

## Table of Contents

Child/Youth File Review .....	1
Child/Youth Interview .....	20
Foster Parent Interview .....	26
Foster Worker/Staff File Review .....	38
Foster Worker/Staff Interview .....	40
Licensee Interview .....	49
Parent File Review .....	64
Policies and Procedures .....	71

# Child/Youth File Review

## 1.0 Personal Information

The child's file must include information about the child, including information which is mandatory for the completion of the assessment as to whether the immediate needs of the child can be met in the proposed foster home. The information includes:

1. Their name, date of birth, and gender.
2. The name, address and telephone number of the placing agency or other person who placed the child
3. The objectives of the person placing the child or the placing agency.
4. Information about the immediate developmental, emotional, social, medical, psychological, and educational needs, as well as any immediate needs re: any behavioural changes or any trauma experienced by the child.
5. If the child is being placed by a children's aid society, the basis on which the child is in the society care (e.g., temporary agreement, extended society care, etc.).
6. Known safety risks of the child or others and as well as measures that should be implemented to mitigate them.
7. The circumstances necessitating foster care for the child.
8. Any other information that is relevant to the provision of care to the child.
9. 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.
10. The strengths of the child, including information about their personality, aptitudes and abilities.
11. Information respecting the child's identity characteristics.
12. If it can be obtained by the licensee, any legal document that is concerned with the child's placement and stay in the foster home, including any consent to admission, treatment and release of information.
13. Information respecting the child's:
  - (ii) involvement with court, and
  - (iii) experiences of separation from individuals who are or have been significant in the child's life.

{O. Reg. 156.18, s.132(a)(b)(c)(d)(f)(i)(j)} {O. Reg. 156/18, s.127(2)(5)(6)}

## 1.1 Information about Previous Abuse

The child's file must include information about previous abuse.

{PR 1994-0202-08}

## 1.2 Orientation

The child's file must include documentation that during their orientation and upon their placement into the foster home, the child has received an orientation in language suitable to their understanding and in accordance with their age and maturity, with respect to:

- a) the foster home and any program provided in the foster home;
- b) the procedures that exist for a foster child to express concerns or make complaints;
- c) the procedures to be followed when a fire alarm is activated or a fire is discovered, including the roles and responsibilities of the foster children;
- d) the licensee's policy as to whether or not the licensee uses or permits the use of physical restraints;
- e) if applicable, the circumstances in which physical restraints may be used, including,
  - (i) what constitutes a physical restraint under the Act, and
  - (ii) the rules governing the use of physical restraints under the Act, 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;

- f) if applicable, the circumstances in which mechanical restraints may be used, including,
  - (ii) what constitutes a mechanical restraint under the Act, and
  - (iii) the rules governing the use of mechanical restraints under the Act, including the circumstances in which the child may be restrained by means of mechanical restraints and the procedures that must be followed after any such use of mechanical restraints; and
- g) the foster 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.130.1(1)}

### **1.3 Orientation**

The child's file must include 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 placement in the foster home.
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.

The documentation must include:

1. The date on which the child received the required orientation.
2. The date, or 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. The licensee must document if the child refuses to sign this record.

{O. Reg. 156/18, s.130.1(2)(3)}

### **2.0 Placement Change**

The child's file must include, if applicable:

- i. documentation respecting the circumstances of transfer or discharge of the child from the foster home;
- ii. the name and address of the licensee, person or agency to whom the child is transferred or discharged;
- iii. a description of the relationship between the child and the licensee, person or agency to whom the child is transferred or discharged; and
- iv. 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.132(k)}

### **2.1 Documenting Placement Follow Up**

The child's file must include documentation that the child was contacted after leaving a placement to provide an opportunity to talk about the foster care experience. The content of the contact must be recorded in the child's file and used to assist future placement decisions for the child.

{PR 1994-0202-07}

### **3.0 Rights and Complaints Procedure Upon Placement**

The child's file must include evidence that upon placement to the foster home, the child was informed, in language suitable to their understanding, of the information set out under s. 9 of the Act, including their rights and responsibilities and the complaint procedure.

The file must also contain evidence that the information in section 9 of the Act was reviewed with the child at the following intervals (where applicable):

- i. 30 days of placement,

- ii. 90 days after placement,
- iii. 180 days after placement and every 180 days after that.

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

### 3.1 Complaints

The child's file must include 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, including the involvement in the debrief.

{O. Reg. 155/18, s.22(3)(f)} {O. Reg. 155/18, s.23.1}

### 4.0 Preliminary Assessment – Written Evaluation

The child's file must include a written report setting out evaluation completed by the licensee to determine whether the licensed setting can meet the immediate needs of the child and indicate whether any immediate needs of the child cannot be met in the foster home.

The evaluation must contain the following information:

- a) The information, described in subsection (2), about the child whose placement is being proposed;
- b) The names of the proposed foster parent or parents, the date on which the foster parent or parents were approved to provide foster care and an assessment of whether the parent or parents have access to the supports and have completed the training necessary to meet the child's immediate needs, as described in the foster parent's foster parent learning plan;
- c) With respect to any foster child or adult who will be receiving residential care in the foster home at the time of the proposed placement,
  - i. their age and gender, if relevant to the evaluation, and
  - ii. a general description of their needs and of the services and supports provided to them, including details of any additional staffing required to meet those needs and an indication of whether any of the foster children or adults has a safety plan in place;

An assessment of how the needs of the foster children or adults referred to in clause (c) may impact on the care to be provided to the child whose placement is being proposed; and

If any other persons beyond those referred to in clause (c), as well as the proposed foster parent or parents, are residing in the proposed foster home, the number of persons and any information known to the licensee about them that may impact on the care to be provided to the child

{O. Reg. 156/18, s.127(3)(a)(7)(10)}

### 4.1 Preliminary Assessment – Immediate Needs

The child's file must include a written report, based on the written evaluation referred to in clause (3) (a) of this section, setting out the licensee's conclusions on whether the child's immediate needs can be met in the proposed foster home. The report must be dated to confirm completion prior to the placement of the child and include a summary of:

- 1. How the child's immediate needs will be met by the licensed setting, and
- 2. If there are any immediate needs of the child the licensed setting cannot meet, and how those immediate needs will be otherwise met.

{O. Reg. 156/18, s.127(3)(b)(i)(ii)(10)}

### 4.2 Preliminary Assessment – Written Report Provided to Placing Agency

The child's file must include documentation the following was provided to the placing agency or person who placing the child, including the date which the information was provided:

- 1. The report referred to in clause 3 (b) of this section.
- 2. The name or names of the proposed foster or parents and the address of the proposed foster home.
- 3. The date on which the proposed foster parent or parents were approved to provide foster care.
- 4. Details of any support services available to and training provided to the proposed foster parent or parents, as well as any training completed by the proposed foster parent or parents, that are relevant to the care of the child.

5. The number of foster children and adults receiving residential care in the proposed foster home at the time at which the child will be placed in the foster home.
6. The ages, gender and information about the needs of the persons described in paragraph 4, as well as the services and supports required to meet those needs, that might impact on the services to be provided to the child.
7. The total number of persons living in the proposed foster home and any information about those persons that is known to the licensee that is relevant to the care to be provided to the child whose placement is being proposed.

{O. Reg. 156/18, s.127(3)(c)(8)(11)}

#### **5.0 Preliminary Assessment - Conditions on Placement**

The child's file must include documentation confirming the child was placed in the foster home only after the following steps were undertaken:

1. A pre-placement assessment has been completed
2. A safety assessment has been conducted and a safety plan has been prepared, in situations where 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
3. The licensee has disclosed to the foster parent or parents all known information about the child that is relevant to their care, including the pre-placement assessment which outlines information about the child and the licensee's conclusions on whether the child's needs can be met in the foster home, and has documented any concerns expressed by the foster parent or parents in the child's file
4. The licensee or designate has approved the foster parent or parents and their home remains suitable to receive a child for the purpose of foster care, according to O. Reg. 156/18, s. 123
5. The licensee has obtained the agreement of:
  - a) The placing agency, if the licensee is not the placing agency, and
  - b) The foster parents or parent.

{O. Reg. 156/18, s.128(1)(3)}

#### **5.1 Preliminary Assessment - Information Gathered within 30 days**

The child's file must include documentation the licensee has collected the following information no later than 30 days after the child's placement in the foster home, if it was not already collected to inform the pre-placement 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.128(4)(a)}

#### **6.0 Safety Assessment – Placement before July 1, 2023**

For children receiving foster care in a foster home used by the licensee prior to July 1, 2023

The child's file must include documentation that no later than July 30, 2023:

- a) A safety assessment has been completed on all children who are living in the licensed setting, and
- b) If a safety plan is required, a safety plan has been developed as soon as possible.

Note: A safety assessment is not required if a child already has a safety plan in place that complies with the requirements of the regulation.

{O. Reg. 156/18, s.129(7)(a)(b)}

#### **6.1 Safety Assessment – Timing**

For children admitted or placed in the licensed residential setting on or after July 1, 2023

The child's file must include documentation that a safety assessment has been completed by the licensee, at the following times:

1. Before a child's placement 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.

Note: A safety assessment is not required if a child already has a safety plan in place that complies with the requirements of the regulation.

{O. Reg. 156/18, s.129(5)(a)(b)(i)(ii)}

## **6.2 Safety Assessment – Content of Assessment**

The child's file must include a written safety assessment which includes:

1. Reasonable effort was made 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:
  - i. Any documents or information collected by the licensee or created by the licensee as part of the pre-placement assessment,
  - ii. Any plan of care developed for the child,
  - iii. If the child is already living in a licensed setting, any serious occurrence reports or other reports concerning the child prepared by the licensee or persons providing direct care to the child on behalf of the licensee and any plan of care developed for the child.
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.129(2)(a)(b)}

## **7.0 Safety Plan – Completed**

The child's file must include documentation confirming that a safety plan has been created in circumstances where the outcome of the safety assessment is that:

- a) 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
- b) It is the view of the placing agency or person placing the child or who placed the child, that a safety plan is needed.

{O. Reg. 156/18, s.129(4)(a)(b)}

## **7.1 Safety Plan – Content of Safety Plan**

If a safety plan is required, the child's file must include includes the safety plan 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, including the amount of any supervision required, to prevent the child from engaging in behaviours that may pose a risk to the safety of the child or others or to otherwise protect the child and which are informed by the information provided by the person who is placing or who placed the child or the placing agency, as the case may be, respecting the safety measures that should be implemented;
3. Procedures to be followed by the foster parent or parents and any other person providing direct care to the child on behalf of the licensee in circumstances in which the child engages in behaviours referred to in clause (a) or in which the safety of the child is otherwise at risk;
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 referred to in clause (a);

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.
7. Any other information that the foster care licensee developing the safety plan considers appropriate.

Evidence that the safety plan was developed before a child's placement into the foster home , or in the case of children who are already living in a licensed setting, as soon as possible.

{O. Reg. 156/18, s.129.1(1)(a)(b)(c)(d)(e)(f)} {O. Reg. 156/18, s.129(6)}

### **7.2 Safety Plan – Consulted**

If a safety plan is required, the child's file must include documentation that the following persons were consulted with and involved in the development of the safety plan:

1. The placing agency,
2. The foster parent or parents,
3. The child, to the extent possible given their age and maturity,
4. The child's parents, if appropriate,
5. 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.129.1(2)(3)(a)(b)(4)(a)(b)}

### **7.3 Safety Plan - Copy Provided**

If a safety plan is required, the child's file must include documentation that the persons listed in subsection (2) received a copy of the child's safety plan, except for the child's parents if it has been determined to be inappropriate to consult with and involve them in the development of the safety plan, at the following times:

- a) In the case of a child to be admitted to the licensed setting, before the placement/admission.
- b) In the case of a child already receiving residential care in the licensed setting, as soon as possible after it is developed.

{O. Reg. 156/18, s.129.1(5)}

### **7.4 Safety Plan - Review**

If a safety plan is required, the child's file must include documentation 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.129.2(2)}

### **7.5 Safety Plan – Requirements for Safety Plan Review**

Where the child requires a safety plan, the child's file must include documentation that the licensee has ensured when reviewing the child's safety plan:



- a. It still adequately keeps the child and others safety, and if it doesn't, an amended safety plan is developed,
- b. The same requirements for developing a safety plan are complied with when reviewing and amending the safety plan,
- c. Any amendments to the safety plan are documented and dated in the safety plan itself,
- d. 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,
- e. Any recommendations received by the licensee from any individual named as a resource person for the child or any person assigned as the child's primary worker are incorporated into the safety plan.

{O. Reg. 156/18, s.129.2(4)(a)(b)(c)(d)(e)}

#### **7.6 Safety Plan – Reviewed in Response to Incident**

Where the child requires a safety plan, the child's file must include documented instances where a safety plan is being reviewed in response to an incident, the measures proposed to prevent the child from engaging in such behaviours that pose a risk to themselves or others are different than the measures previously identified in the original safety plan.

{O. Reg. 156/18, s.129.2(5)}

#### **7.7 Safety Plan – Sign Off**

Where the child requires a safety plan, the child's file must include a copy of the child's safety plan which has been signed by the staff and foster parent(s) and includes the date in which the staff and foster parent(s) reviewed the child's safety plan.

{O. Reg. 156/18, s.129.3(3)}

#### **8.0 Plan of Care – Developed within 30 days**

The child's file must include a written plan of care that has been completed within 30 days of the child's placement into the foster home.

{O. Reg. 156/18, s.131.1(1)(a)}

#### **8.1 Plan of Care – Timelines for Review**

The child's file must include documentation that the child's plan of care has been reviewed:

1. 90 days after their placement into the setting,
2. 180 days after their placement into the setting, and
3. Every 180 days thereafter.

{O. Reg. 156/18, s.131.1(1)(b)}

#### **8.2 Plan of Care – Additional Reviews**

The child's file must include documentation that the child's plan of care has also been reviewed by the licensee as soon as possible after:

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

{O. Reg. 156/18, s.131.1(2)}

#### **8.3 Plan of Care - Information**

The child's file must include documentation that during each review of the child's plan of care, the licensee has:

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



{O. Reg. 156/18, s.131.1(3)}

#### **8.4 Plan of Care - Child Involvement**

The child's file must include documentation that before beginning the process of developing or reviewing a plan of care, the licensee with the child, including the date of the meeting, and explained the following, to the extent possible given their age and maturity:

1. The purpose for developing or reviewing their plan of care,
2. 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
3. The role of the child in the development or review.

{O. Reg. 156/18, s.131.2(1)}

#### **8.5 Plan of Care - Informed**

The child's file must include documentation that the plan of care was informed by information in the child's case record, including:

1. Any documents developed during the pre-placement assessment referred to in section 127 of O. Reg 156/18;
2. Any information referred to in subsection 127 (6) of O. Reg 156/18, that was not collected for the purpose of the assessment under section 127;
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 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.131.2(3)}

#### **8.6 Plan of Care - Assessment**

The child's file must include a written assessment on whether the needs of the child can be met in the foster home on the basis of the information referred to in subsection (3) documented in the child's plan of care development or review.

{O. Reg. 156/18, s.131.2(4)}

#### **8.7 Plan of Care - Individuals Involved**

The child's file must include documentation that the licensee made effort to ensure that the following persons were consulted on and involved in the development or review of the 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, and
5. The foster parent or parents.

If any of the above noted individuals were not consulted on or involved in the development or review of the child's plan of care, the licensee or designate must demonstrate/record:

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

{O. Reg. 156/18, s.131.2(5)(16)}

#### **8.8 Plan of Care - Individuals Involved**

The child's file must include documentation that the consultations conducted under subsection (5) included at least one meeting which are present the licensee and all of the persons that the licensee

is able to consult on and involve in the development or review of the plan of care.

{O. Reg. 156/18, s.131.2(6)}

### **8.9 Plan of Care - Sign and Date**

The child's file must include documentation the licensee made reasonable efforts to have the plan of care signed and dated by those who were 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.131.2(11)}

### **8.10 Plan of Care - Individuals Consulted**

The child's file must include documentation the licensee consulted with 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, and/or,
7. Any person who provides direct care to the child on behalf of the foster care licensee, other than the foster parents.

Documentation should be included in the plan of care and include the names and job titles, if applicable, as well as the dates of any meetings held and the names of all persons who participated in the meetings.

{O. Reg. 156/18, s.131.2(8)(9)(10)}

### **8.11 Plan of Care**

The child's file must include the following:

1. The initial plan of care developed for the child.
2. Any amended plan of care, clearly indicating it is an amended version.
3. An indication of whether the plan of care was provided to the child and, if so, whether it was provided in written or electronic form.
4. Documentation respecting the meeting held under subsection 131.2 (1).

{O. Reg. 156/18, s.131.3(2)} {O. Reg. 156/18, s.131.4(2)}

### **8.12 Plan of Care – Strengths**

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

{O. Reg. 156/18, s.131.3(1)}

### **8.13 Plan of Care - Identity**

The child's file must include a written plan of care which addresses the child's identity characteristics, including:

1. A description of the child's identity characteristics (including whether they identify as First Nation, Inuit or Métis), and

2. Details of how the licensee or designate 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.131.3(1)}

#### **8.14 Plan of Care - Needs and Behaviours**

The child's file must include a written plan of care which addresses 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 (this includes cultural and emotional safety considerations),
2. Details of any medical or clinical diagnosis that is relevant to the provision of services, treatment or supports to the child.

{O. Reg. 156/18, s.131.3(1)}

#### **8.15 Plan of Care - Treatment and Supports**

The child's file must include a written plan of care which addresses services, treatment and supports for the child, including:

1. Details of all services, treatment or supports that have been and 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 or young person 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 or young person 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 or young person and their contact information,
  - c. Any recommendations from persons providing services, treatment or supports to the child or young person, 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 or young person 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,
  - 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 or designate 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.131.3(1)}

#### **8.16 Plan of Care - Goals**

The child's file must include a written plan of care which addresses 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 or designate 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.131.3(1)}

#### **8.17 Plan of Care - Adult Ally**

The child's file must include a written plan of care which addresses 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 (for example, for children who identify as First Nation, Inuit or Métis, a member of the child's community).
2. If the child is unable to identify such an adult, the plan of care must instead identify an adult who is a positive influence in the child's life as one of the child's goals.

{O. Reg. 156/18, s.131.3(1)}

#### **8.18 Plan of Care -Family Involvement**

The child's file must include a written plan of care which addresses 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.131.3(1)}

#### **8.19 Plan of Care -Safety Plan**

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

{O. Reg. 156/18, s.131.3(1)}

#### **8.20 Plan of Care - Outcomes**

The child's file must include a written plan of care which addresses outcomes for the child, including a description of the desired outcomes identified for the child, based on the child's specific strengths, needs and, if applicable, diagnoses.

{O. Reg. 156/18, s.131.3(1)}

#### **8.21 Plan of Care -Education**

The child's file must include a written plan of care which addresses 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 or designate 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.131.3(1)}

### **8.22 Plan of Care -Activities**

The child's file must include a written plan of care which addresses activities and sports, 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.131.3(1)}

### **8.23 Plan of Care - Dietary**

The child's file must include a written plan of care which addresses 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.131.3(1)} {PR 2008-1B (a)(b)(d)}

### **8.24 Plan of Care - Electronic Devices and Internet**

The child's file must include a written plan of care which addresses 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.131.3(1)}

### **8.25 Plan of Care - Preference**

The child's file must include a written plan of care which addresses 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 out of home care is provided to them,
2. A current description of any concerns expressed, or changes recommended by the child respecting the provision of out of home care to them and how the licensee has responded to those concerns or recommendations.

