parent or guardian of the residence complaint procedure. The notification must take place as soon as possible but within seven days of admission.

{Policy - Review of Rights and Responsibilities (1994)}

14.5 Complaint Procedure

A service provider who provides residential care to children or who places children in residential placements shall establish a written procedure, in accordance with the regulations, for hearing and dealing with,

- (a) Complaints regarding alleged violations of a child's rights under this Part II of the Act;

{CYFSA Part II, s.18(1)(a)}

14.6 Complaint Procedure

A service provider who provides residential care to children or who places children in residential placements shall ensure that their written complaints procedure under subsection 18 (1) of the Act:

- (a) Requires a staff member or the service provider to make a record of any complaint described in clause (2) (a) or (b) that is made verbally;
- (b) Set out timelines for responding to a complaint, including a requirement that the service provider or a person designated by the service provider must provide an acknowledgement of a complaint within 24 hours of receiving it;
- (c) Require the service provider to, within 24 hours of receiving a complaint, determine what, if any, immediate action can be taken to respond to the complaint and what, if any, supports the child in care or the person making the complaint may require in order to participate in the complaints review process

Note: Section 22(3)(b) and (c) do not apply if the complaint was made anonymously.

{O. Reg. 155/18, s.22(3)(a)(b)(c)}

14.7 Written Complaint Procedure

A service provider who provides residential care to children or who places children in residential placements shall ensure that their written complaints procedure under subsection 18 (1) of the Act sets out:

- a) How a child in care may make a complaint, either verbally or in writing, with respect to alleged violations of the rights of the child in care under Part II of the Act to,
 - i. A staff member, either in private or in the presence of other children, and

- ii. The service provider or a person designated by the service provider;
- b) How the parent of a child in care or other person representing the child in care may make a complaint, either verbally or in writing, with respect to alleged violations of the rights of the child in care under Part II of the Act to,
 - i. A staff member, and
 - ii. The service provider or a person designated by the service provider;

{O. Reg. 155/18, s.22(1)(2)(a)(b)}

14.8 Complaint Procedure - Provide updates

The licensee must ensure that the written complaints procedure under subsection 18(1) of the Act includes a requirement to provide an update to the person on the status of the review, until the results of a complaints review have been provided under subsection 18 (4) of the Act to the person who made the complaint:

- i. If requested by the person, and
- ii. At such other times as necessary to ensure that the person receives an update on the review no later than 15 days after the service provider receives the complaint and subsequently at intervals of no more than 15 days.

*Note this requirement does not apply if the complaint was made anonymously

{O. Reg. 155/18, s.22(3)(d)}

14.9 Complaint Procedure - Response and Documentation

The licensee must ensure that the written complaints procedure under subsection 18(1) of the Act:

1. Sets out a process for complaints received to be considered and responded to by a person other than a person in respect of whom the complaint is made;
2. Requires the service provider to document the details of the complaint and the steps taken in response to the complaint in the file of the child in respect of whose rights the complaint is made;

{O. Reg. 155/18, s.22(3)(e)(f)}

14.10 Complaint Procedure - Understanding Results of Review

The licensee must ensure that the written complaints procedure under subsection 18(1) of the Act includes a requirement to make reasonable efforts to ensure that any person who is informed of the results of the complaints review understands those results.

{O. Reg. 155/18, s.22(3)(g)}

14.11 Complaint Procedure - Action to Prevent Recurring Rights Violations

The licensee must ensure that the written complaints procedure under subsection 18(1) of the Act includes a requirement to determine whether there are any measures that could be implemented to prevent the same violation from recurring and implement any such measures, if it is determined during the review that there has been a violation of the rights of a child in care under Part II of the Act.

{O. Reg. 155/18, s.22(3)(h)}

14.12 Complaint Procedure - Suitable Language

The licensee must have a written policy and procedure which outlines the requirement for a written version of the complaint procedure using language suitable to the understanding of the individuals who are entitled to make a complaint.

{O. Reg. 155/18, s.22(5)(a)}

14.13 Providing Information and Efforts to Support Child with Rights

The licensee shall maintain policies and procedures ensuring that children are provided information under section 9 of the Act both verbally and in writing, in a format that is understandable and accessible to them.

The policies and procedures should outline that reasonable efforts are made to assist a child to exercise or receive the benefit of their rights under Part II of the Act, including considering available information about the child to identify what supports, if any, may assist them in exercising or receiving the benefit of their rights and asking them to identify what, if any, supports may assist in enabling them to exercise or receive the benefit of the rights.

{CYFSA Part II, s.9} {O. Reg. 155/18, s.5(1)(2)(3) Paragraph 3 s.6(1) Paragraphs 1 & 2}

15.1 Geographic and Cultural Isolation

There are policies and procedures, which recognize the special needs of residents who are isolated by virtue of language, culture, or distance from their homes.

{Policy - Cultural and Geographic Isolation (1995)}

16.1 Police Records Check

All licensees that provide residential care to children must have written policies and procedures including:

- a) The requirement that for all new employees, board members, students and volunteers who commence employment / placement (probationary or otherwise) and who work directly with children in a residential setting, the Police Records check must be declared suitable for Vulnerable Sector employment and completed as soon as possible and no more than 30 days after the commencement of employment/placement.
- b) Precautionary measures to be taken to ensure the safety of children for any length of time where the operator has not received the results of VSS, particularly with respect to conditional offers and probationary periods.
- c) A description of the process to be used for responding to a VSS Report, which includes the following: - That a record of charges; for example, does not necessarily preclude employment or participation in an agency's activities. - Criteria to be considered, such as the nature of and circumstances surrounding the charges and any convictions, references obtained from past employers, rehabilitative and other efforts subsequently made by the candidate.
- d) If the licensee considers it appropriate once the results of the VSS Report are received, measures to be taken to terminate the relationship if employment, board membership, student placement, volunteering is commenced before the results of the VSS Report are obtained.
- e) Provisions for maintenance of confidentiality and protection of privacy as well as policies and procedures for secure storage and destruction of the Police Records Checks documents.
- f) That the successful candidate must apply to the police for a VSS Report and must consent to the release of information on the VSS Report to the licensee.

{Policy Police Records Check (2008-3) 1-(A)} {Policy Police Records Check (2012)}

17.1 Serious Occurrence Report

The licensee has written policies and procedures for documenting and reporting serious occurrences. Serious occurrences include:

1. Death
2. Serious Injury
3. Serious Illness
4. Serious Individual Action
5. Restrictive Intervention
6. Abuse or Mistreatment
7. Error or Omission
8. Serious Complaint
9. Disturbance, Service Disruption, Emergency Situation or Disaster

The policy states that the licensee will report all serious occurrences as soon as possible and no later than twenty-four hours after the occurrence.

The policy identifies the criteria for Level 1 serious occurrences and notes that Level 1 serious occurrences must be reported to the ministry within 1 hour.

{Minister's Reg s.84(1)} {Policy - Serious Occurrence Reporting Guidelines, 2019}

18.1 Physical Restraint - Explanation to Child and Parent/Placing Agency

Applicable where the licensee uses or permits the use of physical restraint

The licensee maintains written policies and procedures that include:

- Protocols which details their approach for explaining the following information to a child, in language suitable to their understanding and in accordance with their age and maturity, and to the child's parent or person who placed the child, as soon as they begin receiving service:

- What constitutes a physical restraint under the CYFSA, and
- The rules governing the use of physical restraints under the CYFSA, including the circumstances in which the child may be physically restrained and the procedures that must be followed after any such use of physical restraint.

{O. Reg. 155/18, s.11(1)01}

18.2 Use of Physical Restraint

A service provider that uses or permits the use of physical restraint maintains a written policy on the use of physical restraint that includes the following information:

1. Alternative interventions to physical restraint that must be considered or used to reduce or eliminate a risk referred to in paragraph 1 of subsection 10 (1).
2. The titles or positions of persons who are authorized to use physical restraint on a child and the training that those persons must complete.
3. The measures that must be taken to prevent and minimize the use of physical restraint on a child.
4. Protocols that must be followed in monitoring and assessing a child's condition while they are being physically restrained.
5. Protocols that must be followed during the debriefing process under section 12.

{O. Reg. 155/18, s.11(1)}

18.3 Physical Restraints - Staff on Duty

The licensee maintains written policies and procedures which detail the requirement for there to be at least one program staff person on duty, at all times, who has completed the required physical restraint training and education pursuant to s.16 of O. Reg. 155/18.

{O. Reg. 156/18, s.98(3.1)}

18.4 Record of Physical Restraints

The licensee must maintain written policies and procedures which detail the requirement for a service provider to ensure that a record is created of each instance of the use of physical restraint on a child and for the record to include the following:

1. The name and age of the child on whom the physical restraint was used.
2. The dates and times when physical restraint was used and the name and title of the person or persons who used it.
3. A description of the risk referred to in paragraph 1 of subsection 10 (1) that existed before the physical restraint was used.
4. A description of the alternatives to the use of physical restraint that were considered and why those alternatives were not used.
5. The type or types of physical restraint used.
6. The time period during which the physical restraint was used.
7. All documentation related to assessment and monitoring of the child while they were physically restrained, including assessments of the child's medical condition while being physically restrained
8. The date and time when the child ceased being physically restrained.
9. Documentation relating to notification and attempted notification under section 13 of the child's parent and, in the case of a child in care, the placing agency or person who has placed the child.

The service provider shall keep the record in the file of the child.

{O. Reg. 155/18, s.14}

19.1 Mechanical Restraint

Licensees who use or permit the use of mechanical restraint, must maintain written policies and procedures which:

1. Outline protocols that must be followed in monitoring and assessing a child's condition while a mechanical restraint is being used.
2. Outline protocols for developing and maintaining records regarding the use of a mechanical restraint on a child.
3. Outline protocols for ensuring that the mechanical restraints are only used for the amount of time

permitted by O. Reg. 155/18, s. 21.

4. Outline a process for providing information, as required under O. Reg. 155/18 s. 21, which considers the age and maturity of the child to whom the information is to be provided and that the information provided relates to the specific type of mechanical restraint (this includes the use of a PASD) that may be used.

{O. Reg. 155/18, s.21(9)} {O. Reg. 155/18, s.21.2(5)}

19.2 Mechanical Restraints - Secure Treatment Program

NOTE: Only applies to designated Secure Treatment Programs

A licensee shall maintain policies and procedures on the use of mechanical restraints under subsection 160 (4) of the Act that contain the following:

1. The measures that staff members must take to prevent and minimize the use of mechanical restraints.
2. The interventions that must be employed or considered for the purpose of preventing a child from physically injuring or further physically injuring them self or others, in order to avoid the need to use mechanical restraints.
3. The type or types of mechanical restraints that have been approved for use in the secure treatment program.
4. Protocols for developing and maintaining plans required under section 82.
5. The titles or positions of staff members who are authorized to apply a mechanical restraint on a child or release a child from a mechanical restraint, and the training that those staff members must complete.
6. Protocols that must be followed in monitoring and assessing a child's condition while mechanical restraints are being used and following their use.
7. Protocols related to ensuring that all relevant staff members are notified when mechanical restraints are and continue to be used on a child.
8. Protocols related to the repositioning of a child while mechanical restraints are being used and to the assisting of a child to ambulate while mechanical restraints are being used, including setting out how frequently the child must be repositioned or must receive assistance to ambulate.
9. Protocols respecting orders referred to in section 75, including the form in which an order must be provided.
10. Protocols related to post- restraint procedures, including debriefings.
11. Protocols related to evaluations of the use of mechanical restraints required under subsection (2).

{LGIC Reg s.80(1)}

20.1 Food and Nutrition - General

A licensee who operates a children's residence shall ensure that:

- a. The residents receive well balanced meals and snacks that are nutritionally adequate for their physical growth and development and respect the food preferences, culture, traditions and creed of the residents;
- b. If special foods are recommended by a resident's physician or registered nurse in the extended class, they are provided to the resident; and
- c. A resident's reasonable access to food and kitchen facilities is not restricted to meal or snack times unless specifically provided for in the resident's plan of care.

{Minister's Reg s. 102 (a)(b)(c)}

20.2 Food and Nutrition - Menus

Licensees shall have written policies and procedures related to food and nutrition which include:

- a. Service of food in accordance with menus (with any substitutions noted on menus).
- b. Retention of menus for thirty days after the last day for which it is applicable.
- c. Weekly menus to be readily available to staff, residents and the Ministry of Children, Community and Social Services.

{Policy - Food and Nutrition (2008-1a) Menus}

20.3 Food and Nutrition - Portion Size

Licensees shall have written policies and procedures related to food and nutrition which include:

- a. Provision of portion sizes based on the most current Canada's Food Guide which are adequate for the physical growth and development of children.
- b. Provision of additional portions to individual residents if requested by the child or placing agency/guardian/parent. If there are concerns, the licensee will work with the child, placing agency/guardian/parent, nutritionist, or other health care professional.

{Policy - Food and Nutrition (2008-1a) Portion Size}

20.4 Food and Nutrition - Mealtimes

Licensees shall have written policies and procedures related to food and nutrition which include:

- a. Meals to be served at set times.
- b. Methods to be in place to support the participation of all children at mealtimes and to support meals as social, group time.

