**Ministry of Children, Commu****nity and Social Services**

**Optional - Physical Restraint Recording and Reporting Template**

**Purpose**

This optional template was created by the Ministry of Children, Community and Social Services (ministry) and is intended to support licensees and all service providers in complying with their obligations under the *Child, Youth and Family Services Act, 2017* (CYFSA), [Section 15 of O. Reg. 155/18](https://www.ontario.ca/laws/regulation/180155#BK18), respecting physical restraints.

These requirements apply to all service providers under the CYFSA, including children’s residence licensees *(including places of secure or open custody or detention licensed to provide out of home care*), foster care licensees, and staff model home licensees.

Please note that the reporting in Serious Occurrence Reporting Residential Licensing (SOR-RL) for physical and mechanical restraints is separate because the requirements are slightly different. For this reason, it is critically important that all service providers under the CYFSA keep a record on file of all instances of physical restraint to be reviewed upon request of the ministry, and continue to report the use of physical restraint as a serious occurrence through SOR-RL.

**Note:** Although the term ***residential*** is a legal term under the CYFSA and its regulations, the ministry is using the term “out-of-home care” instead of “residential” care to acknowledge the traumatic history of the Residential School system in Canada.

**Terms of Use/Disclaimer**

Licensees may choose to use their own template or forms to demonstrate compliance with the physical restraint reporting requirements.

**All licensees are required to ensure that any documentation pertaining to the physical restraint requirements complies with all applicable requirements of the Act, its regulations and ministry directives. The template is a resource only and does not have the force and effect of the law. It does not replace the obligations set out in O. Reg. 155/18 pertaining to physical restraints and reference should always be made to the official version of the regulation.**

Licensees requiring assistance with the interpretation of regulatory requirements, including those requirements specific to physical restraint, should seek legal advice.

**Monthly Physical Restraint Summary and Analysis Report**

**(to be completed every month)**

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| **Licensee Information** |

**Reporting Period (Month/Year):**

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| --- |
| *For example, July 1, 2023 to July 31, 2023* |

**Name of Service Provider:**

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**Program/Service Site Address:** (foster care agencies should use the agency office address)

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**Licence Number:** *Complete a separate report for each licensed site*

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| **Analysis of Physical Restraints Used** |

**Did any physical restraints take place during the reporting period?** Yes: [ ]  No: [ ]

If **no**, indicate “N/A” in the report below; sign and date the report.

If **yes**, complete the charts below on each individual use of a physical restraint.

**Note:** The service provider shall make an analysis available to the ministry Director, upon request; or in the case of a young person, a provincial director, upon request.

**Note**: The “risk” referenced below refers to “imminent risk” that,

1. the child or young person will physically injure or further physically injure themselves or others, or
2. in the case of a young person, the young person will escape from a place of open custody, of secure custody or of temporary detention or will cause significant damage to property where there is also an imminent risk that the property damage will cause personal harm to a person, including the young person.

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| **Incident # 1** |
| Date  |  |
| Child Name or Young Person’s First Name and Last Initial  |  |
| Child or Young Person’s Age |  |
| SOR ID Number and Date Reported  |  |
| Restraint Date and Time Period (i.e., start and end time) |  |
| Description of Imminent Risk that Existed before the Physical Restraint was Used  |  |

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| **Incident # 2** |
| Date |  |
| Child Name or Young Person’s First Name and Last Initial  |  |
| Child or Young Person’s Age |  |
| SOR ID Number and Date Reported  |  |
| Restraint Date and Time Period (i.e., start and end time) |  |
| Description of Imminent Risk that Existed before the Physical Restraint was Used  |  |

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| **Incident #3** |
| Date  |  |
| Child Name or Young Person’s First Name and Last Initial  |  |
| Child or Young Person’s Age |  |
| SOR ID Number and Date Reported  |  |
| Restraint Date and Time Period (i.e., start and end time) |  |
| Description of Imminent Risk that Existed before the Physical Restraint was Used  |  |

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| **Incident #4** |
| Date |  |
| Child Name or Young Person’s First Name and Last Initial  |  |
| Child or Young Person’s Age |  |
| SOR ID Number and Date Reported  |  |
| Restraint Date and Time Period (i.e., start and end time) |  |
| Description of Imminent Risk that Existed before the Physical Restraint was Used  |  |

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| **Incident #5** |
| Date |  |

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| --- | --- |
| Child Name or Young Person’s First Name and Last Initial  |  |

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| --- | --- |
| Child or Young Person’s Age |  |
| SOR ID Number and Date Reported  |  |
| Restraint Date and Time Period (i.e., start and end time) |  |
| Description of Imminent Risk that Existed before the Physical Restraint was Used  |  |

**Note:** Duplicate lines as needed

**In the chart below, the service provider must conduct an analysis of each instance of the use of physical restraint in order to ensure the physical restraint was used in accordance with the regulations.**

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| --- | --- |
| **Incident** | **Analysis** |
| **Incident #1** |  |
| **Incident #2** |  |
| **Incident #3** |  |
| **Incident #4** |  |
| **Incident #5** |  |
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| **Signature** |

**Name:** *[Insert name of the person who completed this form]*

**Position:** *[Insert position of the person who completed this form]*

**Signature:**

**Date:** Click or tap to enter a date.

**Evaluation Respecting the Use of Physical Restraint**

(to be completed at least once every calendar year)

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| **Licensee Information** |

**Reporting Period (Month/Year):**

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| *For example: July 1, 2023 to December 31, 2023* |

**Name of Service Provider:**

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**Program/Service Site Address:** (foster care agencies should use the agency office address)

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**Licence Number:** *Complete a separate report for each licensed site*

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| **Evaluation of Physical Restraints Policy** |

**Requirement for policy evaluation:**

[O. Reg. 155/18, s. 11](https://www.ontario.ca/laws/regulation/180155#BK14) requires that a service provider that uses or permits the use of physical restraint shall maintain a written policy on the use of physical restraint that includes the following information:

* 1. Protocols, applicable when a child or young person begins receiving a service, for explaining the following to the child or young person, in language suitable to their understanding and in accordance with their age and maturity, and to the child or young person’s parent or the person who placed the child:

i.  What constitutes a physical restraint under the Act.

ii.  The rules governing the use of physical restraints under the Act, including the circumstances in which the child or young person may be physically restrained and the procedures that must be followed after any such use of physical restraint.

1. Alternative interventions to physical restraint that must be considered or used to reduce or eliminate a risk referred to in paragraph 1 of subsection 10 (1).
2. The titles or positions of persons who are authorized to use physical restraint on a child or young person and the training that those persons must complete.
3. The measures that must be taken to prevent and minimize the use of physical restraint on a child or young person.
4. Protocols that must be followed in monitoring and assessing a child or young person’s condition while they are being physically restrained.
5. Protocols that must be followed during the debriefing process under section 12

**Analysis of the effectiveness of the service providers policy regarding physical restraint as per O. Reg. 155/18, s. 11:**

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**Describe any applicable changes or improvements required to the policy, particularly with respect to whether changes are required to minimize the use of physical restraints:**

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| **Signature** |

**Name:** *[Insert name of the person who completed this form]*

**Position:** *[Insert position of the person who completed this form]*

**Signature:**

**Date:** Click or tap to enter a date.