{O. Reg. 156/18, s.131.3(1)}

### **8.26 Plan of Care - Transfer and Discharge**

The child's file must include a written plan of care which addresses transfer or discharge, including 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.131.3(1)}

### **8.27 Plan of Care - Revisions**

The child's file must include a written plan of care which addresses 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.131.3(1)}

### **9.1 Improved Communication and Transfer of Medication - Admission Health Records**

The case file must include, at a minimum:

Obtaining medical information within seventy-two hours of admission to the licensed residential setting for the child's, 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 the 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.

{PR 2011-2:2 (a)}

### **9.2 Improved Communication and Transfer of Medication - Explanatory Note**

Where any of the medical information required at admission cannot be obtained, an explanatory note should be placed in the child's case record.

{PR 2011-2:2 (b)}

### **9.3 Improved Communication and Transfer of Medication - Change in Information**

The communication of new information to the child and staff or foster parents responsible for medication administration when there is a change in medication, and the reason for the medication change is documented in the child's case record.

{PR 2011-2:3 (c)}

### **9.4 Improved Communication and Transfer of Medication - Obtaining and Communicating Medication Information**

A copy of medication information including possible side effects and administration instructions is in the child's case record.

{PR 2011-2:3 (d)}

### **9.5 Improved Communication and Transfer of Medication - Short Term Absences**

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.

{PR 2011-2:4 (b)}

### **9.6 Improved Communication and Transfer of Medication - Attendance at Medical Appointments**

The case file includes documentation of staff, foster parent, placing agency or parent/guardian attendance at scheduled medical appointments or notes detailing why children were not accompanied and any other information as applicable.

{PR 2011-2:5 (b)}

### **9.7 Improved Communication and Transfer of Medication - Emergency Hospital Admission**

The case file includes documentation of notification to the placing agency (if applicable) and/or parent or guardian of the emergency hospital admission.

{PR 2011-2:6 (a)}

### **9.8 Improved Communication and Transfer of Medication - Documentation of Accompaniment to Hospital**

The case file includes documentation of staff, foster parent, placing agency or parent/guardian attendance at the hospital or notes detailing why children were not accompanied and any other information as applicable.

{PR 2011-2:6 (c)}

### **9.9 Improved Communication and Transfer of Medication - Transfer of Medication/Medical Records**

The case file includes documentation of what information and/or medication was provided upon discharge or transfer and a copy of the discharge transfer plan.

{PR 2011-2:7 (a)(b)}



<p><b>10.0 Safe Administration, Storage and Disposal of Medication - Individualized Response Plans</b></p> <p>The case file contains evidence of the development of individualized response plans to handle situations where a child refuses to take their medication.</p> <p>{PR 2011-1:2 (b)}</p>
<p><b>10.1 Safe Administration, Storage and Disposal of Medication - Side Effects - Changes in Weight, Behaviour, Physical State</b></p> <p>The child file includes evidence of potential side effects of prescription medication, including documenting observed changes in weight, behaviour, emotions and physical state.</p> <p>{PR 2011-1:2 (a)}</p>
<p><b>10.2 Safe Administration, Storage and Disposal of Medication - Follow Up on Medical Tests</b></p> <p>The case file contains follow up on any completed medical tests or lab work ordered by a health practitioner.</p> <p>{PR 2011-1:2 (d)}</p>
<p><b>10.3 Safe Administration, Storage and Disposal of Medication - Documenting Children’s Concerns</b></p> <p>The case file includes written evidence of medication concerns a child may have.</p> <p>{PR 2011-1:2 (e)}</p>
<p><b>10.4 Safe Administration, Storage and Disposal of Medication - Medication Incidents and Near Misses</b></p> <p>The case file includes documentation of any action taken to address medication incidents and near-misses.</p> <p>{PR 2011-1:3 (c)}</p>
<p><b>10.5 Safe Administration, Storage and Disposal of Medication - High Risk Situations - Psychotropic Medications</b></p> <p>The case file includes documentation of the process for handling high risk situations.</p> <p>{PR 2011-1:4 (a)}</p>
<p><b>11.0 Medical, Dental and Treatment Reports</b></p> <p>The child's file must include a cumulative record of reports of all medical and dental examinations and treatments given to the child that have been provided to the licensee and reports of all medical and dental examinations and treatments given to the child after the date of their placement to the foster home.</p> <p>{O. Reg. 156/18, s.132(e)}</p>
<p><b>12.0 School Records and Reports</b></p> <p>The child's file must include the child’s school records and reports, if applicable.</p> <p>{O. Reg. 156/18, s.132 (g)}</p>
<p><b>12.1 Education</b></p> <p>The child’s file must include documentation which outlines all actions taken by the licensee or designate, to notify the parent, placing agency or other person who placed the child into care, including a description of the reasons for the absence:</p> <p>In advance of the absence from school or alternate educational program, OR</p> <p>Within 24 hours of learning of the absence, if, due to the nature of the absence, the licensee or designate was not able to do so before the child’s absence.</p> <p>{O. Reg. 156/18, s.80.1(6)(7)(8)}</p>
<p><b>13.1 Informing Child of Program Description Related to Cultural Competency</b></p> <p>There is verification in the child's file must include that the licensee’s program description related to cultural competence and policies and procedures related to the rights of children were reviewed with each child upon admission and every six months thereafter.</p> <p>{PR 2008-2}</p>
<p><b>14.1 Individual Needs of the Child - Non-Discriminatory Services</b></p>



The case file indicates what is being done that is relevant to the individual needs of the child including the provision of inclusive services that are non-discriminatory, in an environment that takes into account ethno-cultural, racial, linguistic and ancestral diversity.

{PR 2008-2}

#### **14.2 Individual Needs of the Child – Gender Specific Needs**

The case file indicates what is being done that is relevant to the individual needs of the child including the accommodation of gender-specific needs.

{PR 2008-2}

#### **14.3 Religious and Spiritual Requirements**

The case file indicates what is being done with respect to the religious and spiritual requirements that are relevant to the individual needs of the child and how religious diets and fasts of recognized faith groups are observed.

{PR 2008-2}

#### **15.0 Identity Characteristics - Services to Children**

The child's file must include 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 children; or regional differences that may affect children.

{O. Reg. 155/18, s.8} {O. Reg. 156/18, s.3(1)(3)}

#### **15.1 Identity Characteristics - Services to First Nations, Inuit or Metis**

For First Nations, Inuit or Métis children and their families, the child's file must include documentation that the licensee 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)}

#### **15.2 Identity Characteristics - Informing and inquiring**

The child's file must include 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.

{O. Reg. 156/18, s.4(8)}

#### **15.3 Resource Person**

The child's file must include 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}

#### **15.4 FNIM — Complementary Services**

For First Nations, Inuk or Métis children, the child's file must include 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 s.1(2) Paragraph 6}

{O. Reg. 156/18, s.6}

#### **16.0 Serious Occurrences**

The child's file must include a recording of any serious occurrences reported by the foster parents or other persons or agencies involved with the care of the child including a description of the occurrence, who reported it, the date and the time.

{O. Reg. 156/18, s.132 (m)}

### **17.0 Physical Restraints**

Where the service provider has used or permitted the use of physical restraint on a child.

The child file must include a written report of the debriefing with the child who was subject to the physical restraint and the persons involved in the use of the restraint.

The report must set out any information reported by the child or young person during that debriefing, including any information about services and supports the child or young person may require as a result of the restraint.

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

### **17.1 Physical Restraints**

Where the service provider has used or permitted the use of physical restraint on a child.

The child file must include a written report that sets out any information reported by the child during the second debriefing process, including any information about services and supports that the child may require as a result of the restraint.

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

### **18.0 Mechanical Restraints – Authorized Use**

The child file must include documentation that 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)}

### **18.1 Mechanical Restraints – Plan of Treatment for PASD**

The child file must include documentation that the plan of treatment or plan for the use of a PASD:

1. Includes required consent,
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)}

### **18.2 Mechanical Restraints – Plan of Treatment Content**

The child file 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 or designate.

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)}

### **18.3 Mechanical Restraints – Plan for Use of PASD Content**

The child file must include a written plan for the use of a PASD which includes a description of:

1. 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. 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. 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)}

### **18.4 Mechanical Restraints – Not Used as Punishment**

The child file must include documentation that mechanical restraints described throughout O. Reg. 155/18 have not been used on a child for the purposes of punishment or solely for the convenience of the service provider, foster parent or staff member who is providing the service.

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

### **18.5 Mechanical Restraints – Rules Regarding Use**

Where a mechanical restraint was used:

The child file must include documentation that,

1. The least intrusive type of mechanical restraint that is necessary was used,
2. The mechanical restraint was applied using the least amount of force that is necessary in the circumstances,
3. The child was not secured by a mechanical restraint to a fixed object or another person,
4. 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,
5. The mechanical restraint was not used on the child for the purposes of punishment or solely for the convenience of the service provider, foster parent or staff member who is providing the service, and
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 restraints 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)}

### **18.6 Mechanical Restraints – Application and Maintenance**

Where a mechanical restraint was used:

The child file 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)}

### **18.7 Mechanical Restraints – Duration of Use**

Where the use of a mechanical restraint is authorized by a plan of treatment:

The child file must include 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)}

### **18.8 Mechanical Restraints - Appropriate Use**

Where the use of a mechanical restraint is authorized by a plan of treatment:

The child's file 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 or foster parent who was permitted to use mechanical restraints on the child and a description of the training, instruction or education that the staff member or foster parent received.

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

### **18.9 Mechanical Restraints - Plan of Treatment in File**

The child file 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 from the licensee or designate.

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

### **18.10 Mechanical Restraints - Intervals for Review**

The child file must include documentation that a plan of treatment or plan for the use of a PASD has been evaluated to ensure it complies with the requirements of LGIC 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)}

### **18.11 Mechanical Restraints - Additional Review of Plan**

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

- a. New information comes to the attention of the service provider respecting the child's needs.
- b. There is a change to the needs of the child such that an intervention set out in the plan is no longer necessary.
- c. An intervention set out in the plan has been shown to be ineffective.

- d. 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)}

**18.12 Mechanical Restraints- Individuals Involved in Evaluation of Plan**

The child file must include documentation 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)}

**18.13 Mechanical Restraints - Plan of Treatment Reviewed by Staff**

The child file must include the following documentation:

- 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)}

**18.14 Mechanical Restraints - Service Provider Who Does Not Permit Use**

The child's file must include documentation 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)}

**18.15 Mechanical Restraints - Service Provider Who Permits Use**

The child file 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)}

**18.16 Mechanical Restraints - Service Provider Who Permits Use – Timelines**

The child file must include documentation confirming that the orientation matters pertaining to mechanical restraints or the use of PASDs was provided to the child, and their parents, at the following times:

- 1. Upon the child beginning to receive services, 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)}

## Child/Youth Interview

### 1.1 Review of Rights and Complaint Procedure

The child confirms that requirements under section 9 of the Act related to the rights of children and complaints procedure were reviewed with them upon placement and at the following intervals (where applicable):

- i. 30 days after placement,
- ii. 90 days after placement,
- iii. 180 days after placement and every 180 days after that.

{CYFSA Part II s. 9(a)(b)(e)(f)}

### 1.2 Complaints

The child should confirm 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.
3. They were aware that their complaint was reviewed by someone other than the person in respect of whom the complaint was made.

{O. Reg. 155/18, s.22(1)(g)(3)(d)}

### 1.3 Complaints

The child should confirm the following, if the child made the complaint or was the subject of the complaint, any conduct that gave rise to a complaint:

1. They were asked to participate in the debriefing process,
2. They were asked to identify whether they wanted an adult to be included in their debriefing as a support person.
3. Their debrief was focused on understanding their experiences which 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(2)(3)(4)}

### 1.4 Orientation

The child should confirm and describe that/how the following information was explained to them at the time of their placement to the foster home, and seven days thereafter:

- a) the foster home and any program provided in the foster home;
- b) the procedures that exist for a foster child to express concerns or make complaints;
- c) the procedures to be followed when a fire alarm is activated or a fire is discovered, including the roles and responsibilities of the foster children;
- d) the licensee's policy as to whether or not the licensee uses or permits the use of physical restraints;
- e) if applicable, the circumstances in which physical restraints may be used, including,
  - (ii) what constitutes a physical restraint under the Act, and
  - (iii) the rules governing the use of physical restraints under the Act, 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;
- f) if applicable, the circumstances in which mechanical restraints may be used, including,
  - (ii) what constitutes a mechanical restraint under the Act, and
  - (iii) the rules governing the use of mechanical restraints under the Act, including the circumstances in which the child may be restrained by means of mechanical restraints and the procedures that must be followed after any such use of mechanical restraints; and
- g) the foster 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. The above noted



information was explained to them in a manner that they understood, and they had opportunities to ask questions and seek clarity on any information that they did not understand.

{O. Reg. 156/18, s.130.1(1)}

### **2.0 Placement Accompaniment By**

The child states that a person they know, or a person designated by the licensee or approved by the placing agency accompanied them to the foster home on the date on which the child is placed in the foster home.

{O. Reg. 156/18, s.130 (a)}

### **3.0 Own Bed**

The child indicates that they have their own bed with a clean mattress and bedding suitable to their age and size and appropriate for the weather and climate.

{O. Reg. 156/18, s.125(1) Paragraph 3}

### **3.1 Not Detached**

The child indicates that their bedroom is not detached from the rest of the foster home or in an unfinished attic, or basement or in a stairway or hall.

{O. Reg. 156/18, s.121(8) Paragraph 2}

### **3.2 No Sharing with Adults**

The child indicates that they do not share a bed or sleeping room with an adult couple or adult of the opposite sex.

{O. Reg. 156/18, s.125(1) Paragraph 4}

### **3.3 Heat**

The child indicates that the home is equipped with a means of providing and maintaining a supply of heat to habitable rooms.

{O. Reg. 156/18, s.121(7)(c)}

### **3.4 Safe Environment**

The child indicates that the home is maintained in a manner that supports the safety and well-being of children, including that the home and its grounds are safe and clean and that any materials, equipment or furnishings located on the premises are clean and in good working order.

{O. Reg. 156/18, s.121(7)(d)}

### **3.5 No Sharing 7 Years or Older**

The child, 7 years of age or older indicates they do not share a bedroom with another child of the opposite sex.

{O. Reg. 156/18, s.125(1) Paragraph 5}

### **3.6 Fire Procedures**

The child should confirm upon placement in the foster home they were informed of the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities, they are aware where a copy of the procedure is posted, and that the procedure is practiced.

The above noted information was explained to them in a manner that they understood, and they had opportunities to ask questions and seek clarity on any information that they did not understand.

{O. Reg. 156/18, s.134(c)(d)} {O. Reg. 156/18, s.130.1(1)(c)}

### **4.1 Contact with Parent**

The child confirms that they have involvement with their parents or persons with lawful custody.

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

### **5.1 Knowledge of Process - Residential Placement Advisory Committee (RPAC)**

The child confirms knowledge of the review procedures available for children under sections 64, 65 and 66 of the CYFSA which pertain to the Residential Placement Advisory Committee for requesting a change in placement and their right to a review of the decision.



{CYFSA s 9(c), 64, 65 and 66}

#### **6.0 Education**

The child should confirm they have a space or spaces within the foster home 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(1)}

#### **7.1 Privacy in Regard to Mail, Electronic Mail and Phone Calls**

The child confirms that they have a right, to send and receive written communications that are not read, examined or censored by another person, subject to subsections (3) and (4).

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

#### **8.1 Access to Information**

The child confirms that information held by the licensee on a foster child is made available to them.

\*based on child's capacity

{Condition 10(a)}

#### **9.1 Clothing**

The child confirms that they have been provided with clothing that is of good quality and appropriate for the child, given the child's size and activities and prevailing weather conditions.

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

#### **10.0 Safety Plan**

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

{O. Reg. 156/18, s.129.1(2)}

#### **11.0 Plan of Care**

The child should confirm and describe how the care they receive in the residence is reflected in the plan of care.

{O. Reg. 156/18, s.131.5}

#### **11.1 Plan of Care**

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

1. They understand 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. They were actively involved in the development or review of their plan of care and were encouraged to participate in this process, given their age and maturity.
3. They received a copy of their plan of care in the requested format.

{O. Reg. 156/18, s.131.2(1)(5)(14)}

#### **12.0 Annual Doctor and Dentist Appointments**

The child confirms that they have had an assessment of health, vision, dental and hearing at least once every 13 months.

{O. Reg. 156/18, s.119(2)(k)(iii)}

#### **13.1 Money Earned by Foster Child**

The child confirms that they are supported in relation to any work done and money earned inside and outside the home.

{O. Reg. 156/18, s.119(2)(m)}

#### **14.1 Portion Sizes**

The child confirms that portion sizes are appropriate and extra portions of food are provided to individual residents if requested by the child, placing agency, guardian or parent.

{PR 2008-1B:2 (b)}

**14.2 Set Meals and Social Group Time**

The child confirms that there are set mealtimes where possible and they are social times.

{PR 2008-1B:3 (a)(b)}

**14.3 Medical and Behavioural Advice**

The child confirms that medical and/or behavioural advice was obtained if they have food allergies including anaphylactic reactions, eating disorders and unique needs related to food, feeding and nutrition.

{PR 2008-1B:4 (a)(b)(c)}

**14.4 Health Education and Food Handling and Preparation**

The child confirms that they have been provided with educational material about proper nutrition and about food handling and food preparation in a format that is suitable to the child's level of understanding.

{PR 2008-1B:5 (a)(b)}

**14.5 Culturally Diverse Foods**

The child confirms that they are served food that reflects their culture, traditions and celebrations.

{PR 2008-1B:6 (a)(b)}

**14.6 Prohibited Disciplinary Practices for Foster Care**

The child confirms that food is not used to bribe, punish, reward or coax.

{PR 2008-1B:9 (b)}

**15.0 Unacceptable Disciplinary Practices**

The child confirms that he/she has not been subject to unacceptable disciplinary practices by foster parents or by another child or group of children condoned by foster parents.

{O. Reg. 156/18, s.119(2)(e)}

**16.0 Accompaniment to Medical Appointments by a Foster Parent or Staff**

The child confirms that they are accompanied to scheduled medical appointments with respect to their wishes.

{PR 2011-2:4 (a)}

**17.1 Program Description Reviewed with Child**

The child confirms that the program description related to cultural competence and policies and procedures related to the rights of children were reviewed with them upon placement, 30 days after placement, 90 days after placement, 180 days after placement and every 180 days after that.

{O. Reg. 155/18, s.9} {PR 2008-2}

**17.2 Meeting of Religious or Spiritual Needs**

The child confirms that they have the right to attend any religious or spiritual functions and participate in religious diets or fasts of recognized faith groups.

{PR 2008-2}

**18.1 Child's Knowledge of Abuse Procedures**

The child confirms that they are aware of the process that will be followed during an abuse investigation, including being informed of the outcome.

{PR 1994-0202-13 (c)}

**19.1 Identity - Services to Children**

The child 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 licensee'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 s. 12(b), 14(a)} {O. Reg. 155/18, s. 8(1)(a)} {O. Reg. 156/18, s.3(1)}

{O. Reg. 156/18, s.4(1)(a)(b)(c)(2) paragraphs 1,2,3, (4)(b)(5)(a)(i)(ii)}

### **19.2 Identity - Services to FNIM Children**

For First Nations, Inuit or Métis children and their families, are able to confirm 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)} {O. Reg. 156/18, s.4(5)(b)(d)}

### **19.3 Identity Characteristics - Resource Person**

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

### **20.1 Physical Restraints**

Where a physical restraint has been used on the child.