{Policy - Food and Nutrition (2008-1a) Mealtimes}

20.5 Food and Nutrition - Medical and Behaviour Advice

Licensees shall have written policies and procedures related to food and nutrition which include:

- a. Mechanisms in place to identify and respond to food allergies, including anaphylactic reactions.
- b. Provision of medical advice for those children who refuse to eat, overeat or have possible eating disorders and notification of the placing agency and/or guardian/parent.
- c. Provision of medical and/or behavioural advice and support for children with unique needs related to food, feeding and nutrition.
- d. Provision of behavioural advice for dealing with challenging eating behaviours that may not be medical in nature.

{Policy - Food and Nutrition (2008-1a) Medical and Behaviour Advice}

20.6 Food and Nutrition - Health Education

Licensees shall have written policies and procedures related to food and nutrition which include:

- a. Provision of educational material children about proper nutrition in a format that is suitable to the child's level of understanding.
- b. Information provided to children about food handling and food preparation, where the child has an active role in these activities and in a format that is suitable to the child's level of understanding.

{Policy Food and Nutrition (2008-1a) Health Education}

20.7 Food and Nutrition - Cultural Diversity

Licensees shall have written policies and procedures related to food and nutrition which include:

- a. Menus to reflect the cultural diversity children in the residence.
- b. Mechanisms to support preparation of traditional and cultural foods and/or celebrations involving food.
- c. Respect the food preferences, culture, traditions and creed of the residents

{Policy - Food and Nutrition (2008-1a) Cultural Diversity}

20.8 Food and Nutrition - Hygiene and Safety

Licensees shall have written policies and procedures related to food and nutrition which include:

- a. Proper food handling, hygiene and food safety practices.
- b. Staff monitoring of children working in the kitchen area.
- c. Provision of food preparation information to children in a format that is suitable to the child's level of understanding.

{Policy- Food and Nutrition (2008-1a) Hygiene and Sanitation}

20.9 Food and Nutrition - Monitoring and Supervision

Licensees shall have written policies and procedures related to food and nutrition which include:

- a. Appropriate supervision and monitoring during meal preparation.

- b. Identification of foods, products or equipment not to be used by children.

{Policy - Food and Nutrition (2008-1a) Monitoring and Supervision}

20.10 Food and Nutrition - Kitchen Equipment

Licensee's written policies and procedures relating to kitchen equipment include:

- a. Orientation of staff and children in the safe use of kitchen equipment.
- b. Provisions for maintenance of kitchen equipment and routine/emergency repairs or replacement.

{Policy - Food and Nutrition (2008-1a) Kitchen Equipment}

20.11 Food and Nutrition - Food Services Records and Administration

Licensees shall have written policies and procedures related to food and nutrition which include:

- a. Menus to be readily available.
- b. Maintenance of logbooks including records of meals served, health and safety compliance and children's activities.
- c. Maintenance of records of food services costs.

{Policy - Food and Nutrition (2008-1a) Food Services Records and Administration}

20.12 Food and Nutrition - Prohibited Disciplinary Practices

Licensees shall have written policies related to food and nutrition which reflect the following:

- a. Deprivation of food is prohibited. Deprivation is distinguished from food-related limits, routines and token reinforcement that are part of an individualized and documented treatment approach that is administered under the guidance of a health care professional or rehabilitation professional. Food may only be limited as part of an individualized and documented treatment approach that is administered under the guidance of a health care professional.
- b. Food must not be used to bribe, punish, reward or coax.

{Policy - Food and Nutrition (2008-1a) Prohibited Disciplinary Practices}

21.1 Cultural Competency - Rights Orientation for Children

Licensees shall have written policies and procedures related to cultural competency which include:

The agency's program description related to cultural competence and policies and procedures related to the rights of children shall be reviewed with each child upon admission and every six months thereafter.

{Policy - Cultural Competency (2008-2)}

21.2 Cultural Competency - Licensee Program Description

Licensees shall have written policies and procedures related to cultural competency. The licensee's program description shall include the following:

- a. Provision of inclusive services that are non-discriminatory and in an environment that takes into account ethno-cultural, racial, linguistic and ancestral diversity. This includes the provision of services under the French Language Services Act.
- b. Accommodation of the gender-specific needs of children.
- c. How the service provider accommodates the needs of Lesbian, Gay, Bisexual and Transgender children.
- d. Opportunities for participation in leisure and recreational activities that promote physical, social and cultural benefits for the children in their care.
- e. How children of Indigenous heritage will be assisted in preserving their unique cultural identity and in maintaining positive contact, involvement and participation with their Indigenous community as identified in the plan of care.
- f. Provision of tailored support for children with unique needs.

{Policy - Cultural Competency (2008-2)}

21.3 Cultural Competency - Religion

Licensees shall have written policies and procedures that include:

- a. How a child's right to voluntarily access and benefit from religious and spiritual care will be implemented and maintained.

- b. Procedures for collecting and maintaining information regarding a child's religious affiliation or preference.
- c. Documentation of the name of the child's community spiritual/religious care provider, if available.
- d. Addressing the child's spiritual and religious needs in his/her plan of care and in transition planning.
- e. How the child is advised of the right to receive spiritual/religious instruction.
- f. The voluntary nature of any religious programs offered by the service provider.
- g. How religious diets and fasts of recognized faith groups are observed.
- h. Clear direction to the effect that seeking conversions, proselytizing or criticizing other faith groups by staff, students or volunteers is not permitted.

{Policy - Cultural Competency (2008- 2)}

21.4 Cultural Competency - Staff Orientation

Licensees shall have written policies and procedures related to cultural competency which include orientation of staff.

The licensee's program description related to cultural competency and the policies and procedures related to the rights of children shall be reviewed with each staff person by the licensee within thirty days of commencement of employment in the residence and at least annually thereafter.

{Policy - Cultural Competency (2008-2)}

22.1 Medication - Orientation

Licensee must have written policies and procedures that include orientation of staff.

The licensee's policies and procedures must be reviewed with each staff member at the time of hiring and at least annually thereafter.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 1}

22.2 Medication - Regular Review

Licensee must have written policies and procedures that include a regular review.

The licensee must review the policies and procedures related to the Safe Administration, Storage and Disposal of Medication and the Communication and Transfer of Medication Information at least once every five years and revised as necessary.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 1}

{Policy - Improved Communication and Transfer of Medication Information (2011-2) 1}

22.3 Medication - Infection Prevention and Control Procedures

Licensee has a policy and procedures that include infection prevention and control procedures, including the use of proper hand hygiene practices based on the Ministry of Health and Long- Term Care's guidelines which include hand washing prior to administering and self-administering medication.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 2}

22.4 Medication - Preparation of Medications

Licensee has a policy and procedures that include preparation of medications in a location where there is adequate space and lighting.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 2}

22.5 Medication - Administration of Prescription Medication

Licensee has a policy and procedures that include administration of prescription medication only to the child to whom the medication is prescribed.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 2}

22.6 Medication - Storage of Medication as Directed

Licensee has a policy and procedures that include storage of medication as directed in original labeled containers and/or blister packs. If required, additional labeled containers can be obtained from a local pharmacy.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 2}

22.7 Medication - Appropriate Disposal

Licensee has a policy and procedures that include appropriate disposal of unused or expired medication,

including the use of sharps containers for needles and syringes, prohibiting disposal in inappropriate areas (such as the garbage, toilet, sink), and separate and secure storage of unused or expired medication until it can be disposed of properly.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 2}

23.1 Medication - Process for Monitoring Potential Side Effects

Licensee has a policy and procedures that include a process for monitoring potential side effects of prescription medication, including documenting observed changes in weight, behaviour, emotions and physical state.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 3}

23.2 Medication - Development of Individualized Response Plans

Licensee has a policy and procedures that include development of individualized response plans to handle situations where a child refuses to take their medication.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 3}

23.3 Medication - Advising Children about the Dangers

Licensee has a policy and procedures that include advising children about the dangers of mixing medication with other medications, substances, or non-prescription medications, including herbal remedies.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 3}

23.4 Medication - Following up on any Completed Medical Tests

Licensee has a policy and procedures that include following up on any completed medical tests or lab work ordered by a health practitioner.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 3}

23.5 Medication - Process for Discussing Medication Concerns

Licensee has a policy and procedures that include a process for discussing any medication concerns a child may have in language suitable to their age and understanding.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 3}

23.6 Medication - Contact Information for a Local Pharmacy and Poison Control Centre

Licensee has a policy and procedures that include contact information for a local pharmacy and poison control center or similar body to be used to address questions or concerns as needed.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 3}

23.7 Medication - Seeking Medical Advice

Licensee has a policy and procedures that include seeking medical advice from a health practitioner as needed and documenting any actions taken in the child's case record.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 3}

24.1 Medication - Identifying, Monitoring and Responding to Medication Incidents

Licensee has a policy and procedures that include identifying, monitoring and responding to medication incidents including seeking emergency medical attention as required and notifying the child, placing agency and/or parent or legal guardian.

{Policy - Safe Administration, Storage and Disposal of Medication (2011- 1) 4}

24.2 Medication - Process for Internally Reviewing Medication Incidents

Licensee has a policy and procedures that include a process for internally reviewing medication incidents and near misses to minimize the potential for future incidents.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 4}

24.3 Medication - Documenting Actions Taken to Address Medication Incidents

Licensee has a policy and procedures that include documenting any action taken to address medication incidents in the child's case record.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 4}

25.1 Medication - PRNs

Licensee has a policy and procedures that identify the following as high-risk situations involving

psychotropic medications:

- a) psychotropic medications that are prescribed as needed" (Pro Re Nata or PRN) and/or are used "as needed" more than twice a day or for three or more consecutive days.
- b) a child who is prescribed two or more psychotropic medications at the same time
- c) a child under the age of seven who is prescribed psychotropic medication
- d) a psychotropic medication that has not been reviewed by a health practitioner in more than six months
- e) any psychotropic medication that is stopped suddenly and abruptly by a child without discussion with a health practitioner
- f) any other situation which causes concern in the opinion of the licensee more than twice a day or for three or more consecutive days.

{Policy - Safe Administration Storage and Disposal of Medication (2011-1) 5}

25.2 Medication - Process for Handling Situations

Licensee has a policy and procedures that include methods of handling these situations, including notifying the placing agency and/or parent or legal guardian of high-risk situations and documenting actions taken in the child's case record.

{Policy - Safe Administration, Storage and Disposal of Medication (2011- 1) 5}

26.1 Medication - Orientation

Licensee must have written policies and procedures that include the orientation of staff members.

The licensee's policies and procedures must be reviewed with each staff member at the time of hiring and at least annually thereafter.

{Policy - Communication and Transfer of Medication Information (2011-2) 1}

26.2 Medication - Regular Review

Licensee must have written policies and procedures that include a regular review.

The licensee must review the policies and procedures at least once every five years and revised as necessary.

{Policy - Communication and Transfer of Medication Information (2011-2) 1}

26.3 Medication - Admission: Health Records

Licensee has a policy and procedure that includes:

- a) the requirement to obtain medical information within seventy- two hours of admission to the licensed residential setting for the child's case record including:
 - Provincial health card number, date of birth, current height and weight;
 - Name, dosage, frequency, duration and purpose of medication;
 - Medical history including medical and psychological assessments and medication history;
 - Any special instructions and/or monitoring procedures (e.g., blood tests);
 - Allergies;
 - Contact information for child's physician and other involved health practitioners; and
 - Record of previously observed adverse behavioural, emotional and physical reactions to medication or other medical treatments.
- b) Where any of the above information cannot be obtained, an explanatory note should be placed in the child or youth's case record

{Policy - Communication and Transfer of Medication Information (2011-2) 2}

26.4 Medication - Opportunity to Speak

Licensee has a policy and procedures that include obtaining information about prescribed medications and possible side effects and providing opportunities for a child to speak to a health practitioner or pharmacist directly, where possible.

{Policy - Communication and Transfer of Medication Information (2011-2) 3}

26.5 Medication - Sharing information with child

Licensee has a policy and procedures that include sharing information about medication and possible side effects with the child in language suitable to their age and understanding and with staff responsible for administering medication.

{Policy - Communication and Transfer of Medication Information (2011-2) 3}

26.6 Medication - Communicating New Information

Licensee has a policy and procedures that include communicating new information to the child and staff responsible for medication administration when there is a change in medication and documenting the reason for the medication change in the child's case record.

{Policy - Communication and Transfer of Medication Information (2011-2) 3}

26.7 Medication - Maintain Records

Licensee has a policy and procedures that include maintaining a copy of medication information including possible side effects and administration instructions in the child's case record.

{Policy - Communication and Transfer of Medication Information (2011-2) 3}

27.1 Medication - Provide Information and Medication

Licensee has a policy and procedures that include providing necessary medical information and enough medication for the short-term absence in original containers (as applicable), and any other relevant medication administration instructions to the receiving person or agency.

{Policy - Communication and Transfer of Medication Information (2011-2) 4}

27.2 Medication - Regular Planned Absences

Licensee has a policy and procedures that include, for regular planned absences, establishing a written plan for continued medication administration and monitoring of potential side effects that is shared with the receiving person or agency, and documented in the child's case record.

{Policy - Communication and Transfer of Medication Information (2011-2) 4}

27.3 Medication - Occasional Planned Absences

Licensee has a policy and procedures that include, for occasional planned absences (e.g., camp), obtaining and documenting support (written or verbal) from the prescribing health practitioner for the short absence, where there are significant safety considerations associated with a medication(s) or medical condition(s) and where consultation with a health practitioner would be beneficial.

