



Guidance for Implementation of the Quality Standards Framework Regulations

Effective July 1, 2023

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Terms of Use

This document was created by the Ministry of Children, Community and Social Services (ministry) to support children’s out of home care licensees and children’s aid societies in complying with their new and enhanced regulatory obligations under the *Child, Youth and Family Services Act, 2017* (CYFSA), which come into effect on July 1, 2023.

This document is not an exhaustive list or guidance on how to demonstrate compliance with the new requirements. It also does not constitute legal advice. If you require assistance with respect to the interpretation of the regulatory requirements and their potential application in specific circumstances, you should seek legal advice.

This document should be reviewed concurrently with the legislative and regulatory requirements and other information and documentation provided by the ministry (e.g., sample templates).

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. We recognize the importance of choosing different language, especially, since the term may be triggering to some.

Section I: Enhancing Quality of Care

In July 2020, the Ministry of Children, Community and Social Services (ministry) released the [Quality Standards Framework: A Resource Guide to Improve the Quality of Care for Children and Young Persons in Licensed Residential Settings](#) (QSF). The QSF was developed in response to a recommendation from the Office of the Chief Coroner's expert panel report [Safe with Intervention](#) and is based on feedback from a panel of youth with lived experiences. The ministry is taking a phased and intentional approach to implementing the QSF to support licensees in delivering high-quality care. High-quality care is defined in the QSF as care that meets the individualized needs of all children and young persons who receive out of home care across the province, no matter how complex, to help them thrive and achieve positive outcomes. To implement the QSF, the ministry has:

- Embedded components of the QSF into regulations and directives under the *Child, Youth and Family Services Act, 2017* (CYFSA),
- Developed [free training](#) to help the sector better understand the use of the QSF, and
- Developed a child-friendly website and poster for the QSF, [The Care You Deserve](#), to help children and young persons understand the quality standards.

As part of this work, on August 30, 2022, the ministry released communications to notify sector partners of amendments to Ontario Regulations [155/18](#) and [156/18](#) under the CYFSA. The amendments have been accessible through e-Laws since April 19, 2022.

These new and enhanced regulatory requirements will impact a wide range of sectors operating under the authority of a licence issued under Part IX of the CYFSA, including child welfare, youth justice, child and youth mental health, complex special needs, and anti-human trafficking. When implementing these new and enhanced requirements, licensees should consider how the care they are providing is child-centered, trauma-informed and individualized to meet the unique needs of each child or young person. The child or young person's voice should be embedded in all decisions that affect them, wherever possible. They should be informed of their rights in a way they understand and have these rights protected by all individuals who care for them, including those who do so on a day-to-day basis.

All children and young persons deserve to receive high quality care. Ontario's vision for out of home care is to be high quality and facilitate strong community/family connections, enabling lasting positive outcomes and supporting children and young persons to thrive and fulfill their individual potential.

Supporting First Nations, Métis, and Inuit Children

It is critical to advance the process of reconciliation with First Nations, Inuit, and Métis (FNIM) peoples across the province. An important aspect of this reconciliation includes strengthening licensed out of home care in Ontario, in which FNIM children and young persons are significantly overrepresented¹. Honoring the connection between FNIM children and young persons, and their distinct political and cultural communities, is essential to help them thrive and foster their well-being. For these reasons, the ministry is committed, in the spirit of reconciliation, to working with FNIM peoples to help ensure that, wherever possible, they care for their children in accordance with their distinct cultures, heritages and traditions. If it is determined FNIM children would benefit from an out of home care placement, Bands and communities can continue to advocate for these children to receive services within, or close to, those communities, with customary care being the preferred placement option.

Indigenous children and young persons in out of home care experience distinct challenges that have been highlighted in reports, including but not limited to the [*Because Young People Matter: Report of the Residential Services Review Panel*](#) and [*Safe with Intervention*](#). This includes, but is not limited to, “the lack of residential services in reasonable proximity to young people’s communities, limited access to cultural programming or spiritual guidance, minimal inclusion of traditional food on menu plans, and concerns about racist attitudes or insensitivity to the historical context of Aboriginal young people” (Because Young People Matter Report, 2016). These challenges experienced by FNIM children are “compounded by the systemic barriers and challenges faced by Indigenous peoples and their communities in Ontario including limited access to resources” (Safe with Intervention, 2018).

Embedded throughout this guidance document is an overview of new and amended regulatory requirements for licensees when they may be caring for an FNIM child or young person. Many of these requirements pertain to consultation with a representative chosen by each of the child or young person’s bands or FNIM communities. This reflects the important role that a band or FNIM community has in a child’s care, including planning, programming, and advocacy for children from their communities ([*Ontario’s Quality Standards Framework*](#), 2020). Honouring this connection between FNIM children and young persons and their distinct communities, will be critical to help meet their cultural and spiritual needs while they are living in out of home care.

¹ Fallon, B., et al. (2021). Major findings from the Ontario Incidence Study of Reported Child Abuse and Neglect 2018. *Child Abuse and Neglect*, 111, 104778. DOI: <https://doi.org/10.1016/j.chiabu.2020.104778>.

Section II: Guidance for Implementing New and Amended Regulatory Requirements

The *Guidance for Implementation of the Quality Standards Framework Regulations* provides information about the new and amended QSF related regulatory requirements as set out under [O. Reg. 156/18](#) and [O. Reg. 155/18](#) of the CYFSA.

Specifically, the following section includes a detailed overview of the new and amended regulatory requirements, by topic, for out of home care licensees, placing agencies and children's aid societies. This includes:

- Foster Parent Training and Learning Plan
- Obligation to Employ or Engage Qualified Personnel
- Pre-Admission/Pre-Placement Assessments & Conditions on Placement
- Safety Plans
- Plans of Care (*including new requirements for children's aid societies*)
- Physical Restraints
- Mechanical Restraints
- Complaints
- Education (*including new requirements for children's aid societies*)
- Other Minor Enhancements
- Case Management Requirements for Children's Aid Societies

Under each topic, the following information is provided:

- **Summary of the new and amended regulation or directive**, including the previous requirement, where applicable.
- **Purpose** of the new and amended regulation or directive.
- **Indicators for compliance** for licensees and children's aid societies, where applicable.
- **Best practices for implementation** for licensees, placing agencies and children's aid societies, where applicable.

Depending on the requirement, the following information is also addressed under a given topic:

- **Serious Occurrence Reporting – Residential Licensing** system impacts, where applicable
- **Guidance for placing agencies**, where applicable
- **Information sharing**
- **Resources**

1. Foster Parent Training and Learning Plan

1.1 Amended Regulation & New Directive

Applies to: Foster care licensees (including children’s aid societies) and foster parents.

<u>Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care</u>	
Existing Requirement	Changes as of July 1, 2023
<p>Policy directive CW-003-20 requires all societies to use the Parent Resources for Information, Development and Education (PRIDE) or Strong Parent Indigenous Relationships Information Training (SPIRIT) pre-service training program for individuals who seek to be approved by a society to provide foster care.</p> <p>This directive applies only to children’s aid societies.</p>	<p>PRIDE or SPIRIT Pre-service Training Foster Parents Approved to Provide Care on or after July 1, 2023 (Proposed/New Foster Parents): As of July 1, 2023, all proposed foster parents (society and OPR) must complete either PRIDE or SPIRIT pre-service training prior to being approved to provide foster care.</p> <p>Note: Ministry Policy Directive CW-003-20 continues to apply after July 1, 2023. Children’s Aid Societies should review Policy Directive 001-23 together with Ministry Policy Directive CW 003-20.</p> <p>Requirements: Policy Directive RL 001-23 Policy Directive CW 003-20</p>
N/A	<p>Standard First Aid Training, Including Infant and Child CPR</p> <p>All proposed foster parents must have 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.</p>

<u>Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care</u>	
Existing Requirement	Changes as of July 1, 2023
	<p>For foster parents already approved to provide foster care on July 1, 2023, foster care licensees must ensure that they have completed the required Standard First Aid Training, including infant and child CPR as of July 1, 2023, and continue to hold a valid certification at all times.</p> <p>Requirements: Policy Directive RL 001-23 O. Reg. 156/18, ss. 121(1)((e), ss. 121(11)</p>
N/A	<p>First Nation, Inuit and/or Métis cultural competency training</p> <p><u>Foster Parents Approved to Provide Care on or after July 1, 2023 (Proposed/New Foster Parents):</u> Foster parents approved to provide care on or after July 1, 2023, must complete a First Nation, Inuit and/or Métis cultural competency training program that satisfies the criteria set out in Policy Directive RL 001-23. This training must be completed no later than six months after the date that the foster parent is approved to provide foster care.</p> <p><u>Foster Parents Approved Prior to July 1, 2023:</u> Foster parents approved to provide care prior to July 1, 2023, must have completed a First Nation, Inuit and/or Métis cultural competency training program that satisfies the criteria set out in Policy Directive RL 001-23 no earlier than July 1, 2018.</p> <p>Note: 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.</p> <p>Requirements: Policy Directive RL 001-23 O. Reg. 156/18, ss. 121(1)(c)</p>
N/A	<p>Trauma-Informed Care Training</p> <p><u>Foster Parents Approved to Provide Care on or after July 1, 2023 (Proposed/New Foster Parents):</u></p>

Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care

Existing Requirement	Changes as of July 1, 2023
	<p>Foster parents approved to provide foster care on or after July 1, 2023, must, as part of their pre-service training, complete a trauma-informed care training program that satisfies the criteria set out in Policy Directive RL 001-23. This training must be completed no later than six months after the date that the foster parent is approved to provide foster care.</p> <p><u>Foster Parents Approved prior to July 1, 2023:</u> Foster parents approved to provide care prior to July 1, 2023, must have completed a trauma-informed care training program that satisfies the criteria set out in the Policy Directive RL 001-23 no earlier than July 1, 2018.</p> <p>Requirements: Policy Directive RL 001-23 O. Reg. 156/18, ss. 121(1)(c)</p>

CYFSA, O. Reg. 156/18, Section 120.1

Existing Requirement	Changes as of July 1, 2023
N/A	<p>By July 1, 2023, licensees must ensure that all foster parents have a Foster Parent Learning Plan that sets out:</p> <ul style="list-style-type: none"> • all training completed by the foster parent, including training required pursuant to Policy Directive RL 001-23 • plans for the foster parent’s ongoing training • specific timelines within which the foster parent must complete specified aspects of the training plan <p>A copy of the Foster Parent Learning Plan must be included in the foster parent file and provided to the foster parent.</p> <p>Refer to <u>O. Reg. 156/18 s. 120.1</u> for a complete description of the information that must be included in the foster parent learning plan.</p>

1.2 Purpose of New Requirements for Licensees

Enhanced foster parent training requirements are part of the work to embed the [QSF](#), into regulation. Quality Standard 8 of the QSF speaks to the need for educational

qualifications, skills, training and experience of staff and caregivers to allow them to fully support and care for children and young persons in their care. Specifically, licensees should ensure that staff and caregivers receive appropriate training and supports prior to a placement being made and on an ongoing basis to support the unique needs of a child.

Foster parents make a significant difference in the lives of the children in their care. These children do not go “home” at the end of the day, but rather, these foster care homes are their homes, even if in some cases only for a short period of time. Healthy relationships between foster parents and children, that are based on highly skilled and well-supported caregivers, provide for the best and longest lasting positive outcomes for children in foster homes.

The goal of the new foster parent training requirements is to create consistency in the training and preparedness of all foster parents across the province to better meet the needs of the children being served, develop a culture of learning for foster parents, and build licensee capacity to better support foster parents and their knowledge/skills development. The intent of Foster Parent Learning Plans is to help promote intentional planning and skill development of the foster parent by requiring that learning goals and objectives be considered and discussed between the licensee and the foster parent. The learning plan is also important to connect the skillset of the foster parent to the identified needs of the child or children placed their home.

1.3 Compliance Indicators for Licensees

Development of Foster Parent Learning Plans (O. Reg. 156/18, s. 120.1(1)-(4))

Foster Parent File: [Section 124 of O. Reg. 156/18](#) sets out information required to be included in the written file for the foster parent or parents. As of July 1, 2023, this provision is amended to include a new requirement to include the foster parent learning plan and any revised versions of the plan in the foster parent file. Note that a foster parent learning plan must be established for **each** foster parent, meaning that if there is more than one foster parent approved to provide care to a child, there should be two separate learning plans included in the foster parent file.

Specifically, the foster parent file must include the following in respect of the Foster Parent Learning Plan:

- A completed Foster Parent Learning Plan for each foster parent which is kept up to date and identifies:
 - All training completed by the foster parent on the provision of foster care, including training completed in accordance with the requirements of [Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care](#).
 - 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.
- As an example, it might be appropriate to establish plans for additional training when there has been:
 - identification of any significant or harmful behaviours or occurrences respecting the child,
 - a new diagnosis,
 - new information about the child's identity, or
 - discovery of any additional information respecting the child deemed important by the foster parent or placing agency.
 - Specific timelines within which the foster parent must complete specified aspects of the training plan.
 - A description of how the training identified in the Foster Parent Learning Plan is 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.
 - Evidence that the licensee or a person designated by 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.

Foster Parent Interview: The foster parent confirms they were consulted in the development of their Foster Parent Learning Plan, including for the purposes of identifying individualized learning objectives. The foster parent is also able to demonstrate familiarity with the requirements of the plan and the accuracy of the information reflected in their plan (e.g., information about training completed and training plans).

Policies and Procedures: The licensee must have a policy and procedure respecting the development and review of foster parent learning plans (required pursuant to [s. 119\(2\)\(c.1\) of O. Reg. 156/18](#), including what should be in the foster parent learning plan as per [O. Reg. 156/18, s. 120.1](#) and training requirements for foster parents as per [Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care](#)).

Licensee Interview: The licensee or designate confirms:

- How the training referenced in their Foster Parent Learning Plans are consistent with the program delivered by the licensee and the needs of the children served.
- The licensee's policy and procedure on the development and review of the foster parent learning plans.

The licensee or designate also confirms the required content of Foster Parent Learning Plans, foster parent training requirements set out in [Policy Directive: Residential Licensing 001-23: Training on the Provision of Foster Care](#) and requirements applicable to the review of Foster Parent Learning Plans.

Review of Foster Parent Learning Plans (O. Reg. 156/18, s. 120.2(1)-(4) & 122(4)(b))

Foster Parent File: [Section 124 of O. Reg. 156/18](#) sets out information required to be included in the written file for the foster parent or parents.

As of July 1, 2023, this provision is amended to include a new requirement to include the foster parent learning plan **and any revised versions** of the plan in the file. Note that a foster parent learning plan must be established for **each** foster parent, meaning that if there is more than one foster parent approved to provide care, there should be two separate learning plans included in the foster parent file.

The foster parent file must include the following information respecting revised versions of the Foster Parent Learning Plan:

- The dates in which the Foster Parent Learning Plan has been reviewed (where applicable).
 - At a minimum, Foster Parent Learning Plans must be reviewed:
 - Prior to any placement of a foster child with the foster parent,
 - During the annual review of the foster home (required pursuant to [s. 123 of O. Reg. 156/18](#)),
 - As soon as possible after a *material change in circumstances which necessitates a review of the Foster Parent Learning Plan (see “Tip” below regarding “material change”), and
 - At least once every three months by the person assigned to supervise and support the foster parent or parents.
- Any changes that have been made to the Foster Parent Learning Plan as a result of the review (where applicable). This includes:
 - 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 and, where applicable, the outcome of that assessment and changes made to the plan.
 - Documentation of any 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.
 - 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.

The licensee or designate must document the 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 also signs the plan.

***Tip:** the following are examples of what may be considered a “material change in circumstances” which necessitates a review of the Foster Parent Learning Plan. The interpretation of these examples requires licensees to exercise judgement. They are a non-exhaustive list designated to assist the licensee.

- New identification of any significant or harmful behaviours or occurrences respecting the child (for example, self-harming behaviours and/or an increase in absence without permission),
- a new diagnosis,
- new information about the child’s identity, or
- discovery of any additional information respecting the child deemed important by the foster parent or placing agency.

Foster Parent Interview: The foster parent confirms they were actively involved in the review of their Foster Parent Learning Plan. The foster parent is also able to confirm when the review occurred and the changes made to the plan (if any) as a result of the review.

Note: There is no requirement for the foster parent to participate in a review of their Foster Parent Learning Plan when the review is being conducted prior to any placement of a foster child with the foster parent. In all other circumstances, the foster parent **must** be consulted in the review of the Foster Parent Learning Plan.

Policies and Procedures: The licensee must have a policy and procedure respecting the development and review of foster parent learning plans (required pursuant to [s. 119\(2\)\(c.1\) of O. Reg. 156/18](#)).

Foster Parent Training – Requirements for Proposed Foster Parents (Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care):

Foster Parent File: Documentation must be kept in the foster parent file which demonstrates foster parents who were approved by the licensee to provide foster care under [s. 121 of O. Reg. 156/18](#) on or after July 1, 2023 completed the following training prior to their approval as a foster parent:

- The PRIDE pre-service training or SPIRIT pre-service training.
- Standard First Aid, including infant and child CPR, and hold a valid certification of completion of such training issued by a training agency approved by the Workplace Safety and Insurance Board.

***Tip:** Licensors would be looking for a valid certificate or other documentation which confirms attendance and completion of the required training. For example, for Standard First Aid, licensors would be looking for a valid certificate of the completed training issued by an agency approved by the Workplace Safety and Insurance Board. The certificate should be valid, in that it should not be expired.

Training on First Nations, Inuit and/or Métis Cultural Competency:

Foster Parent File: The following documentation must be kept in the foster parent file specific to First Nation, Inuit and/or Métis Cultural Competency which demonstrates /describes:

- That any foster parent who was approved to provide foster care on or after the July 1, 2023, in effect date, completed training on **First Nations, Inuit and/or Métis cultural competency**, no later than six months after they were approved to provide foster care.
- That the training completed by the foster parent was/included:
 - Minimum 4 hours in length,
 - Interactive and provided the foster parent or parents 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 Métis foster children that could be or are placed in their foster home,
 - 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,
 - training on First Nations, Inuit, and Métis world views, and
 - 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 001-23: Training on the Provision of Foster Care.
- **Exemption:** Foster Parents are exempt from the requirement for training on First Nations, Inuit and/or Métis cultural competency if the person(s) identify themselves as a First Nations, Inuk, or Métis person. If the foster parent identifies as a First Nations, Inuk, or Métis person, this should be documented in their file.

***Tip:** Licensors would be looking for information on the course provider, including details of the person or entity that developed or co-developed the training, the course name and description which addresses the criteria above, as well as the completion date and proof of completion on file.

Training on Trauma Informed Care:

Foster Parent File: The following documentation must be kept in the foster parent file specific to Trauma Informed Care which demonstrates/describes:

- That any foster parent who was approved to provide foster care after the July 1, 2023, in effect date, completed **training on trauma-informed care**, no later than six months after they were approved to provide foster care.
- That the training completed by the foster parent was/included:
 - Minimum 4 hours in length,

- Provided the foster parent(s) with knowledge and skills to enable them to provide trauma-informed care to foster children,
- Themes related to:
 - Trauma theory:
 - Shift the focus from “What’s wrong with you?” to “What happened to you?” by addressing the following topics:
 - Understanding the impact of trauma and paths to recovery and well-being,
 - Recognizing signs and symptoms of trauma in children; and
 - Learning how to actively resist re-traumatization.
 - Promoting and emphasizing the foster child’s well-being,
- Developed or co-developed with an organization that provides mental health services and supports to children.

***Tip:** Licensors would be looking for information on the course provider, including details of the person or entity that developed or co-developed the training, the course name and description which addresses the criteria above, as well as the completion date and proof of completion on file.

Foster Parent Interview: The foster parent confirms they completed the documented training, and it met the requirements, as described in the directive. The foster parent is also able to confirm general information about the training and the information provided and/or skills acquired.

Foster Parent Training – Requirements for Approved Foster Parents (Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care):

Foster Parent File: Documentation must be kept in the foster parent file which demonstrates foster parents who were approved to provide foster care before the July 1, 2023, in effect date have:

- Standard First Aid, including infant and child CPR, and hold a valid certification of completion of such training issued by a training agency approved by the Workplace Safety and Insurance Board and hold this certification throughout their tenure as foster parents for the licensee.
- Completed 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):
 - 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. If the foster parent identifies as a First Nations, Inuk, or Métis person, this should be documented in their file.

***Tip:** Licensors would be looking for a valid certificate or other documentation which confirms attendance and completion of the required training. For example, for Standard First Aid, licensors would be looking for a valid certificate of the completed training issued by an agency approved by the Workplace Safety and Insurance Board. The certificate must be valid, in that it must not be expired.

***Tip:** Licensors would be looking for information on the course provider, including details of the person or entity that developed or co-developed the training, the course name and description which addresses the criteria above, as well as the completion date and proof of completion on file.

Foster Parent interview: The foster parent confirms they completed the documented training and it met the requirements, as described in the directive. The foster parent is also able to speak generally about the training and the information provided and/or skills acquired.

1.4 Best Practices for Implementation for Licensees

Foster Parent Training

- To support implementation of the new foster parent training requirements, pursuant to [Policy Directive: Residential Licensing 001-23: Training on the Provision of Foster Care](#), licensees and foster parents may access the external [training portal on SOR-RL](#). This portal provides information on how to find and access training programs.

Standard First Aid, including infant and child CPR

- WSIB provides a list of all approved training providers, accessible [here](#). Licensees may reference this list when selecting an appropriate training program.

PRIDE or SPIRIT pre-service training program

- When determining which program a foster parent should complete, consideration should be given to the needs of the children most likely to be placed in their care and what program might be the most culturally appropriate for the training of Indigenous and non-Indigenous foster parents for Indigenous children and youth. Details about accessing PRIDE or SPIRIT can be found on the [training portal on SOR-RL](#). For more information on the differences between PRIDE and SPIRIT please refer to [Policy Directive: CW 003-20 – Approved tools for caregiver assessment and pre-service training, and for plan of care development](#).

First Nation, Inuit and/or Métis Cultural Competency Training

- When selecting a First Nation, Inuit or Métis cultural competency training program, licensees should consider the unique needs of the children they serve or propose to serve.

- Licensees are encouraged to work with local Indigenous partners to identify training programs and other resources to better support Indigenous children in care.
- While foster parents who identify as First Nations, Inuk, or Métis, are exempt from these cultural competency training requirements, a First Nation, Inuk, or Métis foster parent may still be offered cultural competency training specific to the background of the child(ren) being served.

Trauma-Informed Care Training

- Through the Child, Parent Resource Institute, the ministry is offering the option of trauma informed care training at no cost to licensees. Information on how to access this training can be found on the SOR-RL training portal. Note that this training program satisfies the criteria in the Policy Directive specific to “Training on Providing Trauma Informed Care”.

Policies and Procedures (Not Required in Regulation)

- It is recommended licensees develop a policy and procedure which details the training requirements for foster parents, including those who were approved to provide foster care after the July 1, 2023, in effect date, as well as those who were approved to provide foster care before the July 1, 2023, in effect date.

Foster Parent Learning Plan

- Foster Parent Learning Plans should be used as one of the tools to identify appropriate placements options for children.
- A child’s plan of care should be used to identify key areas of learning and priority trainings for foster parents.
- To support compliance with the new Foster Parent Learning Plan requirements, licensees and foster parents may utilize a Foster Parent Learning Plan Template which has been prepared by the ministry in collaboration with sector partners. This template can be found on the [SOR-RL training portal](#).
 - Licensees can develop and use their own template to document that the requirements have been met for each individual foster parent. This includes but is not limited to a clear indication of which ongoing training is being taken by each foster parent in the home.

Foster Parent Learning Plans and Pre-Placement/Pre-Admission Assessments

- As part of the pre-placement assessment process, the licensee is required to share information with the placing agency or person proposing to place the child prior to placement. As of July 1, 2023, that information must include: “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.”
- Compliance with this requirement may be achieved in part by providing the placing agency or person placing the child with a copy of the foster parent learning plan.

1.5 Resources

Training Portal

To support licensees, existing and prospective foster parents in fulfilling the new training requirements, a training portal is available for the SOR-RL platform where they can access information on available trainings that meet the criteria outlined in [Policy Directive: Residential Licensing 001- 23: Training on the Provision of Foster Care](#). The training portal can be accessed here: [Training Portal Link](#).

2. Obligation to Employ or Engage Qualified Personnel

2.1 New Regulation

Applies to: *Foster care licensees (including children’s aid societies), children’s residence licensees (including places of secure or open custody or detention licensed to provide out of home care and secure treatment facilities) and staff-model home licensees.*

Note: The requirements listed below do not apply with respect to:

- **Foster parents,
- Persons with whom a child has been placed for adoption under Part VIII of the CYFSA, or
- Volunteers.

****Additional Note:** Under the [CYFSA](#), customary care arrangements for children may meet the definition of "foster care," which is a type of residential care as defined in the Act.

Further, the [Ontario Permanency Funding Policy Guidelines](#) currently require that customary care arrangements for children and youth in need of protection and subsidized by societies meet foster care licensing requirements. As a result, foster care licensing requirements, which are rooted in promoting the best interests, protection, and well-being of children, usually apply to customary care arrangements.

In these circumstances, customary care arrangements would be exempt from meeting requirements set out under [s.80.3](#) (as a foster parent is).

CYFSA, O. Reg. 156/18, Section 80.3	
Existing Requirement	Changes as of July 1, 2023
N/A	By July 1, 2023, all persons employed or otherwise engaged by the licensee to provide direct care or supervision to children and young persons in licensed residential settings (children’s residences, foster homes, staff model homes) under the <i>Child, Youth and Family Services Act, 2017</i> (CYFSA), and those who supervise these persons, must meet one of the following requirements:

CYFSA, O. Reg. 156/18, [Section 80.3](#)

Existing Requirement	Changes as of July 1, 2023
	<p>Qualification Option 1: The Person Holds a Degree, Certificate, or Diploma that Meets Regulatory Requirements</p> <p>The person must hold a certificate, diploma or degree that meets the following requirements:</p> <p>The program that led to the certificate, diploma or degree must have:</p> <ul style="list-style-type: none"> a) included content, both academic and practical that is directly relevant to: <ul style="list-style-type: none"> (i) the person’s duties, (ii) the program provided by the licensee, and (iii) the needs of the children or young persons served by the licensee. b) received any approvals required by the legislation governing the educational institution that issued the certificate, diploma, or degree. <p>The certificate, degree or diploma must have been issued by an institution defined in O. Reg. 156/18 (refer to s. 80.3(5), para. 2) (e.g., a university or other post-secondary institution).</p> <p>Qualification Option 2: The Person has Relevant Skills and Experience</p> <p>The person must have skills and experiences directly relevant to their duties, the program provided by the licensee and the needs of the children or young persons.</p> <p>Qualification Option 3: The Person is an FNIM Elder, Knowledge Keeper, Healer, Medicine Person, Cultural Person and/or Traditional Person</p> <p>The person must be a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person, or Cultural Person who</p>

CYFSA, O. Reg. 156/18, [Section 80.3](#)

Existing Requirement	Changes as of July 1, 2023
	<p>possesses cultural knowledge and skills directly relevant to their duties, the program provided by the licensee and the needs of the children or young persons.</p> <p>Exemption: The Person is Enrolled in Programs to Obtain a Degree, Diploma or Certificate that Meets Regulatory Requirements</p> <p>The person must be enrolled in a program to obtain a certificate, diploma or degree that meets the requirements under “Option 1”.</p> <p>A person that falls under this exemption must be supervised by a person who satisfies any of the qualifications set out in Options 1-3. The licensee is also required to verify at least once every 12 months that the person is enrolled in the program.</p>

2.2 Purpose of New Requirements for Licensees

Enhancing requirements to employ or engage qualified personnel is part of the work to embed the [QSF](#) into regulation. Quality Standard 8 of the QSF speaks to the need for staff and caregivers to have appropriate educational qualifications, skills, training, and experience in order to provide high-quality care to children and young persons.

Staff and caregivers working in out of home care settings make the biggest difference in the lives of the children and young persons in their care. These children and young persons do not go “home” at the end of the day, but rather, these places are their homes, even if only for a short period of time. Healthy relationships between staff, caregivers and children or young persons, based on highly skilled human resources, provide for the best and longest lasting positive outcomes for children and young persons in licensed out of home care settings.

The goal of the new requirements to employ or engage qualified personnel is to better support children and young persons by requiring the people who directly support them to have certain educational or experiential qualifications relevant to their duties, the program provided by the licensee and the needs of the children and young persons being served. Having qualified personnel can also mean that those providing direct care to children and young persons will feel more confident and well-equipped to address their varying and, often, high needs.

2.3 Compliance Indicators for Licensees

Scope for Current Requirements:

Regardless of position title, these requirements apply to all persons who are employed or otherwise engaged by the licensee to provide direct care or supervision to a child or young person, or persons supervising those who provide direct care to a child or young person.

Persons in scope for review to confirm compliance with this regulatory requirement include:

- Persons employed or otherwise engaged by the licensee to provide direct care or supervision to children and young persons.
 - Including but not limited to employees of the licensee, persons engaged by the licensee pursuant to a contract or agreement with the licensee (e.g., third party agency staff), persons assigned by the licensee to supervise and support foster parents.
- Students that satisfy the criteria of the exemption in the table above.
- Persons employed or otherwise engaged by the licensee to supervise persons described above (e.g., supervisor, manager).

The licensee must ensure that there is documentation maintained for each person subject to this requirement that is available for review by the inspector to confirm for compliance with the regulatory requirement set out in [s. 80.3 of O. Reg. 156/18](#).

Policies and Procedures

The licensee must have up to date written policies and procedures for verifying whether a person to be 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 in [s 80.3 in O. Reg. 156/18](#).

Option 1: Certificate, Diploma or Degree Holders (O. Reg. 156/18, s. 80.3(5-7))

File: For certificate, diploma or degree holders, the following documentation must be kept in the person's file:

- The person's job title and a description of their responsibilities.
- A copy of the certificate, diploma or degree, or another document prepared by the relevant educational institution indicating that the certificate, diploma, or degree was issued to the person and includes content, both academic and practical.
 - The copy of the certificate, diploma or degree must be issued by an institution which falls under one of the categories identified in [O. Reg. 156/18, para. 2 of s. 80.3\(5\)](#) and has received any approvals required by the legislation governing the educational institution.

- Written documentation that explains how the content of the program leading to the certificate, degree or diploma are directly relevant to:
 - The duties of the person,
 - The program provided by the licensee, and
 - The needs of the children or young persons served by the licensee.

If a certificate, diploma, or degree was obtained outside of Ontario, the licensee must document how they determined that the education qualifications are substantially similar to one that could have been issued by an educational institution otherwise described in s. 80.3(5) of O. Reg. 156/18.

Licensee Interview: The licensee confirms that the process for hiring or engaging persons who provide direct care or supervision is in alignment with the requirements related to employing and engaging qualified personnel specific to certificate, diploma, or degree holders.

Option 2: Experience and Skill Holders (O. Reg. 156/18, s. 80.3(3)(6)(7))

File: For experience and skill holders, the following documentation must be kept in the person's file:

- The person's job title and a description of their responsibilities.
- A description of how the person's experience and skills are directly relevant to:
 - The duties of the person,
 - The program provided by the licensee, and
 - The needs of the children or young persons served by the licensee.
- An indication of whether the person is a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person, or Cultural Person.

Licensee Interview: The licensee confirms the process for hiring or engaging persons who provide direct care or supervision is in alignment with the requirements related to experience and skill holders.

Option 3: First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person, or Cultural Persons (O. Reg. 156/18, s. 80.3(3)(6)(7))

Note: The ministry is currently working with First Nations, Inuit, and Métis partners to identify a verification process for this requirement. As such, additional compliance indicators will be added to this section in future.

File: For First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Persons, the following documentation must be kept in the person's file:

- The person's job title and a description of their responsibilities.

- 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:
 - The duties of the person,
 - The program provided by the licensee, and
 - The needs of the children or young persons served by the licensee.

Exemption: Enrolled in a Program to Obtain a Certificate, Diploma or Degree – Student (O. Reg. 156/18, s. 80.3(4)(6)(7))

File: For students who are enrolled in a program to obtain a certificate, diploma or degree that satisfies regulatory requirements set out in [s. 80.3\(5\) of O. Reg. 156/18](#), the following documentation must be kept in the persons file:

- The person’s job title and a description of their responsibilities.
- A description of the program the person is enrolled in.
- The date that the licensee last verified that the person was enrolled in the program.
- Documentation which demonstrates that the program the person is enrolled in meets the requirements under Option 1 pertaining to Certificate, Diploma or Degree Holders.
- A description of how the program the person is enrolled in is directly relevant to:
 - Their duties at the residence,
 - The program provided by the licensee, and
 - The needs of the children or young persons served by the licensee.
- Details of who is responsible for supervising this person, including a description of that person’s qualifications.

Licensee Interview: The licensee confirms the process for assessing whether persons that fall under this category satisfy all regulatory requirements applicable to persons enrolled in a program to obtain a certificate, diploma, or degree. The licensee is also able to describe the importance of ensuring that these persons are supervised and the assignment of supervisors to these persons.

2.4 Best Practices for Implementation for Licensees

Documenting requirements for obligation to employ or engage qualified personnel

- To help demonstrate compliance with the above noted requirements, the licensee may include a completed “Obligation to Employ or Engage Qualified Personnel” template located on the [SOR-RL training portal](#) in the person’s file.
- Completion of the “Obligation to Employ or Engage Qualified Personnel” template does not automatically result in compliance with the new regulatory requirements. Licensees are responsible for ensuring compliance with the regulatory requirements. Licensing inspectors will review licensee documentation, including any completed

templates, to assess for compliance with regulatory requirements. Completion of this template is also not required to demonstrate compliance with the new obligation to employ or engage qualified personnel requirements. Licensees may have an alternate way of demonstrating compliance, such as their own template or documentation practices.

- To help demonstrate compliance with [s.80.3\(6\), para.1\(ii\) or s.80.3\(6\), para. 3 of O. Reg. 156/18](#), the licensee could leverage a variety of documents to help inform the development of written documentation to show how the person’s qualifications are directly relevant to the person’s responsibilities, the program provided and the needs of the children and youth. These documents could include but are not limited to:
 - Resume,
 - Post-secondary program description, course outlines, etc.,
 - Job ad,
 - Job description,
 - Employment contract or other contract with person to provide direct care or supervision, and
 - Description of responsibilities.

Note: Including the above documentation in the person’s file without including a description of why it is directly relevant to their duties at the residence, the program provided by the licensee, and the needs of the children or young persons served by the licensee would result in a non-compliance. The above documentation does not meet compliance on its own.

2.5 Serious Occurrence Reporting– Residential Licensing (SOR-RL) Impacts

Effective July 1, 2023, to support implementation of the new obligation to employ or engage qualified personnel regulations, there are new fields for all licensees to complete in SOR-RL under “Staff Details”.

Specifically, children’s residence and foster care licensees will now be expected to input additional information about each person who provides direct care or supervision to children or young persons or who supervise such persons and their qualifications. They will also be expected to identify each person’s employment type (i.e., person employed by the licensee or person otherwise engaged by the licensee).

There will be supporting implementation material to assist licensees to navigate the updates to SOR-RL. A separate communication will be released with information on the specific changes. This communication and all materials will be made available on the [SOR-RL training portal](#).

For licensees who are not currently using SOR-RL, they may utilize the “Obligation to Employ or Engage Qualified Personnel” template which will be available on the SOR-RL training portal.

Note: The information required in SOR-RL is not intended to replace that which should be included in the physical file on site to demonstrate compliance with the new requirements (as outlined above under Compliance Indicators for Licensees).

2.6 Guidance for Placing Agencies (Including Children’s Aid Societies)

When making a placement decision, placing agencies are encouraged to speak with potential placements about the experience and skills of their staff and how they may relate to the needs of the child they are seeking a placement for.

2.7 Resources

Educational Institutions

When confirming that a person’s certificate, diploma, or degree meets the criteria in regulation ([O. Reg. 156/18 s. 80.3\(5\), para. 2](#)), licensees may reference the Government of Canada website which includes a list of designated educational institutions across Canada. The link may be accessed [here](#).

Information on quality assurance systems in each province

When confirming that a person’s certificate, diploma, or degree meets the criteria in regulation ([O. Reg. 156/18 s. 80.3\(5\), para. 1 & 2](#)), licensees may reference the [Provincial Quality Assurance Systems](#), which includes information on each Canadian province’s established system of higher education quality assurance. These systems may be managed by an organization representing universities, an agency, a provincial government, or a combination of actors. While the approaches differ, provincial quality assurance systems generally review programs to ensure the quality of degrees offered, monitor the frequency and efficacy of institutional reviews, and/or set guidelines to audit existing programs. The link may be accessed [here](#).