The child should confirm and describe that after the end of a physical restraint used on them, a debriefing was conducted with the persons involved in the use of the restraint and the following was discussed in a manner they understood, and they had opportunities to ask questions and seek clarity on any information they did not understand:

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

The child confirms the debriefing was conducted within 48 hours, or as soon as possible after.

{O. Reg. 155/18, s.12(2)(4)(4.1)(5)(6)}

### **20.2 Physical Restraint**

The child confirms that if they witnessed a physical restraint, they were involved in a debriefing within 48 hours, or as soon as possible after.

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

### **21.1 Mechanical Restraints**

The child should confirm 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)}

### **21.2 Mechanical Restraints**

The child should confirm, in instances where they reside in a setting which permits the use of mechanical restraints, that 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)}

### **21.3 Mechanical Restraints**

The child should confirm that the orientation matters pertaining to mechanical restraints or the use of PASDs was provided to the child at the following times:

1. Upon 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. Upon the child 's request

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

#### **21.4 Mechanical Restraint**

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

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

## Foster Parent Interview

### 1.1 Confirmation of Orientation Prior to First Placement

Foster parents confirm that training with respect to the policies and procedures of the foster home occurs prior to the placement of the first foster child in the home and then once every 12 months after the initial training.

{O. Reg. 156/18, s.120(1)(2)}

### 1.2 Foster Parent Development

The foster parent confirms that the licensee's policies and procedures include foster parent development.

{O. Reg. 156/18, s.119(1)}

### 1.3 Foster Parent Learning Plans - Consultation

The foster parent confirms that they were consulted in the development and review (where applicable), of their Learning Plan, including for the purposes of identifying their individualized learning objectives.

{O. Reg. 156/18, s.120.1(3)} {O. Reg. 156/18, s.120.2(4)}

### 1.4 Foster Parent Training - Approved Foster Parents - Standard First Aid and CPR

Foster parents approved to provide foster care confirm that they have completed standard first aid, including infant and child CPR, and that they hold a valid certification of completion of such training issued by a training agency approved by the Workplace Safety and Insurance Board.

The foster parent also confirms that they have held a valid certification throughout their tenure as foster parents for the licensee.

{O. Reg. 156/18, s.121(1)(e)(11)} {Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care}

### 1.5 Foster Parent Training - Proposed Foster Parents - PRIDE/SPIRIT

Foster parents who were approved to provide foster care on or after the July 1, 2023, confirm that they completed the following training prior to their approval as a foster parent:

Parent Resources for Information, Development and Education (PRIDE) or Strong Parent Indigenous Relationships Information Training (SPIRIT)

{O. Reg. 156/18, s.121(1)(c)} {Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care}

### 1.6 Foster Parent Training - Proposed Foster Parents - Cultural Competency

Foster parents who were approved to provide foster care, on or after July 1, 2023, confirm that they completed training on First Nations, Inuit and/or Métis cultural competency no later than six months after they were approved to provide foster care and are able to generally speak about the training and the information provided and/or skills acquired which may include:

- a. Minimum of 4 hours in length.
- b. Interactive and provided information and skills on how to recognize and support the cultures, heritages, traditions, connection to community and concept of the extended family of the First Nations, Inuit or Metis foster children that could be or are placed in their foster home.
- c. A trauma-informed lens, with the following themes: anti- racism, anti-oppression, personal biases; the history of First Nations, Inuit and Métis peoples in Canada as well as impacts and intergenerational effects of colonial policies and practices, such as residential schools, and; training on First Nations, Inuit and Métis world views.
- d. Developed or co-developed and delivered or co-delivered by: a band or First Nations, Inuit or Métis community or; an entity listed in Training on the Provision of Foster Care.

Exemption: a foster parent is exempt from the requirement for training on First Nations, Inuit and/or Métis cultural competency if the person identifies themselves as a First Nations, Inuk or Métis person.

{O. Reg. 156/18, s.121(1)(c)} {Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care}

### **1.7 Foster Parent Training - Proposed Foster Parents - Trauma Informed Care**

Foster parents who were approved to provide foster care on or after the July 1, 2023, confirm that they completed training on trauma informed care no later than six months after they were approved to provide foster care and are able to generally speak about the training and the information provided and/or skills acquired which may include:

- a) Minimum of 4 hours in length
- b) Provided the foster parent(s) with knowledge and skills to enable them to provide trauma-informed care to foster children.
- c) Themes related to promoting and emphasizing the foster child's well-being and trauma theory which shifts the focus from "what's wrong with you?" to "what happened to you?" by addressing the following topics:
  - i. Understanding the impact of trauma and paths to recovery and well-being,
  - ii. Recognizing signs and symptoms of trauma in children and youth, and
  - iii. Learning how to actively resist re-traumatization
- d) Developed or co-developed with an organization that provides mental health services and supports to children and youth.

{O. Reg. 156/18, s.121(1)(c)} Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care

### **1.8 Foster Parent Training - Foster Parents - Approved prior to July 1, 2023**

Foster parents approved prior to July 1, 2023, confirm that they have completed the training (no earlier than July 1, 2018) which meets the requirements as described under Foster Parent Training – Requirements for Proposed Foster Parents and are generally able to speak about the training and the information provided and/or skills acquired regarding:

- Training on First Nations, Inuit and/or Métis cultural competency, and
- Training on providing trauma-informed care.

Exemption: A foster parent is exempt from the requirement for training on First Nations, Inuit and/or Métis cultural competency if the person identifies themselves as a First Nations, Inuk or Métis person.

{O. Reg. 156/18, s.121(1)(c)} {Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care}

### **2.0 Annual Review of Foster Home Signed by Foster Parents and Licensee**

The foster parent confirms that a written review of the home is completed and signed by the licensee and foster parents at least every 12 months.

{O. Reg. 156/18, s.131(5)}

### **2.1 Annual Reviews and Interviews**

The foster parent confirms that the review of the service agreement takes place at least every 12 months and consists of at least one interview with the foster parent or parents and any other individual who lives in the foster home.

{O. Reg. 156/18, s.131(4)}

### **2.2 Annual Assessment**

The foster parent confirms that as part of the annual review process:

1. A written assessment is completed by the licensee respecting the ongoing suitability of the foster parent(s) to provide foster care
2. The licensee meets with the foster parent(s) in order to communicate the results of the completed assessment, and,
3. The completed assessment is signed by the foster parent(s).

{O. Reg. 156/18, s.123(6)}

### **3.0 Storage of Firearms and Ammunition**

The foster parent confirms that all firearms and ammunition are locked up and stored in a place that is inaccessible to children at all times.

{O. Reg. 156/18, s.136}

### **3.1 Smoke Alarms in Good Working Order**

The foster parent confirms that smoke alarms that meet the requirements of the fire code respecting standards for smoke alarms, are located on each story of the foster home and additional smoke alarms that meet those requirements are located in each bedroom and sleeping area in the home.

{O. Reg. 156/18, s.134(a)}

### **3.2 Pool Is in Compliance with Local By-Laws and Public Health Requirements**

The foster parent confirms that where there is a swimming pool on the grounds of the foster home, it complies with all applicable by- laws and public health requirements respecting the pool.

{O. Reg. 156/18, s.121(7)(e)}

### **3.3 Fire and Emergency Procedures Plan**

The foster parent confirms that:

They have participated in the development of a written fire and emergency procedures plan for the foster home, a copy is kept in the home, and that the plan is reviewed as often as is necessary to support the safety of children receiving foster care in the foster home but at least once every 12 months.

{O. Reg. 156/18, s.133(2)(3)(4)}

### **3.4 Fire Procedures**

The foster parent confirms that:

A copy of the on the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities, and the roles and responsibilities of the children place in the home, is posted in the foster home and practiced at least once every six months in the foster home, and a record of each practice is kept.

{O. Reg. 156/18, s.134}

### **3.5 Advised of Transportation and Travel Policy**

The foster parent confirms that they have been advised of the agency's policies and procedures for transportation and travel inside and outside the Province.

{Condition 7}

### **4.0 Conditions on Placement**

The foster parent should confirm they were informed of all information included in the pre-placement assessment, including information about the child and whether their needs can be met in the foster home.

{O. Reg. 156/18, s.128(3)(d)}

### **4.1 Information Shared with Foster Parents**

The foster parent confirms that they receive, in writing and at the time of placement, information about the child's health and medical and dental history necessary for the care of the child, including specification of any medical disorders, disabilities, special needs, allergies or limitations on activity.

{O. Reg. 156/18, s.130(b)}

### **4.2 Information about Nature and Circumstances of Previous Abuse**

The foster parent confirms that reports containing information about the nature and circumstances of abuse suffered by children in their care has been provided.

{{PR 1994-0202-08}}

### **4.3 7- and 30-Day Visit by the Worker**



The foster parent confirms that the support worker visited the foster family home where the child is placed and consulted with at least one foster parent within 7 days after the placement and within 30 days after the placement.

{O. Reg. 156/18, s.122(2)}

#### **5.0 Safety Plan - Development**

Where the child requires a safety plan, the foster parent states whether they were engaged in the development and review of safety plans for children in their care and that they received a copy of such safety plans.

{O. Reg. 156/18, s.129.1(2)}

#### **5.1 Safety Plan – Review**

Where the child requires a safety plan, the foster parent should confirm that:

1. They are aware of the process related to reviews of safety plans and when a review may be required,
2. They disclosed to the licensee any information about the child and behaviours they are presenting which may pose a risk to themselves or others.

{O. Reg. 156/18, s.129(4)(e)} {O. Reg. 156/18, s.129.2(1)}

#### **5.2 Safety Plan – Review and Sign Off**

Where the child requires a safety plan, the foster parent should confirm:

1. They have reviewed the safety plan for each child whom they provide direct care to 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 the safety plan for each child whom they provide direct care to, after each review.

{O. Reg. 156/18, s.129.3(1)(3)(a)(b)(c)}

#### **5.3 Safety Plan – Availability**

Where the child requires a safety plan, the foster parent should confirm 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 foster home where the child resides.

{O. Reg. 156/18, s.129.4(b)}

#### **5.4 Safety Plan – Care Provided**

Where the child requires a safety plan, the foster parent should confirm the direct care they provide to children is done in accordance with their safety plan, where applicable.

{O. Reg. 156/18, s.129.5}

#### **6.0 Plan of Care – Development and Review**

The foster parent confirms they were involved in the development or review of the child’s plan of care.

{O. Reg. 156/18, s.131.2(5)}

#### **6.1 Plan of Care – Review and Availability**

The foster parent should confirm they have reviewed the child’s most recent plan of care and are able to describe general information about its contents.

They should also confirm that there is a copy of the child’s most recent plan of care in the foster home that is readily available to all individuals who are providing direct care to the child on behalf of the licensee.

{O. Reg. 156/18, s.131.4(1)}

#### **6.2 Plan of Care – Care Provided**

The foster parent should confirm and describe how they are providing care to the child in accordance with their plan of care.

{O. Reg. 156/18, s.131.5}

### **7.1 Reporting Requirements for Serious Occurrences**

The foster parent confirms that the agency has advised them that all serious occurrences must be reported to the licensee and the ministry within 24 hours.

{Condition 6}

### **7.2 Reporting Requirements for Level 1 Serious Occurrences**

Foster parents 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}

### **7.3 Criteria for Serious Occurrences**

The foster parent confirms that serious occurrences may include the following:

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

{Condition 6} {Policy - Serious Occurrence Reporting Guidelines, 2019}

### **8.0 Worker Visits When More than One Child in the Home**

The foster parent confirms that where there is one or more children placed in the home, at least every three months:

- a) The support worker visits the foster home, and
- b) Their Foster Parent Learning Plan is reviewed.

{O. Reg. 156/18, s.122(4)(a)(b)}

### **8.1 Support Where No Children Placed in the Foster Home**

The foster parent confirms that when there is no child placed with the family the support worker, maintained contact with the foster family at least once every three months and review the foster parent learning plan for each foster parent.

{O. Reg. 156/18, s.122(4)(a)(b)}

### **9.0 Foster Parent Inquiries within Three Business Days**

The foster parent confirms that the licensee or designate has responded to any foster parent inquiries within three business days.

{O. Reg. 156/18, s.119(2)(l)(4)}

### **10.0 Foster Parent - Relief**

The foster parent confirms that the licensee has written policies and procedures for the provision of temporary and planned relief care to the children receiving foster care in the foster home by a person who is not a foster parent, including on an emergency basis; and shall ensure that a resource worker is available to respond within 24 hours to emergencies reported by foster parents.

{O. Reg. 156/18, s.119 (2)(g)} {Condition 8}

### **11.0 Education – Space Provided to Complete Studies**

The foster parent should confirm how they create 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)}

#### **11.1 Education – Informing of Absences**

The foster parent should confirm 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 alternative educational program and the reasons for the absence:

Before the absence occurs, OR

How they do so within 24 hours after learning of the absence if they are not able to do so before absence occurs.

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

#### **12.0 Child's Purchase/Possession of Goods**

The foster parent confirms that the licensee has written policies and procedures with respect to the purchase and possession or removal of any goods, for, or by, the foster child that pose a threat to the foster child or the foster family's health and/or safety.

{CYFSA Part II s.10(3)(a)-(c) s.12(a)} {O. Reg. 156/18, s.119(2)(i)}

#### **13.1 Child's Right to Mail, Electronic Mail**

The foster parent confirms that they have been made aware by the licensee of the foster child's right to privacy and to receive and send written communications.

A child in care has a right to send and receive written communications that are not read, examined or censored by another person, subject to subsections (3) and (4). A child in care has a right;

- a. To have reasonable privacy and possession of their own personal property, subject to section 155.

{CYFSA Part II s.10(1)(c) s.12(a)}

#### **14.1 Suitable Clothing for Children**

The foster parent confirms that the child has been provided with clothing that is of good quality and appropriate for the child or young person, given their size and activities and prevailing weather conditions.

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

#### **15.0 Daily Chores, Employment and Use of Money**

The foster parent confirms and follows the licensee's written policies and procedures with respect for the manner in which a foster child is supported in relation to any work done and money earned by the foster child both inside and outside of the foster home.

{O. Reg. 156/18, s.119(2)(m)}

#### **16.1 Food and Nutrition - Policy Review**

Foster parent confirms that they have reviewed the policy and it has been implemented.

{PR 2008-1B}

#### **16.2 Food and Nutrition - Portion Sizes**

The foster parent confirms that portion sizes are appropriate, and that extra food is provided to individual residents if requested by the child or guardian.

{PR 2008-1B:2 (b)}

#### **16.3 Food and Nutrition - Set Times and Social Group Time**

The foster parent confirms that there are set mealtimes where possible and describes how they are social group times.

{PR 2008-1B (a)(b)}

#### **16.4 Food and Nutrition - Medical and Behavioural Advice**

The foster parent confirms that medical or behavioural advice is obtained for those with food allergies and/or eating disorders and for those who overeat or refuse to eat.

{PR 2008-1B:4 (a)(b)}

#### **16.5 Food and Nutrition - Food Handling and Preparation**

The foster parent confirms that information about food handling and food preparation is provided to children.

{PR 2008-1B:5 (a)}

#### **16.6 Food and Nutrition - Cultural Diversity**

The foster parent confirms that he/she supports and facilitates culturally diverse menus.

{PR 2008-1B:6 (a)(b)}

#### **16.7 Food and Nutrition - Not Used as Punishment**

The foster parent confirms that food is not used to bribe, punish, reward or coax children.

{PR 2008-1B (a)(b)}

#### **17.0 Health Care Responsibilities and Medication**

The foster parent confirms they have been informed of respective roles in relation to the provision of health care, including the administration of prescription medication and situations that may require hospitalization, medical or surgical treatment or emergency medical care and an assessment of the health, vision, dental and hearing condition of the children at least once every 13 months.

{O. Reg. 156/18, s.119(2)(k)} {O. Reg. 156/18, s.120(1)}

#### **17.1 Medication - Stored in Locked Containers**

The foster parent confirms that medications are kept in locked containers.

{O. Reg. 156/18, s.135(a)}

#### **18.1 Trained on Policy**

The foster parent confirms having been trained on the policy for the Safe Administration, Storage and Disposal of Medication and the policy for the Communication and Transfer of Medication Information.

{PR 2011-1 & PR 2011-2}

#### **18.2 High Risk Situations**

The foster parent is familiar with “high risk” situations involving psychotropic medications as follows:

- 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.

{PR 2011-1:4}

#### **18.3 Addressing High Risk Situations**

The foster parent identifies the methods of addressing these high-risk situations as follows:

- Notifying the placing agency and/or parent or legal guardian of high-risk situations. The placing agency and/or parent or legal guardian may wish to contact the prescribing physician or seek a second opinion where appropriate
- Documenting actions taken in the child’s case record.

{PR 2011-1:4 (a)}

### 19.1 Information Obtained

The foster parent confirms that they obtain information about prescribed medications and possible side effects and share this information with the child.

{PR 2011-2:2 (a)(b)}

### 19.2 Accompanying Child to Medical Appointments

The foster parent confirms that children are accompanied to scheduled medical appointments, in accordance with the policy requirement and the child's wishes.

{PR 2011-2:4 (a)}

### 20.1 Cultural Competency

The foster parent confirms that he/she has reviewed the licensee's policies and procedures related to cultural competency and geographic isolation.

{PR 2008-2}

### 21.0 Complaint Procedure – Orientation

The foster parent states that they were advised of the agency's complaint process for foster children during orientation.

{O. Reg. 156/18, s.119(2)(j)}

### 21.1 Complaint Procedure – Debriefing Required

The foster parent confirms the process for conducting a complaints debrief in accordance with the following rules:

1. The 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)}

### 21.2 Complaint Procedure – Debrief with Child

The foster parent should confirm the debriefing processes with the child who made a complaint, or is subject of the complaint, as well as the debrief with any children who witnessed any conduct that gave rise to the complaint, must:

- a. Be structured to accommodate any child's psychological, communication and emotional needs and cognitive capacity, and
- b. 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)}

### 21.3 Complaint Procedure – Debrief within 7 Days

The foster parent should confirm 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)}

### 22.1 Records Locked

The foster parent confirms that records are kept in locked containers that are inaccessible by children.

{O. Reg. 156/18, s.137}

### **23.1 Protocol for Abuse Investigations**

The foster parent confirms that they are aware of the protocols the licensee has established with their local children's aid societies for the investigation and reporting of allegations of abuse in foster homes, including child-on-child abuse.

{PR 1994-0202-12}

### **23.2 Informing about Abuse Investigation Procedures**

The Foster parent confirms being informed during their orientation to foster care, about the policy and the procedures for the conducting of investigations into allegations of abuse and/or protection issues.

{PR 1994-0202-13}

### **23.3 Review of Support Procedures for Abuse Investigations - Orientation**

The foster parent confirms that procedures concerning support to those involved in abuse investigations are reviewed at the time of selection and placement for foster parents and placement for foster children.

{PR 1994-0202-14}

### **23.4 Support Provided**

The foster parent indicates that if they or a member of the immediate family was investigated, support was provided.

{PR 1994-0202-14}

### **24.0 Identity - Services to Children**

The foster parent or foster parents confirms 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)}

### **24.1 Identity - Services to FNIM Children**

The foster parent or foster parents 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)}

### **24.2 Identity Characteristics - Resource Person**

Foster parent or foster parents 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 licensee 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)}

### **24.3 Identity Characteristics - Training for Identity Characteristics, Regional Differences, and FNIM**

Child Training 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 is provided to:



- a. foster parents who make decisions that may materially affect a child's interests, and
- b. foster parents who provide services to Indigenous children within eight months of making decisions or providing services as mentioned above.