{Policy - Communication and Transfer of Medication Information (2011- 2) 4}

28.1 Medication - Accompanying Child

Licensee has a policy and procedures that include accompanying a child to scheduled medical appointments as appropriate, including attendance by staff or notifying the placing agency, parent or guardian of such appointments.

Accompaniment into examination room must be in accordance with child's wishes unless legal status (such as custody or detention) requires staff presence.

{Policy - Communication and Transfer of Medication Information (2011-2) 5}

28.2 Medication - Documenting Information

Licensee has a policy and procedures that include documenting attendance or the reasons for not attending and other pertinent information (e.g., treatment and diagnosis) in the child's case record.

{Policy - Communication and Transfer of Medication Information (2011-2) 5}

29.1 Medication - Notification

Licensee has a policy and procedures that include notifying the placing agency (if applicable) and parent or guardian of emergency hospital admission.

{Policy - Communication and Transfer of Medication Information (2011-2) 6}

29.2 Medication - Contact with Hospital

Licensee has a policy and procedures that include contacting the hospital to provide relevant contact and medical information and obtaining time of anticipated discharge if no placing agency, parent/guardian or staff is able to accompany the child to the hospital.

{Policy - Communication and Transfer of Medication Information (2011-2) 6}

29.3 Medication - Documentation

Licensee has a policy and procedures that include documenting attendance or the reasons for not attending and other pertinent information (e.g., treatment and diagnosis) in the child's case record.

{Policy - Communication and Transfer of Medication Information (2011-2) 6}

30.1 Transfer of Medication/Medical Records - Provide information/medication

Policies and procedures include developing and executing a discharge/transfer plan that includes providing a copy of the medical information contained in the case record, medications in original containers (as applicable), a plan for medication to continue (as applicable), and any other relevant information to the receiving person or agency.

{Policy - Communication and Transfer of Medication Information (2011-2) 7}

30.2 Transfer of Medication/Medical Records - Less than seven-day supply/documentation

Policies and procedures include developing and executing a discharge/transfer plan that includes, if no medication or less than a seven-day supply is provided, documenting and communicating the reason(s) to the receiving person or agency.

{Policy - Communication and Transfer of Medication Information (2011-2) 7}

30.3 Transfer of Medication/Medical Records - Documentation

Licensee has a policy and procedures that include documenting the discharge or transfer in the licensee's records, including a copy of the discharge transfer plan provided to the receiving person or agency.

{Policy - Communication and Transfer of Medication Information (2011-2) 7}

Records

1.1 Fire/Extend Cover/Theft Property

The Licensee has a record of the insurance policy that includes fire and extended coverage including coverage for the theft of the children's residence's physical assets and the residents' property.

{Minister's Reg s.116(1)(2)(a)}

1.2 Gen. Liability/Personal Injury

The Licensee has a record of the insurance policy that includes comprehensive general liability coverage and personal injury coverage, including coverage for persons employed in the residence and volunteers in the residence and, in the case of a parent model residence, the persons who provide care for the residents.

{Minister's Reg s.116(1)(2)(b)}

1.3 Liability Form Contract/Agreement

The Licensee has a record of the insurance policy that includes a clause concerning liability arising out of any contract or agreement.

{Minister's Reg s.116(1)(2)(c)}

1.4 Auto Cover - All Vehicles Owned

The licensee has a record of the insurance policy that includes motor vehicle coverage for all vehicles used by employees of the residence and volunteers or, in the case of a parent model residence, persons who provide care for residents.

{Minister's Reg s.116(1)(2)(d)}

2.1 Menus are Well Balanced/Variety

The licensee has a record of the menus that show residents receive well-balanced meals and snacks that are nutritionally adequate for their physical growth and development and respect the food preferences, culture, traditions and creed of the residents;

- b) if special foods are recommended by a resident's physician or registered nurse in the extended class, they are provided to the resident; and
- c) a resident's reasonable access to food and kitchen facilities is not restricted to meal or snack times unless specifically provided for in the resident's plan of care.

{Minister's Reg. s.102(b)(c)}

3.1 Medication - Name of the Medication

A record is kept of all medication administered to or by each resident that includes the medication administered.

{Minister's Reg s.106(1)(c)(i)}

3.2 Medication - Period for Medication Prescribed

A record is kept of all medication administered to or by each resident that includes the period for which the medication is prescribed, if applicable.

{Minister's Reg s.106(1)(c)(ii)}

3.3 Medication - Prescribed to be Administered

A record is kept of all medication administered to or by each resident that includes when each dose of the medication is supposed to be administered to the resident in accordance with the prescription, if any.

{Minister's Reg s.106(1)(c)(iii)}

3.4 Medication - Actually Administered

A record is kept of all medication administered to or by each resident that includes when each dose of medication is actually administered to the resident.

{Minister's Reg s.106(1)(c)(iv)}

3.5 Medication Administration

A record is kept of prescription medicines that are administered to a resident only under the general supervision of the program staff of the residence and only when prescribed by a physician or

registered nurse in the extended class.

Also medication is self-administered by a resident only if, in the case of prescription medication, a physician or a registered nurse in the extended class is of the opinion that the resident is capable of administering their own medication and has provided a written self-medication plan for the resident to the licensee.

{Minister's Reg. s.106(1)(a)(i)(ii)(b)(i)}

4.1 Daily Log - Daily Events

The licensee has a record of a daily log is maintained for the residence. The daily log shall set out, in respect of each day, the general daily activities that occur in the residence.

{Minister's Reg Section 95 (1) (2)(a)}

4.2 Daily Log - Residents Leaving and Returning

The licensee has a daily log that sets out, in respect of each day when residents leave from and return to the residence.

{Minister's Reg s.95 (1)(2)(c)}

4.3 Daily Log - Staff on Duty

The licensee has a daily log that sets out, in respect of each day the staff on duty in the residence.

{Minister's Reg s.95 (1)(2)(d)}

4.4 Daily Log - Health & Safety of Child

The licensee has a daily log that sets out, in respect of each day any event that occurs in the residence that affects the health, safety or well-being of a staff member or a resident or may, in the opinion of the licensee, affect the staff member or resident's health, safety or well-being in the future.

{Minister's Reg s.95 (1)(2)(e)}

4.5 Daily Log - Other Information

The licensee has a daily log that sets out, in respect of each day any other information required under this Regulation to be included in the daily log.

{Minister's Reg s.95 (1)(2)(f)}

4.6 Daily Log - Kept in Secure Place

The licensee has a daily log that is kept in a secure place that is accessible to authorized staff.

{Minister's Reg s.95(1)(4)}

4.7 Daily Log - Visitors

The licensee has a daily log that sets out, in respect of each day, any visitors to the residence.

{Minister's Reg, Section 95 (1) (2 (b))}

5.1 No Corporal Punishment

The record of the residence log shows there is no indication of the use of corporal punishment.

{CYFSA Part II s.4}

6.1 Physical Restraint - Monthly Summary - Name and Age

The licensee has a record that summarizes every instance of the use of physical restraint on a child for whom it provides a service, including the following for each instance:

- The name and age of each child who was physically restrained.

{O. Reg. 155/18, s.15(2) Paragraph 1}

6.2 Physical Restraint - Monthly Summary - Dates and Times

The licensee has a record that summarizes every instance of the use of physical restraint on a child for whom it provides a service, including the following for each instance:

- The dates and time periods during which the physical restraint was used in respect of each child.

{O. Reg. 155/18, s.15(2) Paragraph 2}

6.3 Physical Restraint - Monthly Summary - Appropriate Use

The licensee has a record that summarizes every instance of the use of physical restraint on a child for whom it provides a service, including the following for each instance:

- A description of the risk referred to in paragraph 1 of subsection 10 (1) that existed before the physical restraint was used.

{O. Reg. 155/18, s.15(2) Paragraph 3}

6.4 Physical Restraint - Monthly Written Analysis

The licensee has a record that includes an analysis of every instance of the use of physical restraint in order to ensure that the physical restraint was used in accordance with this Regulation.

The licensee makes the analysis available to a Director, upon request.

{O. Reg. 155/18, s.15(4)(5)(a)}

6.5 Physical Restraint - Yearly Evaluation - Effectiveness

The licensee, at least once every calendar year, ensures that a written evaluation is conducted respecting the effectiveness of the policy required by subsection 11 (1).

{O. Reg. 155/18, s.15(6)(a)}

6.6 Physical Restraint - Yearly Evaluation Changes Needed

The licensee, at least once every calendar year, ensure that a written evaluation is conducted respecting whether changes or improvements to the policies are required, particularly with respect to whether changes are required to minimize the use of physical restraint.

{O. Reg. 155/18, s.15(6)(b)}

6.7 Mechanical Restraint - Monthly Report

The licensee has a record which summarizes every instance of the use of mechanical restraint that is not a PASD on a child at any premise at which the licensee provides a service during that month. The record includes the following in respect of each instance:

1. The name and age of the child who was restrained,
2. The dates and time periods during which the mechanical restraint was used, and
3. A description of the circumstances and the risk that existed before the mechanical restraint was used

{O. Reg. 155/18, s.21(8.1)}

6.8 Mechanical Restraint - Monthly Report Submission

The licensee maintains a record which demonstrates that the monthly report of mechanical restraints for the previous month was provided, on or before the fifth day of each month, to the ministry Director.

{O. Reg. 155/18, s.21(8.2)}

6.9 Complaints Procedure - Monthly Analysis

The licensee must maintain a record, prepared for each month, which includes a written analysis of every complaint received pursuant to the complaints procedure and the results of the review to determine whether any changes are required to the manner in which the licensee respects the rights of children when providing a service.

{O. Reg. 155/18, s.23.2(2)(a)}

6.10 Complaints Procedure - Monthly Analysis Submission

The licensee must maintain a record which demonstrates that the monthly analysis of complaints for the previous month was provided, on or before the fifth day of each month, to the ministry Director.

{O. Reg. 155/18, s.23.2(2)(b)}

6.11 Complaints Procedure - Yearly Evaluation Effectiveness

The licensee must maintain a written evaluation of the complaints procedure which assesses, at least every 12 months:

1. The effectiveness of the written complaints' procedure, and

<p>2. The need for any changes to the procedures to improve their effectiveness.</p> <p>{O. Reg. 155/18, s.23.2(1)}</p>
<p>7.1 Food and Nutrition - Cultural Diversity</p> <p>Records review confirms that menus reflect culturally diverse foods.</p> <p>{Policy - Food and Nutrition (2008-1a) Cultural Diversity}</p>
<p>7.2 Food and Nutrition - Food Services Records and Administration</p> <p>Records Review confirms:</p> <ul style="list-style-type: none"> • Menus are posted. • Records of food services costs are available. • Log books are available and include meals served, health & safety compliance and documentation of children's activities during mealtimes. <p>{Policy - Food and Nutrition (2008-1a) Food Services Records and Administration}</p>
<p>8.1 Register - Resident's Name</p> <p>The licensee has a record of the register that includes the resident's full name.</p> <p>{Minister's Reg s.92(a)}</p>
<p>8.2 Register - Resident's Sex</p> <p>The licensee has a record of the register that includes the resident's sex.</p> <p>{Minister's Reg s.92(a)}</p>
<p>8.3 Register - Resident's Birthdate</p> <p>The licensee has a record of the register that includes the resident's date of birth.</p> <p>{Minister's Reg s.92(a)}</p>
<p>8.4 Register - Society Care</p> <p>The licensee has a record of the register that includes, if applicable, the fact that the resident has been placed in interim society care or extended society care.</p> <p>{Minister's Reg s.92(c)}</p>
<p>8.5 Register - Name/Address - Person Placing</p> <p>The licensee has a record of the register that includes the name, address and telephone number of the parent of the resident, placing agency or other person who placed the resident.</p> <p>{Minister's Reg s.92(b)}</p>
<p>8.6 Register - Date of Admission</p> <p>The licensee has a record of the register that includes the date of the resident's admission.</p> <p>{Minister's Reg s.92(d)}</p>
<p>8.7 Register - Date of Discharge</p> <p>The licensee has a record of the register that includes, if the resident is transferred or discharged from the residence, the date of the transfer or discharge.</p> <p>{Minister's Reg s.92(e)}</p>
<p>8.8 Register - Name-person/agency discharged to</p> <p>The licensee has a record of the register that includes, if the resident is transferred or discharged from the residence, the name of the licensee, person or agency to whom the resident is transferred or discharged.</p> <p>{Minister's Reg s.92(e)}</p>
<p>9.1 Occupancy within Capacity</p> <p>The licensee's record of the register at the time of the on-site review shows that the current number of children in care does not exceed the licensed capacity.</p> <p>{CYFSA Part I s.259(3)}</p>

9.2 Random Dates

The licensee's record of the register, for randomly selected dates, shows that the number of children in care did not exceed the licensed capacity.

{CYFSA Part I s.259(3)}

9.3 Written Director Approval - Over Capacity

If the number of children in the residence has exceeded the licensed capacity of the residence, written approval must have been given by the Director prior to the admission of the extra child/children.

A licensee shall not admit to the children's residence or other place where residential care is provided more children than the maximum number set out in the licence, unless the admission is approved by a Director for a specified period of time.