3. Pre-Admission/Pre-Placement Assessments & Conditions on Placement

3.1 Amended Regulation

Applies to: *Foster care licensees (including children’s aid societies), children’s residence licensees (other than a place of secure or open custody or detention licensed to provide out of home care), staff-model home licensees and placing agencies (including children’s aid societies).*

Does not apply to: *Licensees providing care to young persons ordered into detention or custody by a youth justice court.*

CYFSA, O. Reg 156/18, [Section 86](#) and [Section 127](#)

Existing Requirement (Revoked as of July 1, 2023)	Changes as of July 1, 2023
<p data-bbox="263 1094 570 1125">O. Reg. 156/18, s. 86</p> <p data-bbox="203 1165 613 1524">Except in the case of an admission of a young person who has been ordered into detention or custody by a youth justice court, before a licensee decides whether to admit a child to a children’s residence operated by the licensee, the licensee shall ensure that:</p> <ul data-bbox="203 1535 618 1835" style="list-style-type: none"> <li data-bbox="203 1535 618 1640">• A preliminary assessment is made of the child that sets out: <ul data-bbox="251 1650 618 1835" style="list-style-type: none"> <li data-bbox="251 1650 618 1724">○ The immediate needs of the child, <li data-bbox="251 1734 618 1835">○ If it can be determined in the circumstances, whether the child is 	<p data-bbox="654 1094 1398 1192">On July 1, 2023, the requirements applicable to pre-admission/placement assessments will be enhanced and clarified.</p> <ol data-bbox="683 1241 1414 1671" style="list-style-type: none"> <li data-bbox="683 1241 1414 1493">I. The licensee and placing agency must conduct an assessment to determine whether the immediate needs of the child can be met in the licensed setting by carrying out the steps described in the regulation (for children’s residences & staff model homes, refer to s. 86.1; for foster homes, refer to s. 127), and <li data-bbox="683 1503 1414 1671">II. Except where the placing agency and the licensee are the same entity/organization, the licensee must collect information about the child from the placing agency or person placing the child. <p data-bbox="654 1713 1398 1852">The regulation also sets out requirements respecting record keeping for the pre-placement/pre-admission assessment, including requirements to ensure that records are dated to reflect when they were prepared.</p>

CYFSA, O. Reg 156/18, [Section 86](#) and [Section 127](#)

Existing Requirement (Revoked as of July 1, 2023)	Changes as of July 1, 2023
<p>likely to be returned home,</p> <ul style="list-style-type: none"> ○ The child’s legal status, and ○ any other information that, in the opinion of the licensee, is relevant to the immediate provision of residential care to the child. ● The immediate objectives of the provision of residential care are determined, taking into account the developmental, emotional, social, medical and educational needs of the child; and, ● A written record is prepared that sets out: <ul style="list-style-type: none"> ○ Any immediate needs of the child that cannot be met in the children’s residence, if they can be ascertained, and ○ How those immediate needs will otherwise be met. <p>Minister’s Regulation 156/18 s.127</p> <p>Assessment of child</p> <p>Before a child is placed in a foster home to receive foster care under the authority of</p>	<p>1. Licensee – Pre-Admission/Pre-Placement Assessment Information:</p> <p>Licensees are required to conduct an evaluation before a child may be admitted to a children’s residence or staff model home or placed in a foster home and prepare a written report of that evaluation. The purpose of the evaluation is to determine whether the child’s immediate needs can be met in the licensed setting if the child were to be admitted/placed. The licensee’s written report of the evaluation must also indicate any immediate needs of the child that cannot be met if the child were admitted/placed.</p> <p>The written evaluation to be prepared by the licensee must include the following information:</p> <p>i. Information the licensee must have collected from the placing agency or person placing the child:</p> <ul style="list-style-type: none"> ● The child’s name, age, and gender, ● The objectives of the person placing the child or the placing agency, ● Information about the immediate needs of the child that is reasonably necessary for the purposes of performing the assessment, including, as may be necessary, information about any immediate developmental, emotional, social, medical, psychological, and educational needs, and any immediate needs related to any behavioural challenges, or any trauma experienced by the child, ● If the child is being placed by a society, the basis on which the child is in the society care (e.g., temporary agreement, extended society care, etc.), ● Any behaviours of the child that may pose a safety risk to either the child or others and the safety measures that should be implemented

CYFSA, O. Reg 156/18, [Section 86](#) and [Section 127](#)

Existing Requirement (Revoked as of July 1, 2023)	Changes as of July 1, 2023
<p>the licence of a foster care licensee, the licensee shall ensure that,</p> <ul style="list-style-type: none"> a) a preliminary assessment is made of the child that sets out: <ul style="list-style-type: none"> i. the immediate needs of the child, ii. if it can be determined in the circumstances, whether the child is likely to be returned home, iii. (iii) the child’s legal status, and iv. (iv) any other information that, in the opinion of the licensee, is relevant to the immediate provision of foster care to the child; and b) the immediate objectives of the provision of foster care are determined, taking into account the developmental, emotional, social, medical and educational needs of the child. 	<p>to mitigate those risks if the child were admitted/placed,</p> <ul style="list-style-type: none"> • The circumstances necessitating residential care for the child, and • Any other information that, in the opinion of the person placing the child or placing agency, is relevant to the provision of care to the child. <p>Optional (if the placing agency or person placing the child has the information at the time of placement) – Personal, family, and social history or assessment of the child that has been prepared by or provided to the placing agency or person placing the child and that is relevant to the licensee’s assessment, strengths of the child (including information about their personality, aptitudes, and abilities), and identity characteristics of <i>the child</i>².</p> <p>Note: If the “optional” information is not available at the time that the pre-placement/pre-admission assessment is conducted and the child is admitted/placed in the licensed setting, the licensee is required by law to collect that “optional” information as soon as possible, but no later than 30 days after the child’s admission/placement.</p> <p>II. Additional Information (to be compiled by the licensee rather than the placing agency):</p> <ul style="list-style-type: none"> • If there are any other residents, foster children or adults receiving residential care in the setting at the time of the proposed placement/admission: <ul style="list-style-type: none"> a. Their age and gender, if relevant to the evaluation, b. A general description of their needs and of the services and supports provided to them, including details of any additional staffing required and an indication of whether they have a safety plan,

² Please refer to O. Reg. 156/18 Section 2 for more information on the meaning of identity characteristics.

CYFSA, O. Reg 156/18, [Section 86](#) and [Section 127](#)

Existing Requirement (Revoked as of July 1, 2023)	Changes as of July 1, 2023
	<p>c. An assessment of how those needs might impact on the care to be provided to the proposed placement/admission.</p> <ul style="list-style-type: none"> • <i>For Children’s Residences & Staff Model Homes:</i> <ul style="list-style-type: none"> d. Details of training completed by the persons who will be providing direct care to the child, and • <i>For Foster Homes:</i> <ul style="list-style-type: none"> e. Names of the proposed foster parents, the date on which the foster parents were approved to provide foster care and an assessment of whether they have access to the supports and have the training necessary to meet the child’s immediate needs, as described in their foster parent learning plan. <ul style="list-style-type: none"> ▪ The number of other persons living in the foster home and any information known to the licensee about them that might impact the care to be provided to the child. <p>This report shall be dated to indicate the date that it was prepared.</p> <p>2. Licensee Pre-Admission/Pre-Placement Assessment Written Report (to be shared with the placing agency/person placing the child):</p> <p>Based on the written evaluation (described above), the licensee must prepare a separate written report that sets out their conclusions on whether the child’s immediate needs can be met if they were admitted to the licensed setting. This report must be shared with the placing agency or person proposing to place the child <i>before</i> a placement/admission decision is made.</p>

CYFSA, O. Reg 156/18, [Section 86](#) and [Section 127](#)

Existing Requirement (Revoked as of July 1, 2023)	Changes as of July 1, 2023
	<p>This written report must include the following information:</p> <ol style="list-style-type: none"> 1. The licensee’s determination of how the child’s immediate needs will be met if placed into the licensed setting, including any immediate needs that cannot be met, and 2. How those immediate needs that cannot be met in the licensed settings will be otherwise met. <p>For children’s residences & staff model homes, this report must also set out:</p> <ol style="list-style-type: none"> 1. An indication of any training provided to persons providing direct care to residents that are relevant to the care of the child to be admitted. 2. The number of children and adults receiving residential care in the licensed setting at the time at which the child will be admitted. 3. The ages, gender, and information about the needs of the children and adults described in para. 2 as well as the services and supports required to meet those needs that might impact on the services to be provided to the child to be admitted. <p>For foster homes, this report must also set out:</p> <ol style="list-style-type: none"> 1. The name or names of the proposed foster parent(s) and the address of the proposed foster home. 2. The date on which the proposed foster parent(s) were approved to provide foster care. 3. Details of any support services available to and training provided to the proposed foster parent(s) and any training completed by the proposed foster parent(s) that are relevant to the care of the child.

CYFSA, O. Reg 156/18, [Section 86](#) and [Section 127](#)

Existing Requirement (Revoked as of July 1, 2023)	Changes as of July 1, 2023
	<ol style="list-style-type: none"> 4. The number of foster children and adults receiving foster care in the proposed foster home at the time at which the child will be placed. 5. The ages, gender, and information about the needs of the persons described in para. 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. 6. 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 proposed placement. <p>The licensee is prohibited from providing the placing agency or person placing the child with personal information in this report.</p> <p>This report must also indicate the date on which it was prepared, and the licensee shall record the date that it provides this report to the placing agency or person placing the child.</p>
N/A	<p>3. Placing Agency: Pre-Placement/Pre-Admission Assessment</p> <p>If the child is being placed by a placing agency, the placing agency must:</p> <ol style="list-style-type: none"> 1. Consult with the child on the proposed placement/admission, to the extent possible given their age and maturity, 2. Prepare a written report setting out the child's views or the reasons for which it was not possible to consult with the child given their age and maturity, 3. Consult, to the extent possible in the circumstances, with any other persons or entities that, in the opinion of the placing agency, would have information relevant to the proposed placement and the determination as

CYFSA, O. Reg 156/18, Section 86 and Section 127	
Existing Requirement (Revoked as of July 1, 2023)	Changes as of July 1, 2023
	<p>to whether the placement will meet the child's immediate needs,</p> <p>4. Prepare a written report setting out the view of the persons or entities consulted above or the reasons for which no person or entity was consulted.</p> <p>The placing agency must use the following information to assess whether the proposed placement/admission will meet the child's immediate needs:</p> <ol style="list-style-type: none"> 1. The Licensee's Pre-Admission/Placement Assessment Report (described above). 2. The views of the child, if applicable. 3. The views of any person or entity consulted. 4. Any other information known to the placing agency about the child. <p>The placing agency must also prepare a written report setting out its assessment.</p>

CYFSA, O. Reg 156/18, Section 86.2 and Section 128	
Existing Requirement	Changes as of July 1, 2023
N/A	<p>1. Conditions on Placements/Admissions for Placing Agencies:</p> <ol style="list-style-type: none"> I. A placing agency cannot place a child into a licensed setting unless they have completed all the steps required as part of the pre-placement assessment process described in sections 1 through 3 above (in s. 86.1 for children's residences & staff model homes, or s. 127 for foster homes). II. If a placing agency decides to place a child in a licensed setting, they must: <ol style="list-style-type: none"> a. Notify the child of the decision as soon as reasonably possible after the decision has

CYFSA, O. Reg 156/18, Section 86.2 and Section 128	
Existing Requirement	Changes as of July 1, 2023
	<p>been made but before the child is admitted to the licensed setting,</p> <p>b. Make a record of any measure that the licensee determines should be implemented prior to the child’s admission to ensure that the immediate needs of all the residents or foster children and adults receiving residential care are met, including any additional services and supports to be provided to the child or other residents or foster children and adults receiving residential care, and</p> <p>III. Before the child is admitted to the licensed setting, provide the licensee with:</p> <p>a. Its pre-placement assessment report (described above in sections 1-3 and required pursuant to ss. 86.1(4)(e) and 127(4)(e) of O. Reg. 156/18); and,</p> <p>b. The record described above in section II b.</p>
N/A	<p>2. Conditions on Placements/Admissions for Licensees</p> <p>I. A licensee cannot accept a child to be admitted unless they have:</p> <p>a. Completed all the required steps as part of the pre-placement/pre-admission assessment process described in ss. 86.1 (children’s residences & staff model homes) or 127 (foster homes).</p> <p>b. If the child engages in behaviours that may pose a risk to the safety of the child or others or if there are risks to the child’s safety known to the licensee, conducted a safety assessment as required by regulation and, if required, prepared a safety plan.</p> <p><i>For Foster Homes: In addition to the above-noted criteria and information related to:</i></p> <p>c. The foster parents are approved under s. 121 and the results of their last annual assessment under s. 123 indicated that the</p>

CYFSA, O. Reg 156/18, Section 86.2 and Section 128	
Existing Requirement	Changes as of July 1, 2023
	<p>foster parents remain suitable to provide foster care,</p> <p>d. The licensee has disclosed to the foster parent all information known to the licensee about the child relevant to their care, including the reports developed as part of the pre-placement assessment, and</p> <p>e. The licensee has obtained the agreement of the foster parents and the placing agency, if the licensee is not the placing agency.</p> <p>II. Where a child is admitted to a licensed setting, the licensee must ensure that any document prepared or received under s. 86.1 or 127 are maintained in the child’s case record or file.</p> <p>III. Where a child is admitted to a foster home, the licensee must ensure that any reservations or concerns expressed by the foster parent about the placement of the child in the home are recorded in the child’s file.</p>

3.2 Purpose of New Requirements for Licensees and Placing Agencies

Enhancing pre-admission assessment requirements is part of the work to embed the [QSF](#) into regulation. Quality Standard 1 of the QSF speaks to the need for children and young persons to be placed intentionally in the right setting at the right time, based on their needs.

Placements in out-of-home care settings should be used intentionally based on the needs and identity of the child, which will help prevent placement breakdowns. With careful planning, assessment, screening and methodical placement decisions, children should only move between out of home care placements when it is necessary. This will contribute to greater stability and a sense of belonging for children in out of home care. Recognizing the inherent trauma of placement movement and reducing the number of disruptions that children face supports a reduction of the unintentional trauma that can be inflicted by the situation.

The enhancements to the pre-admission assessment requirements are intended to ensure placing agencies and licensees consider and document how the needs of the child can be met by the proposed placement, while considering the needs of children and adults already residing in those placements. This will also help to reduce the likelihood of harm to children, staff, and foster parents and support enhanced transparency between the placing agency and the licensee. Children placed in out-of-home care should feel that their placement is safe, inclusive, and accessible.

3.3 Compliance Indicators for Licensees

Pre-Admission/Placement Assessments (O. Reg. 156/18, s. 86.1 and O. Reg. 156/18, s. 127)

Step 1: Immediate Needs Evaluation by Licensee

Child/Youth Case Record or File: The following documentation must be kept in the child's case record or file:

- A written **Report #1**, including the date the report was prepared, which demonstrates an assessment was undertaken by the licensee, prior to the decision to place the child, to determine whether the licensed setting can meet the immediate needs of the child. This written report must include:
 - Except where the placing agency and the licensee are the same entity/organization, information collected by the licensee from the placing agency about the child, including:
 - Their name, age, and gender,
 - The objectives of the person placing the child or the placing agency,
 - 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,
 - 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.),
 - Safety risks of the child and measures to be implemented to mitigate them,
 - The circumstances necessitating out of home care for the child, and
 - Any other information that is relevant to the provision of care to the child.
 - The number of children and adults already receiving care in the licensed setting at the time of the proposed placement.
 - The ages, genders, and information about the needs of the persons described above, as well as the services and supports required to meet those needs

- that might impact on the services to be provided to the child proposed to be admitted.
- An indication of any training provided to the persons providing direct care to the children already placed in the licensed setting that is relevant to the proposed placement.
 - The date in which any information was collected by the licensee for the purposes of completing the pre-placement assessment.
 - **For foster care only** – the above-noted requirements and the names of the proposed foster parents, the address of the foster home, the date when the foster parent(s) was approved, details of support services available to the foster parents, and the total number of people living in the home and any information about those people relevant to the care being provided to the child.

Step #2: Licensee Conclusion on Whether Child's Immediate Needs can be Met ("Immediate Needs Evaluation by Licensee")

Child/Youth Case Record or File: The following documentation must be kept in the child's case record or file:

- A separate written **Report #2**, including the date the report was completed, which summarizes:
 - The information accounted for in **Report #1**,
 - How the child's immediate needs will be met by the licensed setting, and
 - If there are any immediate needs of the child the licensed setting cannot meet, and how those immediate needs will be otherwise met.

Step #3: Information Required to be Provided to the Placing Agency or Person Placing the Child by the Licensee (except where the placing agency is the licensee)

Child/Youth Case Record or File: Documentation must be kept in the child case record or file which demonstrates that the following information/report was provided to the placing agency or person who placed the child, including the date which the information was provided:

- **Report #2**, which speaks to whether the needs of the child can be met, and how else their needs will be met.
- An indication of any training provided to the persons providing direct care to the children already placed in the licensed setting that is relevant to the proposed placement.
- The number of children and adults already receiving care in the licensed setting at the time of the proposed placement.
- The ages, genders, and information about the needs of the persons described above, as well as the services and supports required to meet those needs that might impact on the services to be provided to the child proposed to be admitted.

- **For foster care only** – the above-noted requirements and the names of the proposed foster parents, the address of the foster home, the date when the foster parent(s) was approved, details of support services available to the foster parents, and the total number of people living in the home and any information about those people relevant to the care being provided to the child.

Licensee Interview: The licensee confirms their process for determining if a child's needs can be met by their licensed setting, and in the event that any immediate needs cannot be met, how they will otherwise be addressed/met, prior to accepting a placement.

Conditions on Placement ([O. Reg. 156/18, s. 86.2](#) and [O. Reg. 156/18, s. 128](#))

Child/Youth Case Record or File: The following documentation must be kept in the child case record or file which demonstrates they have:

- Only permitted a child to be placed in their setting once the following steps have been completed/undertaken:
 - A pre-admission assessment has been completed in compliance with regulatory requirements.
 - If the child engages in behaviours that may pose a risk to the safety of the child or others or if there are other risks to the child's safety that are known to the licensee, the licensee has conducted a safety assessment as required by regulation and, if required, prepared a safety plan.
 - **For foster care only** – 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-admission 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.
 - **For foster care only** – the licensee 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](#).
 - The licensee has obtained the agreement of:
 - The placing agency if the licensee is not the placing agency.
- The following information has been collected no later than 30 days after the child's placement, if it was not already collected to inform the pre-admission assessment, and ensuring this information is still correct and up to date:
 - 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,
 - The strengths of the child, including information about their personality, aptitudes, and abilities, and
 - Information respecting the child's identity characteristics.

Foster Parent File: The foster parent file must include documentation which outlines any reservations or concerns expressed by the foster parent or parents about the placement of the child in the foster home, where applicable.

Foster Parent Interview: The foster parent confirms they were informed of all information known to the licensee that is relevant to the care of the child, including reports prepared as part of the pre-placement assessment by the licensee about the child and the licensee's conclusions on whether the child's needs can be met in the foster home.

Licensee Interview: The licensee confirms their process for accepting a child into their setting.

3.4 Best Practices for Implementation for Licensees

Preparing Reports

- While the following information is optional for the pre-admission/pre-placement assessment, it is highly recommended that it is incorporated into **Report #1** and **Report #2** as per the compliance indicators noted above:
 - Any information set out in a personal, family, and social history assessment regarding the child that has been prepared by or provided to the placing agency or other person placing the child that is relevant to the pre-admission assessment,
 - The strengths of the child, including information about their personality, aptitudes, and abilities, and
 - Information respecting the child's identity characteristics.

Promoting Intentional Placements

- To support placing agencies in making informed placement decisions, licensees must provide placing agencies with a copy of their licence and any conditions placed on their licence.
- Additional useful information that the licensee could send to the placing agency includes prior licensing reports (e.g., summary, and narrative reports), a detailed program description that outlines the programs and services provided by the licensee, and the qualifications of their staff and caregivers.
- It is strongly recommended the licensee maintain the following information on file and kept up to date at all times, to support efficiency in completing the pre-admission/pre-placement assessment process:
 - If there are any other residents, foster children or adults receiving out of home care in the setting at the time of the proposed placement/admission:
 - Their age and gender, if relevant to the evaluation,
 - A general description of their needs and of the services and supports provided to them, including details of any additional staffing required and an indication of whether they have a safety plan, and

- An assessment of how those needs might impact on the care to be provided to the proposed placement/admission.

Working Collaboratively

- It is recommended that placing agencies and licensees work collaboratively to help promote positive outcomes for children in out of home care. This may include, but is not limited to, the development and review of an agreement between the licensee and placing agency that would specify information related to working together (e.g., communication, roles, and responsibilities).

3.5 Guidance for Placing Agencies (Including Children's Aid Societies)

Related Regulatory Requirements for Children's Aid Societies

- Societies are required to conduct pre-placement assessments for children in society care placed in unlicensed settings ([O. Reg. 156/18, s. 50.1](#)). For more information, see Case Management Requirements for Children's Aid Societies: Unlicensed Settings.

Child Voice and Participation in Placement Decisions

- Children have a right to participate in decisions that affect their lives. Placing agencies should take a child-centred approach when identifying potential placements for a child including engaging the child in their views about a placement and if the placement will meet their needs.
- The child's voice should be included in all placement decisions.
- It is recommended that placing agencies document when they have notified the child of their potential placement, including how they were notified. Placing agencies should also document when they have informed the licensee that the child has been notified of their potential placement.
- Where applicable, prior to placing a child in a licensed setting, it is recommended that the placing agency take the child on a pre-placement visit at least 10 days before the placement and document when the visit took place.
- Placing agencies should ensure a child is notified of their rights upon admission of a licensed setting.

Training

- Individuals making placement decisions should receive training on how to make placement decisions in an intentional, informed way that promotes the best outcomes for the child and engages them in decision-making.

Relationship Building

- It is recommended that placing agencies and licensees work collaboratively to help promote positive outcomes for children in out of home care. This may include but is not limited to the development and review of an accountability agreement between

the licensee and placing agency that would specify information related to working together (e.g., communication, roles, and responsibilities, etc.).

- Placing agencies should request licensing related documents from the licensee to promote transparency, including, but not limited to, prior licensing reports written by the ministry (e.g., licensing summary and narrative reports). Licensees are legally required to provide a copy of their licence to the placing agency, which can be used by the placing agency to support making informed placement decisions.

4. Safety Plans

4.1 New Regulation

Applies to: *Foster care licensees (including children’s aid societies), children’s residence licensees (other than a place of secure or open custody or detention licensed to provide out of home care), staff-model home licensees and placing agencies (including children’s aid societies).*

Does not apply to: *Licensees providing care to young persons ordered into detention or custody by a youth justice court.*

CYFSA, O. Reg. 156/18, [Section 86.3-86.8](#) and [Section 129-129.5](#)

Existing Requirement	Changes as of July 1, 2023
<p>N/A</p> <p>Note: While not currently a requirement in regulation, some licensees have licence conditions requiring that they develop safety plans for children prior to and during admission.</p>	<p>On July 1, 2023, licensees will be required to follow the requirements below, pertaining to children’s safety plans:</p> <p>1. Safety Assessment:</p> <p>Licensees must conduct a safety assessment for every child who is to be admitted to the residence or foster home and in respect of existing residents or foster children for the purposes of determining whether a safety plan is required for the child.</p> <p>Safety Assessment – Required Content:</p> <p>To carry out a “safety assessment”, a licensee must do the following:</p> <ol style="list-style-type: none"> 1. Make reasonable efforts to determine whether the child engages in behaviors 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 behaviors contained in: <ol style="list-style-type: none"> a. Any documents or information collected by the licensee or any documents created by the licensee as part of the pre-placement assessment process, b. In the case of an existing resident or foster child, any SORs or other reports concerning the child, that are prepared by the licensee or persons providing direct care to the child on behalf of the licensee,

CYFSA, O. Reg. 156/18, [Section 86.3-86.8](#) and [Section 129-129.5](#)

Existing Requirement	Changes as of July 1, 2023
	<p>c. In the case of a resident or foster child residing in the residence or foster home as of July 1, 2023, any plan of care developed for the child, and</p> <p>2. Obtain the view of the placing agency/person placing the child on the need for a safety plan for the child.</p> <p>Timing for Safety Assessment:</p> <ul style="list-style-type: none"> • Unless a safety plan has already been created in accordance with the requirements set out in the regulation (summarized below), a safety assessment must be conducted by the licensee: <ul style="list-style-type: none"> ○ In the case of a child who is to be admitted to or placed in the licensed setting, the assessment must be completed before the child’s admission or placement, or ○ In the case of a resident or foster child already residing in the licensed setting, during the development their plan of care, during a review of their plan of care, immediately following any situation during which the child engages in any behaviors which may pose a risk to the safety of the child or others or during which the child’s safety is otherwise put at risk. <p>Documentation Requirements:</p> <p>The licensee must document the safety assessment and ensure the documentation is maintained in the child’s file/case record.</p> <p>Timing for Development of Safety Plan:</p> <p>If, after completing the safety assessment it is determined that a safety plan is required for a child, the licensee must develop one in accordance with the regulatory requirements (summarized below) as soon as possible and, in the case of a new admission or placement, before the child’s admission/placement in the licensed setting.</p> <p>Transition provision:</p> <p>No later than July 30, 2023, licensees are required to conduct a safety assessment for all children residing in their licensed settings and, if a</p>

CYFSA, O. Reg. 156/18, [Section 86.3-86.8](#) and [Section 129-129.5](#)

Existing Requirement	Changes as of July 1, 2023
	<p>safety plan is required, develop one as soon as possible in accordance with the regulatory requirements (summarized below).</p> <p>2. The Need for a Safety Plan:</p> <ul style="list-style-type: none"> • A safety plan is required for a child, resident, or foster child if, after conducting a safety assessment, the licensee determines that: <ul style="list-style-type: none"> ○ The child engages in behaviours that may pose a safety risk to themselves or others or there are other risks to their safety, or ○ The view of the person who is placing the child or who placed the child is that a safety plan is needed. <p>3. Safety Plan Content:</p> <ul style="list-style-type: none"> • A safety plan must include the following content (as well as any other information the licensee considers appropriate): <ol style="list-style-type: none"> 1. The child’s behaviours that may pose a safety risk to themselves or others and any other reasons why the child’s safety is 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 themselves or others or to otherwise protect the child (which also needs to be informed by information provided by the placing agency or person who placed the child), 3. Procedures to be followed by persons providing direct care, including foster parents, to the child in circumstances where the child engages in behaviours that harms the safety of themselves or others or otherwise risks their safety, 4. Any recommendations, to which the licensee has access, from people who provided or are providing specialized consultation services, specialized treatment, or other clinical supports to the child to address the behaviours that may present safety risks, 5. Any clinical or other supports provided to the child to address the child’s behaviours that may present safety risks, and 6. The names, contact information and, if applicable, job titles of any persons consulted on and involved in the

CYFSA, O. Reg. 156/18, [Section 86.3-86.8](#) and [Section 129-129.5](#)

Existing Requirement	Changes as of July 1, 2023
	<p>development of the safety plan, including the date or dates they were consulted.</p> <p>4. Safety Plan Development/Review Consultation:</p> <ul style="list-style-type: none"> • The licensee must include the following people in the development and review of the safety plan: <ul style="list-style-type: none"> ○ The placing agency, if they are not the licensee, ○ The child, to the extent possible given their age and maturity, ○ The child’s parents, if appropriate, ○ The foster parent or parents (in the case of a placement with a foster care agency), and, ○ In the case of a FNIM child, a representative chosen by each of their bands or FNIM communities. • If it is not possible to consult one or more of the people above, the licensee can complete the safety plan, and must, on an ongoing basis, make reasonable efforts to ensure that the persons listed above are consulted on the safety plan and must amend the plan as necessary based on their input. • The licensee must note in the child’s case record/file the reasons that a person listed above was not consulted or involved in the safety plan and a description of any efforts made to include them. • The licensee must ensure that all persons mentioned above, except for the child’s parents if it was determined to be inappropriate to consult them on the development of the safety plan, receive a copy of the child’s safety plan at the following times: <ul style="list-style-type: none"> a. For a new admission or placement, before the child is admitted or placed, b. For a child residing in a licensed setting as of July 1, 2023, as soon as possible after it is developed. <p>5. Safety Plan Reviews</p> <p>Timelines:</p> <ol style="list-style-type: none"> 1. A licensee must review a child’s safety plan during the development of the plan of care and during each review of the plan of care.

CYFSA, O. Reg. 156/18, [Section 86.3-86.8](#) and [Section 129-129.5](#)

Existing Requirement	Changes as of July 1, 2023
	<p>2. The safety plan must also be reviewed immediately after any of the following occurs:</p> <ul style="list-style-type: none"> a. The child engages in behaviour that poses a risk to the safety of themselves or others, or a situation occurs where the child is put at risk, b. An incident occurs 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 safety risk, c. New information comes 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, or d. The child or other person consulted on and involved in the development of the safety plan requests a review. <p>3. When reviewing the safety plan, the licensee must ensure that:</p> <ul style="list-style-type: none"> a. It continues to adequately keep the child and others safe, and if it does not, an amended plan is developed, b. The same process and requirements for the development of the plan are followed and complied with (described above), c. Any amendments to the plan are documented and dated in the plan, d. All information known to the licensee at the time of the review about the child’s behaviours are considered, including by persons who provide direct care to the child, including, in the case of a foster child, the child’s foster parents, and e. Any recommendations received by the licensee from any individual named as a resource person, any person who provides direct care to the child (other than the foster parent), or from the child’s primary worker is incorporated into the safety plan. <p>If the licensee is reviewing the safety plan because the measures set out in the plan were shown to be ineffective, they must ensure that different preventative measures are set out in the child’s amended plan.</p>

CYFSA, O. Reg. 156/18, [Section 86.3-86.8](#) and [Section 129-129.5](#)

Existing Requirement	Changes as of July 1, 2023
	<p>Staff and Foster Parent Review:</p> <ul style="list-style-type: none"> • A licensee must ensure that a child’s safety plan is reviewed by any person providing direct care to the child (including foster parents and any person assigned to supervise and support foster parents under s. 122 of O. Reg. 156/18) before the person begins providing direct care for the first time, as soon as possible after the safety plan is developed (if the plan was developed after that person started providing direct care to the child), and as soon as possible after the plan is amended. • A licensee must ensure, each time the safety plan is reviewed by people providing direct care (described above), that the person confirms they reviewed the plan by signing the safety plan and indicating the date of review. <p>Documentation:</p> <ul style="list-style-type: none"> • A licensee must ensure that all copies of a child’s safety plan is in their case record/file and the most recent version is readily available at their licensed setting (foster home or residence). <p>Implementation:</p> <ul style="list-style-type: none"> • A licensee must ensure that any person providing direct care to the child, including the child’s foster parents, does so in accordance with the child’s safety plan.

4.2 Purpose of New Requirements for Licensees

Introducing new requirements for Safety Plans and Safety Assessments is part of the work to embed the [QSF](#) into regulation. Quality Standard 5 of the QSF speaks to the need for children to feel that the licensed setting where they reside is safe (culturally, spiritually, physically, emotionally, and mentally), inclusive, and accessible.

Experiences of trauma by children and young persons in out of home care settings are common as the very nature of being in care - away from a loving and supportive environment - can itself be traumatizing. As a result, it is important for licensees to support children and youth by creating environments with additional emotional and physical safety supports that provide healing and survivor-centered care.

This requirement supports children in out of home care settings to feel that their placement is safe, inclusive, and accessible. It is intended to reduce the likelihood of harm to children, staff, and foster parents.

4.3 Compliance Indicators for Licensees

Licensee Interview:

The licensee confirms:

- Their process for conducting safety assessments,
- How they determine if a safety plan is required,
- Their process for developing safety plans, and
- Their process for reviewing and amending safety plans.

Requirement for Safety Plans & the Safety Assessment (O. Reg. 156/18, s. 86.3 and O. Reg. 156/18, s. 129)

Child/Youth Case Record or File: The following documentation must be kept in the child's case record or file:

For children residing in the licensed setting prior to July 1, 2023:

- A written record which demonstrates that no later than July 30, 2023:
 - A safety assessment has been completed, and
 - If a safety plan is required, a safety plan has been developed as soon as possible.

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

- A written record which must demonstrate a safety assessment has been completed by the licensee, at the following times:
 - Before a child's admission into a licensed setting, or
 - If the child is already living in a licensed setting:
 - During the *development* of the child's written plan of care,
 - During a *review* of the child's written plan of care, and
 - 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.**
- A written safety assessment which identifies:
 - That the licensee has made reasonable efforts to determine whether the child engages in behaviours that may pose a risk to the safety of themselves or others, or whether there are other risks to the child's safety, based on all information known to the licensee, including information about the child's needs and behaviours contained in:

- Any documents or information collected by the licensee or created by the licensee as part of the pre-admission/placement assessment,
 - Any plan of care developed for the child,
 - 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.
- 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.
- Evidence that a safety plan has been created in circumstances where the outcome of the safety assessment is that:
 - 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**
 - It is the view of the placing agency or person placing the child or who placed the child that a safety plan is needed.

Development of Safety Plans (O. Reg. 156/18, s. 86.4 and O. Reg. 156/18, s. 129.1)

Child/Youth Case Record or File: The following documentation must be kept in the child's case record or file:

Where the outcome of the safety assessment is that the child requires a safety plan:

- A safety plan which, at a minimum, sets out:
 - 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.
 - Safety measures informed by information provided by the placing agency or person placing the child or who placed the child, including the amount of any supervision required, to prevent the child from engaging in behaviours that may pose a risk to the safety of themselves or others.
 - Procedures to be followed by the licensee's staff, and any other persons providing direct care to the child on behalf of the licensee including foster parents, in circumstances where the child engages in behaviour that may pose a risk to the safety of themselves or others.
 - 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.
 - Any clinical or other supports to be provided to the child to address behaviours that may pose a risk to themselves or others.
 - 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.

- Documentation which indicates that the following persons were consulted with and involved in the development of the safety plan:
 - The placing agency,
 - The foster parent or parents,
 - The child, to the extent possible given their age and maturity,
 - The child's parents, if appropriate,
 - 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 licensee must document:
 - The reasons why the individuals were not consulted or involved in the safety plan, and
 - Reasonable, ongoing efforts to engage with them on the safety plan.
- Documentation which shows that the persons listed above received a copy of the child's safety plan at the following times:
 - In the case of a child to be admitted to the licensed setting, before **the placement/admission**.
 - In the case of a child already receiving out of home care in the licensed setting, **as soon as possible after it is developed**.

Child/Youth Interview: Where the child requires a safety plan, the child confirms they were engaged in the development of their safety plan.

Foster Parent Interview: Where the child requires a safety plan, the foster parent(s) confirm that they were consulted in the development of the safety plan and that they received a copy of the child's safety plan whom they provide direct care to.

Review of Safety Plans (O. Reg. 156/18, s. 86.5 and O. Reg. 156/18, s. 129.2)

Where a child has a safety plan:

Child/Youth Case Record or File: The following documentation must be kept in the child's case record or file:

- An indication that the child's safety plan has been reviewed during the development and/or review of their plan of care and immediately after:
 - The child has engaged in behaviour that poses a risk to the safety of themselves or others (e.g., self-harming behaviour, leaving without permission, suspected risk of human trafficking),
 - 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,

- 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,
- The child or a person consulted on and involved in developing the safety plan has requested the safety plan be reviewed.
- An indication that, when reviewing the child's safety plan, the licensee has ensured:
 - It still adequately keeps the child and others safe, and if it doesn't, an amended safety plan is developed,
 - The same requirements for developing a safety plan are complied with when reviewing and amending the safety plan,
 - Any amendments to the safety plan are documented and dated in the safety plan itself,
 - 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, including the foster parent,
 - Any recommendations received by the licensee from any individual named as a resource person for the child, any person who provides direct care to the child on behalf of the licensee (other than the foster parent) or any person assigned as the child's primary worker are incorporated into the safety plan.
- If the licensee is reviewing the safety plan because the measures set out in the plan were deemed ineffective, they must ensure that different preventative measures are set out in the child's plan.

Interview with person providing direct care or supervision to the child (including foster parents): The person confirms:

- They are aware of the process related to reviews of safety plans and when a review may be required.
- They have shared information about the child's behaviour that may pose a risk to themselves or others with the licensee to inform the review of the child's safety plan.

Child/Youth Interview: The child confirms they were involved in the review of their safety plan.

Staff and Foster Parent Reviews of Safety Plans (O. Reg. 156/18, s. 86.6 and O. Reg. 156/18, s. 129.3)

Child/Youth Case Record or File: The child's case record or file must include the signature and date the staff person or foster parent(s) reviewed the child's safety plan.

Interview with person providing direct care or supervision to the child (including foster parents): The person confirms:

- They have reviewed any safety plan prepared for each child whom they provide direct care to and that such review took place:
 - Before they provided direct care to the child for the first time,
 - 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
 - As soon as possible after the safety plan has been amended.
- They have signed and dated any safety plan for each child whom they provide direct care to after each review.

Note: The reference to “persons providing direct care or supervision to the child” also includes persons assigned to by the foster care licensee under s. 122 to supervise and support the foster parents.

Availability of Safety Plans (O. Reg. 156/18, s. 86.7 and O. Reg. 156/18, s. 129.4)

Child/Youth Case Record or File: A copy of the safety plan must be kept in the child’s case record or file.

Interview with person providing direct care or supervision to the child (including foster parents): The person confirms they know where to locate a copy of each child’s safety plan whom they provide direct care to, and that the safety plan is easy to access/readily available at the licensed setting or foster home where the child resides.

Implementation of Safety Plans (O. Reg. 156/18, s. 86.8 and O. Reg. 156/18, s. 129.5)

Interview with person providing direct care or supervision to the child (including foster parents): The person confirms the direct care they provide to the child is done in accordance with their safety plan, where applicable. The person is also able to provide specific examples to assist the inspector in assessing for compliance.

4.4 Best Practices for Implementation for Licensees

Engaging First Nations, Inuit, and Métis Bands/Communities

- The licensee should document all attempts to contact a representative chosen by each of a FNIM child’s band or communities to support the development or review of the child’s safety plan.

Analysis of Serious Occurrence Reports (SORs)

- SORs for each child in out of home care settings should be reviewed regularly to assess whether the needs of that child are being met. For example, if there are a high number of serious occurrences reports on the use of physical restraint on a child, it may indicate the need for other behavioural or treatment supports or services. It may also indicate that the child is struggling with their personal safety,

requiring review to determine whether a safety plan is required or, if one already exists, a safety plan review.

Safety Plans and Plans of Care

- The safety plan must be used when developing or reviewing the child's plan of care.

4.5 Guidance for Placing Agencies (Including Children's Aid Societies)

Role of the Placing Agency in Safety Planning

Placing agencies play a significant role in supporting safety assessments and, where required, the development and review of a child's safety plan. This will include, but may not be limited to, providing the licensee with:

- Information about the child required as part of the pre-placement assessment process to inform the safety assessment,
- Input about whether a safety plan is required for the child,
- Recommendations about safety measures to be included in the safety plan to mitigate the risk of harm to the child or others, and
- Support to confirm alignment of the safety plan with the plan of care.

The placing agency should ensure that they've received a copy of the safety plan from the licensee at the following times:

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

Serious Occurrence Reports (SORs)

- If/when a placing agency receives an SOR about a child placed in a licensed setting, they should assess the SOR and connect with the licensee to discuss how the child's needs are being met and if any changes are needed to support the safety and well-being of the child, such as a review of the safety plan.

Related Regulatory Requirements for Children's Aid Societies

- Where a child is transferred from one setting to another, children's aid societies are required to share a child's most recent safety plan (where applicable) with the licensee, person or agency responsible for the new setting within 7 days of the transfer ([O. Reg 156/18 s. 51.2\(2\)](#)). For clarification, this requirement stipulates that the full most recent safety plan is shared upon transfer and not just the summary that is included within the child's plan of care. The intention of sharing a child's most recent safety plan with a new licensee, person, or agency responsible for a child when a child is transferred from one setting to another is to ensure consistency of services to the child and to provide the new caregiver with information to support care provided to the child. If the child is transferred to a different licensed setting, the

licensee is responsible for conducting a new safety assessment and following the requirements outlined in regulation.

- Societies are required to conduct safety assessments for children in society care placed in unlicensed settings ([O. Reg. 156/18 s. 50.1](#)). For more information, see [Case Management Requirements for Children's Aid Societies: Unlicensed Settings](#)

4.6 Resources

The following websites may be helpful for licensees when contacting a First Nation band or Inuit community on a child's safety plan:

- [Map - Chiefs of Ontario \(chiefs-of-ontario.org\)](http://chiefs-of-ontario.org)
- [National Representational Organization for Inuit in Canada \(itk.ca\)](http://itk.ca)
- For general resources to support children and young persons who identify as Métis, please refer to the [Métis Nation of Ontario website](#).

5. Plans of Care

5.1 Amended Regulation

Applies to: Foster care licensees (including children’s aid societies), children’s residence licensees (including places of secure or open custody or detention licensed to provide out of home care), staff model home licensees and placing agencies (including children’s aid societies).

CYFSA, O. Reg. 156/18, Section 94 and Section 131.1	
Existing Requirements (Revoked July 1, 2023)	Requirements applicable as of July 1, 2023
<p style="text-align: center;"><u>Minister's Reg s. 94</u></p> <p>A licensee who operates a children’s residence shall develop a written plan of care for each resident within 30 days after the resident’s admission.</p> <p>In developing a written plan of care, the licensee shall use the resident’s case record.</p> <p>The licensee shall ensure that, if possible, in the circumstances, the following people are consulted with and involved in the development of a plan of care:</p> <ol style="list-style-type: none"> 1. The parent of the resident, placing agency or other person who placed the child in residential care. 2. Any children’s aid society that is supervising the placement or providing services to the resident, but who is not the resident’s parent. 3. The resident’s probation officer, if any. 4. The resident, to the extent possible given their age and maturity. <p>If a person listed above was not consulted and involved in the development of a plan of care, the licensee shall,</p>	<p>On July 1, 2023, all licensees will be required to comply with the following requirements pertaining to a child or young person’s plan of care:</p> <p>Timelines</p> <ol style="list-style-type: none"> 1. The plan of care is to be developed within 30 days after admission to the residence or foster care placement, 2. The review of the plan is to be completed 90 days after admission, 180 days after admission and every 180 days after that, 3. All licensees must review the plan of care as soon as possible after any of the following occurs: <ol style="list-style-type: none"> a. There is a material change in the child or young person’s circumstances that necessitates a review of the plan of care, b. New information comes to the attention of the licensee about the child or young person’s needs, behaviours, or diagnosis, and/or c. The child or young person, their placing agency or parent, or other person who placed the child recommends that the plan of care be reviewed.