{O. Reg. 156/18, s.7(1)(2)(3)}

**25.0 Unacceptable Disciplinary Practices - Harsh or Degrading Responses**

The foster parent confirms and follows the agency's policies and procedures for unacceptable discipline practices including:

Deliberately harsh or degrading responses that could result in the humiliation of a child or the undermining of a child's self-respect.

{Condition 1(b)}

**25.1 Unacceptable Disciplinary Practices - Deprivation of Basic Needs**

The foster parent confirms and follows the agency's policies and procedures for unacceptable discipline practices including:

deprivation of basic needs including food, shelter, clothing or bedding.

{Condition 1(b)}

**25.2 Unacceptable Disciplinary Practices - Locked Room**

The foster parent confirms and follows the agency's policies and procedures for unacceptable discipline practices include placing or keeping a child in a locked room.

{CYFSA Part II s. 5}

**25.3 Unacceptable Disciplinary Practices - Threatening Removal from the Home**

The foster parent confirms and follows the agency's policies and procedures for unacceptable discipline practices including:

Threatening removal of the foster child from the foster home in an attempt to control behaviour.

{Condition 1(b)}

**25.4 Unacceptable Disciplinary Practices - Corporal Punishment**

The foster parent confirms and follows the agency's policies and procedures for unacceptable discipline practices including:

Corporal punishment by foster parents or by another child or group of children condoned by foster parents.

{CYFSA Part II s.4}

**26.0 Physical Restraint Training, Where Permitted**

Where the licensee uses or permits the use of physical restraint:

The foster parent confirms that they have completed training in the use of physical restraints, including completion of a Minister approved training program, training in a particular holding technique that may be used and on the use of less intrusive intervention measures.

{O. Reg. 155/18, s.10(1) Paragraph 5} {O. Reg. 155/18, s.17(3)}

**26.1 Physical Restraint - Imminent Risk**

Where the licensee uses or permits the use of physical restraint:

The foster parent must confirm that any physical restraint is only to be used in situations 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)}

**27.0 Mechanical Restraints – Training**

The foster parent confirms that a staff member or foster parent who are permitted to use a mechanical restraint on a child under O. Reg. 155/18, s. 21 has received the necessary training, instruction or education to allow the staff member or foster parent to use the mechanical restraint in accordance with the child's plan of treatment or plan for the use of a PASD and has an understanding of the permitted and prohibited uses of a mechanical restraint.



{O. Reg. 155/18, s.21(7)}

### **27.1 Mechanical Restraints – Rules Governing Use**

The foster parent 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, foster parent 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)}

### **27.2 Mechanical Restraints – Permitted Uses**

The foster parent states that they may 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 the use of a PASD that is a mechanical restraint to which the child, or their substitute decision-maker as defined in subsection 21 (1) of the Act, has consented, and
1. The plan of treatment or plan for the use of a PASD:
  - a) includes the content required by O. Reg 155/18 s. 4.1 and 4.2
  - 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
    - (ii) it clearly indicates the amendments that were made and
    - (iii) 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.

For the purposes of clause (2) (b) O. Reg 155/18 s. 21, 21.1 and 21.2, 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 that is a mechanical restraint 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)(3)}

### **27.3 Mechanical Restraints – Review Plan of Treatment for PASD**

The foster parent should 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 and dated the plan of care or 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)}

## Foster Worker/Staff File Review

### 1.0 Complaint Received

The staff or foster worker file must contain the following, if a complaint has been made which relates to the staff or foster worker:

1. The date and time of each debrief involving the foster worker, 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}

### 2.0 Qualifications – Certificate, Diploma, or Degree

The staff/foster worker file must contain the following documentation, in instances where they are considered qualified based on their certificate, diploma or degree:

1. Their job title and a description of their responsibilities.
2. A copy of their 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 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.

Note: if a certificate, diploma, or degree was obtained outside of Ontario, the licensee should 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)(5)(6)}

### 2.1 Qualifications – Experience and Skills

Where persons considered qualified based on their experience and skills, their file must contain the following documentation:

1. The persons' 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.

Documentation for when a person identifies as a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Person, is qualified based on their experience and skills.

{O. Reg. 156/18, s.80.3(3)(b)(6)}

### 2.2 Qualifications - First Nations, Inuit, or Métis Person

Where person has identified as a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Persons, their file must contain the following documentation:

1. The persons' 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)(6)}

#### **2.4 Qualifications - Enrolled in Educational Program**

Where a person is considered qualified based on the fact that they are enrolled in a program to obtain a certificate, diploma or degree that satisfies regulatory requirements set out in s. 80.3(5), their file must contain the following documentation:

1. The persons' job title and a description of their responsibilities.
2. A description of the program the person is enrolled in,
3. The date that the licensee last verified that the person was enrolled in the program (at least every 12 months).
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.
6. Documentation on how the staff person is supervised, who is responsible for supervising them and a description of their supervisors' qualifications.

{O. Reg. 156/18, s.80.3(4)(a)(b)(5)(6)}

#### **3.0 Physical Restraints**

Licensed foster care setting that uses or permits the use of physical restraint:

The file of staff or foster worker, who provide direct care to a child in a licensed foster care setting that permits the use of physical restraint, must contain documentation confirming they have completed a Minister approved training program on physical restraint, including training in a particular holding technique that may be used.

{O. Reg. 155/18, s.17(3)}

#### **4.0 Mechanical Restraints**

The file of staff or foster worker, who provide direct care to a child must contain 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)}

## Foster Worker/Staff Interview

### 1.0 Interview(s) with Applicants

The foster care worker confirms that a no foster parent application is approved unless:

- a) At least one interview with each proposed foster parent in the proposed foster home and, in the case of two proposed foster parents, also conduct an interview together with both proposed foster parents in the proposed foster home,
- b) The results of the interview indicate that the foster parent or parents remain suitable to receive a child for the purposes of providing foster care,
- c) Any training required for approval as a foster parent has been completed,
- d) The licensee or designate has developed a Foster Parent Learning Plan for the foster parent, and
- e) The foster parent has a valid certificate in standard first aid, including infant and child CPR, issued by a training agency approved by the Workplace Safety and Insurance Board

{O. Reg. 156/18, s.121(1)(a)(b)(c)(d)(e)(2)(a)}

### 1.1 Meeting with All Other Persons Living in the Home

The foster care worker confirms that a no foster home is approved unless all other persons living in the home of the proposed foster parent or parents have been met.

{O. Reg. 156/18, s.121(2)(b)}

### 1.2 Review of P&P for Child Abuse and Neglect

The foster care worker indicates that the written policies and procedures regarding acceptance or rejection of applicants that specifically cover verified and suspected child abuse and neglect, are provided to workers responsible for foster family assessments.

{Condition 1(a)}

### 2.0 Review of Home/Assessment

The foster care worker confirms that a visit is conducted of the home of the proposed foster parent or parents to determine whether or not it is suitable for placement of a foster child prior to approval. Including an assessment of,

- (ii) the common living areas of the home,
- (iii) the sleeping area for a foster child,
- (iv) the grounds surrounding the home, and
- (v) the play space used by the children in the foster home; and

(b) take note of the recreational areas within walking distance of the foster home.

The foster care worker also confirms that a written assessment is completed by the licensee and shared with the proposed foster parent or parents within 5 business days once it is determined that they are approved.

{O. Reg. 156/18, s.121(2)(f)(4)(a)(b)(6)}

### 2.1 Housing Requirements

The foster care worker confirms that the following requirements are met:

1. Any room to be used as sleeping accommodation must have a window.
2. Any room to be used as sleeping accommodation must not be located in a building detached from the rest of the foster home, in an unfinished attic or basement or in a stairway or hall.

A Director may, in writing, approve an arrangement other than an arrangement required by subsection (8).

{O. Reg. 156/18, s.121(8)(9)}

### 2.2 Sleeping Accommodations

The foster care worker confirms that a child is not placed in the following circumstances:

1. A foster child not having a bed and clean mattress suitable to the age and size of the foster child or bedding suitable to the age and size of the foster child and appropriate for the weather

and climate.

2. A foster child sharing a bed or sleeping room with an adult couple or adult of the opposite sex.

3. A foster child who is 7 or older sharing a bedroom with another child of the opposite sex.

{O. Reg. 156/18, s.125(1) Paragraph 3-5}

### **2.3 Living Space**

The foster care worker confirms that all homes have designated spaces for informal living, dining, food preparation and storage

{O. Reg. 156/18, s.121(7)(a)}

### **2.4 Supply of Heat to All Rooms**

The foster care worker confirm that all homes are equipped with a means of maintaining a supply of heat to habitable rooms.

{O. Reg. 156/18, s.121(7)(c)}

### **2.5 Safe and Well-Maintained Home**

The foster care worker confirms that all homes are maintained in a manner that supports the safety and well-being of children, including that the home and its grounds are safe and clean and that any materials, equipment or furnishings located on the premises are clean and in good working order.

{O. Reg. 156/18, s.121(7)(d)}

### **3.0 Firearms Locked and Inaccessible to Children**

The foster care worker confirms that all firearms and ammunition are locked up and stored in a place that is inaccessible to children at all time.

{O. Reg. 156/18, s.136}

### **4.0 Policies and Procedures**

Foster workers and any person assigned by the licensee to supervise and support the foster parent, confirm that they have received training with respect to the policies and procedures of the foster home.

They state the training was completed before they began to supervise and support the foster parent or parents then once every 12 months after the initial training.

{O. Reg. 156/18, s.120(1)(3)}

### **5.0 Annual Review and Interviews**

The foster care worker confirms that there is a process for a review of the foster care service agreement at least every 12 months that includes at least one interview with the foster parent or parents and any other individual who lives in the foster home.

{O. Reg. 156/18, s.131(4)}

### **5.1 Signing of Annual Review**

The foster care worker confirms that upon completion of the review, the foster parent or parents and the licensee shall sign the agreement that was the subject of the review, and the licensee keeps a copy of it in the foster parent or parents' file.

{O. Reg. 156/18, s.131(5)}

### **6.0 Support When More than One Child in the Home**

The foster care worker confirms that where a foster family has been approved and there are one or more children placed in the home, every three months they will:

- a) Conduct routine foster home supportive visits, and
- b) Review the Foster Parent Learning Plan of each foster parent.

{O. Reg. 156/18, s.122(4)(a)(b)}

### **6.1 Support When No Children in the Home**

The foster care worker confirms that where a licensee approves a foster family, but no child is placed with the family, they maintain contact with the foster family at least once every three months and review the foster parent learning plan of each foster parent.

{O. Reg. 156/18, s.122(4)(a)(b)}

### **7.0 Response to Emergencies Reported by Foster Parent**

The foster care worker confirms that all emergencies reported by foster parents have been responded to by a resource worker within 24 hours.

{Condition 8}

### **8.0 Accompaniment by Person Known to the Child or Other**

The foster care worker confirms that each child is accompanied by a person known to the child or, if the licensee or placing agency or a person designated by the licensee or placing agency approves another person, that person accompanies the child to the foster home on the date on which the child is placed in the foster home

{O. Reg. 156/18, s.130(a)}

### **8.1 7- and 30-Day Visit**

The foster care worker confirms that when they are not the placing agency, the staff person assigned to supervise, visits the foster family home where the child is placed and consults with at least one foster parent within 7 days after the placement and within 30 days after the placement. Where the licensee is not the placing agency the visit shall be conducted in the foster home.

{O. Reg. 156/18, s.122(2)(3)}

### **8.2 Meeting Re: Request for Change in Placement**

The foster care worker confirms that the rights under Part II of the CYFSA of a child in care apply to decisions affecting them, including decisions with respect to the child's placement in or discharge from a residential placement or transfer to another residential placement.

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

### **8.3 Private Interviewing in the Home**

The foster care worker confirms that the workers conduct private interviews with children in each home.

{PR 1994-0202-11}

### **9.0 Rights and Complaint Procedure**

The foster care worker confirms that information set out under s. 9 of the Act, including their rights and responsibilities, the complaints procedure and any applicable review procedure, is provided to the child at the time of placement and again at the following intervals:

- i. 30 days after placement,
- ii. 90 days after placement,
- iii. 180 days after placement and every 180 days after that.

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

### **9.1 Complaint Procedure – Providing Written Summary**

The staff or foster worker, who provide direct care to a child, should confirm 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)}



### **9.2 Complaint Procedure – Debriefing Required**

The staff or foster worker who provide direct care to a child, should confirm their process for conducting a complaints debrief in accordance with the following rules:

1. The 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(1-3)}

### **9.3 Complaint Procedure – Debrief with Child**

The staff or foster worker, who provide direct care to a child, should confirm the debriefing processes with the child or young person who made a complaint, or is subject of the complaint, as well as the debrief with any children who witnessed any conduct that gave rise to the complaint, must:

- a. Be structured to accommodate any child's psychological, communication and emotional needs and cognitive capacity, and
- b. 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)}

### **9.4 Complaint Procedure – Debrief within 7 Days**

The staff or foster worker, who provide direct care to a child, should confirm 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)}

### **10.0 Safety Plan – Development and Review**

The staff or foster worker, who provide direct care to a child, should confirm that:

1. They are aware of the process related to reviews of safety plans and when a review may be required,
2. They disclosed to the licensee any information about the child, and behaviours they are presenting, which may pose a risk to themselves or others.

{O. Reg. 156/18, s.129.2(1)} {O. Reg. 156/18, s.129(4)(e)}

### **10.1 Safety Plan – Review and Sign Off**

The staff or foster worker, who provide direct care to a child, where the child requires a safety plan, should confirm:

1. They have reviewed any safety plan prepared for each child in the care of foster parent(s) they are supervising or supporting 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 the safety plan for each child in the care of foster parent(s) they are supervising or supporting.

{O. Reg. 156/18, s.129.3(1)(3)(a)(b)(c)}

**10.2 Safety Plan – Availability**

The staff or foster worker, who provide direct care to a child, should confirm they know where to locate a copy of each child’s safety plan, where the child requires a 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.129.4(b)}

**10.3 Safety Plan – Care Provided**

The staff or foster worker, who provide direct care to a child, should confirm the care they provide to children is done in accordance with their safety plan, where the child requires a safety plan.

{O. Reg. 156/18, s.129.5}

**11.0 Plan of Care – Availability**

The staff or foster worker, who provide direct care to a child, should confirm they have reviewed the child's most recent plan of care and be able to describe general information about its contents.

They should also confirm that there is a copy of the child’s most recent plan of care at the foster home readily available to all persons who are providing direct care to the child.

{O. Reg. 156/18, s.131.4(1)(a)(b)}

**11.1 Plan of Care – Care Provided**

The staff or foster worker, who provide direct care to a child, should confirm and describe how they are providing care to the child in accordance with their plan of care.

{O. Reg. 156/18, s.131.5}

**11.2 Plan of Care – Individuals Involved**

The staff or foster worker, who provide direct care to a child, should confirm they were involved in the development or review of the child’s plan of care and if not, the reasons for not being consulted or involved.

{O. Reg. 156/18, s.131.2(8)(9)}

**12.0 RPAC**

The foster care worker confirms that where a child is objecting to their placement the licensee or person designated by the licensee shall inform the child of their right to a review by a Residential Placement Advisory Committee in accordance with Sections 64, 65 & 66 of the CYFSA.

{CYFSA Part II s. 9(c)}

**12.1 Academic and Educational Support for Child**

The foster care worker confirms that a meeting takes place with the worker and with a representative from the child’s school at least quarterly in order to discuss their adjustment and progress.

{Condition 9}

**12.2 Education**

The staff or foster worker should confirm their 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:

Before the absence occurs, OR

Within 24 hours after learning of the absence, where the staff or foster worker is not able to do so before the absence occurs.

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

**12.3 Purchase and Possession of Goods**

The foster care worker confirms that the agency’s policy contains guidelines for the purchase, possession and removal of goods for or by the foster child that pose a threat to the foster child or foster family’s health and/or safety.

{CYFSA Part II s.10(3)(a-c) s.12(a)} {O. Reg. 156/18, s.119(2)(i)}

### 13.0 Medication - Stored in Locked Containers

The foster worker states that all medication is stored in locked containers.

{O. Reg. 156/18, s.135(a)}

### 14.0 Reporting Requirements for Level 1 Serious Occurrences

The foster worker/staff 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}

#### 14.1 Criteria for Serious Occurrences

The foster worker/staff confirms that serious occurrences are to be reported to the ministry within 24 hours and may include the following:

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

{Condition 6} {Policy - Serious Occurrence Reporting Guidelines, 2019}

### 15.0 Informing about Abuse Investigations

The foster care worker/staff confirms that they have been informed of the licensee's procedures and the protocol the licensee has with the children's aid society for investigating allegations of abuse and/or protection issues.

{{PR 1994-0202-13}}

#### 15.1 Support during Abuse Investigation

The foster care worker/staff confirms that the procedures to be followed concerning support to those involved in abuse investigations are reviewed at the time of selection and placement for foster parents and placement for foster children.

{{PR 1994-0202-14}}

### 16.0 Identity - Services to Children

The staff/foster care worker confirms 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 the child; or regional differences that may affect the 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 licensee.

{O. Reg. 155/18, s.8(1)(a)(b)2(a)(b)(i)(ii)} {O. Reg. 156/18, s.3(1)}

#### 16.1 Identity - Services to FNIM

The staff/foster worker 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)}

### **16.2 Identity - Services to Children - Obligation to Inform**

The staff/foster worker 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 licensee 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)}

### **16.3 Identity Characteristics - Resource Person**

The staff/foster worker states 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 licensee 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)}

### **16.4 Identity Characteristic - Training**

The foster care worker and staff states that training 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 is provided to:

- a) foster parents and workers/staff who make decisions that may materially affect a child's interests, and
- b) foster parents and workers/staff who provide services to Indigenous children.

{O. Reg. 156/18, s.7(1) paragraphs 1,2}

### **16.5 Identity Characteristics - Training After Eight Months**

Foster workers and 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.

{O. Reg. 156/18, s.7(3)}

### **17.0 Disciplinary Practices**

The foster care worker/staff has received training and is knowledgeable with policies that set out methods of discipline and intervention that may be used and may not be used in the home and are provided to all foster parents during training that is delivered before a child is placed in the foster home and then once every 12 months after the initial training.

{O. Reg. 156/18, s.119(2)(e)} {O. Reg. 156/18, s.120(1)(2)}

### **18.0 Physical Restraints – Training Program**

Licensed foster care setting that uses or permits the use of physical restraint:

The staff or foster worker who provide direct care to a child in a licensed foster care setting that permits the use of physical restraints must confirm they have completed a Minister approved training program on physical restraint, including training in a particular holding technique that may be used.

{O. Reg. 155/18, s.17(3)}

### **19.0 Mechanical Restraint – Permitted Uses**

The foster worker/staff who is permitted to use a mechanical restraint on a child, states that they may 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 the use of a PASD that is a mechanical restraint to which the child, or their substitute decision-maker as defined in subsection 21 (1) of the Act, has consented, and

2. The plan of treatment or plan for the use of a PASD:

- a) includes the content required by O. Reg 155/18 s. 4.1 and 4.2
- 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
  - (ii) it clearly indicates the amendments that were made and
  - (iii) 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

For the purposes of clause (2) (b) O. Reg 155/18 s. 21, 21.1 and 21.2, 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 that is a mechanical restraint 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)(3)}

### **19.1 Mechanical Restraint – Rules Governing Use**

The foster worker/staff, who is permitted to use a mechanical restraint on a child, 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, foster parent 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:
  - (ii) When there is a risk that their use will endanger the health or safety of the child;
  - (iii) 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.
  - (iv) If the child, or their substitute decision-maker, withdraws consent to the use of the mechanical restraint.