{CYFSA Part I s.259(3)}

9.4 Reduced Capacity - Specified Time

If the number of children in the residence has exceeded the licensed capacity of the residence, the number of children was reduced down to the permitted number by the time specified by the Director.

A licensee shall not admit to the children's residence or other place where residential care is provided more children than the maximum number set out in the licence, unless the admission is approved by a Director for a specified period of time.

{CYFSA Part I s.259(3)}

10.1 Staffing Minimum Ratio

The licensee has a record of the staff schedules that shows there are a sufficient number of program staff persons in the residence to ensure a minimum ratio of one program staff person to every eight residents in the residence, averaged over a 24-hour period.

{O. Reg. 156/18, s.98(1)}

10.2 Staffing - Adult On Call

The licensee has a record which identifies:

1. There is reasonable provision in the circumstances for the supervision, care and safety of a child who is on the premises of the residence; and
2. If only one adult is on the premises while children are present, an additional adult is kept on call.

{O. Reg. 156/18, s.98(4)(a)(b)}

10.3 Parent-Model Residence - Capacity

The licensee of a parent-model children's residence in which there are no auxiliary staff who are responsible for supervising a resident ensure that the total number of children in the residence does not exceed eight.

{O. Reg. 156/18, s.98(2)}

11.1 Residence Complies with Laws Respecting Health

There is record that an applicant for a new licence or the renewal of a licence provided a Director with documentation demonstrating that the premises that is being used or is to be used as a children's residence complies with:

- a. the laws of the area in which the premises that is being used or is to be used as a children's residence is located respecting the health of inhabitants of the area;
- b. a rule, regulation, direction or order of the local board of health and any direction or order of the local medical officer of health.

{O. Reg. 156/18, s.80(1) Paragraph3(2)(a)(b)}

11.2 Fire Safety - Fire Law/Fire Code

There is record that an applicant for a new licence or the renewal of a licence provided a Director with documentation demonstrating that the premises that is being used or is to be used as a children's residence complies with any law for the protection of persons from fire hazards including the fire code and any by-law of a municipality in which the premises that is being or will be used as a children's residence is located respecting the protection of persons from fire hazards.

{O. Reg. 156/18, s.80(1) Paragraph3(2)(c)}

11.3 Zoning/Building By-Laws

There is record that an applicant for a new licence or the renewal of a licence provided a Director with documentation demonstrating that the premises that is being used or is to be used as a children's residence complies with a zoning by-law passed pursuant to the Planning Act, or any predecessor of that Act, by a municipality in which the premises that is being or will be used as a children's residence is located; and the building code made under the Building Code Act, 1992.

{O. Reg. 156/18, s.80(1) Paragraph3(2)(d)(e)}

12.1 New Facility- Registered with MOE

New Facility (Prior to a children's residence being licensed and beginning operations)The following documentation is submitted to the ministry:

- Confirmation that the water system is registered with MOE (Drinking Water System Number).

{SDWA (2002) Notice of Compliance - New Sites 1A}

12.2 New Facility- Notice of Completion

New Facility (Prior to a children's residence being licensed and beginning operations)The following documentation is submitted to the ministry:

- The Notice of Completion of an Engineering Evaluation Report for New or Altered System form and a Declaration of Professional Engineer.(not applicable to system if all the water is trucked or hauled from another regulated system providing disinfection)

{SDWA (2002) Notice of Compliance - New Sites 1A}

12.3 Existing System Alterations

When an alteration (excluding normal repairs, maintenance and adjustments) is made to the existing system that supplies water to the facility, the following documentation is submitted to the ministry:

- Within 37 days of the completion of the alteration, the Notice of Completion of an Engineering Evaluation Report for New or Altered System form and a Declaration of Professional Engineer is submitted to the ministry.(not applicable to system if all the water is trucked or hauled from another regulated system providing disinfection)

{SDWA (2002) Existing System Alterations 2A}

12.4 Annual Report

Copy of the drinking water systems annual report submitted to the ministry.

{SDWA (2002) Annual Report 3A}

12.5 Adverse Water Quality Reporting

The operator submits written notice to the ministry using the Notice of Adverse Test Results and Other Problems form within 24 hours of verbal notice to the MOE Spills Action Centre and local Public Health Unit.

Where an immediate adverse water problem report is given and the issue is resolved, a Notice of Issue Resolution is submitted to the ministry summarizing the corrective action and results achieved within 30 days of resolution.

{SDWA (2002) Adverse Result / Resolution Notice 4A}

13.1 Monthly Fire Drill and Evacuation

The licensee has a record of fire drills, practiced at least once a month and with the use of the fire alarm to initiate the evacuation drills, in accordance with the procedures to be followed when a fire alarm is activated, or a fire is discovered.

{O. Reg. 156/18, s.112(3)(e)(ii)(f)(g)}

13.2 Fire and Emergency Procedures Plan

The licensee shall develop, and keep a copy in the residence, a written fire and emergency procedures plan for the residence that:

- a. sets out the roles and responsibilities of staff in the event of a fire or other emergency;
- b. designates a place of short-term shelter for situations in which the residence needs to be evacuated because of fire or other emergency; and
- c. establishes a procedure for situations in which the residence needs to be evacuated because of a fire or other emergency.

The fire and emergency procedures plan is reviewed by the licensee as often as necessary to ensure the safety of staff and residents, but at least once every 12 months and is revised if there are any changes to the nature of the residential setting or the children to whom residential care is provided.

{O. Reg. 156/18, s.111(1)(a)(b)(c)(2)(3)(a)(b)}

13.3 Nightly Inspection

The licensee has a record of the nightly inspections, that includes an inspection of the residence that includes an inspection of equipment in the kitchen and laundry room each night to ensure that there is no danger of fire and that all doors to stairwells, fire doors and smoke barrier doors are closed.

{Minister's Reg s.113}

14.1 Record - Heating Equipment Serviced

There is a record dated within the past year and signed by qualified service personnel stating that the heating equipment has been serviced at least once in the last year.

A licensee who operates a children's residence:

1. Ensures that any appliance in the residence is maintained in a good state of repair and inspected at least once every 12 months by a qualified individual; and
2. Maintains a record of each inspection.

{O. Reg. 156/18, s.112(1)(a)(b)}

15.1 Secure De-escalation

Note: Only to be used with Director's Approval.

A Director may approve a locked room that complies with the prescribed standards and is located in premises where a service is provided, for use for the de-escalation of situations and behaviour involving children on such terms and conditions as the Director determines.

{CYFSA Part VII s. 173(1)}

15.2 Secure De-escalation - Name/Age of child

Note: Only to be used with Director's Approval.

The licensee has a record of each instance of the use of a secure de-escalation room that shall include the following:

- The name and age of the child placed in a secure de-escalation room.

{LGIC Reg s.88 Paragraph 1}

15.3 Secure De-escalation - Date/Time -Placed

Note: Only to be used with Director's Approval.

The licensee has a record of each instance of the use of a secure de-escalation room that shall include the following:

- The date and time when the child was placed in a secure de-escalation room.

{LGIC Reg s.88 Paragraph 2}

15.4 Secure De-escalation - Date/Time -Released

Note: Only to be used with Director's Approval.

The licensee has a record of each instance of the use of a secure de-escalation room that shall include the following:

- The date and time when the child was released from a secure de-escalation room.

{LGIC Reg s.88 Paragraph 3}

15.5 Secure De-escalation - Duration

Note: Only to be used with Director's Approval.

The licensee has a record of each instance of the use of a secure de-escalation room that shall include the following:

- The duration of time that the child was kept in a secure de-escalation room.

{LGIC Reg s.88 Paragraph 4}

15.6 Secure De-escalation - Appropriate Use

Note: Only to be used with Director's Approval.

The licensee has a record of each instance of the use of a secure de-escalation room that shall include the following:

- The reasons for the service provider's opinion that the criteria set out in sub clauses 174 (3) (a) (i) and (ii) of the Act were met.

{LGIC Reg s.88 Paragraph 5}

15.7 Secure De-escalation - Child Under 12

Note: Only to be used with Director's Approval.

The licensee has a record of each instance of the use of a secure de-escalation room that shall include the following:

- If the child was younger than 12, a description of the exceptional circumstances referred to in clause 174 (3)(b) of the Act.

{LGIC Reg s.88 Paragraph 6}

15.8 Secure De-escalation - Descriptions of Alternatives

Note: Only to be used with Director's Approval.

The licensee has a record of each instance of the use of a secure de-escalation room that shall include the following:

- A description of the alternatives to the use of a secure de-escalation room that were considered and why those alternatives were not used.

{LGIC Reg s.88 Paragraph 7}

15.9 Secure De-escalation - Name of Person Who Approved Placement

Note: Only to be used with Director's Approval.

The licensee has a record of each instance of the use of a secure de-escalation room that shall include the following:

- The name and title of the person who approved the placement of the child in a secure de-escalation room.

{LGIC Reg s.88 Paragraph 8}

15.10 Secure De-escalation - Assessment and Monitoring

Note: Only to be used with Director's Approval.

The licensee has a record of each instance of the use of a secure de-escalation room that shall include the following:

- All documentation related to assessments and monitoring of the child while they were kept in a secure de-escalation room.

{LGIC Reg s.88 Paragraph 9}

15.11 Secure De-escalation - Criteria for Use of Secure De-escalation Room - Child's Conduct

Note: Only to be used with Director's Approval.

The licensee has a record of reasons for use of secure de-escalation room fall within the guidelines as set out in section 174 (3) of the CYFSA as listed below.

In the service provider's opinion, the child's conduct indicates that the child is likely, in the immediate future, to cause serious property damage or to cause another person serious bodily harm, and no less restrictive method of restraining the child is practical;

{CYFSA Part VII s. 174(3)}

15.12 Secure De-escalation - Child's Release Within One Hour

Note: Only to be used with Director's Approval

The licensee has a record of the release of a child from secure de-escalation within one hour unless the person in charge of the premises approves the child's longer stay in a secure de-escalation room in writing and records the reasons for not restraining the child by a less restrictive method.

{CYFSA Part VII s.174 (4)}

15.13 Secure De-escalation - Continuous Observation

Note: Only to be used with Director's Approval

The licensee has a record of a child who is placed in a secure de-escalation room being continuously observed by a responsible person.

{CYFSA Part VII s.174 (5)}

15.14 Secure De-escalation - Frequency of Reviews - Child Under 16

Note: Only to be used with Director's Approval

Records show that when a child who is under 16 is kept in a secure de-escalation room for more than one hour, the person in charge of the premises in which the secure de-escalation room is located reviewed the continued need to keep the child in the secure de-escalation room at the end of the first hour and at least every 30 minutes thereafter.

{CYFSA Part VII s.174(6)} {LGIC Reg s.86(1), paragraph 1}

15.15 Secure De-escalation - Child's Release

Note: Only to be used with Director's Approval

Records show that the child who is placed in a secure de-escalation room shall be released as soon as the person in charge is satisfied that the child is not likely to cause serious property damage or serious bodily harm in the immediate future.

{CYFSA Part VII s.174 (7)}

15.16 Secure De-escalation - Under 16 Maximum Period

Note: Only to be used with Director's Approval

Records show that a child who is under 16 was not kept in a secure de-escalation room for a period or periods that exceed an aggregate of eight hours in a given 24-hour period or an aggregate of 24 hours in a given week.

{CYFSA Part VII s.174(8)}

15.17 Secure De-escalation - Monthly Summaries

Note: Only to be used with Director's Approval

The licensee has a record, for every month, that summarizes each instance of the use of a secure de-escalation room in respect of a child for that month

{LGIC Reg s.89 (1)(a)}

15.18 Secure De-escalation - Monthly Summaries - Name/Age

Note: Only to be used with Director's Approval

The monthly records required under subsection (1) shall include the following with respect to each instance of the use of a secure de-escalation room the name and age of the child.

{LGIC Reg s.89 (2) Paragraph 1}

15.19 Secure De-escalation - Monthly Summaries - Date/Duration

Note: Only to be used with Director's Approval

The monthly records required under subsection (1) shall include the following with respect to each instance of the use of a secure de-escalation room the dates and duration of the use of the secure de-escalation room.

{LGIC Reg s.89 (2) Paragraph 2}

15.20 Secure De-escalation - Monthly Summaries - Appropriate Use

Note: Only to be used with Director's Approval

The monthly records required under subsection (1) shall include the following with respect to each instance of the use of a secure de-escalation room the reasons for the service provider's opinion that the criteria set out in sub clauses 174 (3) (a) (i) and (ii) of the Act were met.

{LGIC Reg s.89 (2) Paragraph 3}

15.21 Secure De-escalation - Monthly Summaries - Children under 12

Note: Only to be used with Director's Approval

The monthly records required under subsection (1) shall include the following with respect to each instance of the use of a secure de-escalation room: If the child was younger than 12, a description of the exceptional circumstances referred to in clause 174 (3) (b) of the Act.

{LGIC Reg s.89 (2) Paragraph 4}

15.22 Secure De-escalation - Monthly Summary to Director

Note: Only to be used with Director's Approval

A copy of the record required under clause (1) (a) in respect of a month to a Director on or before the fifth day of the following month

{LGIC Reg s.89 (3)(a)}

16.1 Annual Budget - Written Budget

A licensee who operates a children's residence shall prepare an annual budget that sets out the anticipated revenue of the residence.