CYFSA, O. Reg. 156/18, [Section 94](#) and [Section 131.1](#)

Existing Requirements (Revoked July 1, 2023)	Requirements applicable as of July 1, 2023
<p>a) make reasonable efforts to consult with and involve them after the development of the plan of care; and</p> <p>b) amend the plan of care, if necessary, to reflect their consultation and involvement.</p> <p>The plan of care shall include,</p> <p>a) a description of the resident’s needs, developed with reference to the findings of current or previous assessments of the resident, and a description of how those needs will be met,</p> <p>b) the desired outcomes that have been identified for the resident by the resident and the persons consulted with and involved in the development of the plan of care, based on the resident’s specific strengths and needs,</p> <p>c) a plan to secure, within specified timeframes, one or more specialized consultation, specialized treatment and other supports that have been identified to promote the desired outcomes for the resident,</p> <p>d) a statement of the educational programs that have been developed for the resident in consultation with the school boards in the area in which the residence is located,</p> <p>e) if applicable, a statement of the ways in which a parent of the resident will be involved in the plan of care including arrangements for contact between the resident and a parent of the resident and the resident’s family,</p> <p>f) particulars of any specialized service to be provided directly by, or arranged for by, the licensee,</p>	<p><i>*The purpose of the review is to make sure that all information included in the plan of care is current, and document the services, treatment and supports referenced in the plan of care that have been provided to the child/young person.</i></p> <p>Meeting with the Child or Young Person</p> <p>1. Before developing or reviewing the plan of care, the licensee or person designated by the licensee must meet with the child or young person (to the extent possible given their age and maturity) to explain the following:</p> <ol style="list-style-type: none"> The purpose for developing or reviewing the plan of care, The type of information that will be discussed during the development or review and the type of information that will be included in the plan of care, and The role of the child or young person in the development or review of their plan of care. <p>Note: The meeting with the child or young person must be documented and maintained in their file.</p> <p>Information Required for Development or Review of the Plan</p> <p>1. Licensees must use the information in the child or young person’s file, notably:</p> <ol style="list-style-type: none"> Documents from pre-placement/admission assessment, Safety plan, if applicable, Any reports respecting the child/young person prepared by

CYFSA, O. Reg. 156/18, [Section 94](#) and [Section 131.1](#)

Existing Requirements (Revoked July 1, 2023)	Requirements applicable as of July 1, 2023
<p>g) the dates on which the resident’s plan of care will be reviewed,</p> <p>h) a list of revisions, if any, to the plan of care; and</p> <p>i) a statement of any anticipated plan for the discharge of the resident.</p> <p>The following shall be included in the resident’s case record:</p> <ol style="list-style-type: none"> 1. The initial plan of care developed in accordance with the requirements above. 2. The reasons that a person was not consulted with or involved in the development of a plan of care. 3. A description of the efforts made by the licensee to engage and consult all parties. 4. The particulars of any review of the plan of care. 5. The reasons for which any specialized consultation, specialized treatment and other supports referred to in clause (5) (c) have not been obtained within the specified timeframe. <p>The licensee shall ensure that the development of each resident is reviewed in relation to their plan of care at least once every 30 days during the first six months after the resident’s admission and at least once every six months after that.</p> <p>The licensee shall ensure that a resident is given an opportunity to express their views during a review.</p> <p>The licensee shall ensure that each resident’s plan of care is reviewed three months after the resident’s admission, six months after the resident’s admission and, if requested by a person consulted</p>	<p>the licensee, foster parents or other persons providing direct care to the child on behalf of the licensee, including SORs and incident reports and contain information that is reasonably necessary for the development or review of the plan of care, and</p> <p>d. Any personal, family and social history or assessment about the child/young person that was prepared by or provided to the licensee and that contains information that is reasonably necessary for the provision of residential care to the child or young person.</p> <p>Needs Assessment</p> <ol style="list-style-type: none"> 1. When developing or reviewing the plan of care, the licensee must: <ol style="list-style-type: none"> a. Assess whether the needs of the child or young person can be met in the licensed setting based on the information that must be used to develop and review the plan of care (see listing above under “Information Required”), and b. Document that assessment in the child/young person’s plan of care. <p>Persons Required to be Consulted on and Involved in the Development and Review of the Plan:</p> <ol style="list-style-type: none"> 1. The following people must be consulted on and involved in the development or review of a plan of care:

CYFSA, O. Reg. 156/18, [Section 94](#) and [Section 131.1](#)

Existing Requirements (Revoked July 1, 2023)	Requirements applicable as of July 1, 2023
<p>with and involved in the development of the plan of care, every six months after that.</p> <p><u>For Foster Care Licensees:</u></p> <p>156/18 s. 127:</p> <ol style="list-style-type: none"> 1. Within 30 days after the placement of the child in foster care, the licensee shall develop and finalize the foster plan of care, if possible, in the circumstances, consulting with, <ol style="list-style-type: none"> a. the placing agency, if the placing agency is not the licensee, b. the foster parent or parents, c. the child, to the extent possible given the child’s age and maturity, and d. the child’s parents, if appropriate. 2. If the licensee finalizes the foster plan of care without consulting a person listed, other than a parent of the child, the licensee shall continue to make reasonable efforts to consult with those persons and, based on the consultation, make any changes to the plan of care that may be appropriate. 3. The licensee shall ensure that the foster plan of care: <ol style="list-style-type: none"> a. takes into account all available information about the child as set out in any existing reports related to specialized consultation with respect to the child or specialized treatment or supports received by the child, b. identifies desired outcomes based on the child’s specific strengths and needs, and 	<ol style="list-style-type: none"> a. The placing agency, if they are not the licensee, b. The child/young person’s parents, if appropriate, c. The child/young person, to the extent possible given their age and maturity, d. For foster care licensees only – the foster parents, and e. If the child/young person is FNIM, a representative chosen by each of their bands or FNIM communities. <p>Meeting Required</p> <ol style="list-style-type: none"> 1. The consultation must include at least one (1) meeting which includes the licensee and all persons the licensee is able to consult with and involve in the development or review of the plan of care. 2. The licensee must ensure that: <ol style="list-style-type: none"> a. Reasonable notice of the meeting is given to the people invited. b. The meeting is scheduled at a time that is convenient for the child/young person. c. The meeting is conducted in a way that encourages participation from the child/young person. <p>Signatures Required</p> <ol style="list-style-type: none"> 1. The licensee must make reasonable efforts to have a plan of care signed and dated by the people who <u>must</u> be consulted and involved in the development and review of the plan of care to indicate their agreement with the information set out in the plan of

CYFSA, O. Reg. 156/18, [Section 94](#) and [Section 131.1](#)

Existing Requirements (Revoked July 1, 2023)	Requirements applicable as of July 1, 2023
<p>c. includes a plan to secure, within specified timeframes, one or more specialized consultation, specialized treatment and other supports that have been identified to promote the desired outcomes for the child.</p> <p>4. If the placing agency is not the licensee, the placing agency and the licensee shall ensure that any reports referenced in that clause are shared between them as soon as possible after either of them receives the report.</p> <p>5. A licensee shall use the social history of a child as a resource in adapting the child’s foster plan of care.</p> <p><u>156/18 s. 128:</u></p> <p>1. A foster care licensee shall review the foster plan of care developed in accordance with section 127 for each child receiving foster care in a foster home used by the licensee to provide foster care.</p> <p>2. The following people shall, if possible, in the circumstances, be involved in a review:</p> <ol style="list-style-type: none"> The licensee. The placing agency if the placing agency is not the licensee. The child, to the extent possible given the child’s age and maturity. The foster parent or parents. The child’s parents, if appropriate. <p>3. If a person listed above is not involved in the review, other than a child’s parent,</p>	<p>care (see above – “Persons Required”).</p> <ol style="list-style-type: none"> If a person required to sign refuses to do so, the licensee must, within the plan of care, indicate that the person refused to sign and set out the reasons why. If the child/young person is not able to understand the plan of care because of their age or maturity or refuses to sign the plan of care, the licensee is not required to have them sign the plan of care. If the child/young person is able to understand the plan of care and wants to sign, the licensee must ensure that the child/young person does not sign the plan of care until: <ol style="list-style-type: none"> The child/young person is given an explanation of their plan of care in language suitable to their age and maturity, and The child/young person is asked if they would like to receive a copy of their plan of care and if so, whether they would like to receive a copy in written or electronic format. <ol style="list-style-type: none"> If the child/young person wants to receive a copy, the licensee must provide it to the child/young person within 7 days after the plan of care is developed or reviewed in the format requested. If a person who must be consulted (see above – “Persons Required”) was not consulted on or involved in the development/review of the plan of care, the licensee must:

CYFSA, O. Reg. 156/18, [Section 94](#) and [Section 131.1](#)

Existing Requirements (Revoked July 1, 2023)	Requirements applicable as of July 1, 2023
<p>the licensee shall note the reasons in the child’s file and shall,</p> <ul style="list-style-type: none"> (a) continue to make reasonable efforts to involve the person after completing the review; and (b) based on their involvement, make any necessary changes to the foster plan of care. <p>4. A review shall take place at the following times:</p> <ul style="list-style-type: none"> 1. Three months after the child’s placement in foster care, six months after the placement and at least once every six months after that. 2. As soon as possible after the following events: <ul style="list-style-type: none"> i. A material change in circumstances occurs that necessitates a review of the foster plan of care. ii. A change occurs in the child’s placement. 5. The licensee shall document in the child’s file the date of each review and any changes made to the foster plan of care as a result of the review. 6. If the placing agency is not the licensee, the placing agency and the licensee shall ensure that any reports respecting the child are shared between them as soon as possible after a report is received by either of them. 7. If a foster plan of care includes a recommendation to obtain one or more specialized consultations, specialized treatments, or other supports for the child within a specified timeframe and the 	<ul style="list-style-type: none"> a. Make reasonable efforts to consult with and involve them after the development/review of the plan of care, and document those efforts, and b. Amend the plan of care, if necessary, to reflect their input. <p>Consultation with Other Persons with Relevant Information</p> <ul style="list-style-type: none"> 1. The licensee must also consult with the following people if the licensee is of the opinion that these people have relevant information to support the development or review of the plan of care, or if one of the people who must be consulted (as mentioned above) recommends one or all of these people should be consulted. These people include: <ul style="list-style-type: none"> a. The child/young person’s probation officer, if any, b. Any medical professionals or clinicians providing services, treatment, or support to the child/young person, c. The child/young person’s resource person, d. A representative from the child/young person’s school, e. The child/young person’s primary worker or any person who provides direct care to the child/young person on behalf of the licensee (also includes foster care), f. For reviews only – the adult identified as being a positive influence in the child/young person’s life, if any such adult is identified in the plan of care.

CYFSA, O. Reg. 156/18, [Section 94](#) and [Section 131.1](#)

Existing Requirements (Revoked July 1, 2023)	Requirements applicable as of July 1, 2023
<p>specialized consultation, specialized treatment or support is not subsequently obtained for the child within the timeframe, the licensee shall note the reasons in the child’s file.</p>	<p>2. The licensee must ensure that a plan of care includes:</p> <ul style="list-style-type: none"> a. The names and, if applicable, job titles of the people consulted on and involved in the development or review of the plan of care, and b. The dates of any meetings held to discuss the development or review of the plan of care and the names of the people who participated in that meeting. <p>Plan of Care Content The licensee must ensure the content set out in the Tables under section 94.2 (for licensees operating children’s residences and staff model homes) and 131.3 (for foster care licensees) is included in each plan of care, and if the plan of care is amended after its initial development, it is to be clearly labeled as an “amended plan of care”.</p> <p>Availability of Plan of Care and Record Keeping</p> <p>1. A licensee must:</p> <ul style="list-style-type: none"> a. Take reasonable steps to ensure that all people providing direct care to children/young persons on behalf of the licensee, including foster parents, review the content of the most recent version of the child/young person’s plan of care, b. Ensure a copy of the most recent plan of care is kept at the licensed setting and is readily available to those who provide direct care to the child/young person on behalf of

CYFSA, O. Reg. 156/18, [Section 94](#) and [Section 131.1](#)

Existing Requirements (Revoked July 1, 2023)	Requirements applicable as of July 1, 2023
	<p>the licensee, including foster parents, and</p> <ul style="list-style-type: none"> c. Ensure the child/young person’s parent/placing agency or other person who placed them is provided with a copy of the initial plan of care and any amended version, following its development or review. <p>2. A licensee must make sure that the following is included in the child/young person’s file:</p> <ul style="list-style-type: none"> a. The initial and any amended plan of care, b. An indication of whether the plan of care was provided to the child/young person, and if so, in what format (written or electronic), and c. Documentation respecting the “Meeting with the Child or Young Person” (described above). <p>Implementation of Plan of Care</p> <p>1. A licensee must ensure that any person providing direct care to a child/young person, including the foster parent(s), does so in accordance with what is set out in their plan of care.</p> <p>Transfer or Discharge Requirements (section 80.2 of O. Reg. 156/18)</p> <p>1. All licensees must, as soon as possible, and by no later than 7 days after the transfer or discharge of a child or young person from the licensed setting, provide the following information to the person or agency to whom the child or young person is transferred or discharged:</p>

CYFSA, O. Reg. 156/18, Section 94 and Section 131.1	
Existing Requirements (Revoked July 1, 2023)	Requirements applicable as of July 1, 2023
	<ul style="list-style-type: none"> a. A copy of the most recent version of the child or young person’s plan of care. b. A copy of the most recent version of the child’s safety plan if one is required for the child. c. Any other information that, in the opinion of the licensee, is relevant to the provision of residential care to the child or young person at the time of the transfer or discharge.
<p>O. Reg. 156/18 s.129</p> <ul style="list-style-type: none"> • s. 129 related to Placement of a Child and did not previously include requirements pertaining to plans of care. 	<p>O. Reg. 156/18 s. 129 and 129.2</p> <p>On July 1, 2023, foster care licensees will be required to be in compliance with the following requirements pertaining to a child or young person’s plan of care:</p> <ul style="list-style-type: none"> 1. Ensure that while conducting a safety assessment in respect of a foster child, it includes information related to any plan of care developed for the child, 2. A safety assessment must be conducted by the licensee during the development or review of the child’s foster plan of care (s.131.2), 3. A safety plan must be reviewed during the development of the child’s written foster plan of care and during the review of the child’s written foster plan of care.

5.2 Purpose of New Requirements for Licensees

Enhancing plan of care requirements is part of the work to embed the [QSF](#) into regulation. Quality Standard 2 of the QSF speaks to the need for individualized care for children and young persons.

The plan of care is a key document that acts as a “roadmap” for the care planning team about a child or young person in out of home care. It identifies the services, supports, timelines and responsibilities of licensees that must and/or should be involved in supporting the child or young person in meeting their needs, goals and intended outcomes. It is intended to be a “living document” that reflects the child’s or young person’s needs over time and is centered on their best interests.

Enhancements to the existing requirements for plans of care were made to ensure that children and young persons receiving out of home care services are receiving individualized care and continuous support that helps meet their unique needs, recognizes their strengths, and encompasses all aspects of their lives and well-being. The changes are also intended to ensure that children and young persons are better prepared and supported in transitions from and between placements (For example: placement changes, transitioning out of care; returning home, to independence and adulthood, and adult services). Plans of care should reflect the voices of children and young persons.

All children and young persons must receive care, services and supports that are responsive to their specified needs, including their strengths and challenges. These needs include all aspects of their physical and mental health, education, spiritual, emotional, and behavioural well-being, family, social and community relationships (including their connection, if they are First Nations, Inuit, and Métis, to their bands and First Nations, Inuit, and Métis communities), identity (including culture), and recreation and leisure preferences. While out of home care services alone will not address all the needs mentioned above, it is important that these needs are taken into consideration and addressed by community-based service providers, schools, or adult allies, when needed. When the unique needs of children and young persons are met, this communicates to them that they are valued, important and that their choices, interests, and preferences are respected.

5.3 Compliance Indicators for Licensees

Plan of Care Requirements for Licensees (O. Reg. 156/18, s. 94-94.4 and O. Reg. 156/18, s. 131.1-131.5)

Child/Youth Case Record or File: The following documentation must be kept in the child or young person’s case record or file to demonstrate compliance with regulatory requirements applicable to plans of care:

- A written plan of care that has been developed within 30 days of the child or young person’s admission or placement into the licensed setting.
- Evidence showing that the child or young person’s plan of care has been reviewed:
 - 90 days after their admission into the setting,
 - 180 days after their admission into the setting, and
 - Every 180 days thereafter.

- Evidence showing, where applicable, that in addition to the above noted timelines for review, the child or young person’s plan of care has also been reviewed by the licensee as soon as possible after:
 - There is a material change in the child or young person’s circumstances (see “tip” below regarding a “material change”),
 - New information comes to the attention of the licensee about the child or young person’s needs, behaviours, or any diagnosis,
 - The child or young person, their parents or the placing agency or other person who placed the child requests the plan be reviewed.
- During each review of the child or young person’s plan of care, the licensee should demonstrate, in writing, that they have:
 - Ensured any information included in the plan of care is current, and
 - Documented the services, treatment and supports referenced in the plan of care that have been provided to the child or young person.

Tip: the following are examples of what may be considered a “material change in circumstances” which necessitates a review of the plan of care. The interpretation of these examples requires licensees to exercise judgement. They are a non-exhaustive list designed to assist the licensee.

- New identification of any significant or harmful behaviours or occurrences respecting the child or young person (for example, self-harming behaviours and/or an increase in absences without permission),
- A new health diagnosis,
- New information about the child or young person’s identity,
- A change in the child’s school, or
- Discovery of any additional information respecting the child deemed important by the foster parent or placing agency.

Licensee Interview: The licensee confirms their process and timeline requirements for completing a child or young person’s plan of care.

Development and Review of Plan of Care (O. Reg. 156/18, s. 94.1 and O. Reg. 156/18, s. 131.2)

Child/Youth Case Record or File: The following documentation must be kept in the child or young person’s case record or file to demonstrate compliance with regulatory requirements applicable to plans of care:

- Documentation showing that, before beginning the process of developing or reviewing a plan of care, the licensee or designate met with the child or young person, including the date of the meeting, and explained the following, to the extent possible given their age and maturity:
 - The purpose for developing or reviewing their plan of care,

- 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
- The role of the child or young person in the development or review.
- Evidence that the plan of care was informed by information in the child or young person's file, including:
 - Any documents developed during the pre-admission/placement assessment,
 - The child's safety plan, where applicable,
 - Any information referred to in [subsection 86.1 \(6\)](#) that was not collected for the purposes of the assessment under [section 86.1](#),
 - Any reports respecting the child or young person prepared by the licensee or persons providing direct care to the child or young person on behalf of the licensee (including foster parents), and that relate to incidents involving the child or young person 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
 - Any personal, family, and social history or assessment respecting the child or young person that has been prepared by or provided to the licensee and that contains information that is reasonably necessary for the provision of care.
- A written assessment completed during the development or review of the child or young person's plan of care which is incorporated into the plan of care and identifies whether their needs can be met by the licensed setting.

Consultation Requirements to Develop and/or Review Plans of Care

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's case record or file to demonstrate compliance with regulatory requirements applicable to plans of care:

- Evidence the licensee has made efforts to ensure that the following persons were consulted on and involved in the development or review of the plan of care:
 - The placing agency, if the placing agency is not the licensee,
 - The child or young person's parents, if appropriate,
 - The child or young person, to the extent possible given their age and maturity,
 - In the case of a child or young person who is First Nations, Inuk or Métis, a representative chosen by each of the child or young person's bands or First Nation, Inuit, or Métis communities, and
 - **For Foster Only** - The foster parent or parents.

There should be evidence of at least one meeting during 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.

- If any of the above noted individuals were not consulted on or involved in the development or review of the child or young person's plan of care, the licensee should record:
 - Efforts to consult with and involve them after the development or review of the plan of care, and
 - That the plan of care has been amended to reflect their input, if necessary.
- Evidence the licensee has made reasonable efforts to have the plan of care signed and dated by the above noted individuals who are consulted on and involved in the development or review of the plan of care, in such a way as to indicate their agreement with the information set out in the plan of care.
 - If the child or young person 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 or young person.
 - If the child or young person refuses to sign the plan of care, the licensee must document within the plan of care that they refused to sign it and identify the reasons for the refusal.
- If the child or young person has requested a copy of their plan of care, an indication that the licensee provided a copy of the plan of care to the child or young person, in their chosen format, within seven days after it is developed or reviewed.
- Evidence that the following individuals have been engaged on the development or review of the child or young person's plan of care, if the licensee believes the individual has relevant information to support the development or review of the plan of care or if any of the required participants (noted above) recommend it.
 - The child or young person's probation officer, where applicable,
 - Medical professionals or clinicians providing services, treatment, or support to the child or young person,
 - Individuals named as a resource person for the child or young person,
 - A representative from the child or young person's school,
 - A person who is assigned as the child or young person's primary worker (e.g., staff member) in the residence,
 - In the case of a review, the adult identified in the child or young person's plan of care as being a positive influence in their life, where applicable, and/or,
 - **For Foster Only** - Any person who provides direct care to the child on behalf of the foster care licensee, other than the foster parents.
- The names and, if applicable, job titles, of the individuals consulted on and involved in the development or review of the plan of care as well as the dates of any meetings held to discuss the development or review of the plan of care and the names of the persons who participated in the meetings.

Child/Youth Interview: The child or young person confirms:

- 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.
- 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.
- They received a copy of their plan of care in the requested format (written or electronic), where the child or young person requested a copy.

Interview with person providing direct care to the child or young person (including foster parents): The person confirms they were involved in the development or review of the child or young person's plan of care and if not, the reasons for not being consulted or involved.

Licensee Interview: The licensee confirms:

- Their process for developing or reviewing a child or young person's plan of care, including who they engage in this process, with specifics around how they actively engage the child or young person themselves.
- Their process for documenting when a child or young person is not able to participate or refuses to be engaged in the development or review of their plan of care.
- In the case of a child or young person who is First Nations, Inuk or Métis, confirmation that they have contacted the child or young person's band or First Nation, Inuit, or Metis community.

Content of Plan of Care (O. Reg. 156/18, s. 94.2 and O. Reg. 156/18, s. 131.3)

Child/Youth Case Record or File: The written plan of care must be kept in the child or young person's case record or file and address the topics identified in the tables under O. Reg. 156/18, s. [94.2 \(for licensees operating children's residences and staff model homes\)](#) and O. Reg. 156/18, s. [131.3 \(for foster care licensees\)](#).

If the plan of care is amended after its initial development, it is to be clearly labeled as an "**amended plan of care**".

Availability of Plan of Care and Recordkeeping (O. Reg. 156/18, s. 94.3 and O. Reg. 156/18, s. 131.4)

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's case record or file:

- The written plan of care, specifically:
 - The original plan of care developed for the child or young person,
 - Any amended plan of care,
 - An indication of whether the plan of care was provided to the child or young person and if so, whether it was provided in written or electronic form, and

- Documentation regarding the licensee's meeting with the child or young person about their plan of care.

Interview with person providing direct care to the child or young person (including foster parents): The person confirms they reviewed the child or young person's most recent plan of care and described general information about its contents. They can also confirm there is a copy of the child or young person's most recent plan of care at the residence or foster home that is readily available to all persons who are providing direct care to the child or young person on behalf of the licensee.

Implementation of Plan of Care (O. Reg. 156/18, s. 94.4 and O. Reg. 156/18, s. 131.5)

Interview with person providing direct care to the child or young person (including foster parents): The person confirms and describes how they are providing care to the child or young person in accordance with their plan of care, and they can provide specific examples.

Child/Youth Interview: Where applicable, the child or young person confirms and describes how the care they receive in the licensed setting is consistent with the content of their plan of care.

Licensee Interview: The licensee confirms how they will ensure that a child or young person's care is provided in accordance with their plan of care.

5.4 Best Practices for Implementation for Licensees

Plan of Care Review

- The licensee is required to review a child or young person's plan of care as soon as possible after a material change in circumstances, new information comes to their attention about the child or young person's needs, behaviours, or any diagnosis and/or there has been a request for the plan to be reviewed. "As soon as possible" may vary depending on the matter that prompted the review. For example, if the child has received news of a serious medical diagnosis requiring new medication and clinical supports, an immediate review should be carried out.
- It is recommended the licensee review a FNIM child or young person's plan of care if requested by a representative of the child or young person's band or FNIM community.

Working Collaboratively

- Licensees and placing agencies should work collaboratively in the best interests of the child to develop a plan of care that supports the child to meet their needs and goals.
- For each section of the plan of care, roles and responsibilities should be identified, including communication protocols, where needed, to provide clarity and

accountability about how the licensee, placing agency, service providers, family, and, in the case of a FNIM child or young person, a representative from each of the their bands or FNIM communities are working together to support their needs and goals.

- If the licensee who is not a society is experiencing challenges in consulting with or involving a society in the child's plan of care, the licensee should initiate a conversation with the society about the need for them to participate. Additional steps that can be taken if the situation does not change include notifying ministry licensing staff who can communicate the concerns to the society's program supervisor.

5.5 Resources

The following websites may be helpful for licensees when contacting a First Nation band or Inuit community on a child or young person's plan of care:

- [Map - Chiefs of Ontario \(chiefs-of-ontario.org\)](http://chiefs-of-ontario.org)
- [National Representational Organization for Inuit in Canada \(itk.ca\)](http://itk.ca)
- For general resources to support children and young persons who identify as Métis, please refer to the [Métis Nation of Ontario website](#).

5.6 New/Updated Plan of Care Requirements for Children’s Aid Societies

CYFSA, [O. Reg. 156/18, s. 51](#) Visits by child protection worker

CYFSA, [O. Reg. 156/18, s. 51.1](#) Plans of care

CYFSA, [O. Reg. 156/18, s. 50.1\(4\)](#) Plans of care for children in unlicensed settings

Existing Requirement	Changes as of July 1, 2023
<p data-bbox="203 877 630 987"><u>Children’s Aid Societies Enhanced Society Role in the Residential Care Plan of Care</u></p> <ul data-bbox="203 991 630 1318" style="list-style-type: none"> • There were no previous requirements in regulation respecting the role of societies in plans of care specifically when the child was placed in a non-society out of home placement (e.g., an Outside Paid Resource). <p data-bbox="203 1354 630 1423"><u>Visits by a child protection worker (O. Reg 156/18 s. 51)</u></p> <ul data-bbox="203 1428 630 1717" style="list-style-type: none"> • Previous requirements for visits did not specify the nature of the private conversation with the child, did not require a conversation with the caregiver and did not require documentation. <p data-bbox="203 1759 630 1829"><u>Plans of care for children in unlicensed settings</u></p>	<p data-bbox="652 877 1412 987">Children’s Aid Societies <u>Enhanced Society Role in the Plan of Care (O. Reg 156/18 s. 51.1)</u></p> <ul data-bbox="652 991 1412 1858" style="list-style-type: none"> • Where societies place a child with another licensee, a child protection worker or designee are required to participate in meetings respecting the development and review of the plans of care led by the other licensee and make recommendations about services, support, and treatment to be provided to the child and document information and recommendations provided. • Where societies place a child with another licensee, societies are now required to provide the licensee with information that the society has collected that is required to support development of the plan of care (e.g., content of any current or previous medical, emotional, developmental, psychological, educational, and social assessments of the child). • Societies will take steps to secure any services, supports or treatments outlined in the plan of care that are not identified as being provided or secured by the licensee are secured by the society in the specified timeframe. If not secured within the specified timeframe document the reasons for the delay and the efforts made by the society to secure the services, treatments or supports for the child. A

CYFSA, [O. Reg. 156/18, s. 51](#) Visits by child protection worker

CYFSA, [O. Reg. 156/18, s. 51.1](#) Plans of care

CYFSA, [O. Reg. 156/18, s. 50.1\(4\)](#) Plans of care for children in unlicensed settings

Existing Requirement	Changes as of July 1, 2023
<ul style="list-style-type: none"> Policy directive: CW 003-20 requires an OnLAC Action and Assessment Record to be completed annually irrespective of placement type for children who have been in society care or customary care for 12 continuous months for the purpose of informing the child’s plan of care. 	<p>society must document this information every 90 days until the service, support or treatment is provided.</p> <p><u>Visits by a child protection worker (O. Reg 156/18 s. 51)</u></p> <ul style="list-style-type: none"> During visits to the child, societies shall assess whether a child’s needs are being met as outlined in their most recent plan of care, if any, based on discussions with the child and observations of their behavior. During or no more than 7 days after a visit to the child, the society must meet with the child’s caregiver(s) to support assessment of whether the child’s needs are being met and the child is making progress toward their goals with consideration being given to the child’s needs and goals as set out in the child’s most recent plan of care. Societies must document their assessment, identify any needs that are not being met and determine if changes are required to the child most recent plan of care. If changes are required, societies must review or request a review of the plan of care. <p><u>Plans of care for children in unlicensed settings (O. Reg 156/18 s. 50.1(4))</u></p> <ul style="list-style-type: none"> Societies are required to create a plan of care in accordance with O. Reg 156/18 s. 131.1 to 131.5 for a child in society care placed or otherwise residing in an unlicensed setting as if the society were the licensee and the unlicensed setting were a foster home (See also Case Management Requirements for Children’s Aid Societies: Unlicensed Settings).

5.7 Purpose of New Requirements for Children's Aid Societies

Societies have the exclusive mandate under the *Child, Youth and Family Services Act, 2017* (CYFSA; Act) to provide child protection services to children, youth, and their families in accordance with their functions under the CYFSA, including providing care for children assigned or committed to its care under the Act.

- When a child is placed in society care, the society has the rights and responsibilities of a parent for the purposes of the child's care, custody, and control. The new regulatory amendments require the active participation of children's aid societies in the child's plan of care, especially when a child is in a non-society operated placement.
- Children in society care may move between placements and in and out of care. The new requirements emphasize the importance of the society to take an active and coordinating role in overall provision of care to the child so that the child's needs are consistently supported regardless of placement type.

5.8 Compliance Indicators for Children's Aid Societies

Child/Youth File Review: The following information must be kept in the child's file when a society places a child in care in an out-of-home setting under another licensee:

- The society must document recommendations provided to the licensee about the services, supports and treatment to be provided to the child.
- The society must document that the society requested a copy of the plan of care and any updates to the plan of care from the licensee providing out of home care to the child. Once that information is received, it must be kept in the child's file.
- The society must provide evidence that the society has taken steps to secure the provision of any services, supports or treatments identified in the child's plan of care within the specified timeline if the licensee is not identified as being responsible for ensuring that these are provided.
- If a service, support, or treatment that is identified in a child's plan of care is not provided within the specified period, then the society must:
 - document the reasons for the delay in providing the service, support, or treatment; and
 - until the service, support or treatment is provided, document, at intervals of 90 days following the day on which the service, support or treatment should have been provided, the efforts made by the society to secure the provision of the service, support, or treatment.
- The child's plan of care should be informed by OnLAC with evidence of alignment of outcome areas.

Visits by a child protection worker (O. Reg. 156/18, s. 51)

- A child protection worker or designate must visit the child at least once within seven days after placement, at least once within 30 days of placement (in addition to the visit that must be held within 7 days) and then at least once every 90 days after the 30-day visit.
- Visits to a child in care by a child protection worker or delegate, must now include an assessment of if the child's needs are being met, with consideration being given to the child's needs as outlined in the child's most recent plan of care, if any, based on discussions with the child and observations of the child's behaviour. At every 90 days, an assessment of whether the child is making progress towards goals identified in the child's most recent plan of care should be made.
 - For a child in an unlicensed setting, where the society did not choose the placement for the child, the society worker or delegate should engage the child specifically on how the unlicensed setting is meeting the child's needs and if a licensed setting might better meet their needs.
- The child protection worker or delegate must now also have a private meeting with the child's caregiver(s), including staff in a children's residence, if the child has caregiver(s), no more than seven days after the visit with the child, to support the society's assessment of whether the child's needs are being met and the child is making progress towards their goals, with consideration being given to the child's needs and goals as outlined in the child's most recent plan of care, if one has been developed.

Child/Youth File Review: The following information must be kept in the child's file:

- Within 30 days of having a private meeting with a child, the society must document its assessment of whether the child's most recent plan of care is meeting the child's needs and whether the child is making progress towards the goals outlined in the child's plan of care using information gathered from the meeting with the child and the child's caregiver; identify any needs that are not being met; and determine whether changes are required to the child's most recent plan of care and, if changes are determined to be required, review or request a review of the plan of care, as the case may be.
 - If the child is receiving out of home care from a licensee that is not the society, the society must make the determination about whether changes are required to the child's plan of care in consultation with the licensee. If the child is placed in the home under the license of another society, the placing society must work collaboratively with the society providing out of home care to the child under its license, to determine if changes are required to the child's plan of care.

Plans of care for children in unlicensed settings (O. Reg. 156/18, s. 50.1)

- Societies are required to create plans of care for children in society care living in unlicensed settings. For more information, see Case Management Requirements for Children's Aid Societies: Unlicensed Settings.

5.9 Best Practices for Implementation for Children's Aid Societies

Service Coordination and Collaboration

- A plan of care is required for all children in society care, including children in unlicensed settings. The plan of care should be integrated to reflect both society and licensee requirements. Where the society is not the licensee, the society should actively contribute to the development and review of plans of care to support better service alignment, collaboration, and coordination with all members of the child's care planning team, including the licensee.
- Where the society has placed a child in a home under the license of another society, the placing society (i.e., home society) is responsible for participating in plan of care development and review in collaboration with the local society. Societies are encouraged to enter into a Shared Care Agreement when placing a child in their care in a home under the license of another society or when placing a child in an out of home placement in the geographical jurisdiction of another society.
- Societies are responsible for service planning for children in care in areas that are not directly represented in the plan of care content categories. In order to use the plan of care as a holistic service planning "roadmap" for the child, the society should consider integrating service planning areas that they lead into the plan of care (e.g., permanency planning; outcome planning using OnLAC) so that goals for the child are aligned and so that licensees, societies, and other members of the child's plan of care team work collaboratively to support the child's needs.

Sharing the Plan of Care

- When creating a new plan of care following a placement change, the previous plan of care should be used as a foundational document for the new plan of care.
 - Out-of-home care licensees are required to share the plan of care and any other information deemed relevant to the care of the child, including a safety plan if there is one, with the person or agency to whom the child is being transferred or discharged within 7 days of a child being transferred or discharged from the licensee's care (O. Reg 156/18 s. 80.2).
 - Societies are required to provide the most recent plan of care to the licensee, person, or agency responsible for the child's care within 7 days following the new placement (O. Reg 156/18 s. 51.2 and 51.5).
 - These changes are intended to streamline information sharing, reduce duplication of work, increase consistency and continuity of care for a child, and increase alignment and coordination with an out-of-home care licensee when the society is the placing agency.

Outcome Planning – Alignment

- When a child has been in care for more than 12 months and societies are required to complete an Assessment and Action Record (AAR) for them to inform their plan of

care, societies should consider the timeline for completing AAR so that it is completed prior to a plan of care review and information obtained through the AAR is integrated into the plan of care at the earliest opportunity.

- OnLAC outcome areas should be integrated into the relevant sections of the child's plan of care (e.g., education, goals, outcomes). Areas of the plan of care should be informed by OnLAC and used to inform planning for the child in relation to their identified goals and outcomes.

Child Focused Planning

- The child protection worker or delegate should strive to ensure that the plan of care is comprehensive, clear, and expansive to address all areas of the child's planning, including specific details that demonstrate services and supports are provided to the child, the underlying purpose or need is being addressed and progress made on the goals and desired outcomes.
- The child protection worker or delegate should actively engage with the child and caregiver at each visit required every 90 days to understand if the child's needs are being met and use clinical judgement to assess if the child is making progress towards goals outlined in the plan of care.
- The child protection worker or delegate should utilize clinical judgement to determine which issues discussed in visits with the child are to be included in the plan of care review and should be addressed through the plan of care.
- If the child protection worker or delegate's clinical judgement is that the child's needs are not being met and the child is not progressing toward goals outlined in the plan of care, the society should work collaboratively and proactively with licensees and collateral agencies to better address the child's needs and revise the plan of care if necessary.

Ministry Role

- If a society has concerns about the care a child is receiving, the society should initiate a conversation with the licensee about the concerns. Additional steps that can be taken if the concerns are not address include notifying the program supervisor who can communicate the concerns to ministry licensing staff.

Related Policy Requirement for Children's Aid Societies

Policy Directive: CW 003-20 – Approved tools for caregiver assessment and pre-service training, and for plan of care development

- **Policy directive: CW 003-20** remains in effect. Since 2006, societies have been required to complete an OnLAC Assessment and Action Record (AAR) for each child that has been in care, or customary care, for 12 continuous months for the purpose of informing the child's plan of care.

6. Physical Restraints

6.1 Amended Regulation

Applies to: Changes to **O. Reg. 155/18** under the CYFSA 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.

Changes to **O. Reg. 156/18** under the CYFSA apply to children’s residence licensees (Including places of secure or open custody or detention licensed to provide out of home care), foster care licensees (including children’s aid societies), and staff model home licensees only.

CYFSA, O. Reg. 155/18, [Sections 11](#), [Section 12](#), [Section 16](#) and [Section 17](#)

CYFSA, O. Reg. 156/18, [Section 90](#), [Section 98](#) and [Section 130](#)

Existing Requirement	Changes as of July 1, 2023
<ul style="list-style-type: none"> • Currently, O. Reg. 155/18 sets out rules on when service providers, including residential care licensees, may use physical restraint under the CYFSA. Most of these requirements remain unchanged, but there are some new and enhanced requirements specific to policies, debriefing and training/education. • Existing requirements in the regulation include: <ul style="list-style-type: none"> ○ Restrictions on when a service provider may use or permit the use of physical restraint. ○ Maintenance of a written policy and procedure on the use of physical restraint. ○ Requirements for a debrief with the child or young 	<p style="text-align: center;">O. Reg. 155/18 under the CYFSA, Sections 11, 12, 16 & 17</p> <p>On July 1, 2023, the following changes will become effective respecting the use of physical restraint pursuant to O. Reg. 155/18 under the CYFSA, ss. 11, 12, 16 and 17:</p> <p>Policy</p> <ul style="list-style-type: none"> • All service providers that use or permit the use of physical restraint must have a written policy on the use of physical restraint that includes 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: <ul style="list-style-type: none"> ○ What constitutes a physical restraint under the Act, and ○ The rules governing the use of physical restraints under the Act, including circumstances in the which the child or young person may be physically restrained

CYFSA, O. Reg. 155/18, [Sections 11](#), [Section 12](#), [Section 16](#) and [Section 17](#)

CYFSA, O. Reg. 156/18, [Section 90](#), [Section 98](#) and [Section 130](#)

Existing Requirement	Changes as of July 1, 2023
<p>person who was restrained subject to certain rules.</p> <ul style="list-style-type: none"> ○ Requirements to notify the child or young person’s parent or placing agency. ○ Record keeping requirements. ○ Requirements for training and education on the use of physical restraint. 	<p>and the procedures that must be followed, after the use of a physical restraint.</p> <p>Debrief</p> <ul style="list-style-type: none"> • The service provider must make sure that during the debriefing process conducted among the persons involved in the use of the restraint and the child or young person on whom the restraint was used: <ul style="list-style-type: none"> ○ The reasons for why the child or young person was physically restrained are explained to them, ○ The child or young person understands those reasons, ○ The child or young person is asked whether they may require any services or support because of the use of the physical restraint. • The service provider is also required to ensure that a written record is prepared setting out any information reported by the child or young person during the second debriefing (described above), including any information about any services or supports the child or young person may require, and this record must be kept in their file. <p>Training and Education – Children’s Residences & Staff Model Homes</p> <ul style="list-style-type: none"> • All of the training and education requirements applicable to the use of physical restraint by licensees operating children’s residences and staff model homes have been harmonized. • Training: As of July 1, 2023, these licensees are required to ensure that all persons providing direct care to a child or young person in the course of the licensee’s provision of service complete a training program in the use of physical restraint that is approved by the Minister.