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

### **19.2 Mechanical Restraint – Training**

The foster worker/staff states that a staff member or foster parent 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 or foster parent to use the mechanical restraint in accordance with the child's plan of treatment or plan for the use of a PASD, and understanding of the permitted and prohibited uses of a mechanical restraint.

{O. Reg. 155/18, s.21(7)}

### **19.3 Mechanical Restraints – Prohibited Uses**

The staff or foster worker who is permitted to use a mechanical restraint on a child under LGIC Reg. 155/18, s. 21, should confirm:

1. The prohibited uses of a mechanical restraint, and
2. They received the necessary training, instruction or education which allows them to use mechanical restraints in accordance with a child’s plan of treatment or plan for the use of a PASD.

{O. Reg. 155/18, s.21(5)(7)}

### **19.4 Mechanical Restraints – Review Plan of Treatment for PASD**

The staff or foster worker, who is permitted to use a mechanical restraint on a child, must 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 and dated the plan of care or 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)}

## Licensee Interview

### 1.0 Policies Provided to Foster Parent(s) and Resource Workers

The licensee confirms that there are written policies and procedures for the foster homes used by the licensee to provide residential care and a copy of the policies and procedures are kept in the foster home in a place that is accessible to each foster parent and to persons assigned by the licensee to supervise and support the foster parent or parents.

{O. Reg. 156/18, s.119(5)}

### 1.1 Orientation - Foster Parents

The licensee confirms that each foster parent approved by the licensee to provide foster care and any person assigned by the licensee to supervise and support the foster parent receives training with respect to the policies and procedures of the foster home in accordance with the requirements:

- A foster parent or parents shall receive the training before a child is placed in the foster home and then once every 12 months after the initial training.
- A person assigned by the licensee to supervise or support the foster parent or parents shall receive the training before beginning to supervise or support the foster parent or parents and once every 12 months after the initial training.
- The foster parent or parents or any person assigned to supervise or support the foster parent or parents reviews any changes to the policies and procedures before the changes take effect.
- The licensee shall keep a record of any training provided in accordance with this section that includes the signature of the person who received the training.

{O. Reg. 156/18, s.120}

### 1.2 Policies and Procedures

The foster care licensee confirms that their policies and procedures are consistent with any applicable requirements set out in the CYFSA, and its regulations and any other applicable law.

{O. Reg. 156/18, s.119(6)}

### 1.3 Policies and Procedures - Applicable Persons

The foster care licensee confirms 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, including foster parents.

{O. Reg. 156/18, s.119(7)}

### 2.0 Recruitment

The licensee confirms that there are procedures for the recruitment, screening and selection of foster parents.

{O. Reg. 156/18, s.118(1)(a)}

### 2.1 Classification

The licensee confirms that there is a system for the classification and utilization of its foster homes.

{O. Reg. 156/18, s.118(1)(b)(i)}

### 2.2 Emergency Placement

The licensee indicates that he/she keeps a list of the number and location of available emergency beds, and the list is available to all workers.

{Condition 5}

### 3.0 Reviewed Dependent on Level of Care

The licensee confirms that there is a system for supervising and evaluating foster homes on an annual basis according to the objectives set for the type and level of care to be provided in the home.

{O. Reg. 156/18, s.118(1)(b)(ii)(iii)}

### 4.0 Qualifications – Certificate, Diploma, or Degree



The licensee is able to describe the process for hiring 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(1)(3)}

#### **4.1 Qualifications – Experience and Skills**

The licensee is able to describe the process for hiring staff and supervisors in alignment with the requirements related to experience and skill holders.

{O. Reg. 156/18, s.80.3(1)(3)}

#### **4.2 Qualifications – Enrolled in Educational Program**

The licensee is able to describe the process for assessing whether persons that fall under category of students employed or otherwise engaged to provide direct care, who are enrolled in a program to obtain a certificate, diploma or degree, satisfy all regulatory requirements applicable, including how they verify, at least once every twelve months, that the person is enrolled in the program.

Licensees should also be able to describe how these persons are supervised and who supervises these persons.

{O. Reg. 156/18, s.80.3(1)(4)(a)(b)(5)(6)}

#### **5.0 Assessment and Screening - Review of P&P for Child Abuse and Neglect**

The licensee indicates that the written policies and procedures regarding acceptance or rejection of applicants that specifically cover verified and suspected child abuse and neglect, are provided to workers responsible for foster family assessments.

{Condition 1(a)}

#### **5.1 Assessment and Screening - Disciplinary Practices**

The licensee confirms that the policies and procedures set out methods of discipline and de-escalation that may be used and may not be used in the home and are provided to all foster parents during orientation.

{O. Reg. 156/18, s.119(2)(e)(3)}

#### **5.2 Assessment and Screening - Interview with Proposed Foster Parent(s)**

The licensee confirms that a no foster parent application is approved unless:

- a. At least one interview with each proposed foster parent in the proposed foster home and, in the case of two proposed foster parents, also conduct an interview together with both proposed foster parents in the proposed foster home,
- b. The results of the interview indicate that the foster parent or parents remain suitable to receive a child for the purposes of providing foster care,
- c. Any training required for approval as a foster parent has been completed,
- d. The licensee or designate has developed a Foster Parent Learning Plan for the foster parent, and
- e. The foster parent has a valid certificate in standard first aid, including infant and child CPR, issued by a training agency approved by the Workplace Safety and Insurance Board

{O. Reg. 156/18, s.121(1)(a)(b)(c)(d)(e)(2)(a)}

#### **5.3 Assessment and Screening - Meeting with all other persons living in the Home**

The licensee confirms that a foster parent application is approved only after the licensee or designate meets with all other persons living in the home of the proposed foster parent or parents.

{O. Reg. 156/18, s.121 (2)(b)}

#### **5.4 Assessment and Screening - Review of Home**

The licensee confirms that the licensee or designate visit the home of the proposed foster parent or parents to determine whether or not it is suitable for placement of a foster child.

{O. Reg. 156/18, s.121(2)(f)}

#### **5.5 Written Assessment Report-Meet within 5 business days**

The licensee states that after satisfying the requirements described in subsections (2) to (5), the licensee or person designated by the licensee, within five business days after determining whether

or not to approve the proposed foster parent or parents, meets with the proposed foster parent or parents in order to communicate the results of the assessment.

{O. Reg. 156/18, s.121(6)(c)}

### **6.0 Capacity of Foster Home**

The licensee confirms that the capacity of each foster home does not exceed four foster children or two if the children are younger than 2 receiving foster care in the foster home at one time unless all are of common parentage or are related to a foster parent and the placement has been approved by a Director.

{O. Reg. 156/18, s.125(1) paragraphs 1 and 2 (2)(a)(b)}

### **7.0 Police Record Checks**

The licensee states that they have implemented the ministry Criminal Reference Check Policy and the Police Records Check policy, which applies to all new staff, volunteers, foster parents, board members and students prior to their having direct contact with children.

{PR 2008-3}

### **8.0 Sleeping Accommodations**

The licensee states that no room without a window is used as a bedroom, no bedroom is in a building detached from the home, or in an unfinished attic or basement or in a stairway or hall. Also that each child has a clean mattress or bedding suitable to the age and size of the child and appropriate for the weather, no foster child shares a bed or sleeping room with an adult couple or adult of the opposite sex and no foster child who is 7 or older shares a bedroom with another child of the opposite sex.

{O. Reg. 156/18, s.121(8)} {O. Reg. 156/18, s.125(1) Paragraph 3, 4 and 5}

### **8.1 Director's Approval for Sleeping Accommodations**

The licensee confirms that where the sleeping accommodations do not meet the requirements in paragraphs 3, 4 and 5, they are used only if approved in writing by the Director.

{O. Reg. 156/18, s.125(4)}

### **8.2 Living Space**

The licensee confirms that all homes have designated spaces for living, dining, food preparation and storage, and separate rooms for sleeping and bathing.

{O. Reg. 156/18, s.121(7)(a)}

### **8.3 Supply of Heat to All Rooms**

The licensee confirms that all homes are equipped with a means of maintaining a supply of heat to habitable rooms.

{O. Reg. 156/18, s.121(7)(c)}

### **8.4 Physical Safety and Health Concerns**

The licensee confirms that all homes are maintained in a manner that supports the safety and well-being of children, including that the home and its grounds are safe and clean and that any materials, equipment or furnishings located on the premises are clean and in good working order.

{O. Reg. 156/18, s.121(7)(d)}

### **9.0 Transportation and Travel**

The licensee confirms that all foster parents have been advised of the agency's policies and procedures for transportation and travel inside and outside the province.

{Condition 7}

### **9.1 Firearms Locked and Inaccessible to Children**

The licensee confirms that firearms and ammunition are locked up and stored in a place that is inaccessible to children at all times.

{O. Reg. 156/18, s.136}

### **9.2 Fire and Emergency Plan**

The licensee confirms that they have developed, with the involvement of the foster parents, a written fire and emergency procedures plan for each foster home approved to provide foster care and they are able to describe what the plan sets out including:

- a. the roles and responsibilities of a foster parent or parents in the event of a fire or other emergency;
- b. designates a place of short-term shelter for situations in which the foster home needs to be evacuated because of a fire or other emergency; and
- c. establishes a procedure for situations in which the foster home needs to be evacuated because of a fire or other emergency.

A copy of the plans are kept in the foster home as well as at the office and are reviewed as often as necessary but at least once every 12 months taking into account any change to the residential setting or the children to whom foster care is provided.

{O. Reg. 156/18, s.133}

### **9.3 Smoke Alarms**

The licensee confirms that each foster home used by the licensee to provide care:

- a. has a smoke alarm that meets the requirements of the fire code respecting standards for smoke alarms is located on each story of the foster home and additional smoke alarms that meet those requirements are located in each bedroom and sleeping area in the home;
- b. the foster parent or parents are instructed on the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities.
- c. upon placement, all children placed in the foster home are instructed upon their placement in the foster home, 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;
- d. the procedures referred to in clauses (b) and (c) are,
  - i. posted in conspicuous places in the foster home, and
  - ii. practiced at least once every six months in the foster home;
- e. a record is kept of each practice under subclause (d) (ii);
- f. the fire alarm is used to initiate fire drills; and
- g. any flammable liquids, including paint supplies, that are kept in the foster home are stored in lockable containers and not stored near any appliance.

{O. Reg. 156/18, s.134}

### **9.4 Swimming Pools**

The licensee states that if there is a swimming pool on the grounds of a foster home, it complies with all applicable by-laws and public health requirements respecting the pool.

{O. Reg. 156/18, s.121(7)(e)}

### **10.0 Annual Review-Meeting**

The licensee confirms and is able to describe that there is a process for an annual foster home review that includes an interview with the foster parent in the foster home or, in the case of two foster parents, each foster parent in the foster home.

{O. Reg. 156/18, s.123(3)(a)(6)(b)(c)}

### **10.1 Service Agreement - Annual Renewal Signed**

The licensee confirms that the foster care service agreement is reviewed at least once in every 12 months and as otherwise requested by a foster parent.

The foster parent or parents and the licensee shall sign the agreement that was the subject of the review, and the licensee shall keep a copy of it in the foster parent or parents' file.

{O. Reg. 156/18, s.131(3)(5)}

### **10.2 Records Locked**

The licensee confirms that foster parents keep records in locked containers that are inaccessible by children.

{O. Reg. 156/18, s.137}

### **10.3 Closure of Home Interview**

The licensee confirms that there are written policies and procedures for the foster homes used by the licensee to provide residential care respecting: closing a foster home, including a requirement that the licensee offer to have an interview with the foster parents regarding the closure of the home.

{O. Reg. 156/18, s.119(2)(b)}

### **11.0 Accompaniment by Person Known to the Child or Other**

The licensee confirms that each child is accompanied by a person known to the child on the date on which the child is placed in the foster home, if the licensee or placing agency or a person designated by the licensee or placing agency approves another person, that person, to accompany the child to the foster home on the date on which the child is placed in the foster home

{O. Reg. 156/18, s.130 (a)}

### **11.1 Placement Criteria**

The licensee confirms that the agency has policies and procedures regarding the criteria used in selecting a placement which include the child's 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. In making a decision about a child that materially affects or is likely to materially affect the child's interests, take into account the child's identity characteristics and regional differences.

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

### **11.2 7- & 30-Day Visit**

The licensee confirms that the staff person assigned to supervise and support the foster home, visits the foster family home where the child is placed and consults with at least one foster parent within seven days after a placement and again within at least 30 days after the placement.

Where the licensee is not the placing agency the visit shall be conducted in the foster home.

{O. Reg. 156/18, s.122(2)(3)}

### **11.3 Information about Previous Abuse**

The licensee confirms that policies and procedures about sharing information with foster parents about prior abuse experienced by the foster child are provided to workers responsible for placement.

{PR 1994-0202-08}

### **11.4 Service Agreement - Prior to Child Being Placed**

The licensee confirms that they enter into a written foster care service agreement with all foster parent or parents prior to a child being placed with them.

{O. Reg. 156/18, s.131(1)}

### **11.5 Conditions on Placement**

The licensee states their process for accepting a child into their setting.

{O. Reg. 156/18, s.128(1)}

### **11.6 Pre-Placement Assessment**

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

{O. Reg. 156/18, s.127(1)}

### **11.7 Safety Assessment - Safety Plan**

The licensee is able to describe their process for:

1. Conducting safety assessments,

2. How they determine if a safety plan is required,
3. Developing safety plans,
4. Reviewing and amending safety plans.

{O. Reg. 156/18, s.129}

## **12.0 Plan of Care**

The licensee states their process and timeline requirements for completing a child's plan of care.

{O. Reg. 156/18, s.131.1}

### **12.1 Plan of Care – Process**

The licensee states:

1. Their 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.
2. Their process for documenting when a child is not able to participate or refuses to be engaged in the development or review of their plan of care.
3. In the case of a child or young person who is First Nations, Inuk or Métis, the licensee contacts a representative chosen by each of the child's bands or First Nation, Inuit or Métis communities.

{O. Reg. 156/18, s.131.2}

### **12.2 Plan of Care – Care Provided to Child**

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

{O. Reg. 156/18, s.131.5}

## **13.0 Foster Parent Learning Plans – Training**

The licensee states how the training referenced in the Foster Parent Learning Plans consistent with the program delivered by the licensee and the needs of the children served.

{O. Reg. 156/18, s.120.1(4)}

### **13.1 Foster Parent Learning Plans – Development and Review**

The licensee is able to explain their policy and procedure on the development and review of the foster parent learning plans.

The licensee or designate should also be able to generally explain the required content of Foster Parent Learning Plans, foster parent training requirements set out in Policy Directive: Residential Licensing 001-23 and requirements applicable to the review of Foster Parent Learning Plans.

{O. Reg. 156/18, s.120.1} {O. Reg. 156/18, s.120.2}

## **14.0 Placement Change - Meeting Re: Request for Change in Placement**

The licensee confirms that the rights under section 3 (of the Act) of a child in care apply to decisions affecting them, including decisions with respect to the child's or young person's placement in or discharge from a residential placement or transfer to another residential placement.

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

### **14.1 Placement Change - RPAC**

The licensee confirms that where a child is objecting to their placement the licensee or person designated by the licensee shall inform the child of their right to a review by a Residential Placement Advisory Committee in accordance with sections 64, 65 and 66 of the CYFSA.

{CYFSA Part II s.9(c)}

## **15.0 Review of Child's Rights**

The licensee confirms that upon admission to placement in the foster home, the child was informed, in language suitable to their understanding, of the information set out in Part II, s. 9 of the Act, including their rights and responsibilities, the complaint procedure and any applicable review procedure.

The licensee confirms this information is reviewed with each child:

- (i) 30 days after placement,

- (ii) 90 days after placement,
- (iii) 180 days after placement and every 180 days after that.

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

### **16.0 Written Complaint Procedure**

The licensee states 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 or a foster parent, either in private or in the presence of other children or young persons, 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 or a foster parent, and
  - (ii) the service provider or a person designated by the service provider;

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

### **16.1 Complaint Procedure – Version Available to Public**

The licensee or designate should confirm they have a written policy and procedure which uses child-friendly language to describe the process for making a complaint, including how this version of the policy and procedure is made available to the public.

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

### **16.2 Complaint Procedure – Provide Written Summary**

The licensee or designate should confirm they have a written policy and procedure which outlines 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)}

### **16.3 Complaint Procedure – Debriefing Required**

The licensee should confirm their process for conducting a complaints debrief in accordance with the following rules:

1. The 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(1-3)}

### **16.4 Complaint Procedure – Debrief with Child**

The licensee should confirm the debriefing processes with the child or young person who made a complaint, or is subject of the complaint, as well as the debrief with any children who witnessed any conduct that gave rise to the complaint, must:

- a. Be structured to accommodate any child's psychological, communication and emotional needs



and cognitive capacity, and

- b. 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)}

#### **16.5 Complaint Procedure – Timeline for Debrief**

The licensee should confirm 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)}

#### **16.6 Complaint Procedure – Annual Evaluation**

The licensee should confirm their process for undertaking a written evaluation of their 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 their effectiveness.

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

#### **16.7 Complaint Procedure – Monthly Analysis**

The licensee should confirm their 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, in the case of a child who is not a young person, a Director.

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

#### **17.0 Involvement of Child's Parent**

The licensee confirms that there are policies and procedures for the foster homes used by the licensee to provide residential care respecting, a child's parent's interaction with the child.

{O. Reg. 156/18, s.119(2)(f)}

#### **18.0 Support - When One or More Children in the Home**

The licensee confirms that where a foster family has been approved, at least every three months they will:

- a. Visit the foster home to provide support to the foster family, or if there are no children placed in the foster home, contact the family, and
- b. Review the Foster Parent Learning Plan of each foster parent.

{O. Reg. 156/18, s.122(4)(a)(b)}

#### **18.1 Support - When No Children in the Home**

The licensee confirms that where a foster family has been approved but no child is placed in the home, they maintain contact with the foster family at least every three months and review the foster parent learning plan of each foster parent.

{O. Reg. 156/18, s.122(4)(a)(b)}

#### **18.2 Support - Response to Foster Parent Inquiries**

The licensee confirms that in no case does the licensee's response time to foster parent inquiries exceed three business days.

{O. Reg. 156/18, s.119(4)}

#### **18.3 Support - Response to Emergencies Reported by Foster Parent**



The licensee confirms that persons assigned by the licensee to supervise and support the foster parent or parents are available to respond within at least 24 hours to emergencies reported by foster parents.

{Condition 8}

#### **19.0 Academic and Educational Support for Child**

The licensee confirms that a contact takes place with the worker and with a representative from the child's school at least quarterly in order to discuss their adjustment and progress.

{Condition 9}

#### **19.1 Education – Space Provided for Studies**

The licensee or designate should confirm 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)}

#### **19.2 Education – Information Provided**

The licensee or designate should confirm that they have provided each parent, placing agency or other person who places a child to receive care, with information respecting the educational resources identified by the licensee that are available in the area where the child receives care.

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

#### **19.3 Education – Consultation Required**

The licensee or designate should confirm that at least once a year, they consult with the following bodies for the purposes of identifying and utilizing all relevant educational resources available for children in their care under the authority of their license:

1. The school boards in the area care is provided under the authority of the license, and
2. Any of the following entities that operate a school in the area care is provided under the authority of the license:
  - a) Any band, or any council of the band within the meaning of the CYFSA Reg. 159/18.
  - b) The Crown in right of Canada.
  - c) 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. 350/22, s. 7.