{Minister's Reg s.115 (1)(a)}

16.2 Annual Budget - 12-Month Period

A licensee who operates a children's residence shall prepare an annual budget that sets out the projected expenditures to be incurred with respect to the day-to-day operation of the residence, other than those described in clause (c).

{Minister's Reg s.115 (1)(b)}

16.3 Annual Budget - Revenues

A licensee who operates a children's residence shall prepare an annual budget that sets out the projected expenditures to be incurred with respect to physical, emotional, developmental and educational needs of residents including professional services and non-recurring costs.

{Minister's Reg s.115 (1)(c)}

16.4 Annual Budget - Basic Care

If a licensee operates two or more children's residences, a separate annual budget shall be prepared for each residence that shows the individual costs for each residence and any costs that are shared between the residences.

{Minister's Reg s.115 (2)}

16.5 Annual Budget - Special Care

The licensee a record of revenues and expenditures associated with the operation of the residence.

{Minister's Reg s.115 (3)}

17.1 Mechanical Restraints - Secure Treatment Program - Monthly Summary

NOTE: Only applies to designated Secure Treatment Programs

The licensee shall keep a written record that summarizes every instance of the use of mechanical restraints on a child in the secure treatment program for that month and the record shall include the following in respect of each instance:

1. The name and age of each child who was restrained by the use of mechanical restraints.
2. The dates and the duration of time that the mechanical restraints were used in respect of each child.
3. A description of the emergency situation referred to in clause 160 (3) (b) of the Act that was present before the mechanical restraints were used.

The administrator shall provide a copy of the record required under subsection (2) in respect of a month to a Director on or before the fifth day of the following month.

{LGIC Reg s.78(2)(3)}

17.2 Mechanical Restraints - Secure Treatment Program - Monthly and Yearly Evaluation

NOTE: Only applies to designated Secure Treatment Programs

The licensee shall keep a written record of:

- a. on a monthly basis, an evaluation of the use of mechanical restraints is performed to ensure that every use of mechanical restraints is carried out in accordance with the Act and the regulations; and
- b. at least once every calendar year, an evaluation is performed to determine,
 - i. the effectiveness of the policy required under subsection 160 (4) of the Act, and
 - ii. whether changes or improvements to the policy are required, particularly with respect to whether changes or improvements are required to minimize the use of mechanical restraints.

{LGIC Reg s.80(2)}

Staff Interview

1.1 Initial Training/Annual Review - Policies and Procedures

The staff state that they receive training on the policies and procedures of the residence, including the policies and procedures respecting emergency situations, within 30 days after commencing their employment in the residence and review the policies and procedures at least once every twelve months.

{O. Reg. 156/18, s.83(1)(a)(b)}

1.2 Access to Policies and Procedures

The staff state that the policy and procedures are accessible to all staff and are kept up to date to reflect current practices.

Staff state that the policies and procedures are consistent with any applicable requirements of the Act and its regulations and any other applicable law.

Staff state that persons to whom the policies and procedures apply comply with the policies and procedures, including all persons providing direct care and supervision to residents on behalf of the licensee.

{O. Reg. 156/18, s.82(1)(2)(3)(4)}

1.3 Contravention of Policy and Procedures

The staff state that they are aware of the policies and procedures respecting situations in which the policies and procedures are not complied with.

{O. Reg. 156/18, s.82(1)(r)}

2.1 Disciplinary Procedures

The staff are aware of the written policies relating to the methods of discipline and intervention that may be used and may not be used in the residence.

The staff states that they do not permit the use of harsh or degrading measures to humiliate a resident or undermine a resident's self-respect; or deprive or permit a person to deprive a resident of basic needs including food, shelter, clothing or bedding.

The staff states that they are informed of the type of behaviour of a resident that may result in the administration of a method of discipline.

{O. Reg. 156/18, s.82(1)(f)} {O. Reg. 156/18, s.83(1)(a)(b)} {O. Reg. 156/18, s.109(1)(a)(b)}

{O. Reg. 156/18, s.109(2)}

2.2 Record of Disciplinary Procedures

Staff indicate that any method of discipline or other intervention administered on a resident that is intended to reduce or eliminate a certain behaviour is recorded in the resident's case record by the person who administered the discipline or intervention and that the licensee, or a person designated by the licensee is informed of the administration of the discipline or intervention.

{O. Reg. 156/18, s.109(3)(a)(b)}

2.3 Corporal Punishment

The staff's description of the residence's policy on corporal punishment falls within the requirements under the Act and regulations. No service provider shall inflict corporal punishment on a child or permit corporal punishment to be inflicted on a child in the course of the provision of a service to the child.

{CYFSA Part II, s.4}

2.4 Locked Premises

The staff states that children are not detained or permitted to be detained in locked premises in the course of the provision of a service to the children.

{CYFSA Part II s.5}

3.1 In charge

The staff state that where there is more than one program staff person on duty, there is always one person designated by the licensee as in charge of the shift, and for licensees who permit the

use of physical restraints, there is always at least one program staff person on duty who has completed the training and education required by section 16 of O. Reg. 155/18.

{O. Reg. 156/18, s.98(3)}

3.2 Absence

Staff indicate that the licensee or their designate is responsible for the day-to-day management of the residence and that someone is designated to act on that person's behalf in their absence. The intent is that the licensee has made reasonable provision for supervision, care and safety of a child on premises.

A licensee who operates a children's residence may appoint a person to be responsible to the licensee for the day-to-day operation and management of the children's residence.

{Minister's Reg s.81(2)}

4.1 Code of Conduct

The staff state that they are aware of the written statements of policies and procedures regarding the code of conduct and discipline of persons employed in the residence or a collective agreement specifying a code of conduct and discipline for staff.

{O. Reg. 156/18, s.82(1)(l)}

5.1 Fire Safety - Procedures Instruction - Staff and Children

Staff indicate that all staff and children are instructed in the procedure to be followed when a fire alarm is activated and can give verbal account of this.

(c) all staff members are instructed on the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities;

(d) all residents are, upon admission, instructed in a manner suitable to their age and maturity on the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities.

{O. Reg. 156/18, s.112(3)(c)(d)}

5.2 Fire Safety - Fire Drills and Inspection of Residence

All staff confirm that an inspection of the residence is conducted that includes an inspection of equipment in the kitchen and laundry room each night to ensure that there is no danger of fire and that all doors to stairwells, fire doors and smoke barrier doors are closed.

A record of each inspection is kept in the daily log for the children's residence. Also that the fire alarm is used to initiate fire drills and are practiced once a month.

{O. Reg. 156/18, s.112(3)(e)(ii)(g)} {O. Reg. 156/18, s.113 (1)(2)}

5.3 Fire Extinguisher Training

The staff state that they are trained in the proper use of fire extinguishing equipment.

{Minister's Reg s.99}

6.1 Child Protection - Duty to Report

The Staff state that they are aware of their duty under the CYFSA to report that a child may be in need of protection.

{CYFSA Part V s.125}

6.2 Child Protection - Protocols with CAS

The Staff state that they are familiar with the protocols of their local Children's Aid Societies for the investigation and reporting protection concerns in the children's residences, including resident-on-resident abuse.

{Policy - Local Protocols}

6.3 Child Protection - Staff Support

The Staff state that they are aware of policies and procedures that encourage, support and protect staff from liability for making a report unless they are acting maliciously or without reasonable grounds.

{Policy -Staff Support}

7.1 Orientation of Residents / Complaints Procedure

The staff state that each child upon admission:

- (a) Receives an orientation in language suitable to their understanding and in accordance with their age and maturity, to,
 - i. The residence and the program provided in the residence
 - ii. The residence's fire and emergency procedures plan
 - iii. the licensee's policy as to whether or not the licensee uses or permits the use of physical restraints, and
 - iv. if applicable, the circumstances in which physical restraints may be used, including what constitutes a physical restraint and the rules governing the use of physical restraints
 - v. if applicable, the circumstances in which mechanical restraints may be used including what constitutes a mechanical restraint and the rules governing the use of mechanical restraints
- (b) Is informed of the procedures that exist for a resident to express concerns or make complaints.

{O. Reg. 156/18, s.90(a)(b)}

7.2 Orientation of Residents / Rights and Responsibilities

The staff describes the process for informing children of their rights upon admission to a residential placement.

A child in care has a right to be informed, in language suitable to their understanding, of:

- a. Their rights under this Part;
- b. The complaints procedures established under subsection 18 (1) and the further review available under section 19;
- c. The review procedures available for children under sections 64, 65 and 66;
- e. Their responsibilities while in the placement; and
- f. The rules governing day-to-day operation of the residential care, including disciplinary procedures.

Residents receive services in French (if applicable). Staff states that reasonable efforts are made to assist a child to exercise or receive the benefit of their rights under Part II of the Act, including what supports, if any, may assist the child to exercise or receive the benefit of their rights.

{CYFSA Part II s. 9 s.16} {O. Reg. 155/18, s.6(1) Paragraph 1 & 2}

7.3 Rights and Responsibilities/Complaints Procedure - Review Intervals

The staff state that they ensure that a resident's knowledge of his/her rights and responsibilities in care, and of complaint procedures, is reinforced at the prescribed intervals. The following intervals are prescribed for the purposes of section 9 of the Act:

- 30 days after the child's admission
- 90 days after the child's admission
- 180 days after the child's admission and every 180 days after that.

{O. Reg. 155/18, s.9}

7.4 Complaint Procedures - Internal

Staff describes the procedure to be followed if a resident or parent makes a complaint.

Complaints procedure:

- 1) A service provider who provides residential care to children or who places children in residential placements shall establish a written procedure, in accordance with the regulations, for hearing and dealing with:
 - (a) Complaints regarding alleged violations of the rights under this Part of children in care;

{CYFSA Part II s.18(1)(a)} {O. Reg. 155/18, s.22}

7.5 Complaint Procedure - Providing Written Summary

The staff confirms and describes the process for providing a written summary of the complaint to the following persons, including steps taken in response to the complaint:

1. The child's placing agency or person who placed the child if the complaint relates to an alleged

violation of the child's rights by a service provider providing residential care to the child (unless the service provider that prepared the document is the placing agency).

2. The service provider providing residential care to the child if the complaint relates to an alleged violation of the child's rights by a placing agency (unless the service provider that prepared the document is the service provider providing residential care to the child).

{O. Reg. 155/18, s.22(6)}

7.6 Complaint Procedure - Debriefing Required

The staff confirms and describes the process for conducting a debriefing in response to a complaint, in accordance with the following rules:

1. A debriefing process must be conducted with the persons to whom the complaint relates, in the absence of any children.
2. A second debriefing process must be conducted with the child who made, or is subject of, the complaint, in the absence of the persons to whom the complaint relates. If requested by the child, the debriefing shall also include an adult identified by the child as a support person.
3. A third debriefing process must be offered to be conducted with any children who witnessed any conduct that gave rise to the complaint and must be conducted if any such children wish to participate in the debriefing process.

{O. Reg. 155/18, s.23.1(1)(2)(3)}

7.7 Complaint Procedure - Debrief with Child

The staff confirms and describes the debriefing processes with the child who made or is subject of the complaint, as well as the debriefing with any children who witnessed any conduct that gave rise to the complaint, must:

1. Be structured to accommodate any child's psychological, communication and emotional needs and cognitive capacity, and
2. Be focused on understanding the experiences of the child that led to the complaint being made as well as what the service provider can do to meet the needs of the child.

{O. Reg. 155/18, s.23.1(4)}

7.8 Complaint Procedure - Debrief within 7 Days

The staff confirms that the debriefing process following receipt of a complaint must be conducted within seven days after the complaint has been reviewed.

In circumstances which do not permit a debriefing process to take place within seven days after the complaint has been reviewed, the debriefing process must be conducted as soon as possible after the seven-day period and a record must be kept of the circumstances which prevented the debriefing process from being conducted within the seven-day period.

{O. Reg. 155/18, s.23.1(5)(6)}

8.1 Plan of Care - Individuals Involved

The staff state that, if possible, in the circumstances, the following people are consulted with and involved in the development or review of a plan of care:

1. The resident's placing agency
2. The resident's parents, if appropriate
3. The resident, to the extent possible given their age and maturity
4. In the case of a resident who is a First Nations, Inuk or Metis child, a representative chosen by each of the resident's bands or First Nation, Inuit or Metis communities

{O. Reg. 156/18, s.94.1(5)}

8.2 Plan of Care - Child Involvement

The staff state how they involve children in the plan of care and that the child has the opportunity to express their views during reviews of the plan of care.

{O. Reg. 156/18, s.94.1(5)} {CYFSA Part II, s.13(2)(a)}

8.3 Plan of Care - Review Intervals

The staff state that a written plan of care is developed for each resident within 30 days after the resident's admission, and is reviewed at the following timelines:

1. 90 days after the resident's admission
 2. 180 days after the resident's admission
 3. Every 180 days after that
- {O. Reg. 156/18, s.94(1)(a)(b)}

8.4 Plan of Care - Copy at Residence

The staff confirms there is a copy of every child's most recent plan of care at the residence that is readily available to all persons who are providing direct care to the child on behalf of the licensee.

{O. Reg. 156/18, s.94.3(1)(b)}

8.5 Plan of Care - Care Provided

The staff confirms and describes how they are providing care to the child in accordance with their plan of care.