CYFSA, O. Reg. 155/18, [Sections 11](#), [Section 12](#), [Section 16](#) and [Section 17](#)

CYFSA, O. Reg. 156/18, [Section 90](#), [Section 98](#) and [Section 130](#)

Existing Requirement	Changes as of July 1, 2023
	<ul style="list-style-type: none"> • Education: As of July 1, 2023, licensees operating staff model homes will have until July 30, 2023, to ensure that all persons providing direct care to a child on the licensee’s behalf complete the required education in respect of the provisions of the Act and regulation concerning the use of physical restraint. <p>Training and Education – Other Service Providers, including Foster Care Licensees As of July 1, 2023, all other service providers who use or permit the use of physical restraint must ensure that all persons providing direct care to a child or young person in the course of providing a service to the child or young person, including foster parents, complete a training program in the use of physical restraint that is approved by the Minister.</p>
<p>90. A licensee who operates a children’s residence shall ensure that, upon admission of a child or young person to the residence, the child or young person,</p> <ol style="list-style-type: none"> a) receives an orientation to, <ol style="list-style-type: none"> i. the residence and the program provided in the residence, and ii. the residence’s fire and emergency procedures plan; and b) is informed of the procedures that exist for a resident to express concerns or make complaints. <p>130. A foster care licensee or placing agency that places a child in foster care shall,</p> <ol style="list-style-type: none"> a) Arrange for a person known to the child or, if the licensee or placing agency or a person 	<p>O. Reg. 156/18 under the CYFSA, ss. 90, 98 and 130.1</p> <p>Initial and Review of Orientation for Children or Young Persons</p> <ul style="list-style-type: none"> • A licensee who operates a children’s residence, staff model home or foster care agency shall ensure that, upon admission of a child or young person to the residence or foster home, the child or young person, receives an orientation in language suitable to their understanding and in accordance with their age and maturity in respect of the use of physical restraints, including: <ul style="list-style-type: none"> ○ The licensee’s policy as to whether or not the licensee uses or permits the use of physical restraints, and ○ If applicable, the circumstances in which physical restraints may be used, including, ○ What constitutes a physical restraint under the Act,

CYFSA, O. Reg. 155/18, [Sections 11](#), [Section 12](#), [Section 16](#) and [Section 17](#)

CYFSA, O. Reg. 156/18, [Section 90](#), [Section 98](#) and [Section 130](#)

Existing Requirement	Changes as of July 1, 2023
<p>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; and</p> <p>b) Ensure that the foster parent or parents 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.</p>	<ul style="list-style-type: none"> ○ 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, and ○ The child or young person’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. ● A licensee shall ensure that the information to be reviewed with a child or young person during an orientation are again reviewed with the child or young person at the following times: <ul style="list-style-type: none"> ○ 7 days after the child or young person’s admission to the residence or placement in the foster home, ○ As soon as reasonably possible after the child or young person requests that the information be reviewed with them, and ○ 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 or young person. <p>Documentation of Orientation</p> <ul style="list-style-type: none"> ● The licensee shall document the following information in the case record or file of the child or young person: <ul style="list-style-type: none"> ○ The date on which the child or young person received the required orientation, ○ The date or dates on which the orientation information was reviewed again with the child or young person, and ○ A written record signed by the child or young person that indicates that they

CYFSA, O. Reg. 155/18, Sections 11 , Section 12 , Section 16 and Section 17	
CYFSA, O. Reg. 156/18, Section 90 , Section 98 and Section 130	
Existing Requirement	Changes as of July 1, 2023
	understood the matters reviewed with them during the orientation or, if the child or young person refuses to sign such record, a written record documenting this.
N/A	<p>Amendments to Staffing Requirements related to Physical Restraints – Children’s Residences & Staff Model Homes O. Reg. 156/18 under the CYFSA, s.98</p> <ul style="list-style-type: none"> All children’s residence and staff-model home licensees who use or permit the use of physical restraint must, at all times, ensure that there is at least one program staff person on duty who has completed the training and education requirements related to physical restraints under section 16 of O. Reg. 155/18.

6.2 Purpose of New Requirements for Service Providers

Over the last several years, the ministry has received feedback from inquests, expert reports, people with lived experience, and first voice advocates regarding the need for enhancements to the physical restraint regulatory requirements. Physical restraints should only be used in situations of imminent risk (as per the regulations) when necessary, as a last resort, or not at all, and not used as a behaviour modification tool. These changes aim to support children and young persons to feel that their placement is safe, inclusive, and accessible, reduce the likelihood of harm to children, young persons, staff, and foster parents, and ensure that children and young persons have a voice in their care.

Enhancing the physical restraint regulatory requirements is part of the work to embed the [QSF](#) into regulation. Quality Standard 5 of the QSF speaks to children and young persons needing licensed settings where they feel safe (culturally, spiritually, physically, emotionally, and mentally), inclusive, and accessible.

The amendments will enhance the existing requirements with the goals of:

- Further clarifying the rules and restrictions specific to the use of physical restraints which are prohibited under the CYFSA unless authorized by the regulations,

- Requiring all service providers who permit the use of physical restraint to complete training on the use of physical restraint in a training program approved by the Minister,
- Better supporting children and young persons in understanding how and why a physical restraint can be used; and,
- Confirming these restraints are used safely if they must be used at all.

6.3 Compliance Indicators for Licensees

IMPORTANT: The following compliance indicators speak to the new and updated requirements pertaining to physical restraint only. They are not a comprehensive list of indicators for all rules on the use of physical restraint under the CYFSA and its regulations.

Requirements under O. Reg. 156/18:

Orientation of Child or Young Person (O. Reg. 156/18, s. 90 and O. Reg. 156/18, s. 130.1)

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's case record or file:

- Documentation showing that, upon their admission into the residence/foster home, the child or young person has received an orientation in language suitable to their understanding and in accordance with their age and maturity, with respect to:
 - The licensee's policy as to whether they use or permit the use of physical restraints.
 - If applicable, the circumstances in which physical restraints may be used, including:
 - What constitutes a physical restraint under the CYFSA, and
 - The rules governing the use of physical restraints under the CYFSA, 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.
 - The child or young person'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.
- Documentation showing that the above noted matters were reviewed with the child or young person during their orientation to the residence/foster home and again at the following times:
 - 7 days after the child or young person's admission to the residence/placement in the foster home.
 - As soon as reasonably possible after the child or young person requests that the information be reviewed with them.

- 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 or young person.
- The written record on the child or young person's file must include:
 - The date on which the child or young person received the required orientation.
 - The date or dates on which the matters reviewed during orientation were reviewed again with the child or young person, including 7 days after admission or placement.
 - The child or young person's signature indicating that they understood the matters reviewed with them during the orientation.
 - The licensee must document if the child or young person refuses to sign this record.

Child/Youth Interview: The child or young person confirms:

- The following information was explained to them at the time of their admission to the residence or foster home and seven days thereafter:
 - The licensee's policy as to whether they use or permit the use of physical restraints,
 - Where the licensee uses or permits the use of physical restraint:
 - What constitutes a physical restraint, and
 - The rules governing physical restraint, including when a restraint may happen and procedures to be followed thereafter.
- That 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.

Minimum Staffing Requirements (O. Reg. 156/18, s. 98)

For Children's Residence and Staff Model Home Licensees only that use or permit the use of physical restraint:

Policies and Procedures: [Section 11 of O. Reg. 155/18](#) includes a pre-existing requirement for a service provider to maintain a written policy on the use of physical restraint that includes but is not limited to 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. The licensee's policy could be used as an indicator to reflect compliance with the new requirement for there to be at least one program staff person on duty, at all times, who has completed the required physical restraint training and education pursuant to [s. 16 of O. Reg. 155/18](#).

Licensee Interview: The licensee confirms their approach for confirming there is at least one program staff person on duty, at all times, who has completed the required physical restraint training and education pursuant to [s. 16 of O. Reg. 155/18](#).

Requirements under O. Reg. 155/18:

Policy (O. Reg. 155/18, s. 11)

Policies and Procedures – Applicable where the service provider (licensee) uses or permits the use of physical restraint: The service provider must maintain a policy and procedure that includes protocols which details their approach for explaining the following information to a child or young person, in language suitable to their understanding and in accordance with their age and maturity, and the child or young person’s parent or person who placed the child, as soon as they begin receiving service:

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

Debriefing (O. Reg. 155/18, s. 12)

Child/Youth Case Record or File: The following documentation must be kept in the child or young person’s case record or file (applicable in circumstances where the service provider has used or permitted the use of physical restraint on a child or young person):

- A written report of the debrief with the child or young person that was subject to the 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.

Child/Youth Interview: The child or young person confirms:

- After the end of a physical restraint used on them, there was a debriefing conducted together with the persons that were involved in the use of the restraint during which the following was discussed:
 - An explanation of what occurred and the reasons why the physical restraint was used, and
 - If they required any services or supports because of the physical restraint.
- That 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.

Training and Education (O. Reg. 155/18, s. 16 and O. Reg. 155/18, s. 17)

Licensee Interview: The licensee confirms their process for confirming whether all persons who are providing care to children or young persons under the purview of their licence complete a Minister-approved physical restraint training program.

For Children’s Residences and Staff Model Home Licensees Only:

File of person providing direct care to a child or young person: The file must include documentation which demonstrates they have completed a Minister-approved training program on physical restraint, including training in a particular holding technique that may be used.

Note: Physical restraint training is required for all persons providing direct care to children or young persons in a children’s residence or staff-model home, regardless of whether physical restraints are permitted by the licensee.

Interview with person providing direct care to a child or young person: The person confirms they have completed a Minister-approved training program on physical restraint, including training in a particular holding technique that may be used.

For Foster Care Licensees Only:

File of person providing direct care to a child or young person (including foster parents): For persons providing direct care to children who work in a licensed foster care setting that uses or permits the use of physical restraint, their file must include documentation which demonstrates they have completed a Minister-approved training program on physical restraint, including training in a particular holding technique that may be used.

Interview with person providing direct care to a child or young person (including foster parents): For persons providing direct care to children who work in a licensed foster care setting that uses or permits the use of physical restraint, the person confirms they have completed a Minister-approved training program on physical restraint, including training in a particular holding technique that may be used.

For Staff Model Home Licensees Only:

File review of person providing direct care to the child or young person: The person’s file must include documentation (whether physical restraints are permitted by the licensee or not) which demonstrates they have completed education with respect to the use of physical restraint provisions by no later than July 30, 2023.

The following is the current [list of ministry-approved physical restraint training programs](#):

Ministry-approved Training Program	Contact Information
Crisis Intervention Training Program (for Children and Youth)	Safe Management Group Inc. 1320 Cornwall Road Unit 202 Oakville, ON, L6J 7W5 website: www.safemanagement.org
Nonviolent Crisis Intervention training program	Crisis Prevention Institute Inc. 10850 W. Park Place Suite 250 Milwaukee, Wisconsin, USA 53224

Nonviolent Crisis Intervention: Advanced Skills training program (please note abridged programs are not ministry-approved)	website: www.crisisprevention.com
Therapeutic Crisis Intervention (TCI)	SafeGuards Training (in partnership with the Residential Child Care Project, Cornell University) 100 York Blvd, Suite 120, Richmond Hill, ON, L4B 1J8 website: www.safeguards-training.net
Understanding and Managing Aggressive Behaviour (UMAB)	Hy'N'hancement Consulting Inc. 13 Roxanne Dr, St. Catharines ON, L2M 3G8 website: www.umabcanada.com

6.4 Best Practices for Implementation for Licensees

Service Provider Training

- Where a licensee uses or permits the use of physical restraints, it is highly recommended that all persons have completed the physical restraint training and education before working in the program.

Consistency in Reporting

- Information captured in documents like incident reports should reflect the occurrence and match the information reported to the ministry through the serious occurrence reporting process. Information should be consistent across incident reports, serious occurrence reports, any follow-up or debrief documentation, and medical reports.

Regular Reviews

- Serious Occurrence Reports should also be reviewed on a regular basis at a program or organizational level to see whether there are patterns or trends (e.g., physical restraint happens at a certain time of day or by a particular staff or caregiver) that indicate the need for organizational changes (e.g., additional staffing at certain times or additional training).
- During the plan of care development and reviews, the use of physical restraints on the child or young person and any incidents leading up to the use of a physical restraint should be reviewed and a summary included in the plan of care, to identify if the child or young person requires any additional resources or supports for their care and safety.

Duty to Report

- Where a staff or any other person in the child or young person's life has reasonable grounds to suspect that a child or young person may be in need of protection as a result of a violation of the child or young person's rights under Part II of the CYFSA, they must comply with their duty to report this information to the local children's aid society in accordance with [section 125](#) of the CYFSA.

Ombudsman's Office

- Licensees must inform the [Ombudsman](#), in writing and without unreasonable delay, if they learn of the death or serious bodily harm to a child or young person who had sought or received a children's aid society service within 12 months before the death or the day on which the harm occurred.
- Licensees must also inform the child or young person, and any person with lawful custody or a lawful right of access to the child, about the Ombudsman and provide them with the Ombudsman's contact information.

6.5 Serious Occurrence Reporting - Residential Licensing (SOR-RL) Impacts

Effective July 1, 2023, to support implementation of the physical restraint regulations, there are new requirements in SOR-RL for licensees to include information on the debriefing process.

There will be supporting implementation material to assist licensees to navigate the updates to SOR-RL. A separate communication will be released with information on the specific changes. This communication and all materials will be made available on the [SOR-RL training portal](#).

6.6 Guidance for Placing Agencies (Including Children's Aid Societies)

Regular Reviews

- During the plan of care development and reviews, the review of physical restraints and any incidents leading up to the use of a physical restraint should be reviewed and included, to identify if the child requires any additional resources or supports for their care and safety.

Ombudsman's Office

- Children's aid societies must inform the [Ombudsman](#), in writing and without unreasonable delay, if they learn of the death or serious bodily harm to a child who had sought or received a children's aid society service within 12 months before the death or the day on which the harm occurred.
- Children's aid societies must also inform the child, and any person with lawful custody or a lawful right of access to the child, about the Ombudsman and provide them with the Ombudsman's contact information.

6.7 Resources

Rights Resources

- The ministry has developed the following resources for children and young persons to help them understand their rights when receiving services under the CYFSA, as well as specific resources for young persons involved in the youth justice system:
 - [Children and young persons' rights resource | Ontario.ca](#)
 - [Children and young persons' rights under the Child, Youth and Family Services Act, 2017: Rights for all young persons in the youth justice system | Ontario.ca](#)

Office of the Ontario Ombudsman

- As part of the requirements in the CYFSA, all children in care have a right to speak in private with and receive visits from the Office of the Ontario Ombudsman.
 - Toll-free: 1-800-263-2841 or 416-325-5669.
 - [Children & Youth - Ontario Ombudsman](#)
- These children and young persons also have a right to be informed about the existence of the Ombudsman and their functions in the event they wish to reach out to them for help. Children and young persons shall be provided with the means to contact with the Ombudsman privately and without delay.
- The Office of the Ombudsman can also provide child-friendly resources and information about children's and young persons' rights and can help connect children and young persons to other child and youth-serving organizations, as needed.

7. Mechanical Restraints

7.1 Amended Regulation

Applies to: *Changes to O. Reg. 155/18 under the CYFSA 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.*

Changes to O. Reg. 156/18 under the CYFSA apply to children’s residence licensees (including places of secure or open custody or detention licensed to provide out of home care), foster care licensees (including children’s aid societies), and staff model home licensees only.

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
<p>O. Reg.155/18, section 21</p> <p>1. In this section,</p> <ul style="list-style-type: none"> “health practitioner” means a member of a College under the Regulated Health Professions Act, 1991 or a person designated by the Minister; “PASD” means a personal assistance service device, being a device used to assist a child or young person with hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulation or positioning or any other routine activity of living; and “plan of treatment” and “substitute decision-maker” have the same meaning as in the Health Care Consent Act (HCCA), 1996. 	<p>Scope</p> <ul style="list-style-type: none"> Clarified to more clearly differentiate mechanical restraints that are personal assistance service devices (PASDs) and mechanical restraints used for behaviour modification/control as part of a plan of treatment (e.g., the difference between a substitute-decision maker who may consent for plans of treatment versus the nearest relative who may consent for the plan for the use of a PASD, the different criteria for the use of mechanical restraints for PASDs versus plans of treatment, etc.). <p>Plans Required for Use</p> <ul style="list-style-type: none"> For the purposes of this regulation, a service provider may use or permit the use of a mechanical restraint on a child or young person if: <ul style="list-style-type: none"> The use is authorized by a plan of treatment to which the child/young person or their substitute decision-maker has consented in accordance with the HCCA or a plan for the use of a PASD to which the child/young

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
<p>2. A service provider may use or permit the use of a mechanical restraint on a child or young person for whom the service provider is providing a service if the use is authorized by,</p> <p>a) a plan of treatment to which the child or young person, or their substitute decision-maker, has consented in accordance with the Health Care Consent Act, 1996; or</p> <p>b) a plan for the use of a PASD that is a mechanical restraint to which the child or young person, or their nearest relative as defined in subsection 21(1) of the Act, has consented.</p> <p>3. For the purposes of clause (2)(b), 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 or young person with hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulation or positioning or any other routine activity of living.</p> <p>4. In circumstances where this section and section 160 of the Act would apply to the use of mechanical restraints</p>	<p>person or their nearest relative, as defined at s.21(1) of the Act, has consented, and</p> <ul style="list-style-type: none"> o The plan of treatment or plan for the use of a PASD includes content described below and has been signed and dated by any health care practitioner who participated in the development of the plan, and the child/young person or their substitute decision-maker, to indicate agreement with the content of the plan, and o If the plan is amended following its development, it clearly indicates the amendments that were made, and those amendments are signed off on by the same group as above. <p>Content for Plan of Treatment/Plan for the Use of a PASD</p> <ul style="list-style-type: none"> • A <u>plan of treatment</u> must include a description of: <ul style="list-style-type: none"> o Any risks that the child/young person poses to themselves or others or any other behaviours the child or young person engages in that require the use of mechanical restraints, o How the use of mechanical restraints supports the health, safety, and well-being of the child/young person, o Alternative interventions to the use of a mechanical restraint that have been considered or proven to be ineffective in managing the child/young person’s behaviours and the risks posed by those behaviours, o Clinical or other supports to be provided to the child/young person that are intended to address the behaviours or needs that are being managed through the use of mechanical restraints, and

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
<p>on a child in a secure treatment program, section 160 of the Act applies and this section does not apply.</p> <p>5. A service provider shall ensure that the use of mechanical restraints under this section is carried out in accordance with the following rules:</p> <p>a. Mechanical restraints shall not be used on a child or young person for the purposes of punishment or solely for the convenience of the service provider, foster parent or staff member who is providing the service.</p> <p>b. Mechanical restraints must be applied using the least amount of force that is necessary in the circumstances.</p> <p>c. The service provider shall ensure that the child or young person being restrained by the use of mechanical restraints is monitored on a regular basis and in accordance with any instructions or recommendations provided in the child or young person’s plan of treatment or plan for the use of a PASD.</p> <p>d. Mechanical restraints must be removed immediately upon the earliest of the following:</p>	<ul style="list-style-type: none"> ○ Alternative interventions that are being used to teach the child/young person skills intended to eliminate the behaviours or meet the needs that are being managed through the use mechanical restraints. ○ An indication of the length of time during which the mechanical restraint may be used, which must not exceed 12 hours in any 24-hour period. ○ An indication of the date on which the plan was developed. <ul style="list-style-type: none"> ● A <u>plan for the use of a PASD</u> must include a description of: <ul style="list-style-type: none"> ○ Alternatives to the use of the PASD that have been considered or proven to be ineffective in assisting the child/young person with a routine activity of daily living, ○ 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/young person with a routine activity of daily living, taking into consideration their physical and mental condition and their personal history. ○ How the child/young person being restrained by PASD will be repositioned. ○ An indication of the date on which the plan was developed. <p>Additional Restrictions for the Use of Mechanical Restraints</p> <ul style="list-style-type: none"> ● Only the least intrusive type of mechanical restraint that is necessary in circumstances must be used. ● A child/young person must not be secured by a mechanical restraint to a fixed object or another person.

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
<p>i. When there is a risk that their use will endanger the health or safety of the child or young person.</p> <p>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.</p> <p>6. A service provider shall ensure that mechanical restraints used under this section,</p> <p>a. are applied in accordance with the manufacturer’s instructions, if any,</p> <p>b. are maintained in good condition in accordance with the manufacturer’s instructions, if any, and</p> <p>c. are not altered except for adjustments made in accordance with the manufacturer’s instructions, if any.</p> <p>7. A service provider shall ensure that a staff member or foster parent who is permitted to use a mechanical restraint on a child or young person 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</p>	<ul style="list-style-type: none"> • A child/young person who is being restrained by mechanical restraints must be monitored continuously. • Mechanical restraints must be removed immediately upon the earliest of when their use will endanger the health or safety of the child/young person, when the length of time set out in the plan has expired and no additional approval has been given, and if the child/young person, or their substitute decision-maker, withdraws consent to the use of the mechanical restraint. • If the use of a mechanical restraint is authorized by a plan of treatment, a service provider must ensure that the use of the mechanical restraint does not exceed 12 hours, or 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 (and documented in the plan): <ul style="list-style-type: none"> ○ A legally qualified medical practitioner, ○ A registered nurse or registered practical nurse, ○ A member of the College of Occupational Therapists of Ontario, or ○ A member of the College of Physiotherapists. <p>Written Record</p> <ul style="list-style-type: none"> • A service provider must, for every month, maintain a written record that summarizes every instance of the use of a mechanical restraint that is not a PASD on a child/young person at any premises at which the service provider provides a service during that month, and the record must include the following for each instance: <ul style="list-style-type: none"> ○ The name and age of each child/young person who was restrained,

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
<p>accordance with the child or young person’s plan of treatment or plan for the use of a PASD.</p> <p>8. A service provider shall maintain written records regarding the use of a mechanical restraint on a child or young person under this section and those records shall include,</p> <p>a. information that is necessary to demonstrate that the use of the mechanical restraint was in conformity with the child or young person’s plan of treatment or plan for the use of a PASD; and</p> <p>b. the names of every staff member or foster parent who was permitted to use mechanical restraints on the child or young person and a description of the training, instruction, or education that the staff member or foster parent received.</p> <p>9. A service provider that uses or permits the use of a mechanical restraint under this section shall develop and maintain policies regarding the following:</p> <p>a. Protocols that must be followed in monitoring and assessing a child or young person’s condition</p>	<ul style="list-style-type: none"> ○ The dates and time periods during which the mechanical restraint was used, and ○ A description of the circumstances and the risk that existed before the mechanical restraint was used. <ul style="list-style-type: none"> ● A service provider must, on or before the 5th day of every month, provide a copy of the record to a Director (for children who are not young persons) and a provincial director (for young persons). <p>Additional Policies</p> <ul style="list-style-type: none"> ● A service provider who permits the use of mechanical restraint or uses mechanical restraints must develop a policy for ensuring that the mechanical restraints are only used for the amount of time permitted by the regulations, or less. ● A service provider that uses or permits the use of mechanical restraints must develop and maintain policies for providing information as required by this section, which must provide that, <ul style="list-style-type: none"> ○ The service provider considers the age and maturity of the child or young person to whom the information is to be provided; and ○ Information to be provided relates to the specific type of mechanical restraint that may be used. <p>Transition</p> <ul style="list-style-type: none"> ● The current transition provisions have been revoked. <p>Development/Review of Plans</p> <ul style="list-style-type: none"> ● A service provider must ensure that any plan of treatment or plan for the use of a PASD for a child/young person to whom the service provider is providing a service is evaluated to ensure that it complies with the requirements of section 21 of the regulation at the following intervals:

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
<p>while a mechanical restraint is being used.</p> <p>b. Protocols for developing and maintaining records required under subsection (8).</p> <p>10. The following rules apply, despite any other subsection of this section, with respect to the period beginning on the day this section comes into force and ending on the day that is 60 days later:</p> <p>a. Subsections (1), (4) and (6) apply and subsections (2), (3), (5), (7), (8) and (9) do not apply.</p> <p>b. A service provider may use or permit the use of a mechanical restraint on a child or young person for whom the service provider is providing a service if the mechanical restraint is used as part of the child or young person’s treatment, as defined in subsection 2(1) of the Health Care Consent Act, 1996, or if the mechanical restraint is a PASD.</p> <p>c. A service provider shall ensure that the use of mechanical restraints under this section is carried out in accordance with the following rules:</p> <p>i. Mechanical restraints shall not be used on a</p>	<ul style="list-style-type: none"> o 30 days after the child or young person’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 or young person began receiving services from the service provider, 30 days after the child began receiving those services. o 90 days after the child or young person’s plan of treatment or plan for the use of a PASD, as the case may be, is first evaluated under paragraph 1. o 180 days after the child or young person’s plan of treatment or plan for the use of a PASD, as the case may be, is first evaluated under paragraph 1 and every 180 days after that. <ul style="list-style-type: none"> • A service provider must ensure that a plan of treatment or a plan for the use of a PASD is also evaluated to ensure that it complies with the requirements of section 21 of the regulation if any of the following occur: <ul style="list-style-type: none"> o New information comes to the attention of the service provider respecting the child or young person’s needs. o There is a change to the needs of the child or young person such that an intervention set out in the plan is no longer necessary. o An intervention set out in the plan has been shown to be ineffective. o The service provider receives a request that the plan be reviewed from the child or young person or their substitute decision-maker, if the substitute decision-maker consented to the plan. <p>Consultation on the Plan</p> <ul style="list-style-type: none"> • As part of an evaluation of a plan of treatment or a plan for the use of a PASD, the service

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
<p>child or young person for the purposes of punishment or solely for the convenience of the service provider, foster parent or staff member who is providing the service.</p> <p>ii. Mechanical restraints must be applied using the least amount of force that is necessary in the circumstances.</p> <p>iii. The service provider shall ensure that the child or young person being restrained by the use of mechanical restraints is monitored on a regular basis.</p> <p>iv. Mechanical restraints must be removed immediately when there is a risk that their use will endanger the health or safety of the child or young person.</p>	<p>provider must ensure that the following individuals are consulted:</p> <ul style="list-style-type: none"> ○ Any health care practitioner who developed the plan. ○ The child or young person to whom the plan relates. ○ The child or young person’s substitute decision-maker if the substitute decision-maker consented to the plan. <ul style="list-style-type: none"> ● A service provider must ensure that any plan of treatment or plan for the use of a PASD for a child or young person to whom the service provider is providing a service and any revised version of such a plan is kept in the file of the child or young person at the location at which the child or young person receives the service. ● A service provider shall ensure that, <ul style="list-style-type: none"> ○ A plan of treatment or a plan for the use of a PASD is 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 or young person to whom the plan relates; and ○ The review takes place before the individual provides direct care to the child or young person for the first time and as soon as reasonably possible after any revisions are made to the plan. ● The service provider shall ensure that any individual who reviews a plan of treatment or a plan for the use of a PASD signs the plan and indicates the date of the review. <p>Review of the Plan</p> <ul style="list-style-type: none"> ● A service provider who is an individual and who provides direct care to a child or young person must:

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
	<ul style="list-style-type: none"> ○ Review the child or young person’s plan of treatment or plan for the use of a PASD before providing direct care to the child or young person for the first time and as soon as reasonably possible after any revisions are made to the plan; and ○ Sign the plan of treatment or plan for the use of a PASD and indicate the date of the review. <p>Provision of Information re: Use of Mechanical Restraints</p> <ul style="list-style-type: none"> ● A service provider must provide a child or young person to whom it provides a service, or their parent, the information, as the case may be, about the service provider’s use of mechanical restraints. ● A service provider shall provide the information at the following times: <ul style="list-style-type: none"> ○ Upon the child or young person beginning to receive the service, 30 days after that date, 90 days after that date, 180 days after that date and subsequently at intervals of 180 days. ○ In between the intervals referred to in paragraph 1, if the child or young person requests a review of the information or the service provider is of the opinion that the child or young person would benefit from such a review. ● In the case of a service provider that uses or permits the use of mechanical restraints, the service provider must provide a description of the following to the child or young person or their parent: <ul style="list-style-type: none"> ○ The circumstances in which a mechanical restraint may be used on the child or young person under this Regulation.

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
	<ul style="list-style-type: none"> ○ Any steps that may be taken by the service provider when the mechanical restraint is being used. ○ A description of the type of mechanical restraint that may be used. ○ How the use of the mechanical restraint would comply with the child or young person’s plan of treatment or plan for the use of a PASD as the case may be. ● In the case of a service provider that does not use or permit the use of mechanical restraints, the service provider must inform the child or young person, or their parent, of that fact.
<p>O. Reg. 156/18, s. 90 and 130</p> <p>90. A licensee who operates a children’s residence shall ensure that, upon admission of a child or young person to the residence, the child or young person,</p> <p>a) receives an orientation to,</p> <ul style="list-style-type: none"> iii. the residence and the program provided in the residence, and iv. the residence’s fire and emergency procedures plan; and <p>b) is informed of the procedures that exist for a resident to express concerns or make complaints.</p> <p>130. A foster care licensee or placing agency that places a child in foster care shall,</p> <p>a) arrange for a person known to the child or, if the licensee or placing agency or a</p>	<p>The amendments to the orientation requirements for licensees pertaining to mechanical restraints include:</p> <ul style="list-style-type: none"> ● A child/young person must receive an orientation in language suitable to their understanding and in accordance with their age and maturity in respect of, <ul style="list-style-type: none"> ○ if applicable, the circumstances in which mechanical restraints may be used, including, <ul style="list-style-type: none"> i. what constitutes a mechanical restraint under the Act, and ii. the rules governing the use of mechanical restraints under the Act, including the circumstances in which the child or young person may be restrained by means of mechanical restraints and the procedures that must be followed after any such use of mechanical restraints, ○ the child/young person’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 mechanical restraint; and

CYFSA, O. Reg. 156/18, [Section 90](#) and [Section 130.1](#)

CYFSA, O. Reg. 155/18, [Section 21](#), [Section 21.1](#) and [Section 21.2](#)

Existing Requirement	Amendments as of July 1, 2023
<p>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; and</p> <p>b) ensure that the foster parent or parents 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.</p>	<ul style="list-style-type: none"> • The licensee shall ensure that the matters to be reviewed with a child or young person during an orientation are again reviewed with the child or young person as follows: <ul style="list-style-type: none"> i. 7 days after the child or young person’s admission to the residence or placement in the foster home. ii. As soon as reasonably possible after the child or young person requests that the information be reviewed with them. iii. 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 or young person. • The licensee shall document the following information in the case record/file of the child or young person: <ul style="list-style-type: none"> i. The date on which the child or young person received the orientation. ii. The dates on which the matters to be reviewed with a child or young person during an orientation are again reviewed with the child or young person. iii. A written record signed by the child or young person that indicates that they understood the matters reviewed with them during the orientation or, if the child or young person refuses to sign such record, a written record documenting this fact.

7.2 Purpose of New Requirements for Service Providers

Over the last few years, the ministry has received recommendations from inquests, expert reports and first voice advocates that included the need for enhancements to the mechanical restraint regulatory requirements. Mechanical restraints should only be used

in situations of imminent risk (as per the regulations) when necessary, as a last resort or not at all, and not be used as a behaviour modification tool.

Enhancing the mechanical restraint regulatory requirements is part of the work to embed the [QSF](#) into regulation. Quality Standard 5 of the QSF speaks to children and young persons needing licensed settings where they feel safe (culturally, spiritually, physically, emotionally, and mentally), inclusive, and accessible.

The regulatory amendments will enhance the existing requirements with the goals of:

- Further clarifying the exceptions to the CYFSA prohibition on the use of mechanical restraints by clarifying the rules, restrictions and safeguards for their use when specifically authorized by the regulations.
- Supporting increased understanding for children and young persons regarding how and why a mechanical restraint may be used.
- Confirming these restraints are used safely if they must be used at all.

7.3 Compliance Indicators for Licensees

IMPORTANT: The following compliance indicators speak to the new and updated requirements pertaining to mechanical restraints only. They are not a comprehensive list of indicators for all provisions and regulations on the use of mechanical restraints.

Minister's Regulations

Orientation of Child or Young Person ([O. Reg. 156/18, s. 90](#) and [O. Reg. 156/18, s. 130.1](#))

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's case record or file:

- Demonstration that upon their admission into the residence or placement in the foster home, the child or young person has received an orientation in language suitable to their understanding and in accordance with their age and maturity, with respect to:
 - If applicable, the circumstances in which mechanical restraints may be used, including:
 - What constitutes a mechanical restraint under the CYFSA, and
 - The rules governing the use of mechanical restraints under the CYFSA, including the circumstances in which the child or young person may be restrained by means of mechanical restraints and the procedures that must be followed after any such use of mechanical restraints.

- Demonstration that the above noted matters were reviewed with the child or young person during their orientation to the residence or placement in the foster home and again at the following times:
 - 7 days after the child or young person's admission to the residence or placement in the foster home.
 - As soon as reasonably possible after the child or young person requests that the information be reviewed with them.
 - 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 or young person.
- A written record which indicates/includes:
 - The date on which the child or young person received the above noted orientation.
 - The dates on which the matters reviewed during orientation were reviewed again with the child or young person.
 - The child or young person's signature indicating that they understood the matters reviewed with them during the orientation.
 - The licensee must document if the child or young person refuses to sign this record.

Child/Youth Interview: The child or young person confirms:

- The following information was explained to them as soon as they began receiving services from the licensee:
 - What constitutes a mechanical restraint, and
 - The rules governing the use of mechanical restraint, including when a mechanical restraint may be used and procedures to be followed thereafter.
- That 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.

Requirements under O. Reg. 155/18

Policies and Procedures:

Licensees who permit the use of mechanical restraints, or use mechanical restraints, must demonstrate they have policies and procedures which:

- Outline protocols that must be followed in monitoring and assessing a child or young person's condition while a mechanical restraint is being used.
- Outline protocols for developing and maintaining records regarding the use of a mechanical restraint on a child or young person.
- Ensure, through protocols, that the mechanical restraints are only used for the amount of time permitted by [LGIC O. Reg. 155/18, s. 21](#), or less.
- Outline a process for providing information, as required under LGIC O. Reg. 155/18, s. 21, which considers the age and maturity of the child or young person to whom

the information is to be provided and that the information provided relates to the specific type of mechanical restraint (this includes the use of a PASD) that may be used.

Mechanical Restraints – Plan of Treatment, Etc. (O. Reg. 155/18, s. 21)

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's file:

- Demonstration that the use of mechanical restraints were only used on the child or young person when:
 - The use has been authorized by a plan of treatment to which the child or young person or their substitute decision-maker has consented in accordance with the *Health Care Consent Act*, 1996, or
 - The use has been authorized by a plan for the use of a PASD to which the child or young person, or their nearest relative has consented
- The plan of treatment or plan for the use of a PASD:
 - Includes required consent,
 - Has been signed and dated by any health care practitioner who participated in its development and by the child or young person, or their substitute decision-maker, in such a manner as to indicate their agreement with the content of the plan, and
 - If the plan has been amended following its development:
 - It clearly indicates the amendments that were made, and
 - Those amendments are signed and dated by any health practitioner who participated in developing the amendments to the plan and by the child or young person, or their substitute decision-maker, in such a manner as to indicate their agreement with the amendments.

Note: 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 or young person with hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulation or positioning or any other routine activity of living.

Content for Plan of Treatment/Plan for the Use of a PASD

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's case record or file at the location at which the child or young person is receiving service from the licensee:

- A written plan of treatment for the use of a mechanical restraint, which:
 - Includes a description of:
 - Any risks the child or young person poses to themselves or others or any other behaviours the child or young person engages in that require the use of mechanical restraints,
 - How the use of mechanical restraints supports the health, safety and well-being of the child or young person,

- Alternative interventions to the use of a mechanical restraint that have been considered or proven to be ineffective in managing the child or young person's behaviours and the risks posed by those behaviours,
 - Clinical or other supports to be provided to the child or young person that are intended to address the behaviours or needs that are being managed through the use of mechanical restraints, and
 - Alternative interventions that are being used to teach the child or young person skills intended to eliminate the behaviours or meet the needs that are being managed through the use of mechanical restraints.
- Indicates the length of time during which the mechanical restraint may be used, which shall not exceed 12 hours in any 24-hour period.
 - Indicates the date on which the plan was developed.
- A written plan for the use of a PASD which includes a description of:
 - Alternatives to the use of the PASD that have been considered or proven to be ineffective in assisting the child or young person with a routine activity of daily living,
 - 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 or young person with a routine activity of daily living, taking into consideration their physical and mental condition and their personal history,
 - How the child or young person being restrained by the PASD will be repositioned, and
 - An indication of the date on which the plan was developed.
 - Demonstration that mechanical restraints described throughout LGIC Reg. 155/18 have not been used on a child or young person for the purposes of punishment or solely for the convenience of the service provider, foster parent or staff member who is providing the service.

Restrictions for the Use of Mechanical Restraints

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's case record or file:

- If a mechanical restraint was used, demonstration that:
 - The least intrusive type of mechanical restraint that is necessary was used,
 - The mechanical restraint was applied using the least amount of force that is necessary in the circumstances,
 - The child or young person was not secured by a mechanical restraint to a fixed object or another person,
 - The child or young person being restrained by the use of mechanical restraints was monitored continuously and in accordance with any instructions or recommendations provided in the child or young person's plan of treatment or plan for the use of a PASD,

- The mechanical restraint was not used on the child or young person 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
- The mechanical restraint was removed immediately upon the earliest of the following:
 - When there is a risk that their use will endanger the health or safety of the child or young person,
 - 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,
 - If the child or young person, or their substitute decision-maker, withdraws consent to the use of the mechanical restraint.
- Demonstration that the service provider ensured mechanical restraints used:
 - Were applied in accordance with the manufacturer's instructions, if any,
 - Are maintained in good condition in accordance with the manufacturer's instructions, if any, and
 - Are not altered except for adjustments made in accordance with the manufacturer's instructions, if any.
- If the use of a mechanical restraint is authorized by a plan of treatment, demonstration 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:
 - A legally qualified medical practitioner,
 - A registered nurse or registered practical nurse,
 - A member of the College of Occupational Therapists of Ontario, or
 - A member of the College of Physiotherapists.
- A written record which includes:
 - Information that is necessary to demonstrate that the use of the mechanical restraint was in conformity with the child or young person's plan of treatment or plan for the use of a PASD, and
 - The names of every staff member or foster parent who was permitted to use mechanical restraints on the child or young person and a description of the training, instruction, or education that the staff member or foster parent received.

Licensee Interview: The licensee confirms:

- Their process for ensuring all persons (i.e., staff and foster parents) who are permitted to use a mechanical restraint on a child or young person receive the necessary training, instruction, or education.
- 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:

- A written record, prepared monthly, which summarizes every instance of the use of a mechanical restraint that is not a PASD on a child or young person 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:
 - The name and age of the child or young person who was restrained,
 - The dates and time periods during which the mechanical restraint was used, and
 - A description of the circumstances and the risk that existed before the mechanical restraint was used.