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

#### **19.4 Education – Information Provided**

The licensee or designate should confirm that they have provided each parent, placing agency or other person who places a child to receive care, as well as the child's school or alternative educational program, with the name and contact information of a person or persons responsible for the provision of care to the child and who may be contacted by the child's school or alternative 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.

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

#### **19.5 Education – Informing of Absences**

The licensee or designate should confirm that when a child receiving care under the authority of their licence is to be absent from school or from alternative educational program, the licensee or designate has, in advance of the absence, informed 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 should confirm they do so within 24 hours after learning of the absence.

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

#### **20.0 Purchase and Possession of Goods**

The licensee confirms that the agency's policy contains guidelines for the purchase, possession and removal of goods for or by the foster child that pose a threat to the foster child or foster family's health and/or safety.

{CYFSA Part II s.10(3)(a) s.12(a)} {O. Reg. 156/18, s.119(2)(i)}

### **20.1 Correspondence and Communication**

The licensee confirms that the foster parent or parents have been made aware of the foster child's right to privacy and to receive and send written communications subject to subsections (3) and (4) which include electronic communication of any kind and to receive and make telephone calls.

A child in care has a right, to send and receive written communications that are not read, examined or censored by another person, subject to subsections (3) and (4).

{CYFSA Part II s.10(1)(c) s.12(a)}

### **21.0 Cultural Competency**

The licensee confirms that the policy has been implemented and all foster parents as well as workers have been advised and trained on the requirements.

{PR 2008-2}

### **22.0 Identity Characteristics - 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 children; or regional differences that may affect young persons.

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 licensee.

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

### **22.1 Identity Characteristics - Services to FNIM**

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

### **22.2 Identity Characteristics - Services to Children - Obligation to Inform them 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 licensee 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)}

### **22.3 Identity Characteristics - Services to Child - 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 licensee 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)}

### **22.4 Identity Characteristics - Services to FNIM Child - 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 licensee 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)}

### **22.5 Identity Characteristics - 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)}

### **22.6 Identity Characteristics - Resource Person**

The licensee states the child is offered a resource person whose role, on a voluntary basis, is to assist the licensee 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)}

### **22.7 Identity Characteristics - Resource Person - Contact**

The licensee states that, as soon as practicable, the resource person is contacted to inform of decisions, if any, that the licensee 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}

### **22.8 Identity Characteristics - 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 licensee 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)}

### **22.9 Identity Characteristics - Training for Identity Characteristics, Regional Differences, and Indigenous Children**

The licensee states that training 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 is provided to:

- a) staff who make decisions that may materially affect a child's interests, and
- b) staff who provide services to Indigenous children.

{O. Reg. 156/18, s.7(1) paragraphs 1,2}

### **22.10 Identity Characteristics - 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.

{O. Reg. 156/18, s.7(3)}

### **22.11 Identity Characteristics - FNIM Children — Complementary Services**

The licensee states, 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 s.1(2) paragraph 6} {O. Reg. 156/18, s.6(1)(a)(b)2(a)(b)}

### **23.0 Physical Restraints - Permit Use**

The Licensee confirms that all persons who provide direct care to a child or young person, including foster parents, complete the following training:

1. Minister approved training on the use of physical restraint, including training in a particular holding technique that may be used.
2. All refresher courses, if any, that are required by the training referred to in paragraph 1.
3. Training on the use of less intrusive intervention measures.

{O. Reg. 155/18, s.17(3)}

### **23.1 Physical Restraint - Monthly Analysis**

Where the licensee permits the use of physical restraints, 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)}

### **23.2 Physical Restraint - Yearly Evaluation**

Where the licensee permits the use of physical restraints, 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)}

### **24.0 Mechanical Restraints – Permitted Uses**

The Licensee states that they may use 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 the use of a PASD that is a mechanical restraint to which the child, or their substitute decision-maker as consented, and
2. The plan of treatment or plan for the use of a PASD:
  - a) includes the content required by O. Reg 155/18 s. 4.1 and 4.2
  - 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
  - (i) it clearly indicates the amendments that were made and
  - (ii) 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

For the purposes of O. Reg 155/18 s. 21, 21.1 and 21.2, 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 that is a mechanical restraint 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)(3)}

#### **24.1 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, foster parent 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.

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 young person, or their substitute decision-maker, withdraws consent to the use of the mechanical restraint.

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

#### **24.2 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)}

#### **24.3 Mechanical Restraints – Training**

The licensee or designate should describe their process for ensuring all staff and foster parents who are permitted to use a mechanical restraint on a child receive the necessary training, instruction, or education.

{O. Reg. 155/18, s.21(7)}

#### **24.4 Mechanical Restraints – Records Regarding Use**

The Licensee states that they maintain written records regarding the use of a mechanical restraint on a child or young person under this section and those records shall 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 or foster parent who was permitted to use mechanical restraints on the child and a description of the training, instruction or education that the staff member or foster parent received.

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

**24.5 Mechanical Restraints – Monthly Reporting**

The licensee or designate should describe their 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)}

**25.0 Health Care Responsibilities and Medication**

The licensee confirms that there are written policies and procedures concerning the responsibilities and obligations of the parents of the child, the foster parent or parents and persons assigned by the licensee to supervise and support the foster parent or parents with respect to the provision of health care to children placed in the foster home, including, the administration of prescription medication, situations that may require hospitalization, medical or surgical treatment or emergency medical care, and an assessment of the health, vision, dental and hearing condition of the children at least once every 13 months;

{O. Reg. 156/18, s.119(2)(k)}

{O. Reg. 156/18, s.120(1)}

**26.0 Medication Storage and Administration**

The licensee states that medication is kept in locked containers; and (b) only persons authorized by the licensee have access to medications

{O. Reg. 156/18, s.135(a)(b)}

**26.1 Safe Administration, Storage and Disposal of Medication - Implementation and Training**

The licensee confirms that policy requirement has been implemented and all foster parents as well as workers have been advised and trained on the requirements.

{PR 2011-1}

**27.0 Improved Communication and Transfer of Medical Information - Implementation and Training**

The licensee confirms that policy requirement has been implemented and all foster parents as well as workers have been advised and trained on the requirements.

{PR 2011-2}

**28.0 Food and Nutrition - Policy Has Been Implemented**

The licensee confirms that the policy has been implemented.

{PR 2008-1B}

**28.1 Consultation for Menu Development**

The licensee confirms that where the individual needs of a child warrant it, they have obtained medical and/or behavioural advice for those children with unique needs related to food, feeding and



nutrition or for those who refuse to eat, over eat and have challenging eating behaviours that may not be medical in nature.

{{PR 2008-1B:4 (c)(d)}}

### **29.0 Protocol for Abuse Investigations**

The licensee confirms that the licensee has established with their local children's aid societies, protocols for the reporting of allegations of abuse in foster homes including child on child abuse.

{PR 1994-0202-12}

### **29.1 Informing about Abuse Investigations**

The licensee states that they have informed all workers and foster parents of the licensee's procedures and the protocol the licensee has with the children's aid society for investigating allegations of abuse and/or protection issues.

{PR 1994-0202-13}

### **29.2 Support during Abuse Investigation**

The licensee states that the procedures to be followed concerning support to those involved in abuse investigations are reviewed at the time of selection and placement for foster parents and placement for foster children.

{PR 1994-0202-14}



## Parent File Review

### 1.0 Assessment

The file of the foster parent or parents approved to provide foster care under the authority of the licensee's licence, must contain the following information:

The assessment of the foster parent or parents and their home under section 121:

- (i) the common living areas of the home;
- (ii) the proposed sleeping area for a foster child;
- (iii) the grounds surrounding the home; and
- (iv) the play space used by the children in the proposed foster home; and

(b) take note of the recreational areas within walking distance of the foster home.

{O. Reg. 156/18, s.121(4)(a)(b)}

### 1.1 Approval

The foster parent file must contain the completed assessment conducted by the licensee or person designated by the licensee to approve the foster parent or parents.

The completed assessment is signed by the licensee or designate and the foster parent or parents.

{O. Reg. 156/18, s.121(10)}

### 1.2 Documentation of Interviews

The foster parent file must contain written evidence that the licensee or person designated by the licensee has conducted at least one interview with each proposed foster parent in the proposed foster home and, in the case of two foster parents, also conducted an interview together with both foster parents in the proposed foster home.

{O. Reg. 156/18, s.121(2)(a)}

### 1.3 References

The foster parent file must contain three references, in the case of a single proposed foster parent or five references, in the case of two proposed foster parents, respecting the suitability of the foster parent or parents to provide foster care and documentation of the licensee contacting the references referred to in clause (c) regarding the suitability of the proposed foster parent or parents to provide foster care.

{O. Reg. 156/18, s.121(2)(c)(d)}

### 1.4 Statement Concerning Health

The foster parent file must contain a written statement from a physician, or an individual approved by the local medical officer of health or a registered nurse in the extended class regarding the general health and specific illnesses or disabilities of the proposed foster parent or parents and any other individual who lives in the proposed foster home and whether or not they might interfere with the provision of foster care.

{O. Reg. 156/18, s.121(2)(e)}

### 2.1 Police Records Check - Vulnerable Sector Screening

The foster parent file confirms that the police record checks (including vulnerable sector screening) were completed for foster parents, any biological or adopted children and other residents of the foster home aged 18 years of age and over and no more than 30 days after the commencement of fostering/placement.

{PR 2008-3}

### 3.0 Identity Characteristics - Training - First Nation, Inuit and Metis

The foster parent file must include documentation of training 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 is provided to:

- a) foster parents who make decisions that may materially affect a child's interests, and
- b) foster parents who provide services to Indigenous children. within eight months of making

decisions or providing services as mentioned above.

{O. Reg. 156/18, s.7(1)(2)(3)}

#### **4.0 Service Agreement**

The foster parent file must contain a signed copy of each foster care service agreement between the licensee and the foster parent or parents which sets out the respective roles, responsibilities and obligations for the licensee and foster parent(s).

{O. Reg. 156/18, s.124(2)} {O. Reg. 156/18, s.131(2)(a)(5)}

#### **4.1 Service Agreement - Support and Training**

The foster parent file must contain the foster care service agreement that sets out: support and training services to be provided by the licensee to the foster parent or parents during the placement including, frequency and form of supervision, relief services, and professional consultation needed by the foster child.

{O. Reg. 156/18, s.131(2)(b)}

#### **4.2 Service Agreement - Financial Arrangements**

The foster parent file must contain the foster care service agreement that sets out: financial arrangements for the care of a child, including the basis for determining the amount of payment to the foster parent or parents, the method and frequency of payment to the foster parent or parents, and the basis for determining the expenditures incurred by the foster parent or parents that will be reimbursed by the licensee.

{O. Reg. 156/18, s.131(2)(c)}

#### **4.3 Service Agreement - Confidential Information**

The foster parent file must contain the foster care service agreement that sets out information that is considered confidential between the foster parent or parents and the licensee.

{O. Reg. 156/18, s.131(2)(d)}

#### **4.4 Service Agreement - Performance Evaluation**

The foster parent file must contain the foster care service agreement that sets out the frequency at which the foster parent or parents will be evaluated by the licensee.

{O. Reg. 156/18, s.131(2)(e)}

#### **4.5 Service Agreement - Basis for Termination**

The foster parent file must contain the foster care service agreement that sets out the grounds on which the agreement may be terminated.

{O. Reg. 156/18, s.131(2)(f)}

#### **4.6 Service Agreement - Annual Review**

The foster parent file must contain a review of the foster care service agreement by the licensee at least once every 12 months and as otherwise requested by a foster parent and the licensee and the foster parent or parents may update the agreement from time to time as is necessary to give proper effect to the agreement.

As part of the review, the licensee shall conduct at least one interview with the foster parent or parents and any other individual who lives in the foster home.

Upon completion of the review, the foster parents and the licensee shall sign the agreement that was the subject of the review, and the licensee shall keep a copy of it in the foster parent or parents' file.

{O. Reg. 156/18, s.131(3)(4)(5)(6)}

#### **5.0 Annual Foster Home Reviews**

The foster parent file must contain a copy of any review under section 123 (annual review, foster parent's foster parent learning plan and any revised versions of the plan) signed by both the licensee and the foster parent or parents.

{O. Reg. 156/18, s.123} {O. Reg. 156/18, s.124(3)}

#### **5.1 Annual Review**

The foster parent file includes a copy of the annual review completed by the licensee which includes:

1. The written assessment completed by the licensee respecting the ongoing suitability of the foster parent(s) to provide foster care
2. Confirmation that the licensee met with the foster parent to communicate the results of the assessment, and
3. The signature of the foster parent(s) on the completed assessment.

{O. Reg. 156/18, s.123(6)}

### **6.0 Complaints**

The foster parent file must contain a record of any review, including the results of the review regarding a concern or complaint respecting the foster parent. The record must contain the following:

1. The date and time of each debrief involving the foster parent, 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(7)} {O. Reg. 156/18, s.124 (4)}

### **7.0 Closing the Foster Homes**

The foster parent file must contain evidence that the licensee offered to have an interview with the foster parent(s) regarding the closure of the home.

{O. Reg. 156/18, s.119(2)(b)}

### **7.1 Documentation of Follow Up Contacts**

The foster parent file includes evidence that that every child and foster family is contacted after a child leaves a placement to provide both the opportunity to talk about the foster care experience.

The content of the contact must be recorded in the foster family file and the child's file and used to assist future placement decisions for the child and to match children with foster families in future placements.

{PR 1994-0202-07}

### **8.1 Serious Occurrence Reporting - Policies Reviewed**

The foster parent file verifies that the foster parents have been advised in writing of the criterion for serious occurrences involving a foster child which must be reported to the licensee.

{Condition 6}

### **9.0 Director's Approval for Over Capacity**

The foster parent file must contain approval in writing by a Director where the capacity has exceeded four foster children or two children who are younger than 2 receiving foster care when all of the foster children have one common parent or are related to a foster parent.

{O. Reg. 156/18, s.125(2)(a)(b)}

### **10.1 Safe Administration, Storage and Disposal of Medication - Evidence of Review of Policy and Procedure**

There is evidence in the foster parent file that the foster parent(s) have reviewed the licensee's policies and procedures related to the safe administration, storage and disposal of medication at the commencement of fostering and annually thereafter.

{PR 2011-1}

### **11.1 Improved Communication and Transfer of Medication Information - Review of Policy and Procedures**

There is evidence in the foster parent file that the foster parent(s) have reviewed the licensee's policies and procedures related to the communication and transfer of medication information at the commencement of fostering and annually thereafter.

{PR 2011-2}

### **12.1 Cultural Competency - Orientation of Foster Parents**

There is evidence in the foster parent file that 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 foster parent by the licensee within thirty days of commencement of fostering and at least annually thereafter.

{PR 2008-2}

### **13.0 Fire Safety Requirements**

The foster parent file must contain a written fire and emergency procedures plan for the foster home developed with the licensee and documentations that the plan is reviewed as often as is necessary to support the safety of children receiving foster care in the foster home but at least once every 12 months.

{O. Reg. 156/18, s.133}

### **13.1 Fire Safety Requirements**

The foster parent file must contain documentation that the fire safety procedures referred to in s.134(b)(c) of O. Reg. 156/18 are practiced at least once every six months in the foster home.

{O. Reg. 156/18, s.134 (d)(ii)(e)}

### **14.0 Physical Restraint - Education All**

The foster parent file must contain documentation that they have completed education on the provisions of the Act, the Regulation, Ministry and the licensee's policies concerning the use of physical restraint.

All foster parent(s) received an orientation and education of these provisions and policy requirements within 30 days after the foster parent(s) commenced employment and 30 days after any amendments.

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

### **14.1 Physical Restraint - Training (Where Applicable)**

Where the licensee uses or permits the use of physical restraint: The foster parent(s) file must contain documentation that the foster parent(s) have completed the following training:

1. Minister approved training on the use of physical restraint, including training in a particular holding technique that may be used.
2. All refresher courses, if any, that are required by the training referred to in paragraph 1.
3. Training on the use of less intrusive intervention measures.

{O. Reg. 155/18, s.17(3) Paragraph 1-3}

### **14.2 Physical Restraint - Assessment (Where Applicable)**

Where applicable, the foster parent(s) file must contain documentation confirming that an assessment was completed each time, and at least annually, that they completed education requirements for the 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)}

### **15.0 Mechanical Restraints**

The foster parent in a residence which permits the use of mechanical restraints on a child under LGIC Reg. 155/18, s. 21, must include, in their file, documentation which demonstrates they have received the necessary training, instruction or education which allows them to use mechanical restraints in accordance with a child's plan of treatment or plan for the use of a PASD.

{O. Reg. 155/18, s.21(7)}

### **16.0 Conditions on Placement**

The foster parent file must include documentation of any reservations or concerns expressed by the foster parent or parents about the placement of a child in the foster home have been documented.

{O. Reg. 156/18, s.128(4)(c)}

### **17.0 Foster Parent Learning Plans**

The foster parent file must include a completed Foster Parent Learning Plan, and any revisions of the plan, for each foster parent, which identifies:

- a. All training completed by the foster parent on the provision of foster care, including training completed in accordance with the requirements of any applicable directive made by the Minister under section 252 of the CYFSA, 2017,
- b. Plans for the foster parent's ongoing training to improve the foster parent's ability to provide foster care and to meet the individual needs of any foster child who is or will be placed with the foster parent, including the identification of continuous learning opportunities and individualized learning objectives, and
- c. Specific timelines within which the foster parent must complete specified aspects of the training plan.

{O. Reg. 156/18, s.120.1 (1)(2)(a)(b)(c)}

#### **17.1 Foster Parent Learning Plans - Foster Parents Consulted**

The foster parent file must include evidence that the licensee consulted with the foster parent when developing the Foster Parent Learning Plan and, in particular, when developing individualized learning objectives for the foster parent.

{O. Reg. 156/18, s.120.1(3)}

#### **17.2 Foster Parent Learning Plans - Alignment**

The Foster Parent Learning Plan must include a description of how the training identified in the plan consistent with the program delivered by the foster care licensee and the needs of the children served by the licensee or placed with the foster parent.

{O. Reg. 156/18, s.120.1(4)}

#### **17.3 Foster Parent Learning Plans - Reviews**

The foster parent file must include the following information respecting revised versions of the Foster Parent Learning Plan (where applicable):

1. Prior to any placement of a foster child with a foster parent,
2. During the annual review of the foster home,
3. As soon as possible after a material change in circumstances which necessitates a review of the Foster Parent Learning Plan, and
4. The dates in which the Foster Parent Learning Plan has been reviewed.

{O. Reg. 156/18, s.120.2 (1)}

#### **17.4 Foster Parent Learning Plans - Reviews**

The foster parent file must include a written summary of changes that have been made to the Foster Parent Learning Plan as a result of each review (where applicable). This includes:

- a. Written evidence that there was an assessment of whether any changes to the plan were required to better support the foster parent in meeting the needs of foster children they provide or will provide foster care to, where applicable, the outcome of that assessment and changes made to the plan.
- b. Documentation of training that the foster parent has completed and plans to complete, continuous learning opportunities that the foster parent has engaged in and plans to engage in and learning objectives that the foster parent has met and plans to meet.
- c. A documented review in the Foster Parent Learning Plan by indicating any changes made to it and by signing the plan and ensuring that the foster parent has also signed the plan, and
- d. Documentation confirming that the licensee or designate has reviewed and confirmed that the foster parent continues to hold valid standard first aid certification, including infant and child CPR which has been issued by a training agency approved by the Workplace Safety and Insurance Board.