{O. Reg. 156/18, s.94.4}

8.6 Safety Plan - Development and Review

The staff confirms that:

1. They are aware of the process related to reviews of safety plans and describes when a review may be required,
2. They shared information about the child's behaviour that may pose a risk to themselves or others with the licensee to inform the review of the child's safety plan.

{O. Reg. 156/18, s.86.5(3)}

8.7 Safety Plan - Review and Sign Off

The staff confirms:

1. They have reviewed any safety plan prepared for each child to whom they provide direct care, and that such review took place:
 - a. Before they provided direct care to the child for the first time,
 - b. If they were providing direct care to the child before a safety plan was developed, as soon as possible after the safety plan was developed, and
 - c. As soon as possible after the safety plan has been amended.
2. They have signed and dated any safety plan for each child to whom they provide direct care after each review.

{O. Reg. 156/18, s.86.6(1)(2)}

8.8 Safety Plan - Availability

The staff confirms they know where to locate a copy of each child's safety plan whom they provide direct care to, and that the safety plan is easy to access/readily available at the licensed setting where the child resides.

{O. Reg. 156/18, s.86.7}

8.9 Safety Plan - Care Provided

The staff confirms and describes how the direct care they provide to children is done in accordance with their safety plan, where applicable.

{O. Reg. 156/18, s.86.8}

8.10 Transfer/Discharge - Child Informed and Right to be Heard

The staff state that upon transfer or discharge each child is informed of and helped to understand the reasons for the transfer or discharge and their views and wishes are taken into account, given their age and maturity. Children are informed of their right to a review by the Residential Placement Advisory Committee (RPAC).

{CYFSA Part II s.8(1)(c) Part III s.64(1)(b)}

8.11 Transfer/Discharge - Summary

The staff state that if a child is transferred or discharged from the residence, the licensee who operates the residence must, as soon as possible and no later than seven days after the transfer or discharge, provide the licensee, person or agency to whom the resident is transferred or

discharged:

1. A copy of the most recent version of the child's plan of care.
2. A copy of the most recent version of the child's safety plan, if one is required for the child.
3. Any other information that, in the opinion of the licensee, is relevant to the provision of residential care to the child at the time of the transfer or discharge.

The staff indicates that the following documentation is developed and on file:

1. Documentation respecting the circumstances of transfer or discharge of the resident from the children's residence,
2. The name and address of the licensee, person or agency to whom the resident is transferred or discharged,
3. A description of the relationship between the resident and the licensee, person or agency to whom the resident is transferred or discharged, and
4. Any other information, in the opinion of the licensee, that is relevant to the provision of residential care to the child at the time of transfer or discharge

{O. Reg. 156/18, s.80.2} {O. Reg. 156/18, s.93(1)(n)}

9.1 Clothing

The staff state that each resident has sufficient clothing of a suitable quality and size considering the child's age, activities and local weather conditions.

If the licensee is unable to ensure that a resident has suitable clothing, the licensee shall document efforts made to obtain the clothing in the resident's case record.

{O. Reg. 156/18, s.110(1)(2)} {CYFSA Part II, s.13(2)(c)}

9.2 Support Around Money Earned

The staff states: The manner in which a resident is supported in relation to any work done and money earned by the resident both inside and outside of the residence.

{O. Reg. 156/18, s.82(1)(q2)}

10.1 Recreational / Athletic / Creative Activities

The staff state that the children are encouraged to participate in recreational, athletic and creative activities that are appropriate for their aptitudes and interests, in a community setting whenever possible.

{CYFSA Part II s.13(2)(f)}

11.1 Food and Nutrition - Special Diets

Staff indicate that special diets are accommodated if special foods are recommended by a resident's physician or registered nurse in the extended class, they are provided to the resident.

{Minister's Reg s. 102 (b)}

11.2 Food and Nutrition - General

Interviews with staff indicate that the policy has been implemented.

{Policy - Food and Nutrition (2008-1a) General}

11.3 Food and Nutrition - Mealtimes

Interviews with staff identify set mealtimes and how they are social group times.

{Policy - Food and Nutrition (2008-1a) Mealtimes}

11.4 Well-Balanced Meals

Staff state that the residents receive well balanced meals and snacks that are nutritionally adequate for their physical growth and development.

{CYFSA Part II s.13(2)(b)} {O. Reg. 156/18, s.102(a)}

11.5 Food and Nutrition - Health Education

Interviews with staff identify what information about proper nutrition, food handling and food preparation is provided to children.

{Policy- Food and Nutrition (2008-1a) Health Education}

11.6 Food and Nutrition - Cultural Diversity

Staff state the residence respects the food preferences, culture, traditions and creed of the residents.

{Minister's Reg s.102(a)}

11.7 Food and Nutrition - Hygiene and Sanitation

Interviews with staff identify what information about proper food handling, hygiene and food safety practices is provided to children.

{Policy - Food and Nutrition (2008-1a) Hygiene and Sanitation}

11.8 Food and Nutrition - Prohibited Disciplinary Practices

Interviews with staff identify that food is not used to bribe, punish, reward or coax.

{Policy - Food and Nutrition (2008-1a) Prohibited Disciplinary Practices}

11.9 Food and Nutrition - Medical and Behaviour Advice

Interviews with staff identify how medical and/or behavioural advice is obtained, and any staff training related to allergies and/or eating disorders.

{Policy - Food and Nutrition (2008-1a) Medical and Behaviour Advice}

11.10 Access to Food/Kitchen Facilities

The staff states a resident's reasonable access to food and kitchen facilities is not restricted to meal or snack times unless specifically provided for in the resident's plan of care.

{Minister's Reg s.102(c)}

12.1 Child's Educational Needs Assessed

The staff state how a child's educational needs and capacities are assessed to receive an education that corresponds to their aptitudes and abilities, in a community setting whenever possible.

{CYFSA Part II s. 13(2)(e)}

12.2 Education - Space Provided to Complete Studies

The staff describes how they create a space or spaces for children to complete their studies, including homework and other assignments, and how they are responsive to the needs of each child given their age and maturity.

{O. Reg. 156/18, s.80.1(1)}

12.3 Education - Informing of Absences

The staff confirms and describes the process for informing a child's parent, placing agency or other person who placed the child, of a child's absence from school or other educational program and the reasons for the absence:

1. Before the absence occurs, or
2. If the staff is not able to inform the parent, placing agency or other person who placed the child of the absence before it occurs, how they will do so within 24 hours after learning of the absence.

{O. Reg. 156/18, s.80.1(6)(7)}

13.1 Cultural and Geographic Isolation

The staff state that they recognize the special needs of residents who are isolated by virtue of language, culture, or distance from their homes. (e.g. have cultural materials available, culturally related food on the menu, celebrate customs, etc.)

{Policy - Cultural and Geographic Isolation (1995)}

13.2 Cultural Competency - Religion

Interviews with staff confirm implementation of policies and procedures related to religion.

{Policy - Cultural Competency (2008-2)}

13.3 Cultural Competency - Program Description

Staff state that they reviewed the licensee's program description related to cultural competency and the policies and procedures related to the rights of children within 30 days and again annually.

{Policy - Cultural Competency (2008-2)}

14.1 Medical / Dental - Admission

The staff state that a resident has received a general medical examination conducted by a physician or a registered nurse in the extended class within 30 days prior to admission or within 72 hours after admission and that a resident has received a dental examination conducted by a dentist within six months prior to admission to the residence or within 90 days after admission.

Also, if there are specific indications upon the admission of a resident that suggest that a medical examination or treatment is urgently needed by the resident, the licensee shall, immediately arrange for the examination or treatment.

{Minister's Reg s.89 (1)(a)(2)(a)(3)(a)}

14.2 Medical / Dental - Reasons for Delay Recorded

If it is not possible in the circumstances for the resident to have received a medical examination or treatment or dental examination within the time period prescribed the licensee shall note in the resident's case record the circumstances that lead to the delay and arrange for the examination or treatment as soon as possible in the circumstances.

{Minister's Reg s.89(1)(b)(2)(b)(3)(b)}

14.3 Medical / Dental - Treatments, Medication, Allergies

The staff state that upon admission of a child to a children's residence, the following things are identified:

1. Any medical treatment that the child is receiving.
2. Any medication that the child is taking.
3. Any allergy or physical ailment from which the child is suffering.

The licensee shall ensure that any treatment or medication referred to in paragraphs 1 and 2 of subsection (4) is continued, as necessary, to ensure the health and safety of the child.

{Minister's Reg s.89 (4) Paragraph 1-3 (5)}

14.4 Medical / Dental - Annual Assessments

The staff states the following assessments are completed at least once every 13 months: Residents' general health, vision, hearing and oral health.

{O. Reg. 156/18, s.82(1)(g)(iv)}

14.5 Medical/Dental - Explained to Child

The staff state that if it is proposed that a resident receive a medical or dental treatment, the treatment is explained to the resident, to the extent possible based on the resident's age and maturity. {Minister's Reg s.104(2)}

14.6 Medical/Dental - Ongoing Health Care in the Community

Staff state that there is a health program for residents that provides for:

1. Access by residents to community health programs.
2. Arrangements for a physician or a registered nurse in the extended class to advise the licensee on an ongoing basis on the medical care required by the residents.
3. Arrangements for a dentist to advise the licensee on an ongoing basis on the dental care required by the residents.

{O. Reg. 156/18, s.82 (1)(g)(i-iii)} {O. Reg. 156/18, s.104(1)} {CYFSA Part II s.13(2)(d)}

15.1 Administration of Medication

The staff state that the prescription medication is administered only if prescribed by a physician or registered nurse in the extended class and under the general supervision of a program staff person.

{Minister's Reg s.106(1)(a)}

15.2 Self Administration of Medication / Locked Storage

The staff states that children administer their own medication in the following circumstances:

- i. In the case of prescription medication, a physician or a registered nurse in the extended class is of the opinion that the resident is capable of administering their own medication and has provided a written self-medication plan for the resident to the licensee, or
- ii. In the case of non-prescription medication, the resident wishes to assume the responsibility

of administering their own medication and the licensee is of the opinion that the resident is capable of assuming that responsibility.

Staff state that locked storage is used to secure their medication.

{Minister's Reg s.106(1)(b)(i)(ii) s.105(2)}

15.3 Safe Administration- High Risk Situations - Psychotropic Medications

Interviews with staff indicate familiarity with "high risk" situations involving psychotropic medication and methods of addressing these situations.

- a) Psychotropic medications are prescribed as needed or used as needed more than twice a day or for three or more consecutive days;
- b) A child is prescribed two or more psychotropic medications at the same time;
- c) A child under the age of seven is prescribed psychotropic medication;
- d) A psychotropic medication prescription that has not been reviewed by a health practitioner in more than six months;
- e) Any psychotropic medication prescription that is stopped suddenly and abruptly by child without being supported by a health practitioner treatment plan; and
- f) Any other situation which causes concern in the opinion of the licensee.

{Policy - Safe Administration Storage and Disposal of Medication (2011-1) 5}

15.4 Medication - Obtaining and Communicating

Interviews with staff indicate that they obtain information about prescribed medications and possible side effects and share this information with the child and staff responsible for administering medication.

{Policy Communication and Transfer of Medication Information (2011-2) 3}

15.5 Medication Records

The staff states that the medical records are available to a prescribing physician or registered nurse in the extended class upon request.

{Minister's Reg s.106(2)}

16.1 Written Communication - Permitted to Send and Receive

The staff states that children in the residence are permitted to send and receive private correspondence.

{CYFSA Part II s.10(1)(c)}

16.2 Written Communication - Communication May be Examined, Read

The staff states that the licensee or designate may examine or read the child's written communication, in the child's presence, where they believe on reasonable grounds that the contents of the written communication may cause the child physical or emotional harm.

{CYFSA Part II, s.10(3)(b)}

16.3 Written Communication - Not Censored or Withheld

Staff states that written communication shall not be censored or withheld from the child, except that articles prohibited by the service provider may be removed from the written communication and withheld from the child.

{CYFSA Part II, s.10(3)(d)} {O. Reg. 156/18, s. 93(1)(l)}

16.4 Written Communication - Not Examined or Read

Staff states that they do not examine or read written communication from the following:

- i. Their lawyer,
- ii. Another person representing the child,
- iii. The Ombudsman appointed under the Ombudsman Act and members of the Ombudsman's staff, and
- iv. A member of the Legislative Assembly of Ontario or of the Parliament of Canada.

{CYFSA Part II s.10(3)(c)}

16.5 Written Communication - Reasons Documented for Opening

The staff states they document in the child's file if the child's written communication is read, examined or censored and the reasons for reading, examining or censoring the child's written communications.

When articles are removed from a child's written communications and the reasons for removing the articles.

{O. Reg. 156/18, s.93(1)(l)}

17.1 Secure De-escalation - Policy and Procedure (Orientation and Annual Review)

Note: Only to be used with Director's Approval.

The staff state they were informed of the policies and procedures for the use of the secure de-escalation room at orientation, and at least annually thereafter.

{O. Reg. 155/18, s.87(2)}

17.2 Secure De-escalation - Criteria for Use

Note: Only to be used with Director's Approval

The staff states a child may only be placed in a secure de-escalation room if the child's conduct indicates that they are likely, in the immediate future, to cause serious property damage or to cause another person serious bodily harm and no less restrictive method of restraining the child is practicable.