File review of person providing direct care to a child or young person (including foster parents): For any person who is permitted to use a mechanical restraint on a child or young person under [LGIC O. Reg. 155/18, s. 21](#), their file must include documentation which demonstrates they have received the necessary training, instruction or education which allows them to use mechanical restraints in accordance with a child or young person's plan of treatment or plan for the use of a PASD.

Interview of person providing direct care to a child or young person (including foster parents): For any person who is permitted to use a mechanical restraint on a child or young person under [LGIC O. Reg. 155/18, s. 21](#), they confirm:

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

For Children's Residence/Staff-Model Home Licensees Only:

Records Review: The licensee must maintain the following documentation:

- A written record, prepared monthly, which summarizes every instance of the use of a mechanical restraint that is not a PASD on a child or young person 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:
 - The name and age of the child or young person who was restrained,
 - The dates and time periods during which the mechanical restraint was used, and
 - A description of the circumstances and the risk that existed before the mechanical restraint was used.
- Documentation which demonstrates the above noted written report was provided to the ministry, on or before the fifth day of each month, to:
 - In the case of a child who is not a young person, a director, or
 - In the case of a young person, a provincial director.

Development and Review of Plans (O. Reg. 155/18, s. 21.1)

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's case record or file at the location at which the child or young person is receiving service from the licensee:

- A plan of treatment or plan for the use of a PASD that has been evaluated to ensure it complies with the requirements of [LGIC O. Reg. 155/18, s. 21](#), at the following times:
 - 30 days after the child or young person'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 or young person began receiving services from the service provider, 30 days after the child or young person began receiving those services.
 - 90 days after the child or young person's plan of treatment or plan for the use of a PASD, as the case may be, is first evaluated.
 - 180 days after the child or young person'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.
- Demonstration 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 O. Reg. 155/18, s. 21](#) if any of the following occur:
 - New information comes to the attention of the service provider respecting the child or young person's needs.
 - There is a change to the needs of the child or young person such that an intervention set out in the plan is no longer necessary.
 - An intervention set out in the plan has been shown to be ineffective.
 - The service provider receives a request that the plan be reviewed from the child or young person or their substitute decision-maker, if the substitute decision-maker consented to the plan.
- Demonstration that the following individuals were consulted as part of an evaluation of the plan of treatment or plan for the use of a PASD:
 - Any health care practitioner who developed the plan.
 - The child or young person to whom the plan relates.
 - The child or young person's substitute decision-maker if the substitute decision-maker consented to the plan.
- Demonstration that 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 or young person to whom the plan relates, including their signature and date of review.
- Demonstration that such reviews have taken place before the individual provided direct care to the child or young person for the first time and as soon as reasonably possible after any revisions were made to the plan.

Interview of person providing direct care to a child or young person (including foster parents): The person confirms:

- 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 treatment or plan for the use of a PASD, confirming they understand its contents.
- That such reviews took place before they provided direct care to the child or young person for the first time and as soon as reasonably possible after revisions were made to the plan.

Child/Youth Interview: The child or young person confirms the following considering their age and maturity:

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

Provision of Information re: Use of Mechanical Restraints (O. Reg. 155/18, s. 21.2)

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's case record or file:

- In the case of a service provider that does not use or permit the use of mechanical restraints, demonstration that the child or young person and their parent have been informed of that fact.
- In the case of a service provider that uses or permits the use of mechanical restraints, demonstration that the child or young person who is receiving services, and their parents, have been provided the following information, about the service provider's use of mechanical restraints:
 - A description of the circumstances in which a mechanical restraint may be used on the child or young person.
 - Any steps that may be taken by the service provider when the mechanical restraint is being used.
 - A description of the type of mechanical restraint that may be used.
 - How the use of the mechanical restraint would comply with the child or young person's plan of treatment or plan for the use of a PASD, as the case may be.
- Demonstration that the above noted information was provided to the child or young person, and their parents, at the following times:
 - Upon the child or young person 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.
 - In between the intervals referred to above, if the child or young person requests a review of the information or the service provider is of the opinion that the child or young person would benefit from such a review.

Child/Youth Interview: In instances where a child or young person resides in a licensed setting which permits the use of mechanical restraints, the child or young person confirms the following information, considering their age and maturity:

- The licensee or designate has reviewed with them:
 - A description of the circumstances in which a mechanical restraint may be used on the child or young person.
 - Any steps that may be taken by the service provider when the mechanical restraint is being used.
 - A description of the type of mechanical restraint that may be used.
 - How the use of the mechanical restraint would comply with the child or young person's plan of treatment or plan for the use of a PASD, as the case may be.
- They were provided with the above noted information 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.
- A review of the above noted information took place upon the child or young person's request.

7.4 Best Practices for Implementation for Licensees

Service Provider Training

- Where a licensee permits the use of mechanical restraints, it is highly recommended that all persons have completed the mechanical restraint training and education before working in the program.

Consistency in Reporting

- Information captured in documents like incident reports should reflect the actual occurrence and match the information reported to the ministry through the Serious Occurrence Reporting process. Wherever possible, information should be consistent across incident reports, Serious Occurrence Reports, any follow-up or debriefing documentation, and medical reports.

Regular Reviews

- Serious Occurrence Reports should also be reviewed on a regular basis at a program or organizational level to see whether there are patterns or trends (e.g., mechanical restraint that is not a PASD is used at a certain time of day or by a particular staff or caregiver) that indicate the need for organizational changes (e.g., additional staffing at certain times or additional training).
- During the plan of care development and reviews, the review of mechanical restraints and any incidents leading up to the use of a mechanical restraint should be reviewed and included, to identify if the child or young person requires any additional resources or supports for their care and safety.

Duty to Report

- Where a staff or any other person in the child or young person's life has reasonable grounds to suspect that a child or young person may be in need of protection as a result of a violation of the child or young person's rights under Part II of the CYFSA, they must comply with their duty to report this information to the local children's aid society in accordance with [section 125](#) of the CYFSA.

Ombudsman's Office

- Licensees must inform the [Ombudsman](#), in writing and without unreasonable delay, if they learn of the death or serious bodily harm to a child or young person who had sought or received a children's aid society service within 12 months before the death or the day on which the harm occurred.
- Licensees must also inform the child or young person, and any person with lawful custody or a lawful right of access to the child, about the Ombudsman and provide them with the Ombudsman's contact information.

7.5 Serious Occurrence Reporting - Residential Licensing (SOR-RL) Impacts

Effective July 1, 2023, to support implementation of the mechanical restraint regulations made under [section 21 of O. Reg. 155/18](#), there are new expectations in SOR-RL for licensees to include information on the debriefing process where a mechanical restraint that is not a PASD has been used on a child or young person.

Effective July 1, 2023, to support implementation of the mechanical restraint regulations made under [section 21 of O. Reg. 155/18](#), there will also be new expectations in SOR-RL for licensees to fulfill their monthly reporting requirements where a mechanical restraint that is not a PASD has been used on a child or young person. For those licensees who renew their licence through SOR-RL, the monthly report of mechanical restraints is semi-automated, pulling details from previously submitted SORs.

There will be supporting implementation material to assist licensees to navigate the updates to SOR-RL. A separate communication will be released with information on the specific changes. This communication and all materials will be made available on the [SOR-RL training portal](#).

7.6 Guidance for Placing Agencies (Including Children's Aid Societies)

Regular Reviews

- During the plan of care development and reviews, the review of mechanical restraints and any incidents leading up to the use of a mechanical restraint should

be reviewed and included, to identify if the child requires any additional resources or supports for their care and safety.

Ombudsman's Office

- Children's aid societies must inform the [Ombudsman](#), in writing and without unreasonable delay, if they learn of the death or serious bodily harm to a child who had sought or received a children's aid society service within 12 months before the death or the day on which the harm occurred.
- Children's aid societies must also inform the child, and any person with lawful custody or a lawful right of access to the child, about the Ombudsman and provide them with the Ombudsman's contact information.

Actions Prior to Placement

- Before placement, the placing agency should notify the out of home care service provider if a child is known to require a PASD that is a mechanical restraint or has a history of mechanical restraints being used on them, and any complaints the child or their parent/substitute decision-maker has expressed about those mechanical restraints.

7.7 Resources

Rights Resources

- The ministry has developed the following resources for children and young persons to help them understand their rights when receiving services under the CYFSA, as well as specific resources for young persons involved in the youth justice system:
 - [Children and young persons' rights resource | Ontario.ca](#)
 - [Children and young persons' rights under the Child, Youth and Family Services Act, 2017: Rights for all young persons in the youth justice system | Ontario.ca](#)

Office of the Ontario Ombudsman

- As part of the requirements in the CYFSA, all children in care have a right to speak in private with and receive visits from the Office of the Ontario Ombudsman.
 - Toll-free: 1-800-263-2841 or 416-325-5669.
 - [Children & Youth - Ontario Ombudsman](#)
- These children and young persons also have a right to be informed about the existence of the Ombudsman and their functions in the event they wish to reach out to them for help. Children and young persons shall be provided with the means to initiate contact with the Ombudsman privately and without delay.
- The Office of the Ombudsman can also provide child-friendly resources and information about children's and young persons' rights and can help connect children and young persons to other child- and youth-serving organizations, as needed.

8. Complaints

8.1 Amended Regulation

Applies to: Changes to **O. Reg. 155/18** under the CYFSA 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.

CYFSA, O. Reg. 155/18, [Section 22, 23.1 & 23.2](#)

Existing Requirements	Amendments as of July 1, 2023
<p>Policies and procedures:</p> <ul style="list-style-type: none"> • All residential care licensees and placing agencies who place a child or young person into residential care must have a written complaint procedure for hearing and dealing with: <ul style="list-style-type: none"> ○ Complaints regarding alleged violations of the rights under Part II of the CYFSA for children and/or young persons in care; and, ○ Complaints by children and/or young persons in care or other persons affected by conditions or limitations imposed on visitors or suspension of visits. • The written complaint procedure must set out: <ul style="list-style-type: none"> ○ How a child or young person in care, their parents, or other person representing them can make a 	<p>Amendments to policies and procedures: By July 1, 2023, the licensee must have a policy and procedure, which uses child-friendly language to describe the process for making a complaint that is also available to the public, which details:</p> <ul style="list-style-type: none"> • The requirement for a status update to be provided to the person who made the complaint: <ul style="list-style-type: none"> ○ If the person requests an update, and ○ 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 submitted anonymously. • A process for complaints to be considered and responded to by a person other than a person in respect of whom the complaint is made. • A requirement for 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 or young person in respect of whose rights the complaint is made. • A requirement for the service provider to make reasonable efforts to ensure any person who is informed of the results of a complaints review, understands those results. • If it is determined during the review that there has been a violation of the rights of a child in care

CYFSA, O. Reg. 155/18, Section 22, 23.1 & 23.2

Existing Requirements	Amendments as of July 1, 2023
<p>complaint, either verbally or in writing, about alleged violations of the rights of a child or young person in care under Part II of the CYFSA to a staff person, foster parent, service provider or a person designated by the service provider; and,</p> <ul style="list-style-type: none"> ○ How individuals affected by conditions or limitations on visitors, or suspension of visits, can make a complaint, either verbally or in writing, to a staff member, service provider or a person designated by the service provider. ● The written complaint procedure must also: <ul style="list-style-type: none"> ○ Require the foster parent, staff member or service provider to make a record of any complaint that is made verbally, ○ 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 	<p>under Part II of the CYFSA, a requirement for 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.</p> <ul style="list-style-type: none"> ● Their process for providing a written summary of the complaint, including steps taken in response to the complaint to: <ul style="list-style-type: none"> ○ the child’s placing agency or person who placed the child, unless the service provider that prepared the document is the placing agency, where the complaint relates to an alleged violation of the child’s rights by a service provider providing residential care to the child; or ○ the service provider providing residential care to the child, unless the service provider that prepared the document is the service provider providing residential care to the child, where the complaint relates to an alleged violation of the child’s rights by a placing agency. <p><i>New requirements for reviews respecting complaints and complaints procedures:</i></p> <ul style="list-style-type: none"> ● A service provider shall ensure that, at least once every 12 months, a written evaluation is conducted of the service provider’s written complaints procedure to assess: <ul style="list-style-type: none"> (a) the effectiveness of the written complaints procedure; and (b) the need for any changes to the procedures to improve their effectiveness. ● The service provider shall, on or before the fifth day of every month, <ul style="list-style-type: none"> (a) Prepare, 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 and

CYFSA, O. Reg. 155/18, [Section 22, 23.1 & 23.2](#)

Existing Requirements	Amendments as of July 1, 2023
<p>complaint within 24 hours of receiving it,</p> <ul style="list-style-type: none"> o Require the service provider to, within 24 hours of receiving a complaint, determine what immediate action(s) can be taken to respond to the complaint and what supports the child or young person in care or the person making the complaint may require in order to participate in the complaints review process, and, o Require the service provider, until the results of a complaints review have been provided to the person who made the complaint, to provide an update to the person on the status of the review if requested by the person, and at such other times as necessary to ensure that the person receives an update on the review no later than 30 days after the service provider receives the complaint and subsequently at intervals of no more than 30 days. 	<p>young persons when providing a service; and</p> <ul style="list-style-type: none"> (b) Provide the written analysis to, <ul style="list-style-type: none"> (i) in the case of a child who is not a young person, a Director, or (ii) in the case of a young person, a provincial director. <p><i>New requirements for debriefing:</i></p> <ul style="list-style-type: none"> • After a complaint has been reviewed according to the complaint’s procedure, the service provider shall ensure that a debriefing is conducted under the following rules: <ol style="list-style-type: none"> 1. A debriefing process must be conducted with the persons to whom the complaint relates, in the absence of any children or young persons. 2. A second debriefing process must be conducted with the child or young person who made, or is the subject of, the complaint, in the absence of the persons to whom the complaint relates. If requested by the child or young person, the debriefing shall also include an adult identified by the child or young person as a support person. 3. A third debriefing process must be offered to be conducted with any children or young persons who witnessed any conduct that gave rise to the complaint 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, communication and emotional needs and cognitive capacity, and be focused on understanding the experiences of the child or young person that led to the complaint being made as well as what the service provider can do to better meet the needs of the child or young person. 5. The debriefing must be conducted within seven days after the complaint has been reviewed. 6. If the circumstances do not permit a debriefing process to take place within seven days after the

CYFSA, O. Reg. 155/18, [Section 22, 23.1 & 23.2](#)

Existing Requirements	Amendments as of July 1, 2023
<p>Reviews respecting complaints and complaints procedures: N/A</p> <p>Debriefing: N/A</p> <p>Availability and distribution of complaints information: N/A</p>	<p>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.</p> <p>7. The service provider must record:</p> <ul style="list-style-type: none"> ○ 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 third debriefing and who indicated that they did not wish to participate in the debriefing process. ○ A description of the efforts made to conduct the debriefing processes required by this section that includes the names of the persons who made those efforts. <p>Written Summary of Complaints Information</p> <ul style="list-style-type: none"> ● The service provider must prepare a written summary of each complaint made by a child or young person or a complaint made by someone else on behalf of the child or young person, including the steps taken in response to the complaint.

8.2 Purpose of New Requirements for Service Providers

Introducing new requirements for complaints processes is part of the work to embed the [QSF](#) into regulation. Quality Standard 3 of the QSF states that children and young persons should be supported and empowered to understand, exercise and benefit from their rights, including raising concerns about their care and having these concerns responded to in a timely manner.

Children and young persons are individuals with rights to be respected and voices to be heard. The enhanced requirements related to complaints aim to be consistent with and build upon the principles expressed in the United Nations Convention on the Rights of the Child (1989) and commits to the principle that services provided to children and families should respect their diversity and the principle of inclusion, consistent with the Ontario Human Rights Code (1962) and the Canadian Charter of Rights and Freedoms (1982).

8.3 Compliance Indicators for Licensees

IMPORTANT: The following compliance indicators speak to the new and updated requirements pertaining to complaints only. They are not a comprehensive list of indicators for all regulations on complaints.

Requirements under O. Reg. 155/18

Complaints Procedure re: Residential Care, Placements ([O. Reg. 155/18, s. 22](#))

Policies and Procedures: The licensee must demonstrate they have a policy and procedure which details:

- The requirement for a status update to be provided to the person who made the complaint:
 - If the person requests an update, and
 - 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 submitted anonymously.
- A requirement for 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 or young person in respect of whose rights the complaint is made.
- A process for complaints to be considered and responded to by a person other than a person in respect of whom the complaint is made.
- A requirement for the service provider to make reasonable efforts to ensure any person who is informed of the results of a complaints review, understands those results.
- 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 CYFSA, a requirement for 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.

Child/Youth Case Record or File: The following documentation must be kept in the child or young person's case record or file:

- A written summary of each complaint made by a child or young person or a complaint made by someone else on behalf of the child or young person, including the steps taken in response to the complaint.

Child/Youth Interview: The child or young person confirms the following, where applicable:

- Upon request, they received an update on their complaint.
- 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.
- They were aware that their complaint was reviewed by someone other than the person in respect of whom the complaint was made.

Availability and Distribution of Complaints Information

Policies and Procedures: The licensee must demonstrate they have a policy and procedure which uses child-friendly language to describe the process for making a complaint referred to in [LGIC O. Reg.155/18, section 22\(1\)](#).

Licensee Interview: The licensee confirms:

- 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.
- The process for providing a written summary of the complaint to the following persons, including steps taken in response to the complaint:
 - 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 out of home care to the child (unless the service provider that prepared the document is the placing agency).
 - The service provider providing out of home 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 out of home care to the child).

Staff Interview: The staff confirms the process for providing a written summary of the complaint to the following persons, including steps taken in response to the complaint:

- 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 out of home care to the child (unless the service provider that prepared the document is the placing agency).
- The service provider providing out of home 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 out of home care to the child).

Foster Parent Interview: The foster parent confirms the process for providing a written summary of the complaint to the following persons, including steps taken in response to the complaint:

- 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 out of home care to the child (unless the service provider that prepared the document is the placing agency).
- The service provider providing out of home 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 out of home care to the child).

Foster Worker Interview: The foster worker confirms the process for providing a written summary of the complaint to the following persons, including steps taken in response to the complaint:

- 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 out of home care to the child (unless the service provider that prepared the document is the placing agency).
- The service provider providing out of home 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 out of home care to the child).

Debriefing (O. Reg. 155/18, s. 23.1)

Licensee Interview: The licensee confirms their process for conducting a debriefing in accordance with the following rules:

- A debriefing process must be conducted with the persons to whom the complaint relates, in the absence of any children or young persons.
- A second debriefing process must be conducted with the child or young person who made, or is subject of, the complaint, in the absence of the persons to whom the complaint relates. If requested by the child or young person, the debriefing shall also include an adult identified by the child or young person as a support person.
- A third debriefing process must be offered to be conducted with any children or young persons who witnessed any conduct that gave rise to the complaint and must be conducted if any such children or young persons wish to participate in the debriefing process.
- The debriefing processes referred to above with the child or young person who made, or is subject of, the complaint, as well as the debriefing with any children or young persons who witnessed any conduct that gave rise to the complaint, must:
 - Be structured to accommodate any child or young person's psychological, communication and emotional needs and cognitive capacity, and

- Be focused on understanding the experiences of the child or young person that led to the complaint being made as well as what the service provider can do to meet the needs of the child or young person.
- The debriefing process for each person noted above 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.

Staff Interview: The staff confirms the rules for undertaking a debriefing, including:

- A debriefing process must be conducted with the persons to whom the complaint relates, in the absence of any children or young persons.
- A second debriefing process must be conducted with the child or young person who made, or is subject of, the complaint, in the absence of the persons to whom the complaint relates. If requested by the child or young person, the debriefing shall also include an adult identified by the child or young person as a support person.
- A third debriefing process must be offered to be conducted with any children or young persons who witnessed any conduct that gave rise to the complaint and must be conducted if any such children or young persons wish to participate in the debriefing process.
- The debriefing processes referred to above with the child or young person who made, or is subject of, the complaint, as well as the debriefing with any children or young persons who witnessed any conduct that gave rise to the complaint, must:
 - Be structured to accommodate any child or young person's psychological, communication and emotional needs and cognitive capacity, and
 - Be focused on understanding the experiences of the child or young person that led to the complaint being made as well as what the service provider can do to meet the needs of the child or young person.
- The debriefing process for each person noted above 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.

Foster Parent Interview: The foster parent confirms the rules for undertaking a debriefing, including:

- A debriefing process must be conducted with the persons to whom the complaint relates, in the absence of any children.
- 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.

- 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.
- The debriefing processes referred to above with the child who made, 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:
 - Be structured to accommodate any child's psychological, communication and emotional needs and cognitive capacity, and
 - 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.
- The debriefing process for each person noted above 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.

Foster Worker Interview: The foster worker confirms the rules for undertaking a debriefing, including:

- A debriefing process must be conducted with the persons to whom the complaint relates, in the absence of any children.
- 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.
- 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.
- The debriefing processes referred to above with the child who made, 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:
 - Be structured to accommodate any child's psychological, communication and emotional needs and cognitive capacity, and
 - 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.
- The debriefing process for each person noted above 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.

Child/Youth Case Record or File: The child or young person's file must include the following, if a complaint has been made by the child or young person, if the child or young person is the subject of a complaint, or if the child or young person witnessed any conduct that gave rise to a complaint:

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

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

- They were asked to participate in the debriefing process.
- If the child or young person made the complaint or was the subject of the complaint, they were asked to identify whether they wanted an adult to be included in their debriefing as a support person.
- Their debriefing 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 or young person.

Staff File: The staff file must include the following, if a complaint has been made which relates to the staff person:

- The date and time of each debriefing involving the staff person, as well as the names and, if applicable, titles of the persons involved in each debriefing and the duration of each debriefing.
- A description of the efforts made to conduct the debriefing processes, including the names of the persons who made those efforts.

Foster Worker File: The foster worker file must include the following, if a complaint has been made which relates to the staff person:

- The date and time of each debriefing 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.

- A description of the efforts made to conduct the debriefing processes, including the names of the persons who made those efforts.

Foster Parent File: If a complaint has been made which relates to the foster parent(s), the following documentation must be kept in the foster parent file:

- The date and time of each debriefing 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.
- A description of the efforts made to conduct the debriefing processes, including the names of the persons who made those efforts.

Reviews Respecting Complaints and Complaints Procedures (O. Reg. 155/18, s. 23.2)

Licensee Interview: The licensee confirms their process for:

- Undertaking a written evaluation of their written complaints' procedure, at least once every 12 months, to assess:
 - The effectiveness of the written complaints' procedure, and
 - The need for any changes to the procedure to improve their effectiveness.
- On or before the fifth day of every month:
 - 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 and young persons when providing a service, and
 - Providing the written analysis to:
 - In the case of a child who is not a young person, a Director, or
 - In the case of a young person, a provincial director.

For Children's Residence/Staff-Model Home Licensees Only

Records Review: The licensee must maintain the following:

- A written evaluation of the complaints procedure which assesses, at least every 12 months, the:
 - The effectiveness of the written complaints' procedure, and
 - The need for any changes to the procedures to improve their effectiveness.
- A written record, prepared for the previous month, which includes a written analysis of every complaint received pursuant to the complaints procedure and the results of the review to determine whether any changes are required to the manner in which a service provider respects the rights of children and young persons when providing a service.
- Documentation which demonstrates the above noted analysis was provided, on or before the fifth day of each month, to:
 - In the case of a child who is not a young person, a director, or
 - In the case of a young person, a provincial director.

8.4 Best Practices for Implementation for Licensees

Debriefing Process

- It is the responsibility of the service provider to determine who should conduct the debriefing process for complaints outlined in s. 23.1 of Ontario Regulation 155/18. In making that determination, it is recommended that the service provider consider the following:
 - The individual conducting the debriefing be a neutral party to the complaint,
 - The individual conducting the debriefing be someone with a positive relationship with the child or young person who made the complaint or who is the subject of the complaint, and
 - The individual conducting the debriefing be someone with strong communication and conflict management skills and emotional intelligence.
- Whenever possible, it is recommended that the debriefing process take place in person.

Regular Reviews

- Complaints should be reviewed by the service provider (licensee) on a regular basis at a program or organizational level to see whether there are patterns or trends (e.g., complaints against a particular staff or caregiver) that indicate the need for organizational changes (e.g., additional training).
- Where possible and subject to any legislative provisions or court orders, it is recommended that the licensee consistently share information related to a child or young person's complaints with their parent/guardian, the placing person/agency and the child or young person's First Nation, Métis or Inuit band or community

Duty to Report

- Where a staff or any other person in the child or young person's life has reasonable grounds to suspect that a child or young person may be in need of protection as a result of a violation of the child or young person's rights under Part II of the CYFSA, they must comply with their duty to report this information to the local children's aid society in accordance with [section 125](#) of the CYFSA.

Ombudsman's Office

- Licensees must inform the [Ombudsman](#), in writing and without unreasonable delay, if they learn of the death or serious bodily harm to a child or young person who had sought or received a children's aid society service within 12 months before the death or the day on which the harm occurred.
- Licensees must also inform the child or young person, and any person with lawful custody or a lawful right of access to the child, about the Ombudsman and provide them with the Ombudsman's contact information.

8.5 Serious Occurrence Reporting - Residential Licensing (SOR-RL) Impacts

Effective July 1, 2023, to support implementation of the complaint's regulations, there are new expectations in SOR-RL for licensees to include information on the debriefing process and to fulfill their monthly reporting requirements.

For those licensees who renew their licences through SOR-RL, the monthly report of complaints is semi-automated, pulling details from previously submitted SORs.

There will be supporting implementation material to assist licensees to navigate the updates to SOR-RL. A separate communication will be released with information on the specific changes. This communication and all materials will be made available on the [SOR-RL training portal](#).

8.6 Resources

Rights Resources

- The ministry has developed the following resources for children and young persons to help them understand their rights when receiving services under the CYFSA, as well as specific resources for young persons involved in the youth justice system:
 - [Children and young persons' rights resource | Ontario.ca](#)
 - [Children and young persons' rights under the Child, Youth and Family Services Act, 2017: Rights for all young persons in the youth justice system | Ontario.ca](#)

Child Welfare Complaints

- Children or young persons involved in the child welfare system can refer to the following link for more information about how to make a complaint about a children's aid society worker:
 - [How do I complain about a Children's Aid Society worker? - Information for families involved in the Ontario child welfare system - OACAS Library Guides at Ontario Association of Children's Aid Societies \(libguides.com\)](#)

Duty to Report

- Where a staff or any other person in the child or young person's life has reasonable grounds to suspect that a child or young person may be in need of protection as a result of a violation of the child or young person's rights under Part II of the CYFSA, they must comply with their duty to report this information to the local children's aid society in accordance with [section 125](#) of the CYFSA.

Office of the Ontario Ombudsman

- As part of the requirements in the CYFSA, all children in care have a right to speak in private with and receive visits from the Office of the Ontario Ombudsman.
 - Toll-free: 1-800-263-2841 or 416-325-5669.
 - [Children & Youth - Ontario Ombudsman](#)
- These children and young persons also have a right to be informed about the existence of the Ombudsman and their functions in the event they wish to reach out to them for help. Children and young persons shall be provided with the means to contact with the Ombudsman privately and without delay.
- The Office of the Ombudsman can also provide child-friendly resources and information about children's and young persons' rights and can help connect children and young persons to other child- and youth-serving organizations, as needed.

9. Education

9.1 Amended Regulation

Applies to: Foster care licensees (including children’s aid societies), children’s residence licensees (including places of secure or open custody or detention licensed to provide out of home care), staff model home licensees and placing agencies (including children’s aid societies).

CYFSA, O. Reg. 156/18, [Section 80.1](#)

CYFSA, O. Reg. 156/18, [Section 94.2](#) and [Section 131.3](#)

Existing Requirement	New Requirement as of July 1, 2023
<p data-bbox="282 831 672 863"><u>O. Reg. 156/18, Section 86</u></p> <ul data-bbox="204 869 727 1121" style="list-style-type: none"> • Currently, all licensees who operate a children’s residence and/or staff-model home must do a pre-placement assessment that considers the educational needs of the child and document how those needs will be met. <p data-bbox="272 1163 672 1194"><u>O. Reg. 156/18, Section 101</u></p> <ul data-bbox="204 1201 737 1858" style="list-style-type: none"> • In addition, under section 101 of O. Reg. 156/18, those licensees must consult with local school boards in the area to identify and utilize educational resources for the children and/or young persons in their care. This consultation must be done at least once a year. • If a child or young person is unable to attend a school in the area because of the severity of their behavioural, physical, or emotional problems, those licensees must: <ul data-bbox="302 1759 727 1858" style="list-style-type: none"> ○ Document the need for an educational program in the child or young person’s 	<p data-bbox="906 831 1321 863"><u>O. Reg. 156/18, Section 80.1</u></p> <ul data-bbox="769 869 1409 1858" style="list-style-type: none"> • New requirements for licensees to ensure that the licensed setting includes a space or spaces that constitute a suitable study environment for each child or young person to undertake their studies, including for completing homework and other assignments and, that is responsive to their individual needs and appropriate given their age and maturity. • An enhanced requirement for the licensee to consult with specified school boards and entities (e.g., a band or council of the band within the meaning of the <i>Indian Act</i> (Canada)) at least once a year for the purposes of identifying and using all relevant educational resources available for children and young persons receiving residential care. • New requirements for information sharing respecting the child or young person’s education and school with the child or young person’s placing agency, parent or other person who placed the child and with the school (e.g., information about educational resources available in the area where the child receives residential care, contact information for persons

CYFSA, O. Reg. 156/18, [Section 80.1](#)

CYFSA, O. Reg. 156/18, [Section 94.2](#) and [Section 131.3](#)

Existing Requirement	New Requirement as of July 1, 2023
<p>plan of care and case record; and,</p> <ul style="list-style-type: none"> o Consult with the appropriate Director of Education with respect to an educational program for the child or young person that complies with the requirements of the <i>Education Act</i> and its regulations. 	<p>within the licensed program in case of school emergencies.).</p> <ul style="list-style-type: none"> • New rules specific to information sharing in cases where the child or young person may be absent from school, including new documentation requirements.
<p>O. Reg. 156/18, Section 94(5)(d)</p> <p>5. The plan of care shall include,</p> <ul style="list-style-type: none"> d. a statement of the educational programs that have been developed for the resident in consultation with the school boards in the area in which the residence is located. 	<p>O. Reg. 156/18, Section 94.2 and Section 131.3</p> <ul style="list-style-type: none"> • Enhancements to existing plan of care requirements to include relevant information about that child or young person’s educational needs and identified supports, including: <ol style="list-style-type: none"> 1. A description of the child or young person’s current educational status and an indication of the educational resources that have been made available to the resident from among those identified by the licensee through the consultations required under subsection 80.1 (2). 2. An indication of whether there are any concerns about the child or young person’s school attendance or academic performance and, if applicable, any action to be taken to address those concerns. 3. A description of how the licensee has ensured, as required by subsection 80.1 (1), that the residence or foster home includes a space or spaces that constitute a suitable environment for each child or young person to undertake their studies, including

CYFSA, O. Reg. 156/18, Section 80.1	
CYFSA, O. Reg. 156/18, Section 94.2 and Section 131.3	
Existing Requirement	New Requirement as of July 1, 2023
	completing homework and other assignments, that is responsive to each child or young person’s individual needs and appropriate given their age and maturity.
Standard condition nine (Foster Care - Schedule A) requires foster care licensees to assign a person to supervise and support all of their foster parents with contacting the child’s teacher and/or principal to assess the child’s adjustment and progress in school. This must be done once every three months.	Standard condition nine will continue to require foster care licensees to assign a person to supervise and support all of their foster parents with contacting the child’s teacher and/or principal to assess the child’s adjustment and progress in school. This must be done once every three months.

9.2 Purpose of New Requirements for Licensees

Introducing new requirements to support educational attainment is part of the work to embed the [QSF](#) into regulation. The new and enhanced requirements are aimed at ensuring that licensees, placing agencies, local schools, and school boards make a concerted, collaborative effort to ensure that all children and young persons are receiving an education that meets their needs, supports them to thrive, and achieves positive outcomes. This includes sharing information as appropriate and having adequate supports inside and outside of the classroom or other setting for learning and safety.

As noted in Quality Standard #10, Educational Achievement, education is a key enabler for breaking the cycle of poverty, supporting child survival, growth, development, and well-being, and closing the gap in social inequality (Residential Services Review Panel, 2016). Under the Act, all children and young persons in out of home care have a right to receive an education that corresponds to their aptitudes and abilities, in a community setting whenever possible, and, ideally, this right should be supported with minimal disruptions to the child or young person. It is only through the active involvement and support for each child or young person that they will become more invested in their education and develop aspirations to pursue further/higher education, training, and/or employment. Education must be treated as a priority for each child or young person.

9.3 Compliance Indicators for Licensees

Educational Resources and Planning (O. Reg. 156/18, Section 80.1)

Licensee Interview: The licensee or designate confirms:

- How they provide a space or spaces for children or young persons to complete their studies, including homework and other assignments, that are responsive to the needs of each child or young person given their age and maturity.
- 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 and young persons in their care under the authority of their licence:
 - The school boards in the area where out of home care is provided under the authority of the licence.
 - Any of the following entities that operate a school in the area where out of home care is provided under the authority of the licence:
 - Any band, or any council of the band within the meaning of the CYFSA Reg. 159/18.
 - The Crown in right of Canada.
 - Any education authority within the meaning of the *Education Act* that is authorized by an entity referred to above.
- They have provided each parent, placing agency or other person who places a child to receive out of home care, with information respecting the educational resources identified by the licensee that are available in the area where the child or young person receives out of home care.
- They have provided each parent, placing agency or other person who places a child to receive out of home care, as well as the child or young person's school or other educational program, with the name and contact information of a person or persons responsible for the provision of out of home care to the child or young person and who may be contacted by the child or young person's school or other educational program regarding the child or young person's education or in emergency situations in which the parent, placing agency or other person who places the child is unavailable.
- When a child or young person receiving out of home care under the authority of their licence is to be absent from school or from another 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.

Child/Youth Interview: The child or young person confirms they have a space or spaces within the licensed setting to complete their studies, including homework and other

assignments, and that these spaces are responsive to their needs, given their age and maturity. The child should be asked to show this space to the inspector.

Child/Youth Case Record or File: The child or young person's case record or file must include documentation which outlines:

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

Staff Interview: The staff confirms:

- How they create a space or spaces for children or young persons to complete their studies, including homework and other assignments, that are responsive to the needs of each child or young person given their age and maturity.
- Their process for informing a child or young persons' parent, placing agency or other person who placed the child, of a child or young person's absence from school or other educational program and the reasons for the absence:
 - Before the absence occurs, or
 - If the staff is not able to inform the parent, placing agency or other person who placed the child of the absence before it occurs, how they will do so within 24 hours after learning of the absence.

Foster Parent Interview: The foster parent confirms:

- 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.
- 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
 - If the foster parent is not able to inform the parent, placing agency or other person who placed the child of the absence before it occurs, how they will do so within 24 hours after learning of the absence.

For Children's Residence and Staff-Model Homes Only:

Physical Inspection: There is a physical space or spaces for children or young persons to complete their studies, including homework and other assignments, that are responsive to the needs of each child or young person given their age and maturity.

9.4 Best Practices for Implementation for Licensees

Documentation

- It is recommended that the licensee consistently document any instances of a child's absence from school within the case record or child file.
- It is recommended that the licensee record the name and contact information (phone number and email) for the child's principal, teacher, or any other key figure at their school (e.g., guidance counsellor, coach).

9.5 New/Updated Education Requirements for Children's Aid Societies

CYFSA, [O. Reg. 350/22 s.51.4](#)

Previous Requirement	New Requirement
N/A	<p>Education, continuity, and initial enrollment (s. 51.4)</p> <ul style="list-style-type: none"> • New requirements for societies to register the children in their care in school or another educational program as soon as possible if they are unable to remain in their original school or educational program. • New requirement that whenever possible during the transition process, a student should remain in their original school without interruption to school attendance. If the society cannot enroll a child in their care upon their admission into out-of-home care and/or following a change in schools or another educational program, they must document the rationale for this and their ongoing efforts to enroll each child every 30 days. • New requirement that if a child is admitted to society care and they are required to attend school under s. 21 of the Education Act, the society shall ensure that the child does not attend an educational program instead of school unless the child receives satisfactory instruction through the program.

9.6 Purpose of New Requirements for Children's Aid Societies

The educational attainment of children and youth in care is significantly lower than their peers. Education is a key enabler for breaking the cycle of poverty, supporting child development, and well-being, and closing the gap in social inequality. Research and anecdotal evidence indicate that students in care are more likely than other students to miss school because of suspensions, delays in school placements, expulsions, refusal, or reluctance to attend, or health issues. Currently, there are no detailed requirements under the CYFSA or its regulations for societies related to education of a child in care.

Children and youth in the care of societies may also experience multiple transitions between placements resulting in increased disruptions to school and/or school board

supports within a school year. The lack of stability and predictability in academic, social and transportation supports negatively impacts a students' academic outcomes and well-being and poses challenges to student attendance and safety.

Improving educational outcomes for children in care is a vital part of strengthening youth supports in transforming the child welfare system. These requirements will support continuity in educational programming for children placed by a society, will support children/youth in care to be registered in school throughout their time in care, and be supported to regularly attend, with the aim to improve educational attainment and outcomes.

9.7 Compliance Indicators for Children's Aid Societies

School Registration

Child/Youth Case Record or File:

- School registration must be recorded in the child's file and note the following:
 - Name of school or other educational program child is attending
 - Grade of student
 - Date of registration
 - Student's start date at school
 - Principal's name and contact information
 - Student's Timetable (to confirm completed registration)
 - Any communications with licensee about the child's school registration

School Transfers

Child/Youth Case Record or File:

- Any change in the child's school or other educational program must be documented in the child's file and note the following:
 - The reasons why it was not feasible or in the child's best interests to remain in their current school or educational program
 - Date of registration
 - Student's start date at school
 - Principal's name and contact
 - Any communications with licensee about the child's school transfer and transition

Inability to Enroll Child in School

Child/Youth Case Record or File:

- If the society cannot enroll a child in their care upon their admission into out-of-home care and/or following a change in schools or another educational program, they must document the following at least once every 30 days until the child is registered in a school or another education program:
 - The reason(s) for being unable to enroll the child in school or another educational program

- The ongoing efforts being made to enroll the child in school or other educational program, including any other people involved in enrollment efforts and planned next steps
- Any interim educational activities in place for the child to try to ensure educational continuity
- Any communication with licensee about the child's school enrollment.

9.8 Best Practices for Implementation for Children's Aid Societies

- The society should provide the child's school, e.g., principal, with any information to help identify the student's strengths and needs to facilitate educational programming, with the appropriate consents.
- Consideration should be given by societies as to what representatives should be involved in school administrative processes based on a student's race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity and gender expression, as outlined in s.1.(2) 3.iii of the CYFSA. Services should be provided in a way that considers those factors and reflects a commitment to equity, diversity, and inclusion.
- For First Nation, Inuit and Métis children, services should be provided in a manner that recognizes their cultures, heritages, traditions, connections to their communities and the concept of extended family as outlined in s. 1, (2) 3 iii of the CYFSA.
- In cases where a student is transferring schools, the society worker should contact the previous school for relevant documentation, and the receiving school to register the student.
- Society and school boards should work together, and society workers should communicate regularly with schools and schoolboards and provide training on information sharing processes to close communication gaps and enable consistent information sharing. Delays in sharing information and documentation can affect a student's ability to access vital supports and can put their educational success and well-being at risk. A JPSA (defined below) can assist with improving communication and information sharing.
- If a society is having issues with registering a child, the society worker is encouraged to work with the Education Liaison, who can provide advocacy support to help to find a solution. In cases where a child has moved outside of a society's catchment area, it may be necessary for the society worker to connect with the Education Liaison in the child's new area to assist with challenges with school registration.
- When there are any issues with a student's attendance, the society worker should connect with the licensee/caregiver and speak with the child to determine the cause of the issues and see what is being done by the licensee to decrease absenteeism and communicate what else can be done to remedy the situation,

with consideration to what additional supports can be put in place for the child. During a transition, or at any point during the school year, the society worker may wish to include the board Attendance Counsellor to support student attendance.