{O. Reg. 156/18, s.120.2 (2)(3)}

#### **18.0 Foster Parent Training - Approved Foster Parents - Standard First Aid and CPR**

The foster parent file must include of a valid certification in standard first aid, including infant and child CPR, issued by a training agency recognized by the Workplace Safety and Insurance Board, for each foster parent who has been approved to provide foster care holds.

Valid certification must be held at all times.

{Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care}

### **18.1 Foster Parent Training - Proposed Foster Parents - PRIDE/SPIRIT**

The foster parent file must include documentation that foster parents who were approved on or after the July 1, 2023, have completed the following training prior to their approval as a foster parent:

Parent Resources for Information, Development and Education (PRIDE) or Strong Parent Indigenous Relationships Information Training (SPIRIT)

{Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care}

### **18.2 Foster Parent Training - Proposed Foster Parents - Cultural Competency**

The foster parent file must contain documentation that foster parents approved on or after the July 1, 2023, have completed training on First Nations, Inuit and/or Métis cultural competency no later than six months after the date they were approved to provide foster care.

The documentation, which may include a training description prepared by the training provider, must demonstrate that the training was/included:

- a. Minimum of 4 hours in length.
- b. Interactive and provided the foster parent with information and skills on how to recognize and support the cultures, heritages, traditions, connection to community and concept of the extended family of the First Nations, Inuit or Metis foster children that could be, or are placed, in their foster home.
- c. A trauma-informed lens, with the following themes: anti- racism, anti-oppression, personal biases; the history of First Nations, Inuit and Métis peoples in Canada as well as impacts and intergenerational effects of colonial policies and practices, such as residential schools, and; training on First Nations, Inuit and Métis world views.
- d. Was developed, or co-developed, and delivered, or co- delivered, by:
  - a band or First Nations, Inuit or Métis community as defined under the CYFSA, 2017, or;
  - an entity listed in Appendix A of Policy Directive: Residential Licensing 1011-23: Training on the Provision of Foster Care.

Exemption: a foster parent is exempt from the requirement for training on First Nations, Inuit and/or Métis cultural competency if the person identifies themselves as a First Nations, Inuk or Métis person, must be documented in foster parent file.

{Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care}

### **18.3 Foster Parent Training - Proposed Foster Parents - Trauma Informed Care**

The foster parent file must include documentation that foster parents who were approved on or after the July 1, 2023, have completed training on trauma informed care no later than six months after the date they were approved to provide foster care.

The documentation, which may include a training description prepared by the training provider, must demonstrate that the training was/included:

- a. Minimum of 4 hours in length
- b. Provided the foster parent(s) with knowledge and skills to enable them to provide trauma-informed care to foster children.
- c. Themes related to promoting and emphasizing the foster child's well-being and trauma theory which shifts the focus from "what's wrong with you?" to "what happened to you?" by addressing the following topics:
  - (i) Understanding the impact of trauma and paths to recovery and well-being,
  - (ii) Recognizing signs and symptoms of trauma in children and youth, and
  - (iii) Learning how to actively resist re-traumatization

- d. Developed or co-developed with an organization that provides mental health services and supports to children and youth.

{Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care}

**18.4 Foster Parent Training - Approved Prior to July 1, 2023**

The foster parent file must include documentation that foster parents who were approved prior to July 1, 2023, have completed training the training which meets the requirements as described under Foster Parent Training – Requirements for Proposed Foster Parents.

Training was completed no earlier than July 1, 2018:

1. Training on First Nations, Inuit and/or Métis cultural competency, and
2. Training on providing trauma-informed care.

Exemption: A foster parent is exempt from the requirement for training on First Nations, Inuit and/or Métis cultural competency if the person identifies themselves as a First Nations, Inuk or Métis person, documented in the foster parent file.

{O. Reg. 156/18, s.121(1)(c)} {Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care}



# Policies and Procedures

## 1.0 Policies and Procedures - Applicable Persons

A licensee shall maintain and keep up to date written policies and procedures stating that, upon placement to the foster home, and at regular intervals as prescribed (noted below) the information set out under s. 9 of the Act is provided to the child, in language suitable to their understanding.

The following intervals are the applicable intervals for review of the information:

1. 30 days after the child in care's placement in residential care;
2. 90 days after the child in care's placement in residential care; and
3. 180 days after the child in care's placement in residential care and every 180 days after that.

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

## 1.1 Policies and Procedures - Applicable laws

The policies and procedures maintained by the licensee are consistent with any applicable requirements of the Act and its regulation and any other applicable law.

{O. Reg. 156/18, s.119(6)}

## 1.2 Orientation-Policies and Procedures

The licensee shall maintain policies and procedures that ensure each foster parent approved by the licensee to provide foster care and any person assigned by the licensee to supervise and support the foster parent receives training with respect to the policies and procedures of the foster home in accordance with requirements:

- A foster parent or parents shall receive the training before a child is placed in the foster home and then once every 12 months after the initial training.
- A person assigned by the licensee to supervise or support the foster parent or parents shall receive the training before beginning to supervise or support the foster parent or parents and then once every 12 months after the initial training.
- The foster parent or parents or any person assigned to supervise or support the foster parent or parents reviews any changes to the policies and procedures before the changes take effect.
- The licensee shall keep a record of any training provided in accordance with this section that includes the signature of the person who received the training.

{O. Reg. 156/18, s.120}

## 2.1 Police Records Check - Within 30 Days of Fostering

The licensee must have procedures including

- 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 or fostering.

For foster parents and other residents of the foster home aged 18 years and over, policies and procedures must include the requirement that the Vulnerable Sector Screening (VSS) Report is completed as part of the foster parent approval process.

{PR 2008-3 (a)}

## 2.2 Police Records Check - Precautionary Measures

The licensee must have procedures that include 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.

{PR 2008-3 (b)}

## 2.3 Police Records Check - Response to VSS Check

The licensee must have procedures including 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 or licensee’s activities;
- Criteria to be considered, such as the nature of and circumstances surrounding the charges and any convictions, references obtained from past employers, or rehabilitative and other efforts subsequently made by the candidate.

{PR 2008-3 (c)}

#### **2.4 Police Records Check - Measures to Terminate Relationship**

The licensee must have procedures including:

- 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 or fostering is commenced before the results of the VSS Report are obtained.

{PR 2008-3 (d)}

#### **2.5 Police Records Check - Confidentiality/Protection of Privacy**

The licensee must have procedures including provisions for maintenance of confidentiality and protection of privacy as well as policies and procedures for secure storage and destruction of the Police Records Check documents.

{PR 2008-3 (e)}

#### **2.6 Police Records Check - Consent to Release of Information**

The licensee must have procedures including 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.

{PR 2008-3 (f)}

#### **3.0 Acceptance or Rejection of Proposed Foster Parents Covering Verified and Suspected Child Abuse**

The licensee has written policies and procedures regarding acceptance or rejection of proposed foster parents that specifically cover verified and suspected child abuse and neglect.

The policies and procedures shall be made available to persons designated by the licensee to conduct the assessment of the foster parent or parents.

{Condition 1(a)}

#### **3.1 Interview with Proposed Foster Parent(s)**

The procedures for assessment of proposed foster parent(s) shall include that: the licensee at least one interview with each proposed foster parent in the proposed foster home and, in the case of two proposed foster parents, also conduct an interview together with both proposed foster parents in the proposed foster home.

{O. Reg. 156/18, s.121(2)(a)}

#### **3.2 Meeting with All Other persons**

The agency’s policies and procedures for assessment and screening of the proposed foster parent(s) includes that:

- the licensee or designate meets with all other persons living in the home of the proposed foster parent or parents.

{O. Reg. 156/18, s.121(2)(b)}

#### **3.3 References**

The procedures for assessment of proposed foster parent or parents shall include that the licensee or designate:

- Receive three references in the case of a single proposed foster parent or five references, in the case of two proposed foster parents, respecting the suitability of the proposed foster parent or parents to provide foster care.

- A proposed foster parent cannot be their own reference and, in the case of two proposed foster parents, neither of the proposed foster parents can be a reference for the other proposed foster parent.
- Contacts the references and makes a record of their comments regarding the suitability of the of the proposed foster parent or parents to provide foster care.

{O. Reg. 156/18, s.121(2)(c)(d)(3)}

### 3.4 Written Statement from Physician

The procedures for assessment of the proposed foster parent or parents includes that the licensee or designate:

- obtain a written statement from a physician, an individual approved by the local medical officer of health or a registered nurse in the extended class regarding the general health and specific illnesses or disabilities of the proposed foster parent or parents and any other individual who lives in the proposed foster home and whether or not they might interfere with the provision of foster care.

{O. Reg. 156/18, s.121(2)(e)}

### 3.5 Visiting the Home

The Licensee shall maintain policies and procedures where the licensee or person designated by the licensee shall, visit the home of the proposed foster parent or parents to determine whether or not it is suitable for placement of a foster child.

The licensee or person designated by the licensee shall, during a home visit:

- a) Conduct an assessment of:
  - the common living areas of the home;
  - the proposed sleeping area for a foster child;
  - the grounds surrounding the home; and
  - the play space used by the children in the proposed foster home; and
- b) Take note of the recreational areas within walking distance of the foster home.

The details of a home visit, the location of the home and the date and time of the visit, must be recorded.

{O. Reg. 156/18, s.121(2)(f)(4)(5)}

### 3.6 Written Assessment

The procedures for assessment of proposed foster parent or parents ensures that the licensee or person designated by the licensee shall:

- a. prepare a written assessment respecting the suitability of the proposed foster parent or parents to provide foster care and the suitability of their home as a foster home;
- b. on the basis of the assessment, determine whether or not to approve the proposed foster parent or parents; and
- c. within five business days after determining whether or not to approve the proposed foster parent or parents, meet with the proposed foster parent or parents in order to communicate the results of the assessment.

{O. Reg. 156/18, s.121(6)}

### 3.7 Home Requirements

The Licensee shall maintain policies and procedures where the licensee or a person designated by the licensee shall not approve a foster parent or parents to provide foster care unless their home:

- a. has designated spaces for living, dining, food preparation and storage and separate rooms for sleeping and bathing;
- b. has regular sleeping accommodation for a foster child that meets the requirements set out in subsection (8), subject to subsection (9);
- c. is equipped with a means of maintaining a supply of heat to habitable rooms;
- d. is maintained in a manner that supports the safety and well- being of children, including that the home and its grounds are safe and clean and that any materials, equipment or furnishings

located on the premises are clean and in good working order; and

- e. if there is a swimming pool on the grounds of the home, complies with all applicable by-laws and public health requirements respecting the pool

{O. Reg. 156/18, s.121(7)}

#### **4.0 Foster Home Administration - Development/Management of a Foster Home**

The Licensee shall develop procedures for the selection, development and management of the foster homes used by the licensee to provide residential care.

{O. Reg. 156/18, s.119(1)}

#### **4.1 Foster Home Administration - Screening, Classifying and Evaluating**

The Licensee shall develop and maintain:

- a. procedures for the recruitment, screening and selection of foster parents; and
- b. a system for,
  - (i) classifying and utilizing foster homes;
  - (ii) supervising foster homes;
  - (iii) evaluating foster homes on an annual basis according to the objectives set for the type and level of care to be provided in the home.

{O. Reg. 156/18, s.118(1)}

#### **4.2 Foster Home Administration - Approved Foster Homes**

The Licensee shall maintain a list of foster parents approved by the licensee and corresponding foster homes.

{O. Reg. 156/18, s.118(2)}

#### **5.0 Foster Parent Learning Plans - Policies and Procedures**

The licensee shall maintain written policies and procedures which detail the development and review of foster parent learning plans, including what should be in the foster parent learning plan as per O. Reg. 156/18, s. 121.1 and training requirements for foster parents as per Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care.

{O. Reg. 156/18, s.119(2)(c.1)}

#### **6.0 Relief, Emergency and On Call Services**

The Licensee shall maintain written policies and procedures for the provision of temporary and planned relief care to the children receiving foster care in the foster home by a person who is not a foster parent, including on an emergency basis;

and shall ensure that a person assigned by the licensee is available to respond within 24 hours to emergencies reported by foster parents.

{O. Reg. 156/18, s.119(2)(g)} {Condition 8}

#### **6.1 Response to Foster Parent Inquiries**

The Licensee shall maintain written policies and procedures for the foster homes used by the licensee to provide residential care respecting expectations and timeframes for the licensee's response to any inquiry from a foster parent.

Any timeframe in a policy or procedure referred to in clause (2) (l) shall not exceed three business days

{O. Reg. 156/18, s.119(2)(l)(4)}

#### **7.0 Placement of Foster Children**

The licensee shall have a policy in place ensuring that it places no more than four foster children in the foster home at one time and no more than two foster children who are younger than 2 receiving foster care in the foster home at one time unless:

- a) all of the foster children have one common parent or are related to a foster parent; and
- b) the placement is approved in writing by a Director.

Any written approval of a placement by a Director is available for inspection by an inspector at the business premises of the licensee.

{O. Reg. 156/18, s.125(1)Paragraph 1 and 2 (2)(a)(b)(5)}

### **7.1 Foster Home Administration - Register of Children**

The Licensee shall maintain a register of children placed in a foster home used by the licensee to provide foster care. The register shall include, with respect to each child:

- a) their full name, sex and date of birth;
- b) if applicable, the fact that the child has been placed in interim society care or extended society care;
- c) the name, address and telephone number of the placing agency or other person who placed the child;
- d) the address of the foster home in which the child has been placed and the date of placement; and
- e) if the child is transferred or discharged from the foster home, the date of the transfer or discharge and the name of the licensee, person or agency to whom the child is transferred or discharged.

{O. Reg. 156/18, s.126}

### **8.1 Placement Follow Up**

The licensee must develop policies and procedures to contact every child and foster family after a change in placement or discharge to provide the opportunity to talk about the foster care experience.

The content of the contact is to be recorded in the foster family file and the child's file and used to assist future placement decision-making.

The information can be shared with the placing agency, the child and foster parent(s), as appropriate, providing confidentiality principles are respected.

{PR 1994-0202-07}

### **9.0 Closing a Foster Home**

The Licensee shall maintain written policies and procedures for the foster homes used by the licensee to provide residential care respecting:

- closing a foster home, including a requirement that the licensee offer to have an interview with the foster parent or parents regarding the closure of the home.

{O. Reg. 156/18, s.119(2)(b)}

### **10.0 Private Interviewing**

The Licensee must develop written policies and procedures to ensure that their workers visiting foster homes include a private interview with children in each home and that these private visits be noted in the child's record.

The policies and procedures must address the circumstances and frequency of these private interviews.

{PR 1994-0202-11}

### **11.0 Foster Parent Support and Training**

The licensee has written policies and procedures with respect to a service agreement with the foster parent or parents before placing a child with the foster parent or parents including:

Support services and training to be provided by the licensee to the foster parent or parents during the placement including:

- (i) the frequency and form of the supervision,
- (ii) relief services, and
- (iii) professional consultation needed by the foster child.

{O. Reg. 156/18, s.131(1)(2)(b)}

### **11.1 Supervision and Support of Foster Parent(s), Foster Home(s)**

The Licensee shall maintain written policies and procedures that assign a person to:

- (a) supervise and support the foster parent or parents approved by the licensee; and

(b) arrange for the support services provided for in a foster care service agreement under s. 131.

The person shall consult with the foster parent or, in the case of two foster parents, at least one of the foster parents, within seven days after a placement of a child in the foster home and again within at least 30 days after the placement.

If the foster care licensee is not the placing agency with respect to children placed in the foster home, the consultation shall be conducted in the foster home.

At least once every three months, the person assigned under subsection (1) shall,

(a) visit the foster home in order to provide support to the foster family or if there are no children placed in the foster home, contact the family; and

(b) review the foster parent learning plan of each foster parent.

{O. Reg. 156/18, s.122(1)-(4)}

### **12.0 Qualification - Staff**

The licensee shall maintain up to date written policies and procedures for verifying whether a person who is employed or engaged by the licensee to provide direct care or supervision to children or young persons or to supervise such persons possesses the qualifications required by s.80.3 in O. Reg. 156/18.

{O. Reg. 156/18, s.80.3(7)}

### **13.1 Serious Occurrences-Reporting Requirements**

The licensee has a policy that notes it shall report to the ministry and to the placing agency 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. The policy directs foster parents to report serious occurrences immediately to the licensee.

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

{Condition 6} {Policy - Serious Occurrence Reporting Guidelines, 2019}

### **14.0 Children's Rights in Care and Complaints Procedure**

A licensee shall maintain and keep up to date written policies and procedures stating that, upon placement to the foster home, and at regular intervals as prescribed (noted below) the information set out under s. 9 of the Act is provided to the child, in language suitable to their understanding.

The following intervals are the applicable intervals for review of the information:

- a) 30 days after the child in care's placement in residential care;
- b) 90 days after the child in care's placement in residential care; and
- c) 180 days after the child in care's placement in residential care and every 180 days after that.

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

### **14.1 Notification of Parents or Persons with Lawful Custody**

The licensee must develop procedures to notify the parent or person with lawful custody of the child's rights and responsibilities while in foster care.

In addition, the licensee must also have procedures to inform the parent or person with lawful custody of the complaint procedure.



Notification must take place as soon as possible, but within seven days of placement.

{O. Reg. 155/18, s.4 s.5 s.6 s.7 s.8} {PR 1994-0202-09/10 (b)}

#### **14.2 Written Complaint Procedure**

A licensee shall maintain 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; and
- b) complaints by children in care or other persons affected by conditions or limitations imposed on visitors under subsection 11 (1) or suspensions of visits under subsection 11 (2).

The written procedure shall set out how a child in care, their parent or other individuals 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 or a foster parent, either in private or in the presence of other children or young persons, and
- (ii) the service provider or a person designated by the service provider.

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

#### **14.3 Complaint Procedure**

The licensee shall ensure that their written complaints procedure:

- 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;

{O. Reg. 155/18, s.22 (3)(a-c)}

#### **14.4 Complaint Procedure – Provide Updates**

The licensee shall ensure that their written complaints procedure includes a requirement to, until the results of a complaints review have been provided under subsection 18 (4) of the Act to the person who made the complaint, 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.

\*Note this requirement does not apply if the complaint was made anonymously.

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

#### **14.5 Complaint Procedure – Response and Documentation**

The licensee shall ensure that their written complaints procedure:

- (i) 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; and
- (ii) 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)}

#### **14.6 Complaint Procedure – Action to Prevent Recurring Rights Violations**

The licensee shall ensure that their written complaints procedure, 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, requires



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.

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

#### **14.7 Complaint Procedure – Understanding Results of Review**

The licensee shall ensure that their written complaints procedure requires 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 a version is made public.

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

#### **15.0 Foster Parent - Procedure to Express a Complaint by Children**

The Licensee shall maintain written policies and procedures for the foster homes used by the licensee to provide residential care respecting the expression of concerns or complaints by children placed in the foster home.

{O. Reg. 156/18, s.119(2)(j)}

#### **16.0 Involvement of Child's Parent**

The Licensee shall maintain written policies and procedures for the foster homes used by the licensee to provide residential care respecting a child's parent(s) interaction with the child.

{O. Reg. 156/18, s.119(2)(f)}

#### **17.0 Disciplinary Practices**

The Licensee shall maintain written policies and procedures for the foster homes used by the licensee to provide residential care respecting methods of discipline and intervention that may be used and may not be used in the home.