{CYFSA Part II s.174(3)(a)}

17.3 Secure De-escalation - Continuous Observation

Note: Only to be used with Director's Approval

The staff states that a child who is placed in a secure de-escalation room is continuously observed by a responsible person.

{CYFSA Part VII s.174(5)}

17.4 Secure De-escalation - One Hour Limit

Note: Only to be used with Director's Approval

The staff states that a child who is placed in a secure de-escalation room shall be released within one hour unless the person in charge of the premises approves the child's longer stay in a secure de-escalation room in writing and records the reasons for not restraining the child by a less restrictive method.

{CYFSA Part VII s.174(4)}

17.5 Secure De-escalation - Review After One Hour

Note: Only to be used with Director's Approval

The staff states where a child is kept in a secure de-escalation room for more than one hour, the person in charge of the premises shall review the child's placement in a secure de-escalation room at prescribed intervals.

{CYFSA Part VII s.174(6)}

17.6 Secure De-escalation - Release from Room

Note: Only to be used with Director's Approval

The staff states a child who is placed in a secure de-escalation room shall be released as soon as the person in charge is satisfied that the child is not likely to cause serious property damage or serious bodily harm in the immediate future.

{CYFSA Part VII s.174(7)}

17.7 Secure De-escalation - Maximum Period

Note: Only to be used with Director's Approval

The staff states that in no event shall a child be kept in a secure de-escalation room for a period or periods that exceed an aggregate of eight hours in a given 24-hour period or an aggregate of 24 hours in a given week.

{CYFSA Part VII s.174(8)}

17.8 Secure De-escalation - Hazardous Items Removed

Note: Only to be used with Director's Approval

The staff confirms that, prior to placement in a secure de-escalation room, all potentially hazardous items have been removed.

{O. Reg. 155/18, s.85(1) Paragraph 5}

18.1 First Aid Kit

Staff state that they are aware of the location of the first aid kit and manual and that it is in a quickly accessible location.

{Minister's Reg s.103 (a)(b)}

19.1 Serious Occurrence - Criteria and Reporting Timeline

Staff confirm that all serious occurrences are reported to the ministry within 24 hours of the occurrence and that serious occurrences may include:

1. Death
2. Serious Injury
3. Serious Illness
4. Serious Individual Action
5. Restrictive Intervention
6. Abuse or Mistreatment
7. Error or Omission
8. Serious Complaint
9. Disturbance, Service Disruption, Emergency Situation or Disaster

{Minister's Reg s.84(1)} {Policy - Serious Occurrence Reporting Guidelines, 2019}

19.2 Serious Occurrence - Level 1 Criteria and Reporting Timeline

Staff are familiar with the criteria for Level 1 serious occurrences and are aware that Level 1 serious occurrences must be reported to the ministry within 1 hour.

{Policy - Serious Occurrence Reporting Guidelines, 2019}

20.1 Physical Restraints - Education Within 30 Days

The staff state they received an orientation and education on Ministry policies and procedures and provisions of the Act and Regulation regarding physical restraints, within 30 days after they start employment.

{O. Reg. 155/18, s.16(4) s.18}

20.2 Physical Restraint - Training Program

The staff state they have completed the following:

1. A training program that includes training in the use of physical restraint that is approved by the Minister, including training in a particular holding technique that may be used,
2. All refresher courses required by the physical restraint training program,
3. Training on the use of less intrusive intervention measures

{O. Reg. 155/18, s.16(3)}

20.3 Physical Restraint - When it Can be Carried Out

The staff state a physical restraint is never carried out for the purpose of punishing the child or for the convenience of staff. A physical restraint may only be carried out if there is no less intrusive intervention that would be effective, in preventing the child from physically injuring or further physically injuring themselves or others.

{O. Reg. 155/18, s.10(1) Paragraph 1 (i), 2 & 3 (2)}

20.4 Physical Restraint - During the Restraint and When to Stop the Restraint

The staff state that a physical restraint is used in the following manner:

1. The least amount of force that is necessary in the circumstances shall be used.
2. The child's condition shall be continually monitored and assessed by a responsible person

designated by the service provider while the child is restrained.

3. The type of physical restraint used must be the least intrusive that is necessary in the circumstances, having regard to the risk referred to in paragraph 1 of subsection (1).

Staff state that the use of the physical restraint shall be stopped immediately upon the earliest of the following:

- i. When there is a risk that the use of the physical restraint itself will endanger the health or safety of the child.
- ii. When the risk referred to in paragraph 1 of subsection (1) is no longer present.
- iii. When the physical restraint is determined to be ineffective in reducing or eliminating the risk referred to in paragraph 1 of subsection (1).

{O. Reg. 155/18, s.10(4) Paragraphs 1, 2, 3 and 4}

20.5 Physical Restraints - Debriefing Process

The staff confirm that following the use of a physical restraint, a debriefing process is completed in accordance with the following rules:

1. A debriefing process must be conducted among the persons who were involved in the use of the physical restraint, in the absence of any children.
2. A second debriefing process must be conducted among the persons mentioned in paragraph 1 and the child on whom the physical restraint was used.
3. A third debriefing process must be offered to be conducted among any children who witnessed the use of the physical restraint and must be conducted if any such children wish to participate in the debriefing process.
4. The debriefing processes referred to in paragraphs 2 and 3 must be structured to accommodate any child's psychological and emotional needs and cognitive capacity.

During the debriefing process referred to in paragraph 2, the service provider ensures that,

- i. the reasons for which the physical restraint was used on the child are explained to them,
- ii. the child understands those reasons, and
- iii. the child is asked whether they may require any services or supports because of the use of the physical restraint.

The debriefing processes referred to in paragraphs 1 to 3 must be conducted within 48 hours after the use of the physical restraint. If the circumstances do not permit a debriefing process to take place within 48 hours after the physical restraint is used, the debriefing process must be conducted as soon as possible after the 48-hour period, and a record must be kept of the circumstances which prevented the debriefing process from being conducted within the 48-hour period.

{O. Reg. 155/18, s.12}

20.6 Physical Restraint - Documenting Debriefing

Following the use of a physical restraint on a child, the staff confirm that they prepare a written record setting out any information reported by the child during the debriefing process, and that the record includes any information about services and supports the child may require and is kept in the child's file.

{O. Reg. 155/18, s.12(2)}

21.1 Services to Child

The staff confirm that reasonable efforts are made to determine whether there are services, programs or activities that would relate to the race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression or cultural or linguistic needs of children; or regional differences that may affect children.

If such a service, program or activity is available and would assist the child, they ask the child if they wish to receive the service or participate in the program or activity, and, if so, facilitate the child receiving the service or participating in the program or activity in addition to continuing to receive the service from the service provider.

{O. Reg. 155/18, s.8(1)(a)(b), (2)(a)(b)(i)(ii)} {O. Reg. 156/18, s.3(1)}

21.2 Services to FNIM Child

Staff states that, in addition to identity characteristics and regional differences, for First Nations, Inuit or Métis children and their families, their cultures, heritages, traditions, connection to community and the concept of the extended family and are taken into account, as required.

The child and their parent are informed of the licensee's obligation to ask about and take this into account and are aware they can provide additional information.

{O. Reg. 156/18, s.3(2)} {O. Reg. 156/18, s.4(3)(5)(b)(d)}

21.3 Services to Child - Obligation to Inform Child and Parent

The staff states that they inform the child and their parent about their obligation to take into account the identity characteristics of the child and regional differences.

This occurs at admission, as part of making a decision respecting a service provided to the child if the decision materially affects or is likely to materially affect the child's interests; and when the service provider becomes aware of new information that suggests that a child has an identity characteristic previously unknown to the service provider or that an identity characteristic of the child may have changed.

{O. Reg. 156/18, s.4(1)(a)(b)(c), (2) Paragraphs 1,2,3, (4)(b), (5)(a)(i)(ii)}

21.4 Resource Person

Staff state children are offered a resource person whose role, on a voluntary basis, is to assist in taking into account one or more identity characteristics of the child or regional differences when making a decision that will materially affect or may materially affect the child's interests; and, in the case of a First Nations, Inuk or Métis child, to assist the service provider in taking into account the child's cultures, heritages, traditions, connection to community and the concept of the extended family in relation to any aspect of providing services to the child and the child's family.

{O. Reg. 156/18, s.4(5)(e), s.5(1)(a)(b)}

21.5 Training for Identity Characteristics, Regional Differences, and FNIM Child

Training is provided to staff who make decisions that may materially affect a child's interests and who provide services to Indigenous children on matters related to identity characteristics, regional differences, and First Nations, Inuit and Métis cultures, heritages, traditions, connection to community and the concept of the extended family.

{Minister's Reg s.7(1) paragraphs 1 & 2}

21.6 Training After Eight Months

Staff who have not previously received training with respect to Minister's Reg s.7(1)(2), receive the training within eight months after beginning to make decisions that may materially affect a child's interests or being involved in providing the described services.

{Minister's Reg s.7(3)}

22.1 Mechanical Restraint - Permitted Uses

The staff state that a mechanical restraint is only used on a child if:

1. The use is authorized by:
 - a. A plan of treatment to which the child, or their substitute decision-maker, has consented in accordance with the Health Care Consent Act, 1996; or
 - b. A plan for the use of a PASD to which the child, or their substitute decision-maker has consented and
2. The plan of treatment or plan for the use of a PASD:
 - a. includes the content described in O. Reg. 155/18 s. 21 (4.1) or (4.2) as the case may be
 - b. has been signed and dated by any health practitioner who participated in its development and by the child to whom it relates, or their substitute decision-maker, in such a manner as to indicate their agreement with the content of the plan, and
 - c. if the plan has been amended following its development, it clearly indicates the amendments that were made, and it has been signed and dated by any health practitioner who participated in developing the amendments to the plan and by the child to whom it

relates, or their substitute decision-maker, in such a manner as to indicate their agreement with the amendments.

{O. Reg. 155/18, s. 21(2)(a)(b)}

22.2 Mechanical Restraint - Rules Governing Use

The staff state that the use of mechanical restraints under this section is carried out in accordance with the following rules:

1. Mechanical restraints shall not be used on a child for the purposes of punishment or solely for the convenience of the service provider, or staff member who is providing the service.
2. Only the least intrusive type of mechanical restraint that is necessary in the circumstances shall be used
3. Mechanical restraints must be applied using the least amount of force that is necessary in the circumstances.
4. A child must not be secured by a mechanical restraint to a fixed object or another person
5. The service provider shall ensure that the child being restrained by the use of mechanical restraints is monitored continuously and in accordance with any instructions or recommendations provided in the child's plan of treatment or plan for the use of a PASD.
6. Mechanical restraints must be removed immediately upon the earliest of the following:
 - (i) When there is a risk that their use will endanger the health or safety of the child.
 - (ii) When the continued use of the mechanical restraints would no longer be authorized by the plan of treatment or plan for the use of a PASD, including when the length of time set out in the plan has expired and no approval under subsection 7.1 has been given
 - (iii) If the child, or their substitute decision-maker withdraws consent to the use of the mechanical restraint

{O. Reg. 155/18, s.21(5) Paragraph 1-4}

22.3 Mechanical Restraint - Review Plan of Treatment for PASD

The staff confirm:

1. Where applicable, they have reviewed the plan of treatment or plan for the use of a PASD for every child they provide direct care to and have signed the plan for the use of a PASD, confirming they understand its contents, and
2. That such reviews took place before they provided direct care to the child for the first time and as soon as reasonably possible after revisions were made to the plan.

{O. Reg. 155/18, s.21.1(5)(6)}

22.4 Mechanical Restraints - Training

Staff states that a staff member who is permitted to use a mechanical restraint on a child under this section has received the necessary training, instruction or education to allow the staff member to use the mechanical restraint in accordance with the child's plan of treatment or plan for the use of a PASD.

{O. Reg. 155/18, s.21(7)}

23.1 Mechanical Restraint - Secure Treatment Program - Training

NOTE: Only applies to designated Secure Treatment Programs.

The staff state that the following training has been completed or is underway:

1. Training in the use of mechanical restraints used in the secure treatment program.
2. Training in how to minimize the use of mechanical restraints in the secure treatment program.
3. Education respecting the following subject matters:
 - (i) The provisions of the Act and of this Regulation concerning the use of mechanical restraints in a secure treatment program.
 - (ii) The policies and standards established by the Ministry concerning the use of mechanical restraints in a secure treatment program.
 - (iii) The service provider's policy on the use of mechanical restraints required under subsection 160 (4) of the Act.

If a staff member commences employment in a secure treatment program, the administrator shall ensure that the new staff member's training and education described in paragraphs 1, 2 and 3 of subsection (1) is completed within 30 days after the person commences employment.

An administrator shall ensure that the training and education of current staff members is completed within the following time periods:

1. With respect to the training in the use of mechanical restraints under paragraph 1 of subsection (1), within 30 days after a new type of mechanical restraint is approved by the administrator.
2. With respect to the subject matter described in subparagraph 3 i of subsection (1), within 30 days after each new provision of the Act or this Regulation concerning the use of mechanical restraints comes into force.
3. With respect to the subject matter described in subparagraph 3 ii of subsection (1), within 30 days after each new or revised Ministry policy or standard concerning the use of mechanical restraints in a secure treatment program is received by the administrator.
4. With respect to the subject matter described in subparagraph 3 iii of subsection (1), within 30 days after the policy referred to in that subparagraph is established or revised.