- The society and/or licensee should clearly establish connections with the sending and receiving school principal, and/or vice principal to ensure a smooth and effective transfer of documentation, and transition of the student.
- As per the Joint Protocol for Student Achievement, a REACH (Realizing Educational Achievement of Children/Youth) Team is a circle of caring adults who support the academic success and well-being of a student. Provided appropriate consents are in place, a REACH Team must be offered to every student who has been identified by the society to the school board. Part of the REACH team's role is to monitor and promote regular school attendance and promote continuity and stability within the education system for the student, as well as identify options and solutions to overcome any barriers to student well-being and success in consultation with the student.
- The REACH Team should include, at a minimum: the student, as appropriate to their age, developmental level, and cognitive capabilities, the School Point Person; and the Society Point Person. The REACH team can also include the Education Liaison, community partners, representatives from the child's community of First Nations, Inuit, or Métis peoples or the Board Indigenous Lead, and other caring adults. The Society worker should meet with the School Point Person within the first month of a student's registration at school or the student's entry into care to see about establishing a REACH team and have a meeting about the student and continue to meet as needed to discuss academically relevant changes in a student's residence, health, mental health, or behaviour; issues with attendance; pathways or transition planning; and academic accomplishments or challenges.

Education, continuity, and initial enrollment

Role of the Education Liaison

Societies are encouraged to engage with their society's Education Liaison to assist with any challenges in a student's school registration, school attendance, transportation, transitions, or any other school related issues. The Education Liaison can help to resolve issues that impact the educational success of eligible children and youth, and strengthen relationships among societies, public school boards, First Nations school authorities, schools, and community partners to improve the educational outcomes of eligible children and youth.

Role of the School Board Attendance Counsellor

Societies can engage with the local school board school attendance counsellor whose role is to enforce compulsory school attendance. Board Attendance Counsellors may liaise and advocate between school, home, and community agencies to promote regular school attendance.

Joint Protocol for Student Achievement

Societies can create or enhance local protocols with school boards to improve the educational success and well-being of students in public schools or other education programs. The Joint Protocol for Student Achievement (JPSA) is a template created by the Ministry of Children, Community and Social Services and the Ministry of Education for school boards and societies to use to create local protocols that support the academic success and well-being of students in care or students receiving services from societies through minimizing disruptions in school attendance and ensuring access to supports that maximize learning potential. It outlines the scope of important collaborative practices and processes, such as Information Sharing, Administrative Processes; Planning for Student Achievement, Dispute Resolution; and Monitoring and Evaluation of the Protocol.

School Transfer Process

For students in the care of a society, the society worker should contact the previous school for relevant documentation, and the receiving school to register the student.

Transportation and Stability Supports

- The Ministry of Education funds school boards to implement Transportation and Stability Supports program, which enables supports for children and youth in care to improve their educational experience, promote mental health and well-being and ensure their unique identities are supported. All students attending publicly funded schools who are in the care of, or receiving services from, a society, are eligible for transportation and/or stability supports. Education Liaisons and/or other Society workers should collaborate with a student's school board to identify supports needed when a student in care is experiencing a transition. Transportation supports allow students in care to temporarily remain in their home school when they experience a residence change that typically would require them to switch schools during the school year.
- Transportation to the home school is provided when it is in the student's best interest until a more natural transition time (e.g., end of the semester or school year). School boards and societies should consider the unique needs of each student when considering the appropriate time for a transition.
- Transportation can also be provided to foster the participation of students in care in learning activities, which may include extracurriculars, alternative learning environments and educational programs.
- Stability supports enable all children and youth in care or receiving services, whether or not they have experienced a residence change, to receive supports that will provide additional stability for their educational experience and support a positive connection to education and learning such as tutoring, technology hardware, cultural supports, and professional supports.

10. Other Minor Enhancements

O. Reg. 156/18: GENERAL MATTERS UNDER THE AUTHORITY OF THE MINISTER		
Topic: Water Temperature		
<p>Applies to: This requirement only applies to licensed children’s residences (including those that operate as a place of temporary detention, or secure custody or of open custody) and staff model homes.</p>		
Amended Regulation	Existing Requirement	Amended Requirement
<p>CYFSA, O. Reg. 156/18 Section 97, para. 9</p>	<p>All licensees operating a children’s residence or staff model home are required to ensure the maximum temperature of water in a washroom or bathroom shall not exceed 49 degrees Celsius.</p>	<p>As of July 1, 2023, all licensees operating a children’s residence or staff model home are required to ensure that water in the residence is capable of reaching a temperature of at least 40 degrees Celsius, but its temperature shall not be capable of exceeding 49 degrees Celsius.</p>
Purpose of New/Updated Requirements		
<p>The goal of the new water temperature requirements is to ensure the health, safety and well-being of children and young persons in children’s residences and staff model homes.</p>		
Indicators for Compliance		
<p><u>Physical Inspection:</u></p>	<p>For Children’s Residences and Staff Model Homes Only: During the physical inspection, the temperature of water in the residence shall reach a minimum of 40 degrees Celsius (104 degrees Fahrenheit) and shall not exceed 49 degrees Celsius (120 degrees Fahrenheit)</p>	
Topic: Policies and Procedures		
<p>Applies to: These requirements apply to licensed children’s residences including children’s residences that operate as a place of temporary detention, or secure custody or of open custody and licensed foster care, including children’s aid societies who hold a foster care licence.</p>		
Amended Regulation	Existing Requirement	New Requirement
<p>CYFSA, O. Reg. 156/18 Section 82(3) & (4) Section 119(6) & (7)</p>	<p>N/A</p>	<p>As of July 1, 2023, licensees are required to ensure that their policies and procedures are consistent with any applicable requirements set out in the CYFSA, its regulations and any other applicable law.</p>

		<p>Licensees shall ensure that the persons to whom the policies and procedures apply comply with the policies and procedures, including all persons providing direct care and supervision to children and young persons on behalf of the licensee (including foster parents).</p>
Purpose of New/Updated Requirements		
<p>These requirements clarify the obligation of all licensees to ensure that their policies and procedures comply with any applicable laws and to ensure that persons providing direct care to children and young persons comply with those policies and procedures.</p>		
Topic: Training On Policies and Procedures		
<p>Applies to: These requirements apply to licensed children’s residences, including those that operate as a place of temporary detention, or secure custody or of open custody, staff model homes and licensed foster care, including children’s aid societies who hold a foster care licence.</p>		
Amended Regulation	Previous Requirement	New Requirement
<p><u>CYFSA, O. Reg. 156/18</u> <u>Section 83</u> <u>Section 120</u></p>	<p>N/A</p>	<p>As of July 1, 2023, licensees operating children’s residences or staff model homes and foster care agencies ensure each person employed to work in the children’s residence or staff model home, foster parents and any persons assigned to supervise and support foster parents completes the following:</p> <ul style="list-style-type: none"> • Receives training on the policies and procedures of the residence within 30 days after commencing their employment in the residence and/or before a child is placed in their home • Reviews the policies and procedures at least once every 12 months • Reviews any changes to the policies and procedures before they take effect; and • The licensee keeps a record of the training which includes a signature of the

		person who received the training.
Purpose of New/Updated Requirements		
This provision clarifies the timelines for review of policies and procedures for consistency in the interpretation of the requirements.		
Indicators for Compliance		
<u>Licensee Interview:</u>	For Children’s Residences and Staff Model Homes Only: A licensee confirms each person employed to work in the residence received training on the policies and procedures of the residence within 30 days after commencing employment, at least once every 12 months, and before any change to the policies and procedures takes place.	
<u>Staff Records:</u>	For Children’s Residences and Staff Model Homes Only: The staff file includes documentation which demonstrates they have received training on the policies and procedures of the residence within 30 days after commencing employment, at least once every 12 months, and before any change to the policies and procedures takes place.	
<u>Staff Interview:</u>	For Children’s Residences and Staff Model Homes Only: Staff confirm that they have received training on the policies and procedures within 30 days after commencing employment, at least once every 12 months, and before any change to the policies and procedures takes place.	
<u>Licensee Interview:</u>	For Foster Care: The licensee confirms that each foster parent and persons assigned by the licensee to supervise or support the foster parent has received training on the policies and procedures of the foster home, prior to the child’s placement or before they begin supporting or supervising, once every 12 months after the initial training and before any change to the policies and procedures takes place. The licensee also confirms they keep a record of any training provided in accordance with this section that includes the signature of the person who received the training.	
<u>Foster Worker Interview:</u>	For Foster Care: The foster worker or any person assigned by the licensee to support or supervise the foster parent confirms they received training on the policies and procedures of the foster home, before they began supporting or supervising the foster parent, once every 12 months after the initial training.	
<u>Foster Parent Interview:</u>	For Foster Care: The foster parent confirms they received training on the policies and procedures of the foster home, before the placement of a child and at least once every 12 months after the initial training.	

Topic: Some Timelines Changed to ‘Once Every 12 Months’		
Updated Regulation	Existing Requirement	Amended Requirement
<p>Orientation to Policies and Procedures - Section 83</p> <p>Training for Foster Parent Supervisors or Support Persons – Section 120(3)</p> <p>Foster Care Service Agreement Review – Section 131(3)</p>	<p>In several places in O. Reg. 156/18, requirements have ‘yearly’ timeline requirements:</p> <ul style="list-style-type: none"> • Orientation/training on policy and procedures: Each person employed to work in a children’s residence or staff model home, and all foster parents and persons assigned to supervise and support foster parents must review the residence or home’s policies and procedures at least once year. • Foster care service agreement reviews: the review must be completed at least once in every year and as otherwise requested by a foster parent. 	<p>In several places in O. Reg. 156/18, amendments have been made to change “yearly” timeline requirements to once every 12 months. The following requirements have been amended from a yearly timeline to once every 12 months:</p> <ul style="list-style-type: none"> • Orientation/training on policy and procedures: Each person employed to work in a children’s residence or staff model home, and all foster parents and persons assigned to supervise and support foster parents must review the residence or home’s policies and procedures at least once every 12 months. • Foster care service agreement reviews: the review must be completed at least once every 12 months and as otherwise requested by a foster parent.
Purpose of New/Updated Requirements		
<p>The purpose of this amendment is to clarify the timelines for review of the regulations noted above.</p>		
Indicators for Compliance		
<p>*Compliance indicators for O. Reg. 156/28 Section 83 and Section 120(3) are located above in this chart.</p>		
<u>Licensee Interview:</u>	The licensee confirms that the foster care service agreement is reviewed with the foster parent(s) at least once every 12 months.	
<u>Foster Parent Interview:</u>	The foster parent confirms a review of the foster care service agreement is reviewed at least once every 12 months.	
<u>Foster Parent File Review:</u>	The foster parent file includes documentation confirming a review of the foster care service agreement has taken place at least once every 12 months.	
Topic: Approval of Foster Parents - Assessments		
<p>Applies to: These requirements apply to licensed foster care, including children’s aid societies who hold a foster care licence.</p>		

Updated Regulation	Existing Requirement	Amended Requirement
<u>CYFSA O. Reg. 156/18 Section 121(10)</u>	The licensee shall prepare a written assessment respecting the suitability of the proposed foster parent or parents to provide foster care and of the foster home as a placement for a prospective foster child and meet with the proposed foster parent or parents in order to communicate the results of the assessment.	After completing the initial activities required as part of the foster parent approval process, the licensee or person designated by the licensee shall ensure that the completed assessment is signed by the proposed foster parent or parents.

Purpose of New/Updated Requirements

The purpose of the amendment is to clarify the rules respecting approval of foster parents, specifically that the completed written assessment must be signed by the proposed foster parents.

Indicators for Compliance

<u>Foster Parent File Review:</u>	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
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Topic: Annual Review of Foster Home - Assessments

Updated Regulation	Existing Requirement	Amended Requirement
<u>CYFSA O. Reg. 156/18 Section 123(6)</u>	The licensee shall prepare a written assessment respecting the ongoing suitability of the foster parent or parents to provide foster care and of the foster home as a placement for a foster child and meet with the foster parent or parents in order to communicate the results of the assessment.	After completing the activities required as part of the review of the foster home, the licensee or person designated by the licensee shall ensure that the completed assessment is signed by the foster parent or parents.

Purpose of New/Updated Requirements

The purpose of the amendment is to clarify the rules respecting annual reviews of foster homes, specifically that the review must be signed by the foster parents.

Indicators for Compliance

<u>Licensee Interview:</u>	The licensee or designate confirms and is able to describe the process for an annual foster home review, which includes: <ol style="list-style-type: none"> 1. Completing a written assessment respecting the ongoing suitability of the foster parent(s) to provide foster care,
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	<ol style="list-style-type: none"> 2. Meeting with the foster parent(s) to communicate the results of the assessment, and 3. Having the foster parent(s) sign the completed assessment.
<u>Foster Parent Interview:</u>	<p>The foster parent should confirm that as part of the annual review process:</p> <ol style="list-style-type: none"> 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).
<u>Foster Worker Interview:</u>	<p>The foster worker confirms and is able to describe the process for an annual foster home review, which includes:</p> <ol style="list-style-type: none"> 1. Completing a written assessment respecting the ongoing suitability of the foster parent(s) to provide foster care, 2. Meeting with the foster parent(s) to communicate the results of the assessment, and 3. Having the foster parent(s) sign the completed assessment.
<u>Foster Parent File Review:</u>	<p>The foster parent file includes a copy of the annual review completed by the licensee, which includes:</p> <ol style="list-style-type: none"> 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.

Topic: Timing of Assessments of Resident or Child’s Health

Applies to: These requirements apply to licensed children’s residences including children’s residences that operate as a place of temporary detention, or secure custody or of open custody, staff model homes and licensed foster care, including children’s aid societies who hold a foster care licence.

Updated Regulation	Existing Requirement	Amended Requirement
<p>CYFSA O. Reg. 156/18 Sections 82(1)(g) and 119(2)(k)(iii)</p>	<p>A licensee shall ensure that they develop and maintain policies and procedures stating that an assessment of the health, vision, dental and hearing condition of the children is conducted at least once every year.</p>	<p>A licensee shall develop and maintain policies and procedures outlining that an assessment of the health, vision, dental and hearing condition of the children is conducted at least once every 13 months.</p>

Purpose of New/Updated Requirements	
The timeframe for conducting annual assessments of health changed to once every 13 months in response to feedback from licensees and placing agencies.	
Indicators for Compliance	
<u>Licensee Interview:</u>	The licensee confirms that an assessment of the health, vision, dental and hearing condition of the children occurs at least once every 13 months.
<u>Child/Youth Interview:</u>	The child or young person confirms that an assessment of their health, vision, dental and hearing condition occurs at least once every 13 months.
<u>Child/Youth File:</u>	The child or young person’s case record includes confirmation that an assessment of their health, vision, dental and hearing has occurred at least once every 13 months.
<u>Foster Parent Interview:</u>	For Foster Care Licensees only: The foster parent confirms that an assessment of the health, vision, dental and hearing condition of the children occurs at least once every 13 months.
<u>Foster Worker Interview:</u>	For Foster Care Licensees only: The foster worker confirms that an assessment of the health, vision, dental and hearing condition of the children occurs at least once every 13 months.
<u>Staff Interview:</u>	The staff confirms that an assessment of the health, vision, dental and hearing condition of children and young persons occurs at least once every 13 months.
<u>Policies and Procedures:</u>	The licensee maintains written policies and procedures respecting the provision of health care to children and young persons receiving out of home care, including an assessment of the health, vision, dental and hearing condition of children and young persons at least once every 13 months.

O. Reg. 155/18: GENERAL MATTERS UNDER THE AUTHORITY OF THE LIEUTENANT GOVERNOR IN COUNCIL

Topic: Timing regarding right to be informed

Apply to: These requirements apply to licensed children’s residences including children’s residences that operate as a place of temporary detention, or secure custody or of open custody, staff model homes and licensed foster care, including children’s aid societies who hold a foster care licence.

Amended Regulation	Existing Requirement	New Requirement
<u>CYFSA, O. Reg. 155/18 Section 9</u>	Currently, all licensees are required to inform children in care of their rights and other information set out under	Licensees will be required to inform children in care of their rights and other information set out <u>under section 9 of the Act</u> during

	<p><u>section 9 of the Act</u> during the following intervals:</p> <ul style="list-style-type: none"> • 30 days after placement, • 3 months after placement, • 6 months after placement and • every 6 months thereafter 	<p>their admission, and the following intervals:</p> <ul style="list-style-type: none"> • 30 days after placement, • 90 days after placement, and • 180 days after placement and every 180 days thereafter
Purpose of New/Updated Requirements		
<p>The purpose of the amendment is to clarify requirements related to timelines for providing certain information about a child or young person’s rights under the Act.</p>		
Indicators for Compliance		
<p><u>Licensee Interview:</u></p>	<p>The licensee confirms that upon admission, the child or young person was informed, in language suitable to their understanding, of the information set out under section 9 of the Act, including their rights and responsibilities, the complaints procedure and any applicable review procedure.</p> <p>The licensee confirms that the information in section 9 of the Act was reviewed with each child or young person at the following intervals: 30 days after placement, 90 days after placement, 180 days after placement and every 180 days after that.</p>	
<p><u>Child/Youth Interview:</u></p>	<p>The child or young person confirms that the requirements under section 9 of the Act related to the rights of children in care were reviewed with them upon admission, 30 days after placement, 90 days after placement, 180 days after placement and every 180 days after that.</p>	
<p><u>Child/Youth File:</u></p>	<p>The case record or file includes evidence that upon admission, the child or young person was informed, in language suitable to their understanding, of the information set out under section 9 of the Act.</p> <p>The case record or file contains evidence that the information in section 9 of the Act was reviewed with the child or young person at the following intervals (where applicable): 30 days of placement, 90 days after placement, 180 days after placement and every 180 days after that.</p>	

<p><u>Foster Worker Interview:</u> (Foster Care Only)</p>	<p>The foster care worker confirms that the information set out under section 9 of the Act is provided to the child at the time of placement and again at the following intervals: 30 days after placement, 90 days after placement, 180 days after placement and every 180 days after that.</p>
<p><u>Staff Interview:</u></p>	<p>The staff confirms that information set out under section 9 of the Act is provided to the child or young person at the time of admission and again at the following intervals: 30 days after placement, 90 days after placement, 180 days after placement and every 180 days after that.</p>
<p><u>Policies and Procedures:</u></p>	<p>A licensee shall maintain and keep up to date written policies and procedures stating that, upon admission and at the following regular intervals, the information set out under section 9 of the Act is provided to the child or young person in language suitable to their understanding:</p> <ol style="list-style-type: none"> 1. 30 days after placement 2. 90 days after placement 3. 180 days after placement and every 180 days after that.

11. Case Management Requirements for Children in Society Care: Identity Documentation

11.1 New Regulation

Applies to: *Children's Aid Societies.*

CYFSA, O. Reg. 156/18, Section 48.1 to 48.11	
Existing Requirements	Requirements applicable as of July 1, 2023
N/A	<p><u>Identity Documentation/Essential Documents at Admission to Society Care</u></p> <p><i>Child's citizenship and immigration status - O. Reg. 156/18, s. 48.1</i></p> <p>A society shall, within 30 days after a child is admitted into its care,</p> <ul style="list-style-type: none"> make reasonable efforts and document those efforts to ascertain the child's place of birth, citizenship and immigration status in Canada based on available documentation provided by the child's parent/caregiver. A society must record this information in the child's file. <p><i>Child's identity documents, Canadian citizen, or permanent resident - O. Reg. 156/18, s. 48.2</i></p> <ul style="list-style-type: none"> If the child is a Canadian citizen or permanent resident (PR), a society is required to make reasonable efforts within 30 days after the child's admission into care to obtain from the child's parent/caregiver original versions of: <ol style="list-style-type: none"> the child's Ontario health card or documentation of coverage under another provincial or territorial health plan; the child's statement of live birth; the child's birth certificate or document used to register the child's birth; the child's Social Insurance Number ("SIN") (card or letter from Service Canada); the child's citizenship certificate or other document confirming citizenship, if the child was born outside of Canada, where applicable; and

CYFSA, O. Reg. 156/18, [Section 48.1 to 48.11](#)

Existing Requirements	Requirements applicable as of July 1, 2023
	<p>6. the child’s permanent resident card, if applicable.</p> <ul style="list-style-type: none"> • Within 30 days a society will review the documents obtained to determine that the child’s name and birth date, are consistently expressed and whether any of the documents are expired. If any document is expired or there are errors, a society shall apply for new documents, unless the authority issuing the document is outside of Canada. • If the society is unable to obtain documents that the child is eligible for, then the society must apply for the document within 90 days of admission to care, unless the authority is outside of Canada. The society shall record its efforts to obtain the documents at least once every 90 days until the document is received or the society is informed that it is not possible to issue the document by the issuing authority. <p><i>Social Insurance Number - O. Reg. 156/18, s. 48.8</i></p> <ul style="list-style-type: none"> • If a child admitted to care was not entitled to a Social Insurance Number at the time of admission to care, but subsequently becomes entitled, the society shall apply within 30 days following the child being entitled to be assigned a Social Insurance Number. • Until the Social Insurance Number is received, the society shall, document the efforts to obtain the number at least once every 90 days after making the application. <p><i>Child’s identity documents, and other immigration status - O. Reg. 156/18, s. 48.3</i></p> <ul style="list-style-type: none"> • If a society determines that a child is not a Canadian citizen nor a permanent resident, the society shall make reasonable efforts, within 30 days of the child’s admission, to obtain any documents relevant to the child’s place of birth, citizenship, immigration status in Canada from the child’s parent/caregiver. <p><i>First Nations, Inuit or Métis (FNIM) Membership Documents and Secure Certificates of Indian Status – O. Reg. 156/18, s. 48.4</i></p> <ul style="list-style-type: none"> • When a child who is a member of or identifies with a band or FNIM community is admitted to care, the society shall within 30 days make reasonable efforts to obtain membership documents for the child issued by the child’s bands and/or FNIM communities from the child’s parent/caregiver.

CYFSA, O. Reg. 156/18, [Section 48.1 to 48.11](#)

Existing Requirements	Requirements applicable as of July 1, 2023
	<ul style="list-style-type: none"> • In addition, the society shall also make reasonable efforts to obtain a Secure Certificate of Indian Status within 30 days of the child being admitted into care if: <ul style="list-style-type: none"> (a) the child identifies themselves as a First Nations child; (b) the child’s parent, relative or sibling identifies them as a First Nations child; or (c) there is information that, <ul style="list-style-type: none"> (i) demonstrates that a relative or sibling of the child identifies as a First Nations person, or (ii) there is a connection between the child and a band. • If the society does not obtain the documents (membership documents and where applicable a Secure Certificate of Indian Status) within 30 days, the society is required to make reasonable efforts to consult with the child’s parent/caregiver and the child’s bands and FNIM communities to ascertain potential eligibility. Where the child is eligible, the society shall initiate application processes within 90 days of becoming aware of the child’s potential eligibility. • The society must document its efforts to obtain documents for which the child is eligible at least once every 90 days after initiating the application process <p><i>Non-citizens in Society Care - O. Reg. 156/18, s. 48.5</i></p> <ul style="list-style-type: none"> • When a child who is not a Canadian citizen is admitted to the society’s care, the society shall, within 90 days, commence inquiries into whether to: <ul style="list-style-type: none"> ○ Obtain documentation respecting the child’s place of birth and immigration or citizenship status in Canada; and ○ Take any steps with respect to the child’s immigration or citizenship status. • The society shall consider the child’s best interests in deciding whether to obtain identity documentation or to take steps with respect to the child’s immigration or citizenship status. • The society shall document decisions to obtain documents or take steps with respect to a child’s immigration or citizenship status at least once every 90 days. The society shall also consider whether previous decisions continue to be in the

CYFSA, O. Reg. 156/18, [Section 48.1 to 48.11](#)

Existing Requirements	Requirements applicable as of July 1, 2023
	<p>child’s best interests and document those decisions at least once every 90 days.</p> <ul style="list-style-type: none"> The society must document these ongoing decisions at least once every 90 days until the child becomes a Canadian citizen, a permanent resident (if it is not in their best interests to become a Canadian citizen) or the child is discharged from care. <p><i>Health Insurance Coverage – O. Reg. 156/18, s. 48.6</i></p> <ul style="list-style-type: none"> If a child admitted to care was not entitled to become an insured person under the <i>Health Insurance Act</i> at the time of admission to care, but subsequently becomes entitled, the society shall apply within 30 days following the child being entitled to apply. The society shall continue to document their attempt to obtain health care coverage at least once every 90 days following the date of the application. If the child is not covered under a provincial or territorial health plan, the society shall determine if the child is eligible for a federally funded program within 90 days of the child’s admission into care, apply for the child to be covered under the program and document its efforts at least once every 90 days until documentation is received. <p><i>Health Insurance Documentation - O. Reg. 156/18, s. 48.7</i></p> <ul style="list-style-type: none"> A society must make reasonable efforts and document their efforts, within 30 days of the child’s admission to care, to obtain health benefits documentation, if the child is entitled to receive health benefits under an insurance plan held by the child’s parent/caregiver. <p><i>Transition, Requirements Respecting Documentation - O. Reg. 156/18, s. 48.10</i></p> <ul style="list-style-type: none"> If on July 1, 2023, a society does not have all of the documents listed in s. 48.2(1) and (2) the society shall comply with s. 48.2 of the Regulation for children in its care who are Canadian citizens or permanent residents as if the child had been admitted into its care on July 1, 2023. A society shall comply with s. 48.3 in respect of each child in society care who is neither a Canadian citizen nor a permanent resident on July 1, 2023, as if the child had been admitted to its care on that date.

CYFSA, O. Reg. 156/18, [Section 48.1 to 48.11](#)

Existing Requirements	Requirements applicable as of July 1, 2023
	<ul style="list-style-type: none"> • If on July 1, 2023, a society does not have, for a child described in s. 48.4(1), all documents referred to in that subsection, the society shall comply with subsections 48.4(2), (3) and (5) as if the child had been admitted to its care on that date. • If on July 1, 2023, the society does not have, for a child in its care described in subsection 48.4(2), a Secure Certificate of Indian Status, the society shall comply with subsection 48.4(2), (3) and (5) as if the child had been admitted into its care on that date. • A society shall comply with section 48.5 for a child in society care who is not a Canadian citizen as if the child came into its care on July 1, 2023. • A society shall comply with s. 48.9 in respect of each child who is in society care on July 1, 2023, as if the child had been ordered to be placed in extended society care on that day. <p><u>Identity Documents for Children in Extended Society Care</u></p> <p><u>Canadian Passport - O. Reg. 156/18, s. 48.9,</u></p> <ul style="list-style-type: none"> • A society is required to apply for a passport for a child if: <ul style="list-style-type: none"> ○ the child is a Canadian citizen, in extended society care and does not have a passport at the time; or ○ the child becomes a Canadian citizen when in extended society care; or ○ the child's passport expires while in extended society care. • The society is not required to apply for a passport if the child does not wish to have one, but at least once every 90 days a society must determine whether the child still does not wish to obtain the passport and document their wishes. • The application for the passport must be made: <ul style="list-style-type: none"> ○ within 30 days of the court placing a child in extended society care if the child is a Canadian citizen; or ○ within 90 days after a child becomes a Canadian citizen when in extended society care; or ○ any time before the child's passport expires when the child is in extended society care. • The society must document efforts and status of the application at least once every 90 days following the date of when the application is made and until the child has obtained a passport.

CYFSA, O. Reg. 156/18, [Section 48.1 to 48.11](#)

Existing Requirements	Requirements applicable as of July 1, 2023
	<p><u>Driver’s Licences, and Photo Cards - O. Reg. 156/18, s. 48.11</u></p> <ul style="list-style-type: none"> • When a child in extended care turns 16 or is placed in extended care after they turn 16, the society shall within 90 days of those events, take the following steps in relation to driver’s licences and photo cards if the child is in possession of the required supporting documents to apply: <ul style="list-style-type: none"> ○ Determine the child’s wishes to obtain a driver’s licence and determine if the driver’s licence is in the child’s best interests. ○ Support the child in applying for a Class G1 driver’s licence, if the child wishes to obtain a driver’s licence and it is deemed to be in the child’s best interests. ○ Ensure the child applies for a photo card if the child wishes to obtain a photo card and they do not have a Class G1 driver’s licence because they do not wish to obtain one or it was determined not to be in the child’s best interest to obtain one or the child is not successful in obtaining a licence. • A society shall also take the steps outlined above, when a child who is in the extended care of a society and over the age of 16, comes into possession of the necessary supporting documents, when they did not have them previously. • If within 90 days of the child turning 16, the child does not have a Class G1 driver’s licence and has not applied for a photo card because the child does not wish to obtain one, the society should determine and document the child’s wishes to obtain a photo card at least once every 90 days. • If the child subsequently wishes to obtain a photocard, the society shall ensure the child applies for a photo card. • Unless it is not in the child’s best interests, the society shall, at the request of a child in extended society care who is 16 years or older and holds a class G1 licence: <ul style="list-style-type: none"> ○ Support the child in obtaining the class G2 driver’s licence if they hold a class G1 driver’s licence; and ○ Support the child in obtaining the class G driver’s licence if they hold a G2 driver’s licence. • The society shall document supports provided to the child to obtain a driver’s licence, including progress made by the child, and, where applicable, the reasons for determining it was not in the child’s best interests to obtain the driver’s licence.

CYFSA, O. Reg. 156/18, [Section 48.1 to 48.11](#)

Existing Requirements	Requirements applicable as of July 1, 2023
	<ul style="list-style-type: none"> Where a child is in extended society care is 16 or older and in possession of the necessary supporting documents on July 1, 2023, a society must comply with the requirements within 90 days.

11.2 Purpose of New Requirements

Implementation of the [QSF](#) is a cornerstone initiative under Pillar 2: Quality of Care of the Child Welfare Redesign Strategy. The QSF's Quality Standard 6: Identity underscores that the care and services that children receive must be culturally relevant and reflect the principles of diversity, inclusion, and accessibility, and Quality Standard 12: Supported Transitions, highlights the importance of preparing and supporting children during key transitions, including leaving care. This may include providing support to children, as appropriate, to obtain their driver's licence or photo card, other Ontario identification, immigration status, and/or passport.

The intent of these new requirements is to require a society to support children in the care of the society to obtain the necessary identity documents to facilitate better and more timely access to services and supports that they are entitled to, support a successful transition to adulthood, and maintain important relationship connections with their family and communities both in and outside Canada. Specifically:

- The goal of the new FNIM identity and membership documentation requirements for FNIM children is to access a range of specific programs and supports that they are entitled to and that their identity, rights, cultures, heritages, traditions, and connection to their communities and concept of extended family are affirmed and supported.
- The goal of the new requirement for immigration documentation is to address immigration status issues for children in care which can significantly and negatively impact their future. Unresolved citizenship and immigration status matters may create barriers to permanency (e.g., adoption), to accessing services and supports (e.g., post-secondary education, employment, supported housing, and social and health services) and may jeopardize their ability to remain in Canada.
- The goal of the new requirements for children in extended society care, which include supporting children in obtaining a driver's licence, photo card, and passport, is to support successful transitions to adulthood and for youth to learn essential life skills to support independence.

11.3 Compliance Indicators for Children's Aid Societies

Identity Documentation/Essential Documents at Admission to Society Care

Child's citizenship and immigration status (O. Reg. 156/18, s. 48.1)

Child/Youth File Review:

- Evidence of the information and/or documents obtained relating to the child's place of birth, citizenship, and immigration status (e.g., birth certificate) is documented in the child's file within 30 days of the child's admission to care
- If relevant information could not be ascertained, evidence in the child's file, of the reasonable efforts to ascertain the information within 30 days of the child's admission to care

Child's identity documents, Canadian citizen, or permanent resident (O. Reg. 156/18, s. 48.2)

Child/Youth File Review:

- Evidence that the following documents have been obtained in the child's file with confirmation that the documents have been reviewed for accuracy (e.g., names spelled correctly) and to ensure they are valid (e.g., not expired):
 1. the child's Ontario health card or documentation of coverage under another provincial or territorial health plan;
 2. the child's statement of live birth;
 3. the child's birth certificate or document used to register the child's birth;
 4. the child's Social Insurance Number ("SIN") (card or letter from Service Canada);
 5. the child's citizenship certificate or other document confirming citizenship, if the child was born outside of Canada, where applicable; and
 6. the child's permanent resident card, if applicable.
- If the society was unable to obtain any of the documents within 30 days of the child's admission to care (e.g., the documentation is missing, parent has not applied, or is not willing to provide it to the society) for a child who is a Canadian citizen or permanent resident, evidence of the reasonable efforts made by the society to obtain them and evidence that the society applied for the document within 90 days of the child's admission to care, unless the authority is outside of Canada.
- Evidence that the society documented its efforts to apply for missing documents that the child is eligible for at least once every 90 days of the child's admission to care, until the document is received or the society is informed by the issuing authority that it is not possible to issue the document.

Social Insurance Number (SIN) (O. Reg. 156/18, s. 48.8)**Child/Youth File Review:**

- If a child admitted into care does not have a SIN and the child became eligible for a SIN during their time in care, evidence that the society applied for a SIN within 30 days of the child being eligible.
- Evidence of the society's efforts to obtain the document at least once every 90 days after making the SIN application until it is received.

Child's identity documents, and other immigration status (O. Reg. 156/18, s. 48.3)**Child/Youth File Review:**

- Evidence of documents in the child's file indicating the child's place of birth, citizenship and immigration status in Canada from the child's parent/caregiver within 30 days of the child's admission. If the documents were not obtained, evidence of the society's reasonable efforts to obtain the documents.

First Nations, Inuit or Métis (FNIM) Membership Documents and Secure Certificates of Indian Status (O. Reg. 156/18, s. 48.4)**Child/Youth File Review:**

- If a child is a member of or identifies with bands and/or FNIM communities, evidence that membership documents issued by the bands and/or FNIM communities were obtained within 30 days after the child was admitted into care.
- Evidence that the society obtained a Secure Certificate of Indian Status for the child from the child's parent/caregiver within 30 days of the child being admitted into care if:
 - a) the child identifies themselves as a First Nations child;
 - b) the child's parent, relative or sibling identifies them as a First Nations child; or
 - c) there is information that,
 - i. demonstrates that a relative or sibling of the child identifies as a First Nations person, or
 - ii. there is a connection between the child and a band.
- If the society did not obtain the documents within 30 days and the child is eligible for membership documents or a Secure Certificate of Indian Status, evidence the society made reasonable efforts to consult with the child's parents and bands/FNIM communities to ascertain potential eligibility and initiated the application processes, within 90 days of the child's admission to care.
- Evidence that the society, within 90 days of becoming aware that a child in their care may be eligible for membership documents issued by bands/FNIM communities or Secure Certificate of Indian Status, consulted with the child's parents and bands/FNIM communities to ascertain the child's potential eligibility and initiate application processes, where eligible.

- Evidence that the society, at least once every 90 days of initiating the application process, documented efforts to obtain the documents, until the documents have been received.

Non-citizens in Society Care (O. Reg. 156/18, s. 48.5)

Child/Youth File Review:

- Evidence that when a child in society care is not a Canadian citizen, the society, within 90 days following the child's admission to care, commenced inquiries into whether to:
 - Obtain identity documentation respecting the child's place of birth and immigration or citizenship status in Canada; and
 - Take any steps with respect to the child's immigration or citizenship status
- Evidence that decisions to obtain identity documentation or to take steps with respect to the child's immigration or citizenship status were made in the child's best interests and that previous decisions continue to reflect the best course of action for the child.
- Evidence in the child's file, that the society documented the above decisions and any ongoing efforts to support a child's immigration or citizenship application at least at once every 90 days until the child became a Canadian citizen, a permanent resident (when it is their best interests) or the child was discharged from care.

Health Insurance Coverage (O. Reg. 156/18, s. 48.6)

Child/Youth File Review:

- If the child was not entitled to become an insured person under the *Health Insurance Act* (e.g., OHIP), at the time of admission but subsequently became entitled, evidence that the society applied within 30 days following the child being entitled to apply, and of the societies efforts to obtain the health card at least once every 90 days, until the document (e.g., health card) is received.
- If the child was not entitled to become an insured person under the *Health Insurance Act* nor eligible for coverage of a statutory health insurance plan of another province or territory, but is entitled to health insurance coverage through a federal funded program (e.g., Non-Insured Health Benefits Program), evidence that the society applied for the child to be covered under the program within 90 days of the child's admission, and efforts taken at least once every 90 days, until the document is received.

Health Insurance Documentation (O. Reg. 156/18, s. 48.7)

Child/Youth File Review:

- Evidence of the child's health benefits documentation, if the child is entitled to receive health benefits under an insurance plan held by the child's parent/caregiver, within 30 days of the child's admission into care.

- If the child does not have health benefits documentation, evidence that the society made reasonable efforts to obtain health benefits documentation or that the child does not have health benefits under an insurance plan held by the child's parent or caregiver.

Transition, Requirements Respecting Documentation (O. Reg. 156/18, s. 48.10)

Child/Youth File Review:

- Evidence that for a child already in the society's care, the society complied with all identity documentation provisions in the Regulation in accordance with the transition requirements in s. 48.10.

Identity Documents for Children in Extended Society Care

Canadian Passport (O. Reg. 156/18, s. 48.9)

Child/Youth File Review:

- Evidence that the child has a valid (e.g., not expired) Canadian passport if the child is a Canadian citizen in extended society care.
- If the child does not wish to have a passport, the society is not required to apply for one; however, there is evidence that the society documented ongoing efforts, at least once every 90 days, as to whether the child still wishes to not obtain the passport.
- If the child is a Canadian citizen in extended society care, does not have a valid Canadian passport and wishes to get one, evidence the society made an application for the passport:
 - Within 30 days of the court placing a child in extended society care if the child is a Canadian citizen;
 - Within 90 days after a child became a Canadian citizen when in extended society care; or
 - Anytime before the child's passport expired when the child is in extended society care.
- Evidence that the society documented efforts and status of the application at least once every 90 days following the date of when the application is made and until the child has obtained a passport.

Driver's Licences and Photo Cards (O. Reg. 156/18, s. 48.11)

Child/Youth File Review:

- Evidence that a child in extended society care who is 16 years of age or older and is in possession of supporting documentation, has a driver's licence or photo card within 90 days of turning 16 or within 90 days of being placed in extended care.
- If the child does not wish to have a driver's licence or photo card, the society is not required to apply for one; however, there is evidence that the society

- documented ongoing efforts, at least once every 90 days, as to whether the child still wishes to not obtain a photo card.
- If the child has a driver's licence, evidence that the society documented progress made by the child. Further, evidence that the society, when requested by the child, is supporting the child to obtain:
 - a class G2 driver's licence if they hold a class G1 driver's licence, unless it is not in the child's best interests; and
 - a class G driver's licence if they hold a G2 driver's licence, unless it is not in the child's best interests.
 - If the child does not have a driver's licence, evidence:
 - of any decision made by the society that it is not in the child's best interests to obtain a driver's license; or
 - that the child expressed wishes to obtain a photo card and not a driver's licence and the society has documented the child's wish to apply for and retain the photo card; or
 - that the child was not successful in obtaining a driver's licence, even with the support of the society.
 - Evidence that if a child is in extended society care is 16 or older and in possession of the necessary supporting documents on July 1, 2023, the society complied with the requirements within 90 days.