Unacceptable disciplinary practices shall include:

- harsh or degrading measures to humiliate a foster child or undermine a foster child's self-respect;
- deprivation of a foster child's basic needs including food, shelter, clothing or bedding;
- placing or keeping a child in a locked room;
- threatening removal of the foster child from the foster home for the purposes of behaviour management;
- corporal punishment by foster parents or by another child or group of children condoned by foster parents.

{Condition 1(b)} {CYFSA Part II s.4 s.5} {O. Reg. 156/18, s.119(2)(e)}

#### **18.0 Physical Restraints - Licensee Permits Use**

Where the licensee permits the use of physical restraints, the licensee must have policies and procedures that meet the full requirements outlined under the regulations including that physical restraint is only to be used in situations where:

There is imminent risk that,

- (i) the child or young person will physically injure or further physically injure themselves or others.

A physical restraint can only be administered by persons who are trained in the use of physical restraints, including completing a Ministry approved training program and training in a particular holding technique that may be used and on the use of less intrusive intervention measures.

All refresher courses, if any, that are required by the training referred to in paragraph 1 and training on the use of less intrusive intervention measures.

{O. Reg. 155/18, s.10} {O. Reg. 155/18, s.11(1)} {O. Reg. 155/18, s.12} {O. Reg. 155/18, s.13} {O. Reg. 155/18, s.14} {O. Reg. 155/18, s.15} {O. Reg. 155/18, s.17}

#### **18.1 Physical Restraints - Licensee That Does Not Permit Use**

The Licensee that decides that it will not use or permit the use of a physical restraint shall develop and maintain a written policy that:

- a) provides that the service provider will not use or permit the use of physical restraint; and
- b) sets out the rationale for the service provider's decision not to use or permit the use of physical restraint.

A service provider described in subsection (2) is not authorized to use or permit the use of physical restraint.

{O. Reg. 155/18, s.11(2)(3)}

### **18.2 Physical Restraints - Licensee Permits Use**

Where the licensee uses or permits the use of physical restraint:

The licensee shall maintain written policies and procedures that includes protocols which detail 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 the child's parent or person who placed the child, as soon as they begin receiving service:

1. What constitutes a physical restraint under the CYFSA, and
2. 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)}

### **18.3 Physical Restraints - Debrief**

Where the licensee uses or permits the use of physical restraint:

The licensee shall maintain written policies and procedures that includes details their debriefing protocols which are to be 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 or young person
2. A second debriefing process must be conducted among the persons mentioned in 1. and the child or young person on whom the physical restraint was used.
3. A third debriefing process must be offered to be conducted among any children or young persons who witnessed the use of the physical restraint and must be conducted if any such children or young persons wish to participate in the debriefing process
4. The debriefing processes must be structured to accommodate any child or young person's psychological and emotional needs and cognitive capacity
- 4.1 During the 2nd debriefing process, the licensee shall ensure that,
  - (i) the reasons for which the physical restraint was used on the child or young person are explained to them,
  - (ii) the child or young person understands those reasons, and
  - (iii) the child or young person is asked whether they may require any services or supports because of the use of the physical restraint.
5. The 1st, 2nd and 3rd debriefing processes must be conducted within 48 hours after the use of the physical restraint.
6. 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.
7. The licensee must ensure each debriefing is recorded and includes the following:
  - (i) The date and time of each debriefing, the names and, if applicable, titles of the persons involved in each debriefing and the duration of each debriefing.

The name of each child or young person for whom a debriefing was offered in accordance with the 3rd debriefing and who indicated that they did not wish to participate in the debriefing process

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

### **19.0 Mechanical Restraints - Protocols**

The Licensee that uses or permits the use of a mechanical restraint under O Reg 156/18 s.21 shall maintain policies regarding the following:

1. Protocols that must be followed in monitoring and assessing a child or young person's condition while a mechanical restraint is being used.

2. Protocols for developing and maintaining records required under subsection (8).
3. Protocols for ensuring that the mechanical restraints are only used for the amount of time permitted by this section.

{O. Reg. 155/18, s.21(9)}

### **19.1 Mechanical Restraints**

The Licensee that uses or permits the use of a mechanical restraint under O Reg 156/18 s.21 shall maintain policies and procedures for providing information to the child to whom it provides a service, or their parent as required by this section, which must provide that:

- (i) the service provider consider the age and maturity of the child or young person to whom the information is to be provided;
- (ii) the information to be provided relate to the specific type of mechanical restraint that may be used.

{O. Reg. 155/18, s.21.2(5)}

### **20.0 Purchase and Possession of Goods and Removal of Goods**

The Licensee shall maintain written policies and procedures that contains guidelines for inspecting written communication for articles that are prohibited or pose a threat to the foster child or foster family's health and/or safety.

{CYFSA Part II s.10(3)(a)} {O. Reg. 156/18, s.119(2)(i)}

### **21.1 Correspondence and Communication**

The Licensee shall maintain written policies and procedures that outlines the foster child's right to privacy and to receive and send written communications subject to subsections (3) and (4) which include electronic communication of any kind and to receive and make telephone calls.

A child in care has a right, to send and receive written communications that are not read, examined or censored by another person, subject to subsections (3).

{CYFSA Part II s.10(1)(c) s.12(a)}

### **22.0 Health Care Responsibilities and Medication**

The Licensee shall maintain written policies and procedures concerning the responsibilities and obligations of the parents of the child, the foster parent or parents and persons assigned by the licensee to supervise and support the foster parent or parents with respect to the provision of health care to children placed in the foster home, including:

- (i) the administration of prescription medication;
- (ii) situations that may require hospitalization, medical or surgical treatment or emergency medical care; and
- (iii) an assessment of the health, vision, dental and hearing condition of the children at least once every 13 months;

{O. Reg. 156/18, s.119 (2)(k)}

### **23.0 Storage of Medication**

The Licensee shall maintain written policies and procedures outlining that in any foster home used by the licensee to provide residential care:

- (i) medication is kept in locked containers; and
- (ii) only persons authorized by the licensee have access to medications.

{O. Reg. 156/18, s.135(a)(b)}

### **24.1 Safe Administration, Storage and Disposal of Medication - General**

The Licensee must have written policies and procedures related to the safe administration, storage and disposal of medication that include at a minimum, the following:

- a) The use of proper 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;
- b) preparation of medications in a location where there is adequate space and lighting;

- c) administration of prescription medication only to the child to whom the medication is prescribed;
- d) 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;
- e) 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.

{PR 2011-1:1 (a)(b)(c)(d)(e)}

**24.2 Safe Administration, Storage and Disposal of Medication - Medication Safety and Monitoring**

The Licensee shall maintain a policy and procedure that includes:

- a) a process for monitoring potential side effects of prescription medication, including documenting observed changes in weight, behaviour, emotions and physical state;
- b) development of individualized response plans to handle situations where a child refuses to take their medication;
- c) advising children about the dangers of mixing medication with other medications, substances, or non-prescription medications, including herbal remedies;
- d) following up on any completed medical tests or lab work ordered by a health practitioner;
- e) process for discussing any medication concerns a child may have in language suitable to their age and understanding;
- f) contact information for a local pharmacy and poison control centre or similar body to be used to address questions or concerns as needed;
- g) seeking medical advice from a health practitioner as needed and documenting any actions taken in the child’s case record.

{PR 2011-1:2 (a)(b)(c)(d)(e)(f)(g)}

**24.3 Safe Administration, Storage and Disposal of Medication - Medication Incidents and Near Misses**

The Licensee shall maintain a policy and procedure that includes:

- a) 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;
- b) process for internally reviewing medication incidents and near misses to minimize the potential for future incidents;
- c) documenting any action taken to address medication incidents in the child’s case record.

{PR 2011-1:3 (a)(b)(c)}

**24.4 High Risk Situations/Psychotropic Medications**

The Licensee shall maintain a policy and procedure that identify the following “high risk” situations involving psychotropic medication:

- 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 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 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; and
- f) any other situation which causes concern in the opinion of the licensee

{PR 2011-1:4}

**24.5 Safe Administration, Storage and Disposal of Medication - Handling of High-Risk Situations**

The Licensee shall maintain a policy and procedure 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.

{PR 2011-1:4 (a)}

### **25.1 Improved Communication and Transfer of Medication Information - Admission/Health Records**

The Licensee shall maintain a policy and procedure that includes 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.

Where any of the above information cannot be obtained, an explanatory note should be placed in the child or youth's case record

{PR 2011-2:2 (a)(b)}

### **25.2 Improved Communication and Transfer of Medication Information - Obtaining and Communicating Medication Information**

The Licensee shall maintain a policy and procedure that includes:

- a) obtaining information about prescribed medications and possible side effects and providing opportunities for the child to speak to a health practitioner or pharmacist directly, where possible;
- b) sharing information about medication and possible side effects with the child in language suitable to their age and understanding and with staff or foster parents responsible for administering medication;
- c) communicating new information to the child and staff or foster parents 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; and
- d) maintaining a copy of medication information including possible side effects and administration instructions in the child's case record.

{PR 2011-2:3 (a)(b)(c)(d)}

### **25.3 Improved Communication and Transfer of Medication Information - Short Term Absences**

The Licensee shall maintain a policy and procedure that includes:

- a) 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;
- b) 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;
- c) for occasional planned absences (e.g., camp), obtaining and documenting support (written or verbal) from the prescribing health practitioner for the short-term 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.

{PR 2011-2:4 (a)(b)(c)}

### **25.4 Improved Communication and Transfer of Medication Information - Attendance at Scheduled Appointments**

The Licensee shall maintain a policy and procedure that includes:

- a) accompanying child to scheduled medical appointments as appropriate, including attendance by staff or foster parents 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;
- b) documenting attendance or the reasons for not attending and other pertinent information (e.g., treatment and diagnosis) in the child's case record.

{PR 2011-2:5 (a)(b)}

### **25.5 Improved Communication and Transfer of Medication Information - Emergency Admission to a Hospital**

The Licensee shall maintain a policy and procedure that includes:

- a) notifying the placing agency (if applicable) and parent(s) or guardian(s) of emergency hospital admission;
- b) contacting the hospital to provide relevant contact and medical information and obtaining time of anticipated discharge if no placing agency, parent/guardian, foster parent or staff is able to accompany the child to the hospital;
- c) documenting attendance or the reasons for not attending and other pertinent information (e.g., treatment and diagnosis) in the child's case record.

{PR 2011-2:6 (a)(b)(c)}

### **25.6 Improved Communication and Transfer of Medication Information - Transfer of Medication/Medical Records**

The Licensee shall maintain a policy and procedure that includes:

- a) 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; and
  - if no medication or less than a seven-day supply is provided, documenting and communicating the reason(s) to the receiving person or agency.
- b) 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.

{PR 2011-2:7 (a)(b)}

### **26.1 Food and Nutrition - General**

The Licensee shall maintain written policies and procedures related to providing foster parents with the following:

- a) education regarding food and nutrition requirements that will meet the developmental needs of children in foster care;
- b) any other resources or material that will assist foster parents in meeting the food and nutrition policy requirement.

And licensees (foster care agencies) shall maintain written policies and procedures related to food and nutrition which require foster parents to:

- a) provide varied, nutritionally balanced meals, prepared according to the most current Canada's Food Guide;
- b) provide three regular meals daily (breakfast, lunch and dinner);
- c) make food available between meals, as appropriate for, or applicable to the individual needs of the child, such as age, developmental stage, and health;
- d) accommodate special dietary requirements or modified meals, including medical, religious (including fasts of recognized faith groups), lifestyle diets (e.g., vegetarian) and requirements for children with unique needs related to feeding, within the parameters of the most current Canada's Food Guide and as indicated in the child's plan of care;
- e) provide opportunities for children to participate in menu and meal planning and meal



preparation including appropriate oversight by foster parents;  
{PR 2008-1B:1 (a)(b)(c)(d)(e)}

### **26.2 Food and Nutrition - Portion Size**

The Licensee shall maintain written policies and procedures related to food and nutrition which require foster parents to:

- a) provide portion sizes based on the most current Canada's Food Guide which are adequate for the physical growth and development of children;
- b) provide additional portions to individual residents if requested by the child or placing agency/guardian(s)/parent(s). If there are concerns, the licensee will work with the child, placing agency/guardian/parent, nutritionist, or other health care professional.

{PR 2008-1B:2 (a)(b)}

### **26.3 Food and Nutrition - Mealtimes**

The Licensee shall maintain written policies and procedures related to food and nutrition which require foster parents to:

- a) provide meals at set times where possible;
- b) put mechanisms in place to support the participation of all children at mealtimes and to support meals as social, group time.

{PR 2008-1B:3 (a)(b)}

### **26.4 Food and Nutrition - Medical and Behavioural Advice**

The Licensee shall maintain written policies and procedures related to food and nutrition which require foster parent(s) to:

- a) put mechanisms in place to identify and respond to food allergies, including anaphylactic reactions;
- b) obtain 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) obtain medical and/or behavioural advice and support for children with unique needs related to food, feeding and nutrition;
- d) obtain behavioural advice for dealing with challenging eating behaviours that may not be medical in nature.

{PR 2008-1B:4 (a)(b)(c)(d)}

### **26.5 Food and Nutrition - Health Education**

The Licensee shall maintain written policies and procedures related to food and nutrition which require foster parents to:

- a) provide educational material for children about proper nutrition in a format that is suitable to the child's level of understanding;
- b) provide information 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.

{PR 2008-1B:5 (a)(b)}

### **26.6 Food and Nutrition - Cultural Diversity**

The Licensee shall maintain written policies and procedures related to food and nutrition which require foster parents to:

- a) serve food that reflects the cultural diversity of children in their care;
- b) support the preparation of traditional and cultural foods and/or celebrations involving food.

{PR 2008-1B:6 (a)(b)}

### **26.7 Food and Nutrition - Hygiene and Sanitation**

The Licensee shall maintain written policies and procedures related to food and nutrition which require foster parents to:



- a) adhere to food handling, hygiene and food safety practices;
- b) monitor children working in the kitchen area;
- c) provide food preparation information to children in a format that is suitable to the child's level of understanding.

{PR 2008-1B:7 (a)(b)(c)}

### **26.8 Food and Nutrition - Monitoring and Supervision**

The Licensee shall maintain written policies and procedures related to food and nutrition which require foster parents to:

- a) supervise and monitor meal preparation;
- b) identify foods, products or equipment not to be used by children.

{PR 2008-1B:8 (a)(b)}

### **26.9 Food and Nutrition - Prohibited Disciplinary Practices**

The Licensee shall maintain written policies related to food and nutrition which reflect the following:

Prohibited Practices

- 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;
- b) food must not be used to bribe, punish, reward or coax;

{PR 2008-1B:9 (a)(b)}

### **27.1 Cultural Competency - Rights Orientation for Children**

The Licensee shall maintain 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 placement in residential care, 90 days after placement, and every 180 days after that.

{O. Reg. 155/18, s.9} {O. Reg. 155/18, s.5(1)} {PR 2008-2}

### **27.2 Cultural Competency - Licensee Program Description**

The Licensee shall maintain 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 Aboriginal heritage will be assisted in preserving their unique cultural identity and in maintaining positive contact, involvement and participation with their Aboriginal community as identified in the plan of care;
- f) provision of tailored support for children with unique needs.

{PR 2008-2}

### **27.3 Cultural Competency - Religion**

The Licensee shall maintain 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 their 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.

{PR 2008-2}

#### **27.4 Cultural Competency - Foster Parent Orientation**

The Licensee shall maintain written policies and procedures related to cultural competency which include:

- a) 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;
- b) orientation of foster parents. 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 foster parent(s) by the licensee within thirty days of commencement of fostering and at least annually thereafter.

{PR 2008-2}

#### **28.0 Work Done and Money Earned Inside or Outside the Home**

The Licensee shall maintain written policies and procedures that outline the manner in which a foster child is supported in relation to any work done and money earned by the foster child both inside and outside of the foster home.

{O. Reg. 156/18, s.119(2)(m)}

#### **29.0 Fire and Emergency Procedures Plan**

The Licensee shall develop a written fire and emergency procedures plan for each foster home used by the licensee to provide residential care that:

- a) sets out the roles and responsibilities of a foster parent or parents in the event of a fire or other emergency;
- b) designates a place of short-term shelter for situations in which the foster home needs to be evacuated because of a fire or other emergency; and
- c) establishes a procedure for situations in which the foster home needs to be evacuated because of a fire or other emergency.

The licensee shall involve the foster parent or parents in the development of the fire and emergency procedures plan.

The licensee shall keep a copy of the fire and emergency procedures plan in the foster home to which it relates and at the business premises of the licensee.

The licensee shall ensure that the fire and emergency procedures plan is:

- a) reviewed as often as is necessary to support the safety of children receiving foster care in the foster home but at least once every 12 months; and
- b) revised to take into account any changes to the nature of the residential setting or the children to whom foster care is provided.

{O. Reg. 156/18, s.133} {O. Reg. 156/18, s.119 (2)(h)}

#### **30.0 Protocols time**

The licensee shall maintain policies and procedures specific to foster care that ensure that children, foster care workers and foster parent(s) are informed of the licensee's procedures and the protocol

that the licensee has established with the children's aid society for investigating allegations of abuse. The licensee also must have procedures in place to inform:

- a) foster care worker at the time of hiring
- b) foster parents at the time of selection and placement, and
- c) foster children and persons with lawful custody at the time of placement of the process that will be followed during an abuse investigation, both when they report suspected abuse and when allegations of abuse are brought against them. The licensee must also have procedures to review the protocol and their own procedures on a regular basis. The policy and procedure must include informing foster parent(s) and foster children of the results of the investigation.

{PR 1994-0202-13}

### **30.1 Support Foster Care Worker at The Time of Hiring**

The licensee shall maintain policies and procedures that support and protect everyone who reports abuse, assault or inappropriate practices in the foster home or during foster care or when allegations of abuse are brought against them.

{PR 1994-0202-14}

### **31.0 Identity Characteristics - 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 child; 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)}

### **31.1 Identity Characteristics - Services to FNIM Children**

The licensee shall maintain 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)} {O. Reg. 156/18, s.4(3),(5)(b)(d)}

### **31.2 Identity Characteristics - Services to Children - Obligation to Inform Them and Parent**

The licensee shall maintain 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)}

### **31.3 Identity Characteristics - Services to Children - Parent Contact**

The licensee shall maintain 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)}

#### **31.4 Identity Characteristics - Services to FNIM Child - Parent Contact**

The licensee shall maintain 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)}

#### **31.5 Identity Characteristics - Efforts to Obtain Information**

The licensee shall maintain written policy and procedures that outline, 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 young person'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)}

#### **31.6 Identity Characteristics - Resource Person**

The licensee shall maintain 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)} {O. Reg. 156/18, s.5(1)(a)(b)}

#### **31.7 Identity Characteristics - Resource Person - Contact**

The licensee shall maintain written policy and procedures that outlines, as soon as practical, 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}

#### **31.8 Identity Characteristics - Resource Person - Communication**

The licensee shall maintain 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)}

#### **31.9 Identity Characteristics - Training for Identity Characteristics, Regional Differences, and Indigenous children**

The licensee shall maintain 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.

{O. Reg. 156/18, s.7(1)}

**31.10 Identity Characteristics - Training After Eight Months**

The licensee shall maintain 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.

{O. Reg. 156/18, s.7(3)}

**31.11 Identity Characteristics - FNIM Children — Complementary Services**

The licensee shall maintain written policy and procedures that outlines, for First Nations, Inuk or Métis children, how 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} {O. Reg. 156/18, s.6(1)(a)(b)(2)(a)(b)}