{O. Reg. 155/18, s.79(1)(2)(3)}

23.2 Mechanical Restraints - Emergency Situations

The staff in secure treatment state that mechanical restraints are only used:

In an emergency situation under the common law duty of a caregiver to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or others.

{CYFSA Part VII s.160 (3)(b)}

Staff Record

1.1 Immunization / Medical Assessment

A licensee who operates a children's residence shall ensure that each person employed in the residence receives any immunization recommended by the local medical officer of health and a health assessment before the person commences employment.

{Minister's Reg s.100}

1.2 Police Record Checks/ Vulnerable Sector Search

The staff record shows evidence that a criminal reference check and VSS check has been completed for anyone person providing direct care in the provision of service.

{Policy Police Records Check (2008-3) 1-(A)} {Policy Police Records Check (2012)}

1.3 Qualifications - Certificate, Diploma, or Degree

The staff record must include the following documentation in instances where the licensee has identified that they are qualified based on their certificate, diploma or degree:

1. The person's job title and a description of their responsibilities,
2. A copy of the certificate, diploma or degree, or another document prepared by the relevant educational institution indicating that the certificate, diploma or degree was issued to the person,
 - a. The copy of the certificate, diploma or degree must be issued by an institution which falls under one of the categories identified in O. Reg. 156/18, para. 2 of section 80.3(5) and has received any approvals required by the legislation governing the educational institution
3. Written documentation that explains how the content of the program leading to the certificate, degree or diploma are directly relevant to:
 - a. The duties of the person,
 - b. The program provided by the licensee, and
 - c. The needs of the children served by the licensee

If a certificate, diploma, or degree was obtained outside of Ontario, the licensee must document how they determined that the education qualifications are substantially similar to one that could have been issued by an educational institution otherwise described in s. 80.3(5) of O. Reg. 156/18.

{O. Reg. 156/18, s.80.3(3)(a)} {O. Reg. 156/18, s.80.3(5)1-2} {O. Reg. 156/18, s.80.3(6)1}

1.4 Qualifications - Experience and Skills

The staff record must include the following documentation in instances where the licensee has identified that they are qualified based on their experience and skills:

1. The person's job title and a description of their responsibilities,
2. A description of how the person's experience and skills are directly relevant to:
 - a. The duties of the person,
 - b. The program provided by the licensee, and
 - c. The needs of the children served by the licensee.
3. An indication of whether the person is a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Person

{O. Reg. 156/18, s.80.3(3)(b)(6)(3)}

1.5 Qualifications - First Nations, Inuit, or Métis Person

The staff record must include the following documentation in instances where the person has identified as First Nation, Inuk, or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Person:

1. The person's job title and a description of their responsibilities,
2. An indication that the person is a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Person possessing the cultural knowledge and skills that are directly relevant to:

- a) The duties of the person,
- b) The program provided by the licensee, and
- c) The needs of the children served by the licensee.

{O. Reg. 156/18, s.80.3(3)(c)} {O. Reg. 156/18, s.80.3(6)4}

1.7 Qualifications - Enrolled in Educational Program

The staff record must include the following documentation in instances where the licensee has identified that the person is a student enrolled in a program to obtain a certificate, diploma or degree that satisfies the regulatory requirements set out in s. 80.3(5):

1. The person's job title and a description of their responsibilities,
2. A description of the program the person is enrolled in,
3. Evidence that the licensee or designate has verified, at least every 12 months, that the person is enrolled in the program, including the date that licensee last verified that the person was enrolled in the program,
4. Documentation which demonstrates that the program the person is enrolled in meets the requirements pertaining to Certificate, Diploma or Degree Holders,
5. A description of how the program the person is enrolled in is directly relevant to:
 - a) Their duties at the residence,
 - b) The program provided by the licensee, and
 - c) The needs of the children served by the licensee.

Details of who is responsible for supervising this person, including a description of that person's qualifications.

{O. Reg. 156/18, s.80.3(3)(c)} {O. Reg. 156/18, s.80.3(4)(a)(b)} {O. Reg. 156/18, s.80.3(6)(2)}

1.8 Physical Restraint Training

The staff record must include documentation showing that they have completed the following training on the use of physical restraint:

1. A training program that includes training in the use of physical restraint that is approved by the Minister, including training in a particular holding technique that may be used,
2. All refresher courses required by the program referred to in paragraph 1,
3. Training on the use of less intrusive measures.

{O. Reg. 155/18, s.16(3)}

1.9 Training/Instruction on PASD

The staff record must include a description of the training, instruction or education that the staff member received on the use of the mechanical restraint in accordance with the child's plan of treatment or plan for the use of a PASD.

{O. Reg. 155/18, s.21(8)(b)}

1.10 Fire Extinguisher Training

The staff record indicates that the staff member is trained in the proper use of a fire extinguisher and that a record is kept of each training session.

{O. Reg. 156/18, s.99}

1.11 Complaint Filed - Debrief Process

The staff record must include the following, if a complaint has been made which relates to them:

1. The date and time of each debriefing involving the person, as well as the names and, if applicable, titles of the persons involved in each debriefing and the duration of each debriefing.
2. A description of the efforts made to conduct the debriefing processes, including the names of the persons who made those efforts.

{O. Reg. 155/18, s.23.1(1)(7)}

2.1 Initial Training on Policies and Procedures Within 30 Days

A licensee who operates a children's residence must ensure that each person employed to work in the children's residence receives training on the policies and procedures of the residence, including

the policies and procedures respecting emergency situations, within 30 days after commencing their employment in the residence.

A record is kept of the training including the signature of the person who received the training.

{O. Reg. 156/18, s.83(1)(a)(2)}

2.2 Initial Training on Policies - Duty to Report

The staff record must include documentation which confirms they have reviewed the policies and procedures around their professional duty (under the CYFSA) to report to the Children's Aid Society, any child who they believe to be in need of protection.

{CYFSA Part V s.125(1)}

2.3 Initial Training on Policies - Methods of Discipline and Intervention

The staff record must include documentation which confirms that within 30 days after commencing their employment in the residence, the person received training on the policies and procedures with respect to methods of discipline and intervention that may be used and may not be used in the residence.

A record is kept of the training including the signature of the person who received the training.

{O. Reg. 156/18, s.82(1)(f)} {O. Reg. 156/18, s.83(1)(a)(2)}

2.4 Initial Training on Policies - Contravention of Residence Policies and Procedures

The staff record must include documentation which confirms that within 30 days after commencing their employment in the residence, the person received training on the policies and procedures respecting situations in which the policies and procedures are not complied with.

A record is kept of the training including the signature of the person who received the training.

{O. Reg. 156/18, s.82(1)(r)} {O. Reg. 156/18, s.83(1)(a)(2)}

2.5 Initial Training on Policies - Physical Restraint Education

The staff record must include documentation confirming that they have completed education on the provisions of the Act, the Regulation, Ministry and Divisional policies, and the service provider's policies concerning the use of physical restraint. All new staff received education on these provisions and policy requirements within 30 days after the staff commenced employment and 30 days after any amendments.

{O. Reg. 155/18, s.16(4)}

2.6 Initial Training on Policies - Physical Restraint Assessment of Education

The staff record must include documentation which confirms that an assessment was completed each time, and at least annually, they completed education requirements for use of physical restraints. The record includes the results of the assessment, including whether or not the person's understanding of and ability to apply the education is satisfactory.

{O. Reg. 155/18, s.20(2)(3)(4)}

2.7 Initial Training on Policies - Safe Administration, Storage and Disposal of Medication

There is evidence that staff have reviewed the licensee's policies and procedures related to the safe administration, storage and disposal of medication at the time of hiring.

{Policy - Safe Administration, Storage and Disposal of Medication (2011-1) 1(A)}

2.8 Initial Training on Policies - Improved Communication and Transfer of Medication Information

The staff record confirms they review the licensee's policies and procedures related to the communication and transfer of medication information at orientation.

{Policy - Communication and Transfer of Medication Information (2011-2) 1(A)}

2.9 Initial Training on Policies - Cultural Competency Program Description

There is evidence in the staff record that within thirty days of their commencing employment, staff reviewed the licensee's program description related to cultural competency and the policies and procedures related to the rights of children.

{Policy - Cultural Competency (2008-2)}

2.10 Initial Training on Policies - Fire Procedures

The staff record must include documentation that confirms that within 30 days after commencing their employment in the residence, the person received training on the policies and procedures to

be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities.

A record is kept of the training including the signature of the person who received the training.

{O. Reg. 156/18, s.112(3)(c)} {O. Reg. 156/18, s.83(1)(a)(2)}

2.11 Initial Training on Policies - Secure De-escalation

Note: Only to be used with Director's Approval.

The staff record must include documentation that confirms that within 30 days after commencing their employment in the residence, the person received training on the policies and procedures for secure de-escalation, including the criteria for use of secure de-escalation and criteria and strategies for releasing a child from secure de-escalation room.

{O. Reg. 155/18, s.87(2)} {O. Reg. 156/18, s.83(1)(a)}

2.12 Initial Training on Policies - Mechanical Restraints - Secure Treatment Program

NOTE: Only applies to designated Secure Treatment Programs.

The staff record must include documentation that confirms that training and education was provided to each staff member on the use of mechanical restraints and the date the training and education was provided.

{O. Reg. 155/18, s.79(4)}

2.13 Policies and Procedures - Review Changes

The staff record must include documentation that confirms they have reviewed any changes to the policies and procedures before they take effect.

{O. Reg 156/18, s.83(1)(c)}

3.1 Reviewed Every 12 Months - Policies and Procedures

A licensee who operates a children's residence must ensure that each person employed to work in the children's residence, receives training on the policies and procedures of the residence, including the policies and procedures respecting emergency situations, at least once every 12 months and a record of the training includes the signature of the person who received the training.

{O. Reg. 156/18, s.83(1)(b)(2)}

3.2 Reviewed Every 12 Months - Duty to Report

The staff record must include documentation which confirms that they reviewed the policies and procedures around staffs' professional duty (under the CYFSA) to report to the Children's Aid Society, any child who they believe to be in need of protection at least once every twelve months.

{CYFSA Part V s.125(1)} {O. Reg. 156/18, s.83(1)(b)(2)}

3.3 Reviewed Every 12 Months - Methods of Discipline and Intervention

The staff record must include documentation which confirms that they reviewed the policies and procedures with respect to methods of discipline and intervention that may be used and may not be used in the residence, at least once every twelve months.

{O. Reg. 156/18 s.82(1)(f)} {O. Reg. 156/18 s.83(1)(b)(2)}

3.4 Reviewed Every 12 Months - Contravention of Policy and Procedures

The staff record must include documentation which confirms that they reviewed the policies and procedures with respect to the contravention of the residence's policies and procedures including disciplinary practices, at least once every twelve months.

{O. Reg. 156/18, s.82(1)} {O. Reg. 156/18, s.83(1)(b)(2)}

3.5 Reviewed Every 12 Months - Physical Restraint Education

The staff record must include documentation which confirms that they have completed education on the provisions of the Act, the Regulation, Ministry and Divisional policies, and the service provider's policies concerning the use of physical restraint.

{O. Reg. 155/18, s.16(4)}

3.6 Reviewed Every 12 Months - Physical Restraint Assessment of Education

The staff record must include documentation which confirms that an assessment was completed each time, and at least annually, they completed education requirements for use of physical

restraints.

The record includes the results of the assessment, including whether or not the person's understanding of and ability to apply the education is satisfactory.

{O. Reg. 155/18, s.20(2)(3)(4)}

3.7 Annual Review - Safe Administration, Storage and Disposal of Medication

The staff record confirms they reviewed the licensee's policies and procedures related to the safe administration, storage and disposal of medication at least once annually.

{Policy Safe Administration, Storage and Disposal of Medication (2011-1) 1(A)}

3.8 Annual Review - Communication and Transfer of Medication Information

The staff record confirms they review the licensee's policies and procedures related to the communication and transfer of medication information at least annually.

{Policy - Communication and Transfer of Medication Information (2011-2) 1(A)}

3.9 Annual Review - Cultural Competency Program Description

There is evidence in the staff record they review at least once annually, the licensee's program description related to cultural competency and the policies and procedures related to the rights of children.

{Policy - Cultural Competency (2008-2)}

3.10 Reviewed Every 12 Months - Fire Procedures

The staff record must include documentation which confirms that that staff members reviewed the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities at least once every twelve months.

{O. Reg. 156/18, s.112(3)(c)} {O. Reg. 156/18, s.83(1)(b)}

3.11 Reviewed Every 12 Months - Secure De-escalation

Note: Only to be used with Director's Approval.

There is evidence in the staff record confirming that they reviewed the policies and procedures for secure de-escalation, including the criteria for use of secure de-escalation and criteria and strategies for releasing a child from secure de-escalation room as soon as possible, at least once every twelve months.

{O. Reg. 155/18, s.87(2)} {O. Reg. 156/18, s.83(1)(b)}

3.12 Reviewed Every 12 Months - Mechanical Restraints - Secure Treatment Program

NOTE: Only applies to designated Secure Treatment Programs.

The staff record must include documentation which indicates that training and education was provided to each staff member on the use of mechanical restraints and the date the training and education was provided.

{O. Reg. 155/18, s.79(4)} {O. Reg. 156/18, s.83(1)(b)}