11.4 Best Practices for Implementation

Guiding Principles for Implementation

A. Collaboration and Engagement with:

- The child to ascertain their views and wishes, giving due weight to their age and maturity. The child should be provided with opportunities to have an ongoing and an active voice in planning for and obtaining their identity documents. Discussions should be child-friendly, easy to understand, inform the child about the importance of securing their identity documents, and be responsive to any questions or concerns the child may have. Society workers should involve an older child in the application process for identity documents as much as possible, to teach the life skills required on how and when to make these applications independently.
- The child's parent/caregiver to build cooperation and transparency when obtaining and applying for identity documents for the child. Society workers should endeavor to actively listen to any concerns that the parent may have in sharing necessary information through a trauma-informed lens, recognizing that a parent may have a fear or distrust of society workers and government representatives or authorities and may feel sharing this information and documents is overly intrusive, depending on past experiences or cultural context. A society should continually assess any barriers and explore methods for resolution with the parents/caregivers, including discussing the importance of the child having ready access to their identity documents and how obtaining identity documents can be helpful to the child. Where

feasible, the society could consider involving the parent/caregiver when applying for identity documentation.

B. Accuracy, Validity, and Consistency of Documentation:

- Accuracy of the child's personal information (e.g., legal name, place of birth, date of birth) on identity documentation is critical for the child to be able to apply for additional documentation and to access services and supports. A society is required to correct any errors in existing identity documentation for Canadian citizens and permanent residents, where the authority issuing the document is in Canada and check the expiry dates of documents that are obtained.
- Prior to applying for and submitting legal identity documents, a society should check the accuracy of the information being used (e.g., child's legal name, place of birth, date of birth) and confirm all supporting documents are submitted alongside to application. This will prevent discrepancies or errors that may delay processing of applications or result in rejection of applications due to incorrect information being submitted (for example, the federal government has rigorous expectations regarding applications and supporting documentation). It is highly recommended that society workers review the completed application form and/or application package thoroughly before submitting to the respective authority. Where information is not known, society workers should work collaboratively with the child, their family, other society workers as appropriate, and supportive adults to the child to learn the information required to complete the application form.

C. Ownership and Storage:

- Children in society care have the right to access and possess identity documentation that they may be entitled to. The child's identity documents belong to the child and are used to facilitate the child's access to services, supports, and experiences that meets their needs and best interests. Society workers and caregivers should familiarize the child with their various identity documents and facilitate for the child's ready access to their documents in a safe manner. In certain circumstances, such as travel or independent medical visits, the child's identity document may need to stay with the child and the child should be taught the life skill of keeping these documents safe. As the child prepares for transition to adulthood and discharge from society care, the society worker should also work with and prepare the child to safely receive, maintain and securely store their identity documents.
- A society has a responsibility to support the child in keeping their personal information, including their identity documents, safe and secure in accordance with Part X. When safeguarding the child's identity documents and security information (e.g., passwords and security questions), the following practices may support protecting the child's privacy and personal information:
 - Maintaining originals and providing copies to the child and/or caregiver to reduce the risk of documents being misplaced, lost, or damaged. Where this is not possible, keeping copies of the original in the child's file.

- Collaborate with the licensee on secure storage practices to prevent unapproved individuals from accessing the child's identity documents or personal information.
- Remind caregivers of the importance of informing the child and the society worker as soon as it becomes known that a privacy breach has occurred and if any identity document has been lost or damaged.
- For children transitioning between placements, the society should collect any identity document provided to the licensee. The licensee should not maintain original or copies of the child's personal identity documentation.

Gathering Critical Documentation and Determining the Child's Place of Birth, Citizenship and Immigration Status

When a child is first admitted to society care, a society must begin conversations with the child and the child's parent/caregiver to ascertain the child's place of birth, the child's citizenship, and if applicable, the child's immigration status in Canada, and gather any applicable information and *existing* identification documents.

There are several questions society workers may consider asking when working with a child and/or their parents/caregivers to better understand and ascertain the child's place of birth, citizenship, and immigration status:

1. *Where was the child born?*
2. *If the child was not born in Canada, when did the child come to Canada? How long has the child been living in Canada?*
3. *What is the child's immigration status in Canada (e.g., citizenship, permanent resident, conventional refugee, refugee claimant, temporary resident)?*
4. *Has the child lived in other countries?*
5. *Does the child have citizenship in another country?*
6. *What documents related to the child's place of birth, citizenship and immigration status are in the child's and/or parent/caregiver's possession?*

It is important to identify, review, and gather all *available* birth, citizenship, and status related documentation that the child and/or parent/caregiver has in their possession to verify the child's status. Types of documentation may include, if applicable:

- *Birth certificate*
- *Passport issued by the child's country of origin*
- *Copy of refugee claimant application*
- *Temporary resident visa*
- *Letter of a positive decision following a permanent resident claim*
- *Verification of status document from Immigration, Refugees and Citizenship Canada (IRCC)*
- *Permanent resident card or proof of permanent resident status*
- *Proof of residence in the child's country of origin, such as a school report card*

- *Proof of residence in any country/countries other than the child's county of origin*

There may be challenges to obtaining birth, citizenship, and immigration related documentation from a child and/or their parent/caregiver. Some families may be unwilling to provide documentation or others may not have any documentation if they fled conflict and/or persecution. The willingness of children and families to discuss their immigration status or to provide documents in their possession may be influenced by various factors, including past negative experiences with government authorities, fear, and migration history. For example, a child and family with precarious immigration status (e.g., those without legal immigration status, refugee claimants) may feel particularly vulnerable when working with societies and may subsequently fear that a society could disclose their status to other government authorities, leading to detention, deportation, and family separation.

A society is encouraged to consider seeking outside assistance and legal counsel, including CWICE and immigration lawyers, where the immigration status for a child or family is unknown and to support collaboration with and information gathering the child and/or parent/caregiver.

Child Identity Documents for a Child who is a Canadian Citizen or Permanent Resident

This section provides some guidance on best practices and processes relating to applying and obtaining various documentation (e.g., through Service Ontario), including how to replace lost documentation, and renew expired documentation.

Health Card and Health Insurance Coverage and Other Benefits

A child under the care of a society in Ontario is eligible for Ontario Health Insurance Plan (OHIP) coverage, even if they do not meet the other OHIP eligibility requirements noted in *O. Reg. 552* of the *Health Insurance Act*. There is no waiting period for OHIP for children who are in care and move to Ontario.

It is important to ascertain whether the child has an Ontario health card in their or their parent/caregiver's possession. If the child or parent/caregiver is unwilling to provide the health card, consider discussing with the child and/or parent the importance of the card to their child's eligibility and access to provincially funded health services (e.g., emergency services) while in care and any parent/caregiver concerns with the society being in possession and strategies to mitigate these concerns. For example, a parent/caregiver may not want to initially provide the health card to a society at the time of their child's admission for various reasons (e.g., anger following a child's removal to a place of safety, distrust and fear directed towards the society), but may be more amenable over time. If parents are initially unwilling to provide the child's health card, consider asking for a copy of the health card in the interim. A society is required to support the continuity of health services in the child's best interests, such as seeing the

child's family doctor (as noted in [O. Reg. 156/18, s. 51.3](#)) and it may also be helpful, where appropriate, to invite the child's parent/caregiver to the health appointment.

The child may also be entitled to health insurance coverage through another provincial or territorial health plan or through a federally funded program (e.g., Non-insured health benefits for First Nations and Inuit, Interim Federal Health Program) and, if so, obtain a document confirming the child's coverage under this program.

Some children in society care may remain entitled to health benefits under the insurance plan of the child's parent or persons having charge of the child. A society shall make efforts to obtain the original and if not, obtain a copy of the card/information or other document confirming the child's entitlement to benefits and explain to parents the importance of obtaining this information (e.g., for dental and drug coverage).

Please note: Under Ontario Works and Ontario Disability Support (ODSP) Policy, children who are in the temporary care of a society are to be maintained within a family's benefit unit, until the child is either permanently placed in care, or returns home so that the family is able to maintain its housing and benefits for the eventual return of the child. Please see [here](#) for further information on Ontario Works policy directives as they apply to children in the care of a society. For more information please also see [Rights and responsibilities of ODSP clients and beneficiaries](#).

How to Renew or Apply for an OHIP Health Card

If the child's health card has expired, note that there are different renewal requirements for children, depending on their age (i.e., under 15 ½ and those over 15 ½ years old). See [health card renewal](#) or contact [ServiceOntario](#) at 1-800-664-8988 for more information.

If the child, parent/caregiver did previously have a health card, but it is no longer in their possession (e.g., lost, stolen, damaged), please see [replace, cancel or change information on your health card](#) or contact ServiceOntario at 1-800-664-8988.

A society is the authorized representative for a child in its care/custody; therefore, an official of the society may sign and submit a [Registration for Ontario Health Coverage Form](#) on behalf of the child. It is the responsibility of the society to notify ServiceOntario as soon as possible after a child is taken into their care/custody in order to obtain the health card information prior to visiting a health provider. The society is also responsible to notify ServiceOntario when changes occur.

For more information on how to apply for an OHIP card please go to [apply for OHIP and get a health card](#).

Birth Documentation for a Child Who is a Canadian Citizen or Permanent Resident

Birth documents can confirm the child's legal identity and allows them to obtain other important identity documentation. If it is determined that the child is a Canadian citizen or permanent resident, request the child's statement of live birth and birth certificate from the child and/or the child's parent/caregiver. Obtain original versions, if possible, or a copy of the statement of live birth and/or birth certificate. If these documents are not available, try to gather the necessary information from the child's parent/caregiver to determine if the birth is registered, and/or to obtain the child's statement of live birth and discuss how it can be used to help the child in the future. For example, birth documentation can be used for applications for registration under the *Indian Act*, the child's Social Insurance Number, Ontario's Driver's Licence or Photo card, and a Canadian Passport. Birth certificates may also be used for children to enroll in childcare and schools.

When applying for birth documentation for a child in society care, it is recommended that the names of all parents of the child, where known, be included in the birth certificate. For First Nations children, this may impact their eligibility to receive Indian status if there is an omission of a parent.

If the child is not a Canadian citizen or permanent resident, please see the section below on special considerations regarding obtaining birth certificates for non-citizens in care.

How to Apply for a Birth Certificate in Ontario

When a child is born in Ontario, their birth needs to be registered within 30 days with the Government of Ontario. Ontario birth certificates can only be issued for a child whose birth is registered in Ontario.

Generally, birth registration in Ontario is a two-step process consisting of (1) Statement of Live Birth Form completed by parents that is submitted to ServiceOntario and (2) Notice of Live Birth Form completed by qualified medical staff that is also submitted to ServiceOntario.

A birth can be registered online using the [5-in-1 Newborn Bundle](#) that allows parents to register the birth and apply for a birth certificate as well as other services. If additional documents must be submitted to support the registration of the birth, the online newborn bundle may still be used to initiate the process. Further information about the birth registration process is available at Ontario.ca/Newborn.

For some parents, registering a birth within 30 days is not always possible. In these cases, the parent(s) can still register the birth online for free within 12 months of the child's birth date. The process to register the birth after 12 months is longer and a fee will apply.

Information on applying for birth certificates, the types of birth certificates, and fees is available at [Ontario.ca/BirthCertificate](https://ontario.ca/BirthCertificate). There are 2 types of birth certificates that can be ordered in Ontario: (1) [Birth certificate](#); (2) [Birth certificate with parental information](#). In addition, a certified copy of a birth registration is available if needed, which is a copy of the original registration (printed on legal size paper and includes the details of the registration and any changes made to the name or corrections to other information).

Note that only one of each type of birth certificate and certified copy of the birth registration is valid per person at a time. If you order a replacement, the previous certificate or certified copy that was issued is no longer valid. For information about the fees for obtaining the various types of birth certificates, including replacements, please see the ServiceOntario website: [get or replace an Ontario birth certificate](#).

Societies are required to provide a care and custody letter as a supporting document when applying for an Ontario birth certificate for a child in their care. This letter must be signed by the society's Executive Director, stating the child is in the care and custody of the society. A court order verifying the society's care and custody of the child must also accompany the application. The Executive Director could also provide a signed letter authorizing a staff member to apply on their behalf, including the name and phone number of the person the Executive Director has authorized to represent the society. This is required for contact purposes if more information or clarity is needed or if the society contacts ServiceOntario to inquire about the status of the application. If societies have any questions about the process of applying for birth documentation in Ontario, they may send an email to CAS.Inquiries@ontario.ca. For urgent certificate inquiries societies may call (807) 343-7272.

When societies are required to provide supporting documentation, it is recommended that they obtain applications from our [form's repository](#). Once the application is completed, it can be submitted using our [E-Form service](#).

How to Apply for Birth Documentation Outside of Ontario

If a child was born in Canada, but not in Ontario, the [vital statistics office](#) in the province or territory in which the child was born can be contacted for further information.

Social Insurance Number (SIN)

A Social Insurance Number (SIN) is required for various purposes, including establishing a Registered Education Savings Plan ([RESP](#)), bank account, employment, and for receiving benefits and services from various government programs. If it is determined that the child does not have a SIN, work with the child and the child's parent/caregiver to obtain a SIN on behalf of the child and discuss the importance of obtaining a SIN (e.g., need for employment, establishing a RESP and to open a bank account). There are no age limits for obtaining a SIN. A SIN may have been applied for at the time that the child was born in Ontario. A SIN could be obtained by Canadian

citizens, permanent residents, and temporary residents (e.g., refugee claimants). Note that if the child's SIN starts with 9, there may be an associated expiry date.

To apply and renew a SIN on behalf a child, including which documents must be provided with SIN applications, please see [here](#). A society can indicate in the application that they are a legal guardian applying on behalf of a minor as the child has been placed in their care and custody. A document confirming legal guardianship, issued by a provincial or territorial authority is needed (e.g., court order).

If a child's SIN was lost or stolen, Service Canada will not issue a new one, unless there is proof that it was used fraudulently. To obtain confirmation of a SIN number, an application must be submitted.

Additional Documentation for a Child in Care who is a Canadian Citizen or Permanent Resident not Born in Canada

Certificate of Canadian Citizenship

The Government of Canada accepts only certain documents as proof of Canadian citizenship. A citizenship certificate proves Canadian citizenship. A citizenship certificate can be used to access services and benefits, including applying for a job, passport, SIN, enrolling for school and childcare. A child in care who was born outside of Canada is *likely* to be a Canadian citizen if at least 1 parent (e.g., biological) was born in Canada or became a naturalized Canadian citizen prior to the child's birth.

Key questions to consider asking parents/caregivers, if the child is not born in Canada, to determine if the child is a Canadian citizen include:

- *Have they ever applied for a citizenship card or certificate on behalf the child in the past? If so, what was the outcome of that application?*
- *If they did obtain a citizenship card or certificate for the child, is it in their possession? If not, where is it? Has it been lost, destroyed, or stolen?*
- *Are they the child's legal parent at birth, the biological parent, or adoptive parent?*
- *Were they born in Canada or did they become a naturalized Canadian citizen prior to the child's birth?*

A society can use the Government of Canada's [Am I a Canadian?](#) tool for reference only and to help to determine if a child might have a claim to Canadian citizenship prior to applying for a certificate for the child.

Note that a child born outside of Canada and adopted by a Canadian parent is not automatically a Canadian citizen and would need to be adopted first. See [here](#) for more information regarding citizenship for an adopted child.

How to Apply for a Certificate of Canadian Citizenship

A certificate of citizenship may be issued to a Canadian citizen who: has never had a certificate; wants to update a certificate; wants to replace a damaged, lost, destroyed or stolen certificate. To apply for any of these reasons, please see [here](#) for how to apply for a Canadian citizenship certificate.

Permanent Resident Card (PR Card)

A PR card is required for any individual who has permanent resident status in Canada, including a child. A society should consider submitting an application for a child in society care who is a permanent resident and: has never had a PR card; whose PR card has or will expire soon; whose PR card has been lost, stolen or damaged; or who needs an updated PR card due to a legal name change or change of gender designation. The society shall consider whether taking this step is in the best interests of a child. A PR card is valid for a maximum period of 5 years and should be renewed 9 months before the expiration date.

How to Apply for a Permanent Resident Card

If the child's PR card has already expired, then an application must be completed for a new PR card. Please see [here](#) and [here](#) for an instruction guide outlining the application for a PR card and a document checklist for the application. For more information on how to obtain, renew or replace a PR card, please see [get a permanent resident card](#).

When submitting a permanent resident application for a child in society care, a society must provide the child's birth certificate (original or certified copy), legal documentation (court order) issued by a Canadian court proving guardianship, and a photocopy of the child's school records (report cards, transcripts, attendance records). Additional requirements and guidance can be located on the provided link to the Government of Canada permanent resident site. Society workers should complete the application form as directed and should be aware that any incomplete application will be returned, and this will delay processing.

Immigration or Citizenship Status for a Child in Society Care who is a Non-citizen of Canada: Considerations for Obtaining Documents and Taking Next Steps to Resolve Immigration Issues

Children in society care can have a wide range of citizenship and immigration status issues. Some children admitted to care may not have legal immigration status in Canada (e.g., application for refugee status not made, suspended, or abandoned; temporary resident status has expired), others may be working towards legal immigration status (e.g., refugee claimant), while other children may have legal immigration status (e.g., protected person, permanent resident), but require support on their path to achieve Canadian citizenship.

There are community organizations that may provide various forms of support to children and their families with respect to unresolved immigration issues, including settlement support and translation services (e.g., [COSTI](#)). The types of supports available depend on many factors and may vary across the province. See [here](#) to find settlement services and supports in Ontario by location. CWICE also provides a list of [community resources](#) and may also have specific suggestions on additional resources, depending on the unique situation or considerations of the child and/or family.

If a child with unresolved immigration status issues is taken into the care of a society, the potential precarity of their immigration status is temporarily stabilized by being in care; however, citizenship and immigration issues should be addressed in a timely manner, in order to best position the child for eventual discharge from care or transition to adulthood. Not having legal status puts a child at risk of deportation after they have left care. Resolution of immigration and citizenship issues can take a long time and may involve time-intensive and complex processes. **It is highly recommended to begin determining next steps, that are in a child's best interests, regarding the child's immigration status as soon as possible given the lengthy timelines required to achieve permanent resident or citizenship status.** A society should engage others with the necessary expertise, such as [CWICE](#), as required, to understand and resolve complexities in immigration issues, given the child's unique situation. A society may wish to review The Child Welfare Immigration Centre of Excellence's (CWICE) *Immigration Status Matters Guide - Updated: A Guide to Addressing Immigration Status Issues for Children and Youth in Care* [here](#) for further guidance.

Obtaining Documentation Respecting the Child's Place of Birth and Immigration or Citizenship Status in Canada.

Under O. Reg. 156/18, a society is required to consider the child's best interests, for children who are not citizens, prior to deciding whether to obtain documents respecting the child's place of birth and immigration or citizenship status in Canada and prior to taking next steps with respect to the child's immigration status. It is important to consider and address any potential barriers and risks to the child and their family when applying for identity documents. Children and families with precarious status face particular vulnerabilities that could include not having identity documents in their possession and not meeting eligibility requirements to obtain documentation in Canada. For instance, a child with *no or temporary status* may not be eligible for obtaining identity documentation in Canada. Applications for identity documentation that are made by a society may also alert government authorities to the child's or family's lack of legal status. A society may wish to consider the following when determining the child's best interests for obtaining documentation and taking steps with respect to the child's immigration status:

1. *A society should begin with an understanding of the immigration status and citizenship issues of the child and the child's family based on available information.*

2. *A society should consider the child's age, legal status, and permanency plan and how a change in the child's citizenship or immigration status may impact's the child's access, relationship and reunification with their parents, siblings, and other important people in their lives.*
3. *A society should seek input from the child by having age and developmentally appropriate conversations with the child to ascertain their views and preferences, giving due weight to the child's age and maturity, and consider the needs of the child in the context of their families and the child's permanency plan.*
4. *A society should seek input from the child's family and supportive adults by providing parents/caregivers adequate opportunity to inform decisions relating to the child's best interests. This would include encouraging parents/caregivers to obtain legal advice when providing input where decisions related to the child may impact the family's immigration status (e.g., put the family at risk of deportation).*
5. *In considering a child's best interests, a society should identify any potential issues and consequences to the child related to the possible impact of applying for identity documents.*
6. *A society should consider the risks and benefits of becoming a permanent resident versus a Canadian citizen throughout the child's life, including into adulthood. For example, persons with PR status have access to social services and supports and are able to work and study without prior authorization in Canada. However, there are notable limits to the rights and protections conferred by PR status when compared to those conferred by citizenship. PR status can be revoked (e.g., creating a risk of deportation) and permanent residents do not have the right to vote. Citizenship in Canada may require the child to renounce citizenship in another country that they are entitled to, which may have lifelong impacts on the child.*
7. *A society should identify barriers (e.g., lack of required documentation, time constraints associated with application processes) to resolving a child's immigration or citizenship status and determine whether these barriers can be resolved with reasonable efforts to inform next steps.*

When commencing all inquiries to obtain identity documents with respect to the child's place of birth and immigration or citizenship status or when deciding to take any steps to resolve the child's immigration status in the child's best interests, a society should consider making a referral to CWICE. A society should consider supporting the child and family in seeking and receiving independent legal advice on citizenship and immigration status issues to inform determinations of the child's best interests.

Decisions on the child's best interests with respect to resolving a child's immigration status or obtaining their identity documentation can change over time as circumstances of the child and family change. A society is required to consider whether previous decisions continue to reflect a course of action that is in the child's best interests (e.g., when a child enters extended society care and the plan is for the child to remain in Canada, it may be appropriate for the society to now pursue permanent residency, and then citizenship). Where the child returns to the care of the family, the society shall

transfer all relevant documentation and information that have been obtained for the child's application.

Permanent residency

In order for the child to become a Canadian citizen, the child must obtain permanent resident status first. For youth who are aging out of care, obtaining permanent resident status would provide access to services and supports (e.g., healthcare, education, employment) that would support a youth's transition to adulthood.

People who would not normally be eligible to become permanent residents of Canada may be able to apply on humanitarian and compassionate grounds, where the federal government considers applications on a case-by-case basis. A successful applicant must demonstrate that they should be allowed to remain in Canada because they would otherwise face "unusual and undeserved or disproportionate hardship" in their country of origin. Please see [Humanitarian and compassionate grounds](#) for more information. It is strongly recommended that applications be made with legal advice from an immigration lawyer and, where appropriate, support from CWICE.

Eligibility for citizenship

A permanent resident must have been physically present in Canada as a permanent resident for at least 3 out of 5 years immediately before the date of application for citizenship. In situations where a child is aging out of care with permanent residency status before meeting the requirements for citizenship, it is important that they understand their options once the 3-year mark is achieved, which include applying for citizenship or renewing their permanent residency. To assist in determining when a person with permanent resident status is eligible to apply for citizenship, Citizenship and Immigration Canada has an online [Physical Presence Calculator](#).

If it is determined to be in the child's best interests to pursue citizenship, it is strongly recommended that applications be made with legal advice from an immigration lawyer representing the child and, where appropriate, support from CWICE. It is highly recommended that advice and consultation from an immigration lawyer occur prior to making statements or liaising with an immigration official.

Please see [here](#) for further information on citizenship eligibility. For further information and guidance on applying for Canadian citizenship for a minor under age 18, please see [Application for Canadian citizenship – Minors \(under 18 years of age\)](#).

First Nations, Inuit or Métis (FNIM) Membership Documentation – Guidance and Considerations

When Working with FNIM Children and Families

A society should prioritize enquiring about and seeking further understanding of each Band or FNIM community a child may be member of or identifies with as early as possible (e.g., prior to entry to care). Under s. 90(2) of the CYFSA, a determination must be made by a court whether a child is FNIM and the child's bands or FNIM communities as soon as practicable after a child protection application is initiated and before a child is found in need of protection. Even after a determination by a court that a child is not FNIM or does not have a band or FNIM community, a society should continue to engage with the child and the child's parents and extended family as additional information may be obtained during the course of the society's interactions with the family that may support a reassessment of the determination.

In working with children and families to identify Indigenous heritage and identity, it is important to consider whether:

- the child identifies themselves as First Nation, Inuk, or Métis
- the child's parent identifies the child as First Nation, Inuk, or Métis
- the child is a member of or identifies with (as determined under s. 21 of O.Reg. 156/18) one or more bands or FNIM communities
- a relative or sibling identifies as First Nations, Inuk, or Métis. A relative is defined under the act as a person who is the child's grandparent, great-uncle, great-aunt, uncle or aunt, including through a spousal relationship or adoption
- there is a connection between the child and a band or a FNIM community

For an FNIM Child Placed in Society Care

Under O. Reg. 156/18, a society is required to make reasonable efforts to obtain existing membership documents issued by the child's bands and FNIM communities or a Secure Certificate of Indian Status (where applicable) within 30 days of admission into care for a First Nation, Inuk, or Métis child. If a society is unable to obtain these documents, the society is required to initiate a process in consultation with the child's parent/caregiver and the child's band or FNIM communities to determine which documents for which the child may be eligible. The society is required to initiate the process of applying for any such documents for which the child has been determined to be eligible. Depending on the eligibility required for specific membership documentation, a society may not be able to apply for these documents. Where appropriate, a society may consider involving the child's parent/caregiver in applying for the required documentation.

To improve outcomes for FNIM children and youth, societies should consider making connections with FNIM organizations or agencies to understand how they could support FNIM children and youth to maintain or develop important cultural, spiritual, traditional and community connections which would support their wellbeing. Societies should

provide FNIM children and youth with the option of connecting with FNIM services and supports if the child or youth so wishes.

For a First Nation Child: Registering a Child for Status under the Indian Act and/or Obtaining First Nation Membership for Eligible Children

When working with a First Nations child who is in the care of a society and/or their family to identify existing identity documents in their possession, the documents for which the child is eligible for, and/or applications to obtain documents, a society must:

- Request copies of the child's membership documents issued by the band/and First Nation community of which a child is a member, if any, or the Secure Certificate of Indian Status, if applicable, from the child's parents/caregivers.
- Initiate a process to determine, in consultation with the child, the child's parent/caregiver and the child's bands or communities, whether the child is eligible to be registered under the *Indian Act* and/or with the child's band and/or First Nations community.
- Initiate a process for applying for documents for which the child has been determined to be eligible.
- Involve the child in discussions about becoming registered for status under the *Indian Act*, if entitled, in a manner appropriate to their age and developmental level and be provided as much information as possible about the implications of being registered. For instance, once registered, an individual is not entitled to be a band member with more than one band, as per the *Indian Act*.
- When a child is eligible for membership with either parent's band, the decision should include consulting with the child and their family with respect to their wishes.

A child registered for status under the *Indian Act* may be eligible for a range of benefits, rights, programs, and services offered by federal and provincial or territorial governments. Eligible benefits for registered children could include education, tax exemptions in specific situations, and health (e.g., [Non-Insured Health Benefits program](#)). Eligibility criteria for status, benefits, programs and services may change and it is important for societies to keep abreast of any changes. More information on benefits, rights, programs, and services available as a registered person can be found [here](#).

Indigenous Services Canada (ISC) maintains the Indian Register that is considered the official record of persons registered under section 6 of the *Indian Act*. Please see [here](#) for more information on registration entitlement under the *Indian Act* and how to apply. There are different documentation requirements for registration, depending on age. Detailed instructions on filling out the application for adults (16 or older) and for children (15 or younger) or dependent adults are available [here](#). The applying parent, custodial parent, or legal guardian must have the authority to act for the child.

Registration under the *Indian Act* is not the same as being a First Nation member or citizen. When a child is eligible to be registered under the *Indian Act*, they may also be entitled to band membership as per s. 10 or 11 under the *Indian Act*. It is possible that a child may possess Indian status, but not be a member of a band or citizen of a First Nation. Membership is associated to a particular band. First Nation membership lists could be maintained through ISC, or through a child's First Nation. If the First Nation's membership is maintained by ISC, the child's name is automatically added to the First Nation membership list that their child's parents are affiliated with. If the child's First Nation controls its own membership or citizenship, a separate application directly to the First Nation may be needed to become a member or citizen.

Band membership gives band members various rights (e.g., right to live on reserve, vote in band elections, share in band assets). Benefits may vary between bands; therefore, it is important to contact the band representative/designate or band office for more information. For a list of First Nations in Canada, see [First Nation Profiles](#).

How to Apply for Status Cards

The Secure Certificate of Indian Status (secure status card) and the Certificate of Indian Status (status card) are currently issued to confirm registration under the *Indian Act*. See [here](#) to help determine whether the child is entitled to register under the *Indian Act*.

Where the child is eligible and does not have one, the society is required to initiate a process to apply for and obtain the Secure Certificate of Indian Status, which confirms that the child is registered under the *Indian Act*. The Secure Certificate is issued centrally by ISC and has several security features to address identity theft. To apply for a secure status card, the child must be [registered under the *Indian Act*](#). If the child is not registered, an application for registration and a secure status card can be made at the same time. To get a secure status card, visit [how to apply for a status card](#).

Although Indian status does not expire, a status card does. If the child has a status card, it is important to determine if the [status card is still valid](#). Status cards are valid until the renewal date on the card. Secure status cards are valid 10 years for adults and 5 years for children. All previously issued versions of both the secure status card and the status card are valid until the renewal date. The laminated status card with no renewal date is also still valid. If the child has a valid status card (Certificate of Indian Status), the society should apply for a secure status card (Secure Certificate of Indian Status) prior to its expiry or if the status card has been lost, stolen or damaged.

ISC encourages registered persons to apply for the Secure Certificate of Indian Status, which has a number of [security features](#) that the Certificate of Indian Status does not have. In 2009, ISC began issuing Secure Certificates of Indian Status to protect individuals from identity theft. If the child's *secure* status card has been lost, damaged or destroyed, it must be reported to [Public enquiries](#). The 10-digit registration number doesn't change when a new status card is issued.

See [here](#) for detailed instructions on how to obtain, renew or replace a secure status card for registered persons. To renew a secure status card, the same application form is used as when first applying for a secure status card. A secure status card can be renewed up to 6 months before or up to 1 year after the "Renew before" date on the card. "Renewal" must be checked under the Reason for application. If a replacement is needed, indicate "Replacement (lost, stolen, damaged SCIS) for "Reason for application"

For an Inuk Child: Enrolling as Beneficiaries of Inuit Land Claims

It is important that a society obtain copies of membership documents for Inuit children for children who are in the care of a society. That may include confirming whether an Inuk child may be a beneficiary of an Inuit land claim agreement with the federal government through the following four regions (consisting of over 50 Inuit communities):

- Inuvialuit (Northwest Territories and Yukon);
- Nunavik (Northern Quebec);
- Nunatsiavut (Labrador); and
- Nunavut.

Eligible Inuit children enrolled as beneficiaries of an Inuit land claim agreement may be entitled to a range of benefits. Eligibility criteria and enrollment processes vary by region.

Working with parents/caregivers is important to identifying and supporting children who may be eligible to be a beneficiary of an Inuit land claim agreement. This collaboration enhances the child's ability to exercise their rights as an Inuit person and in maintaining ties to Inuit culture and communities.

When working with children who are, or self-identify as Inuit, explore their Inuit heritage by collaborating with the: child, if age and developmentally appropriate; parents/caregivers, and support network about the child's Inuit identity, the Inuit region/territory they are from or which region/territory their home community is located, and eligibility to be a beneficiary of an Inuit land claim agreement.

When working with a child in the care of the society and their family a society must:

- Request copies of documentation and information with respect to the child's enrollment, registration and/or membership, if registered, from the child's parents/caregivers.
- Initiate a process to determine, in consultation with the child, the child's parent/caregiver, and the child's Inuit community, whether the child is eligible for enrollment as a beneficiary.
- Initiate the process of applying, enrolling or registering the child with their Inuit region/community, if it is determined the child is eligible.

In situations where parents are not available or not involved, consider taking steps to obtain documentation related to the child's registration or membership which may include:

- Asking the child if they have any documents;
- Consulting with Inuit Tapiriit Kanatami (ITK)/ Tungasuvvingat Inuit (TI);
- Requesting copies of enrollment from the child's identified Inuit region; or
- Making an application to register or seek membership with the identified Inuit region.

Enrollment as Land Beneficiaries

Under the *Child Youth and Family Services Act, 2017*, Inuit people are recognized as a distinct Indigenous group in Ontario and afforded the same rights and opportunities as First Nations bands with respect to consultation, notice and participation. If the child or parent identifies as Inuit, a society is obligated to notify national representational organization, Inuit Tapiriit Kanatami (ITK) (ITK) or their representative, to consult with when taking certain actions under the CYFSA, and to serve them with notice and applications as a party to proceedings. ITK is listed as a community under the CYFSA in [O. Reg. 159/18](#).

ITK represents Inuit Land Claims Organizations, which represent Inuit land claims settlement regions. ITK has authorized Tungasuvvingat Inuit (TI) (specifically, Kamatsiarniq Program staff) to serve as the Inuit Representative in Ontario and to receive notice, consult and participate in decision making and case planning on its behalf as per the requirements of the CYFSA. TI has a wide range of services and can also be contacted regarding the beneficiary process. To notify ITK and the Inuit Representative, please email notifications@itk.ca. Messages are forwarded to the Inuit Representative Team at TI. To directly speak to the Inuit Representative Team, please email Inuit.Rep@tiontario.ca.

Identity Documents for Children in Extended Society Care

Canadian Passport

Only Canadian citizens are eligible to apply for a Canadian passport. A society should inform the eligible child, in a manner appropriate to their age and developmental ability, of the society's obligation to apply for a passport on behalf of the child and information about the application process, including the need for the child's cooperation to obtain a passport photo for the passport application. The society should provide information, where necessary, to the child about the benefits of having a passport (e.g., ability to travel) and where the child has expressed wishes to not obtain a passport, the society shall document the reasons why. The society must document efforts and status of the passport application at least once every 90 days following the date of when the application is made, until the child has obtained a valid passport.

How to Apply for a Canadian Passport

The type of passport, application and documentation requirements depend upon the child's age (16 and over versus under 16 years of age). A passport photo is valid for 6 months after the photo is taken.

If the child is under 16 years of age and it is the child's wish to obtain a Canadian passport, see [how to apply for a child's passport in Canada](#). Answer a few questions in the "Get the forms and instructions to apply" section and indicate that you are applying for "A child being adopted or in foster care inside Canada" and your role as a "Director of family services, social worker or child protection worker". Carefully review the guidelines for applying for a passport for an adopted or foster child. Complete the [Child General Passport Application](#) and the Additional Information for Children in Foster Care and Undergoing an Adoption Process in Canada". A child's passport is valid for a maximum of 5 years. When the child turns 16, they can apply for a [new adult passport](#). A child's passport is valid until its expiry date, even after the child turns 16.

If the child is under the age of 16 and has a passport that has expired, an application for a new child's passport would need to be completed. A child's passport cannot be renewed. Only adult passports can be renewed.

Children 16 years of age or older apply for their own Canadian passport. A child 16 years or older can be the applicant for the passport and can consent to their own application. Collaborate and discuss with the child what type of support they may need and want (e.g., completing the form, gathering all the necessary documents, finding guarantor and references, and submitting the application). For adult passports, a period of validity (5 or 10 years) must be indicated.

If the child previously had a valid Canadian passport, but it is no longer in their possession (e.g., lost, stolen) or damaged, please see [lost, stolen, inaccessible, damaged or found passports](#) for more information on next steps on replacing a child or adult passport.

Passport applications **can be submitted** at either a Service Canada Centre or passport office, depending on when passports are required and can also be submitted by mail. Find a [passport service location](#) near you.

For details on applying for Canadian passports in Canada see [here](#). The [Passport Help Centre](#) is also another Government of Canada resource to help answer questions about Canadian Passports.

Ontario Driver's Licence

Under O. Reg. 156/18, a society is required to determine the child's wishes and determine whether obtaining a driver's licence for a child in extended society care is in the child's best interests. Obtaining a driver's licence is a key support for children and

youth transitioning successfully to adulthood and independence. Where it is not in their best interests (i.e., the child refuses to pursue a driver's licence), then a society should pursue obtaining an Ontario photo card for the eligible child, as outlined in the next section. There may be circumstances where a child's best interests will not change, such as the child having a serious, permanent medical condition that precludes them from obtaining a licence.

In determining a child's best interests in obtaining a driver's license, the society should:

- Seek the child's wishes and views on obtaining their driver's licence as the child's age of eligibility approaches. Allowing ample time for these discussions to take place during private visits and planning meetings allows for a thorough exploration of the child's views and their questions or concerns to be addressed. The society should inform the child of the benefits of obtaining of driver's licence (e.g., supporting independence).
- Seek input from supportive adults in the child's life on their readiness for road safety and vehicle operation.
- Consider if there are needs impacting a child's readiness could be mitigated through supports and services for the child and documenting the services and supports in the child's plan of care.
- Identify what supports the child may need to obtain a driver's license (e.g., driving lessons, access to a car) and how to mitigate any barriers to obtaining the necessary supports.
- Determine any barriers or concerns (e.g., medical conditions) that would prevent a child from being able to obtain a licence.

It is important to note that considerations for determining a child's best interests to obtain a driver's licence could change over time and a society should support the child in obtaining a driver's licence when it is in the child's best interests.

Where it is determined to be in the child's best interests to pursue a driver's licence, a society can begin planning to support the child in having access to necessary materials (e.g., Ontario's Official Driver Handbook, practice tests) before taking the road knowledge test, securing instructional and driving lessons for the child and securing access to a vehicle for further practice or lessons. Society workers should engage in conversations with the child's caregiver to explore how they can support the child's journey to obtaining their driver's licence, including potential access to the caregiver's insured vehicle, if available, to enhance their in-car skills. The society may need to consider exploring additional in-car lessons for the children where needed. The society is required to support the child through the graduated licencing process (see below) and document their efforts.

In all circumstances where a child has the ability or the risks can be mitigated for the child to enhance the child's ability and preparedness for obtaining a driver's licence, a society has a responsibility to support the child to obtain their driver's licence and provide pathways to support the child in this goal consistent with the child's plan of care.

A society should consider utilizing Ontario Child Benefit Equivalent (OCBE) funding to support the child in obtaining their driver's licence. See [Ontario Child Benefit Equivalent \(OCBE\)](#) for more information.

How to Apply for a Driver's Licence

Residents of Ontario must be at least 16 years old and have a valid Ontario driver's licence to drive in this province. Please see [here](#) for requirements for driving in Ontario, including proof of identification needed. Please see the [list of acceptable identity documents](#) for the driver's licence for further information.

The applicant must also pass an eye test and pass a knowledge test about the rules of the road and traffic signs. Once these tests are passed there is a G1 licence is obtained. Prior to getting a full G licence, two learning levels (G1 and G2) must be completed and two road tests must be passed.

For more information on getting a G driver's licence for new drivers, including how to apply, where to apply, accepted identity documents and graduated licensing, see [Get a G driver's licence: new drivers](#). Up-to-date information on fees required to apply for a licence and knowledge test can be found at [Fees - DriveTest Home](#).

Holders of an Ontario Photo Card will have their photo card cancelled upon application for an Ontario Driver's Licence.

A driver's licence or a photo ID card from Ontario or another province, state or country cannot be held at the same time. For more information, see [here](#). New residents to Ontario with a valid driver's licence from another province, state or country can only use it for 60 days after moving to Ontario and then must get an Ontario licence to drive after. For information on exchanging out-of-province/state/country driver's licence for an Ontario driver's licence, see [here](#).

Ontario Photo Card

Where it is not in the child's best interests to pursue a driver's licence or the child does not wish to obtain one and the child is eligible for an Ontario photo card, a society should inform the child, in a manner appropriate to their age and developmental ability, of the society's obligation to apply for an Ontario photo card, including the need for the child's cooperation (e.g., to visit Service Ontario to obtain one). The society should provide information, where necessary, to the child about the benefits of having an Ontario photo card (e.g., to open a bank account). Where the child has expressed wishes to not obtain an Ontario photo card, the society shall document the child's wishes at least once every 90 days and support the child in applying for an Ontario photo card if the child subsequently wishes to get one.

How to Apply for an Ontario Photo Card

The [Ontario photo card](#) provides government-issued identification that makes it easier for people who are 16 years of age and over and who do not have a driver's licence to access government, financial and business services that require proof of identity, such as opening a bank account. Ontario photo cards can be used as proof of identify for domestic travel.

To be eligible for an Ontario photo card, a person must: not have a driver's licence; be a resident of Ontario; and be 16 years of age or older. Original identification documents must be provided to receive an Ontario photo card. Please see [the list of acceptable identity documents](#) for an Ontario photo card.

The photo card is valid for a period of five years. Changes to an Ontario photo card must be made in person at a [ServiceOntario](#) Centre. For an up-to-date information on Ontario photo card, including eligibility, costs, replacements, changing the sex designation, see more information about the [Ontario photo card](#).

11.5 Resources

Child Welfare Immigration Centre of Excellence: [Home \(cwice.ca\)](#)

The Child Welfare Immigration Centre of Excellence (CWICE) (2019). *Immigration Status Matters Guide - Updated: A Guide to Addressing Immigration Status Issues for Children and Youth in Care*: <https://www.oacas.org/wp-content/uploads/2020/06/Guide-Immigration-Status-Matters-September-2019.pdf>.

Part X Guide for Service Providers: [part-x-guide-e.pdf \(ipc.on.ca\)](#)

12. Case Management Requirements for Children in Society Care: Social History

12.1 New Regulation

Applies to: *Children’s Aid Societies.*

CYFSA, O. Reg. 156/18, Section 48.12(1)(2)	
Existing Requirements	Requirements applicable as of July 1, 2023
<p>Prior to July 1, 2023, a placing agency must initiate a social history within <u>60 days</u> after a placement and update it at least <u>once every year following the placement.</u></p>	<p>On July 1, 2023, new enhanced social history requirements will be in effect.</p> <ul style="list-style-type: none"> • A children’s aid society must initiate a social history for a child within <u>30 days</u> after the child is admitted into its care and update it at least once <u>every 12 months following the child’s admission to care.</u> • The social history must contain the following information: <ol style="list-style-type: none"> 1. Identifying information, including name and age 2. Identity characteristics 3. Family history 4. Birth history 5. Developmental history 6. Health history 7. Educational and academic history 8. History of court involvement 9. Experiences of separation 10. History of trauma, if any 11. Aptitudes and abilities

12.2 Purpose of New Requirements

The purpose of a child’s social history is to document the child’s story, including their life experiences prior to entering care and while in care, and can be read as a stand-alone record about the child. It is a “living document” that is updated with any new information about the child as it becomes known and captures all aspects of the child’s life year after year as the child grows and matures.

Documenting the child's social history in a child-friendly, comprehensive, and descriptive way allows a current or former child in care to request information about themselves from the society at any time for a variety of reasons, including obtaining clarity about their childhood, family history, and in-care experiences.

The 11 identified domain areas of the social history (identifying information, identity characteristics, family history, birth history, developmental history, health history, educational and academic history, history of court involvement, experiences of separation, history of trauma if any, and aptitudes and abilities) encompass key facets of the child's life.

The child's social history is to be used throughout the child's time in care to inform individualized, strengths-based service planning and provision by providing caregivers with a shared, comprehensive understanding of the child's identity, needs, strengths and aptitudes, as per the following requirements as set out in O. Reg. 156/18:

1. Pre-Admission Assessment and Pre-Placement Assessment (s. 86.1 (6) and s. 127 (6)) – Before a child is admitted into a licensed setting, the society as the placing agency may provide any personal, family, or social history respecting the child to the licensee to assist in evaluating whether the immediate needs of the child can be met in the licensed setting.
2. Conditions on placement (s. 86.2(4)(a) and s. 128 (4)(a)) – When a child is admitted to a licensed setting, the licensee shall collect, if it was not previously collected, the information set out in 86.1(6) or 127(6) which includes the child's personal, family, or social history respecting the child. This information will be collected soon as possible but no later than thirty (30) days following placement admission.
3. Plans of Care (s. 94.1 (3)(e) and s. 131.2 (3)(e)) – When developing or reviewing a child's plan of care, the information contained in any personal, family, and social history respecting the child may be used when reasonably necessary for provision of residential care to the child.
4. Discharge from Society care (s. 51.5 (2)) – the society shall provide the person who will be assuming care and custody of the child with the most recent social history prepared regarding the child as soon as possible but no later than seven (7) days after the child is discharged from society care.
5. Prior to Adoption Placement (s. 100 (1)(2) of O. Reg. 155/18) – Where the society proposes to place a child for adoption, the society shall, before placing the child, prepare a report with respect to the social and medical history of the child and of each person who is a parent of the child. The information contained in the report, except any information that would identify the parents of the child,

shall be shared in writing with the prospective adoptive parents before the child's adoption.

12.3 Compliance Indicators for Children's Aid Societies

Social History (O. Reg. 158/18 – s.48.12)

Child/Youth File Review: The child or youth's file must contain the following:

- Evidence of the initiation of the social history within 30 days of the child's admission to care.
- Evidence of the update of the social history at least once 12 months from the child's admission to care.
- The social history must include information in the following areas:
 1. Identifying information, including name and age
 2. Identity characteristics
 3. Family history
 4. Birth history
 5. Developmental history
 6. Health history
 7. Educational and academic history
 8. History of court involvement
 9. Experiences of separation
 10. History of trauma, if any
 11. Aptitudes and abilities

12.4 Best Practices for Implementation

Initiating a Social History

Within thirty (30) days after a child is admitted into society care, the society will initiate a social history for the child. It is understood that information gathering and clinical planning for the child will be in its early stages and limited information may be available at the time the social history is initiated.

Prior to initiating the social history, the society worker shall ensure that the child's record (e.g., CPIN Person Record) is up to date so that the most accurate information about the child is populated into the social history.

In initiating the social history, the society worker shall work with the child, family, and service providers, including other workers in the society where appropriate, to gather as much information as possible in the social history to include relevant information about the child prior to their admission to care (e.g., in the family file, previous social histories). It is important that information related to the child's social history be shared between

society workers at points of case transfer and worker changes to avoid the loss of important aspects of the child's experiences and history. As more information about the child's becomes known, it is recommended that the information should be included in the child's updated social history in a timely manner.

The social history must be initiated again within 30 days of admission into care if the child is re-admitted into care. The society may wish to use the previous social history to support initiation following re-admission to care.

Updating a Social History

The social history must be updated at least once every twelve (12) months following the child or young person's admission to care, until the date of child or young person's discharge from society care. As the social history is a living document, updating information as it becomes known throughout the year is recommended to accurately capture recent and important events and milestones in the child's life. The year-to-year updates should be reflected in all domains of the social history and include the child's life events and experiences for that time period.

Child's Voice in a Social History

A child's social history should reflect the child's story about important and key events that occurred in their lives, including their time in care, and they have a right to access and request corrections to their social history. The social history should be written using clear, easily understood, child friendly language, be respectful to the child's dignity, focusing on the child's strengths, capacities, and achievements. Although the social history is written by a society worker, as the child's story, it should meaningfully reflect the important role the child plays in its narrative and should incorporate the child's voice, views, and perspectives throughout where at all possible.

A society should have ongoing discussions with the child, appropriate to their age and maturity, about what is in their social history and how it reflects their voice, views, and perspectives, how it will be used to support the child, and how a society is working to keep the social history secure.

Information in a Social History

The social history should include comprehensive, historical, and current information about the child; be objective and as accurate as possible; well-organized; and easy to follow with special attention to the chronology of events in the child's life. The social history does not have to follow a specified written format but is required to include information from all 11 areas of the child's life. Where the following information is available and known, the social history would include:

1. Identifying information: the child's identifying information, including but not limited to their full legal name, age, date of birth, date of admission, legal status in care, preferred names, gender pronouns, cultural names, and any alternative names or "nicknames". With respects to a First Nations, Inuk, or Metis (FNIM) child, the child's traditional and/or spirit names.
2. Identity characteristics: all aspects of the child's identity characteristics, the child's views with respect to their identity characteristics and details of services, significant people, supports and activities that has or will be put into place that affirm and support the child's identity. With respects to a First Nations, Inuk, or Metis (FNIM) child, the child's FNIM identity, culture, heritage, tradition(s), name of band or FNIM community, name of the band or FNIM community representative, and the child's connection to their FNIM community.
3. Family History: the child's family's history prior to admission to care, as well as information about the child's parents, siblings, extended family, and significant relationships, and with respect to a First Nations, Inuk, or Metis child, the band or FNIM community's concept of the extended family. This should include, but is not limited to, their names, relationship to the child, strengths, needs, identity characteristics, the parent(s)' views of the child's status in society care, and the parent(s)' cooperation with the plan of care. Reference to the child's current family relationships and contact, including access arrangements, the child's views about those arrangements and other considerations to support the child in developing or maintaining relationships with their family in the child's best interests.
4. Birth History: the child's birth history, including but not limited to prenatal care, the child's place and time of birth, gestation period and delivery details, birth weight, APGAR scores, as well as details of the child's experiences as a newborn.
5. Developmental history: the child's history of development, including age when child met developmental milestones, any developmental needs identified and/or diagnosed, any short and long-term services and treatment(s) sought and/or in place, and description of progress made. Linkages between a child's developmental needs and/or diagnosis and any long-term transitional planning for the child as they approach adulthood should be considered for inclusion.
6. Health History: information about the child's whole health, including but not limited to the child's physical, emotional, and mental health, and any health practitioners, services, medication, supports, treatments sought and/or in place to support the child's needs. Updates obtained through the child's annual physical examination, additional medical visits with a general practitioner, regular medication reviews, and dental and optical examinations which occurred within

this time-period should also be included. In addition, details of the health history of the child's immediate and extended family, including but not limited to any diagnoses or genetic predisposition, and how this impacts the child's health and medical oversight should be considered for inclusion.

7. Educational and Academic History: information about the child's educational and academic journey, providing information about the child's educational success and areas of need, including names of current and past schools, grade levels, highlights of child's grades and performance contained in the child's report cards, any supports (tutoring, educational assistant(s), 1-1 worker, accommodations, section 23 classroom, individualized education plans) provided by the society and/or school. Details that provide a sense of the child's academic life experiences, their views, and aspirations related to post-secondary education and future employment.
8. History of Court Involvement: the child's history of court involvement, including child protection court and family court as defined in the CYFSA in which the child may be involved. This includes the reason(s) for the child's admission to care, any history of suspected and/or verified abuse/maltreatments, and permanency/concurrent planning. The rationale for significant decisions made and the supports in place for the child throughout the court involvement (e.g., Office of the Child's Lawyer or Alternate Dispute Resolution), should be clearly documented.

Please note that comprehensive details regarding a young person's involvement in the youth justice system should be excluded from the social history. However, a society may wish to include a reference to any placement in a youth justice facility during the child's time in society care and how a society may have supported a young person through any youth justice court involvement (e.g., the society worker sought legal representation). Where information from youth justice records is included in the social history, a society shall ensure that the information is flagged as confidential and subject to the Youth Criminal Justice Act and disclosure of that information shall be in accordance with that Act.

9. Experiences of Separation: the child's experiences with separation, including separation with sibling(s) or significant individuals, which may include changes in the family dynamic (separation, divorce, breakdown in custody), admission to care, or placement changes/history, separation from the child's community, culture, and geographical region, including an Indigenous child's home community and how the child's transitional and coping mechanisms were supported during these periods of separation and change. The child's views on their experiences with separation should also be included.

10. History of Trauma, if any: the child's historical and ongoing experiences with trauma, the child's views and voice on their experience(s) of trauma, how these impact the child's functioning, actions, sense of self, sense of safety, ability to regulate emotions, ability to navigate relationships, and what trauma-focused care, services and supports are being secured and/or provided to the child.
11. Aptitudes and Abilities: the child's strengths, views, successes, abilities, accomplishments, and achievements, including the information about the child's strengths collected as part of their pre-placement assessment. This should also include the child's experiences in care where they are able to participate in activities (e.g., cultural, spiritual, recreational, athletic, and creative activities) and where they are able to build on their capabilities, talents, interests, and aptitudes. Reference any significant events in the child's life over this time period, such as the child's birthday, significant celebrations, rites of passage, coming of age ceremony and religious or cultural celebrations.

12.5 Information Sharing

- At a child's discharge from society care, the society is required to provide the person who will be assuming care and custody of the child with the most recent social history prepared regarding the child. The social history may contain the personal information of third-party individuals who are not the child, the caregiver(s), or a dependent for whom the caregiver is a substitute decision maker (for example, the social history may contain information about a child's sibling who may be in the care of another caregiver). In these circumstances, societies should consult with specialized agency staff (disclosure department) who may have expertise, the person in their organization responsible for ensuring compliance with Part X, and/or legal counsel to seek guidance where needed.
- Societies should adhere to Part X by taking reasonable steps to ensure the child's social history is retained, transferred, and disposed of appropriately and securely, including when a child transitions to a new placement or is discharged from care (e.g., licensees of the child's previous placement should not retain copies of the child's social history once the child has left their care).
- The child should be made aware of their right of access to their social history and their right to request corrections of their personal information at any time if they believe it is inaccurate or incomplete, in accordance with Part X.
- In accordance with Part X, societies should document any requested corrections to the social history and their response to the correction request, either granting or refusing the correction request in whole or part.

12.6 Resources

Part X Guide for Service Providers: [part-x-guide-e.pdf \(ipc.on.ca\)](https://www.ipc.on.ca/part-x-guide-e.pdf)

13. Case Management Requirements for Children in Society Care: Medical, Dental and Vision Examinations and Treatments for Children in Care

13.1 New & Amended Regulation

Applies to: *Children’s Aid Societies.*

CYFSA, O. Reg. 156/18, Section 49	
Existing Requirements	Changes as of July 1, 2023
<ul style="list-style-type: none"> • Dental and medical examinations are required as soon as practicable after admission to society care and annually thereafter. • Psychological and psychiatric assessments and/or treatment are required as needed based on clinical judgement. • All treatments recommended as a result of the medical or dental examinations are required in the recommended timelines • The results of each examination and treatment must be recorded by the society. 	<p>On July 1, 2023, new requirements applicable to examinations and treatments will be enhanced:</p> <ul style="list-style-type: none"> • A society must ensure that a child in society care receives any additional examinations that are recommended by a medical/dental professional within the timeframe recommended. • A society must ensure that each child in society care is given a routine eye examination as soon as practicable after the child is admitted into care, and annually thereafter, and receive corrective lenses, where required. <ul style="list-style-type: none"> ○ If a child is eligible for coverage under the Ontario Health Insurance Plan (OHIP), examination timelines are determined by eligibility for next exam (e.g., the child would not be eligible under OHIP for an eye exam if they had one in the preceding 12 months). • A society must ensure that no more than 13 months elapse between medical, dental and routine eye examinations. • A society may depart from the proposed timeline requirements when: <ul style="list-style-type: none"> (a) services are unavailable or complying with the timeframes would not, in the

CYFSA, O. Reg. 156/18, [Section 49](#)

Existing Requirements	Changes as of July 1, 2023
	<p>circumstances, be in the child’s best interests: and</p> <p>(b) the decision to defer compliance, the reasons for the deferral, and a plan for the child to receive the examination, treatment or corrective lens is approved by a supervisor and documented.</p> <p>If a timeframe is deferred the society shall document their efforts to ensure that the child receives the examination or treatment every 90 days following the decision to defer and it must be approved by a supervisor.</p>

13.2 Purpose of New & Amended Requirements

The purpose of the new and updated examination and treatment requirements is to support children in society care to have their health needs met (i.e., medical, dental, psychological, and vision needs). There is a new requirement for a society to ensure that children attend additional medical examinations, beyond the annual medical examination, where it is recommended as a result of their age or developmental needs (e.g., 18 months wellness visits for babies).

There is also a new requirement that children in society care receive routine eye examinations and corrective lenses as needed. Requiring an annual vision examination will ensure that vision is not a barrier to a child’s health and wellbeing.

Timelines for required examinations have changed to reflect OHIP insurance coverage allowances (e.g., OHIP covers a personal health visit once every 12 months).

There is a new option to defer compliance with select timelines in cases where the service is unavailable or it is in the child’s best interests to defer the examination/treatment. This flexibility is responsive to situations where compliance is either out of the control of the society to meet the requirement or there are circumstances where it is in the child’s best interests to defer the examination/treatment.

13.3 Compliance Indicators for Children's Aid Societies

Medical Examinations and Treatment

Child/Youth File Review:

- Child medical examinations and treatments must be recorded in the child's file and demonstrate the following:
 - Child receives a medical examination as soon as practicable after admission to care.
 - Child receives additional medical examinations when recommended by any medical professional within the timeframe recommended.
 - Child receives an annual medical examination with no more than 13 months between examinations.
 - Child receives any treatment (e.g., immunization) recommended by a medical professional as a result of a medical examination within the timeframe recommended.

Dental Examinations and Treatment

Child/Youth File Review:

- Child dental examinations and treatments must be recorded in the child's file and demonstrate the following:
 - Child receives a dental examination as soon as practicable after admission to care.
 - Child receives additional dental examinations when recommended by any dental professional within the timeframe recommended.
 - Child receives an annual dental examination with no more than 13 months between examinations.
 - Child receives any treatment recommended by a dental professional as a result of a dental examination within the timeframe recommended.

Eye Examinations and Treatment

Child/Youth File Review:

- Child eye examinations and the provision of corrective lenses, where prescribed, must be recorded in the child's file and demonstrate the following:
 - Child receives a routine eye examination as soon as practicable after admission to care.
 - If the child is eligible for coverage for an eye examination under the Ontario Health Insurance Plan, the determination of when it is practicable for the child to receive a routine eye examination must be informed by when the child is next eligible for the examination under the Plan.
 - Child receives an annual eye examination with no more than 13 months between examinations.

- Child receives corrective lenses within 30 days following an examination if they are prescribed.

Psychological or Psychiatric Assessment and Treatment

Child/Youth File Review:

- Child psychological and psychiatric assessments and treatments must be recorded in the child's file and demonstrate the following.
 - Child receives psychological and psychiatric assessments or treatment or both in accordance with the child's needs where the society is of the opinion that the behaviour and condition of the child indicate that an assessment or treatment or both is necessary in the circumstances.

Departures from Specified Timelines

Child/Youth File Review:

- Permissible departures from timelines for annual and follow-up medical and dental examinations, and annual eye examinations and corrective lenses are documented and include:
 - The service is unavailable, including the reason(s) why (e.g., office closures).
 - Complying in the specified timeline is not in the child's best interests (e.g., the appointment time conflicts with meeting other of the child's needs; society considers the child's views and wishes, given due weight in accordance with the child's age and maturity).
- The decision to depart from required timelines and reasons for it are documented and approved by a child welfare service supervisor.
- Efforts made by the society to meet the requirements are documented every 90 days until the requirement is met (e.g., the child may refuse to attend an appointment and the society documents discussions with the child about the importance of examinations and treatments and steps taken to support the child in attending appointments).

13.4 Best Practices for Implementation

Medical Records and Health History

- The society should make efforts to obtain a copy of the child's health records and the child's health history, as complete as possible, when a child comes into society care.

Documentation

- The society must record in the child's file that the child received required medical, dental and routine eye examinations and treatments.

- A medical form was previously officially issued by the ministry but was discontinued in 2012. A memo was sent to societies from the ministry stating that it would no longer require or distribute a medical form, however societies may make their own medical form.
- If a society has created a medical form to document examination and treatments provided to a child in society care, that form could be brought to the appointment with the child.

Continuity of Services and Supports

- If the child has an existing relationship with health care providers before their placement in care, the society must determine whether it is feasible and in the child's best interests to continue receiving services from the child's health care provider. If it is feasible and in the child's best interests, the society must take reasonable steps to make appointments with that professional.
- If reunification is the goal for the child, the society should make efforts, if it is in the child's best interests, to schedule appointments so that the child's parent or important family members (e.g., grandparent) can attend the appointment.

Corrective Lenses

- If a child requires corrective lenses, and the corrective lenses are broken or misplaced, the society should assist in repairing or replacing the child's corrective lenses as soon as possible.

Holistic Health Needs

- At appointments, a society should actively engage the medical professional about the "whole health" needs (e.g., physical, behavioural, mental, developmental) of the child and proactively ask if medical professional recommends seeing the child for further follow up and if the child would benefit from any referrals for additional health services.
- Hearing examinations, where needed, are strongly encouraged.
- A society should support a child to obtain, repair, or replace any assistive devices that the child may need to support their functioning. Ontario's [Assistive Devices Program](#) may provide financial support for necessary equipment and supplies.

Culturally Appropriate Health Services

- A society should document efforts for the health services that children in society care receive to be culturally appropriate which may include seeing additional health care professionals (e.g., Indigenous healers).

Child Voice

- If a child refuses an examination or treatment, the society should consider engaging with the child to understand their views and wishes, including any questions or concerns, and determine if any changes could be made to support the child in attending an examination or obtaining treatment. The society should consider having conversations with the child to explain the importance of

examinations and treatments to support the child's health and wellbeing. See also the section below regarding Consents for Treatments.

Timeline Deferrals with Approval, Documentation and Plan to Meet Requirement

- Departures from timelines are permissible with documented approval from a child welfare service supervisor if the service is unavailable (e.g., the office is closed because of a pandemic outbreak) or if it is in the child's best interests (e.g., child is unwell; appointment conflicts with meeting other of the child's needs, such as an access visit or a school event).
- Departures must be documented along with a plan to meet the requirement every 90 days until the requirement is met. The plan may include, but is not limited to, the society's efforts to reschedule the appointment to best meet the child's needs, seek alternate health providers, engage with the child to support attending examinations or obtaining treatments or provide any supports to the child in attending examinations or obtaining treatments.

Coordination with Licensee Requirements

- The requirement for examinations as soon as practicable after the admission of the child into society care should be aligned with examination requirements for children's residences under O. Reg. 156/18, s. 89 if the society places the child in a children's residence (e.g., one examination should meet both requirements).
- A society should coordinate examinations and treatments with the foster home or children's residence. Societies and licensees should actively communicate about examinations and treatments and any recommendations from examinations and treatments and associated actions should be reflected in the child's plan of care.
- For children in foster homes run by other licensees, a society should coordinate requirements for examinations and treatments to the child, including record keeping requirements.

Consent for Treatments

- Ontario's *Health Care Consent Act, 1996* (HCCA) provides that all persons (including minors) are presumed to be capable (i.e., able to understand treatment information and reasonably foresee consequences) of making treatment decisions. Under the HCCA:
 - Children in Ontario are presumed capable of providing informed consent with respect to treatment under the HCCA and make their own medical decisions if they are able to understand the information that is relevant to making a decision about the proposed treatment and are able to appreciate the reasonably foreseeable consequences of a decision or lack of a decision. The HCCA lists the requirements for valid informed consent.
- Capacity to consent to health treatment under the HCCA is assessed by a health practitioner.
- When a child who is in the care of the society is determined not to have the capacity to consent to treatment under the HCCA, the consent of the child's substitute decision maker is required

- If a child in interim society care or extended society care is found to be incapable of consenting to treatment under the HCCA, the society may act in place of a parent in providing consent to treatment on a child's behalf. If a child is in the interim care of the society, the court may order that the parent shall retain the authority under the HCCA in certain circumstances.
- If a child is in a temporary care agreement and is assessed by a health practitioner under the HCCA as incapable of providing informed consent to treatment decisions, the child's parent(s) maintain medical decision-making authority for the child, unless the temporary care agreement includes a term that the society is entitled to act in the place of a parent in providing consent to treatment on a society's behalf. The society should work collaboratively with the child's parent(s) to meet the child's health needs.

13.5 Information Sharing

- The *Personal Health Information Protection Act* (PHIPA) governs the collection, use and disclosure of personal health information by health information custodians. PHIPA and the CYFSA work together to allow health information custodians to disclose personal health information to a society so that the society may carry out their statutory functions. PHIPA also recognizes that the society may be lawfully entitled, in place of the parent, to give or refuse consent to disclosures by a custodian of the child's personal health information.
- In order for a society to obtain a child's informed consent for the collection, use and disclosure of the child's personal information, a society should have ongoing discussions with the child, in a way that is appropriate to their age and maturity, about the importance of obtaining health examinations and treatments and sharing personal health information with appropriate service providers to support the child's health needs.
- When obtaining and storing a child's health records and information, this information is in the custody and under the control of the society, and reasonable steps must be taken to protect against theft, loss or unauthorized collection, use, copying, modification, or disclosure. Part X requires a society to take reasonable steps to retain personal information in a secure manner, and a society should meet organizational expectations for safe storage. There are also requirements in PHIPA that apply to limit the use and disclosure of records of personal health information provided to recipients, like societies, that are not also health information custodians.
- A society should have ongoing discussions with the child, appropriate to their age and maturity, about the information that is in their file, including any medical documentation, assessments, and reports. Children have a right to request access and corrections of their personal information held by a society at any time if they believe it is inaccurate or incomplete, pursuant to Part X.

13.6 Resources

Part X Guide for Service Providers: [part-x-guide-e.pdf \(ipc.on.ca\)](https://www.ipc.on.ca/part-x-guide-e.pdf)

14. Case Management Requirements for Children in Society Care: Unlicensed Settings

14.1 New Regulation

Applies to: *Children's Aid Societies.*

CYFSA, O. Reg. 156/18, Section 50.1	
Existing Requirements	Changes as of July 1, 2023
N/A	<p>Where a society proposes to place or has placed a child in society care in an unlicensed setting</p> <ul style="list-style-type: none"> • If a society proposes to place or has placed a child in care in an unlicensed setting, the society must complete a pre-placement assessment, safety assessment, safety plan (if applicable) and plan of care in accordance with O.Reg 156/18 s. 127 to s. 129.5 and s. 131.1 to s. 131.5 as if the society is providing residential care to the child under the authority of a license and the unlicensed setting is a foster home. The society must also comply with provisions that apply to a placing agency. • For pre-placement assessment, safety plan, and plan of care requirements for children in care in unlicensed settings, references in sections 127 to 129.5 and sections 131.1 to 131.5 are substituted as follows: <ol style="list-style-type: none"> i. “foster home” shall be read as a reference to “unlicensed setting”, ii. “foster care licensee” or “licensee” shall be read as a reference to “society”, iii. “foster care” shall be read as a reference to “residential care”, iv. “foster child” and “foster children” shall be read, respectively, as references to “child” and “children”, v. “foster parent or parents” shall be read as a reference to “any person providing direct care to the child” or, if “foster parent or parents” is used in

CYFSA, O. Reg. 156/18, [Section 50.1](#)

Existing Requirements	Changes as of July 1, 2023
	<p>conjunction with “any person providing direct care to the child” or similar language, the relevant provision shall be read as if it did not include reference to “foster parent or parents”; and,</p> <p>vi. “foster plan of care” shall be read as a reference to “plan of care”.</p> <ul style="list-style-type: none"> • The society must comply with the conditions on the placement outlined in s. 128 with the following exceptions: <ul style="list-style-type: none"> ○ the restrictions of s. 125 (1) respecting placement in a foster home do not apply; ○ approval of foster parent or parents do not apply; and, ○ additional information for the pre-placement assessment does not need to be collected by the society after the placement; however, the society acting as the licensee should have the specified required information in the child’s file in order to complete a plan of care for the child. • The society must also comply with s. 127 if they are placing a child in society care in an unlicensed setting with the following modifications: (a) In conducting the pre-placement assessment the society shall use information in its possession for the purpose of conducting the assessment; and (b) the society shall include the following information in the written evaluation instead of the information set out in clause 127(7)(b): <ul style="list-style-type: none"> ○ the names of the persons who will provide direct care to the child; ○ a description of the qualifications of any person(s) providing direct care to the child; ○ the details of any training that any person(s) providing direct care to the child have completed; and, ○ any supports that any person(s) providing direct care to the child will be able to access in order to meet the child’s needs. • When conducting a safety assessment for children in society care in an unlicensed setting under s. 129(2), the assessment must also include an assessment of the home environment of the unlicensed setting and the physical aspects of the setting as they relate to the safety of the child. • If a child in society care in an unlicensed setting has a safety plan, the requirements under s. 129.3 are modified so that only

CYFSA, O. Reg. 156/18, [Section 50.1](#)

Existing Requirements	Changes as of July 1, 2023
	<p>persons providing direct care to the child must review the child’s safety plan. It must be reviewed before providing care to the child or as soon as possible after a safety plan is developed for the child or the safety plan is amended.</p> <p>Where a child in society care is otherwise residing in an unlicensed setting</p> <ul style="list-style-type: none"> • If the society becomes apprised of the fact that a child in society care is living in an unlicensed setting, the society may depart from the pre-admission assessment requirements set out in s. 127 and s. 128 with supervisory approval. They must document why the society was not apprised of the placement and steps taken by the society to ensure the child’s immediate needs will be met in the placement. • If the society becomes apprised of the fact that a child is living in an unlicensed setting, the society must complete a safety assessment as soon as possible and a safety plan, where required, must be completed as soon as possible and no later than 7 days after the safety assessment. • If a child in society care is placed or otherwise residing in an unlicensed setting, the society must comply with plan of care requirements as if the society were the licensee providing care under the authority of a licence and the unlicensed setting were a foster home.

14.2 Purpose of New Requirements

The new regulations for children in society care in unlicensed placements are intended to provide a more consistent level of care and services to all children in society care, regardless of where they are placed.

14.3 Compliance Indicators for Children's Aid Societies

Pre-Admission/Pre-Placement Assessments ([O. Reg. 156/18, s. 127- 128](#)).

Child/Youth File Review:

- Children in society care in unlicensed settings must have a pre-placement assessment completed and recorded in the child’s file, with the modifications

listed above, unless the society was apprised after the fact that the child is living in an unlicensed setting.

- If a society departs from the requirement for a pre-placement assessment because the society was apprised after the fact that a child is living in an unlicensed setting, supervisory approval is required. The society shall document the details of the unlicensed setting, why the society was not apprised of where the child was residing and the steps the society has taken to ensure the child's immediate needs will be met.
- Noting modifications outlined above in the New Requirements section, see also Section 3: Pre-Admission/Pre-Placement Assessments for Compliance Indicators.

Safety Plans (O. Reg. 156/18 s. 129 – 129.5)

Child/Youth File Review:

- A safety assessment must be completed and recorded in a child's file prior to the child in society care's placement in an unlicensed setting unless the society was apprised after the fact that the child is living in an unlicensed setting. There are modifications to the safety assessment as referenced above.
- If a society departs from the requirement to complete a safety assessment prior to placing a child in society care in an unlicensed setting because the society was apprised after the fact that a child was living in an unlicensed setting, the society must complete a safety assessment as soon as possible and the safety plan, if required, must be completed within 7 days of the safety assessment and recorded in the child's file.
- Evidence that the safety assessment of the unlicensed setting included an assessment of the home environment, including the physical aspects of the setting as they relate to the safety of the child must be recorded in the child's file.
- Noting modifications outlined above in the New Requirements section, see also Section 4: Safety Plans for Compliance Indicators.

Plans of Care (O. Reg. 156/18 s. 131.1 – 131.5)

- Noting modifications outlined above in the New Requirements section, see also Section 5: Plans of Care for Compliance Indicators.

14.4 Best Practices for Implementation

See also Best Practices for Implementation in Guidance for Pre-Placement Assessments, Safety Plans and Plans of Care.

Application of Requirements

- Pre-placement assessment, safety assessment, and plan of care requirements for children placed or otherwise residing in an unlicensed setting do not apply to children who are not in society care (e.g., kinship service, Voluntary Youth Services Agreement).

- Ontario is a signatory to the *Provincial / Territorial Protocol on Children and Families Moving Between Provinces and Territories, 2019* (Protocol). The Protocol provides direction on agreed upon policies and procedures to promote consistent, quality child welfare (i.e., child protection, out of home care) services to children moving between Provinces and Territories (PTs). If a child in society care is placed or otherwise residing in an unlicensed setting in another PT, the requirements for unlicensed settings still apply. The society should notify the receiving PT and complete an Interprovincial Placement Agreement in consultation with the receiving PT. The society retains financial and case management responsibility for the ongoing care of the child or youth irrespective of placement type. Ontario's out of home care licensing requirements do not apply to out of home care settings in other PTs. Supervision, monitoring, case management, information and documentation requirements for children in out of home placements in other PTs are outlined in the Protocol.
- Adoption placements are not considered an unlicensed setting. Per Policy Directive CW003-20, a homestudy, which includes a home safety assessment, and caregiver training is required for prospective adoptive parents. However, it is recommended that a plan of care and a safety assessment, and a safety plan if appropriate, be developed for adoption placements.
- If a youth is in a youth justice facility, that is not considered an unlicensed setting. Youth justice facilities are out of home care licensees under the CYFSA.
- If a child or youth is in a child and youth mental health placement or a complex special needs placement, these are typically licensed placements and the pre-placement assessment, safety plan and plan of care is led by the licensee with collaboration and input from the society as placing agency.
- The requirements for unlicensed settings would not typically apply to circumstances such as sleep overs or sleep-away camps. A society should seek legal advice if they have questions about whether the unlicensed setting requirements apply in specific cases. An overnight stay at a hospital to receive medical services, where the plan is for the child to return to their placement, would not typically be considered an unlicensed setting.

Placement Search and Availability

- A society should be intentional about trying to find a placement that best meets the needs of a child in society care. A society may need to place a child based on necessity to meet the child's immediate needs (e.g., emergency placements), which may include unlicensed settings.
- A society should continue to look for a placement that is better able to meet the child's needs, particularly as unlicensed placement may not provide the appropriate services and supports to meet the child's needs on a long-term basis.
- A society that places a child in an unlicensed setting may consider documenting why a licensed setting wasn't available or wasn't selected. It may be determined that an unlicensed setting is best able to meet the short- and long-term needs of the child (e.g., specialized group care settings with less than 3 people placed in total, adult developmental services). Documenting details related to the society's placement search demonstrates that the society has done due diligence searching for a

licensed placement to meet the child's needs and why an unlicensed setting was chosen.

- If the society is working with a youth who has chosen independently to reside in an unlicensed setting, the society should have conversations with the youth about if the placement is meeting their needs and if a licensed placement could better meet their needs.

Pre-placement assessments

- If a society places a child in an unlicensed setting (e.g., hotel) and contracts with an 3rd party agency, or uses society staff, to staff the unlicensed setting, the pre-placement assessment written evaluation needs to include the name, qualifications, and training of any person(s) who provide direct care to the child, if any. The purpose of the pre-placement assessment requirement to document the qualifications and training of any person(s) who will be providing direct care to the child is to support the society in its evaluation about whether the child's immediate needs can be met in the setting, so informed placement decisions can be made in the child's best interests.
 - Documentation of qualifications and training does not require an extensive history of the person's qualifications, training, work history or credentials. The written evaluation should include how the society has considered the relevant training and qualifications of the person(s) caring for the child in meeting the immediate needs of the child. The qualifications and training that the society may consider to be relevant would vary depending on the needs of the child.
- A person providing direct care to the child acts as the child's caregiver or is hired by the society to provide direct care to the child – not every adult in the unlicensed setting would be considered a person providing direct care for a child, particularly when a youth is in a semi-independent or independent living situation (e.g., youth hostel or shelter, staying at a friend's home). If there is no person(s) providing direct care to the child, this should be documented in the written evaluation.
- If the child is in a home licensed by adult developmental services, the society can include a statement indicating that the person(s) providing direct care to the child have the training and qualifications to care for the child and support the child's immediate needs by virtue of working in home licensed under adult developmental services.
- If a child changes rooms within an unlicensed setting (e.g., staffed placement in a hotel) and the person(s) providing care to the child and the physical environment is essentially unchanged, a new pre-placement assessment and safety assessment does not need to be completed. However, if a room change in an unlicensed setting also entails new person(s) providing direct care to the child and changes in the physical environment that could introduce safety risks to the child, a pre-placement assessment and safety assessment would be required.

Safety assessment and safety plan

- A child placed or otherwise residing in an unlicensed setting may have safety needs specifically related to the setting. A safety plan for a child in an unlicensed setting

should specifically address any needs arising from the child's placement in an unlicensed setting.

Plan of care

- At required visits with the child and with any person(s) providing direct care to the child, if not more frequently, society workers or a delegate should discuss the suitability of the placement to meet their needs and if a licensed setting would better meet their needs. The society should document measures taken to support the youth to live in a placement that best meets their needs. This could include working with a placement to improve the placement to meet the needs of the child.
- A plan of care for a child in an unlicensed setting should specifically address any needs arising from the child's placement in an unlicensed setting.

15. Case Management Requirements for Children in Society Care: Continuity following placement, Transfers between settings and Discharge from society care

15.1 New Regulation

Applies to: *Children’s Aid Societies.*

CYFSA, O. Reg. 156/18 Section 51.3 , Section 51.2 and Section 51.5	
Existing Requirements	Changes as of July 1, 2023
N/A	<p>Continuity following placement (s. 51.3)</p> <ul style="list-style-type: none"> • When a society places a child in an out-of-home placement, a society shall determine whether it is feasible and in the child’s best interests to continue to: <ul style="list-style-type: none"> ○ attend the same school, other educational program, before and after school programs and/or tutoring program as the child did before the placement ○ receive health care services from the same health care providers as before the placement; ○ attend the same cultural, spiritual, social, extra curricular and recreational services and programs as before the placement; and ○ maintain regular contact with individuals who the child identifies as important to them. • When it is feasible and in the child’s best interests the society must take reasonable steps to ensure the child continues in the identified things listed above. • The society must document its determination including a written explanation as to why it was not feasible or in the child’s best interest to continue to do any of the identified things.

CYFSA, O. Reg. 156/18 [Section 51.3](#), [Section 51.2](#) and [Section 51.5](#)

Existing Requirements	Changes as of July 1, 2023
	<p>Transfers between settings (s. 51.2)</p> <ul style="list-style-type: none"> • A society must transfer the belongings of a child in its care from one residence to another in a respectful manner that promotes the dignity of the child (e.g., no garbage bags). • A society must provide information and documentation about the child’s individual needs and circumstances to the licensee, person or agency responsible for the new setting within 7 days following the transfer. The information and documentation shall include: <ul style="list-style-type: none"> o the child’s most recent plan of care and safety plan, if any; o copies of the child’s identity documents that are in the possession of the society; o health insurance documentation obtained by a society under s.48.7 of O.Reg156/18. • The society must inform the child of the information that is being shared about them and notify them about their right to access and correct their records of personal information. • If a child is transitioning to an out of home placement not operated by the society, the society must provide the licensee with additional information required to complete a pre-admission/pre-placement assessment, including providing the licensee with the child’s social history within 30 days after the placement. This is to inform the development of the child’s plan of care. <p>Discharge from society care (s. 51.5)</p> <ul style="list-style-type: none"> • Prior to a child being discharged from care, except a child discharged due to the expiry of a temporary care agreement or child protection order, the society must notify agencies and individuals providing the child with services, supports, or treatment of the intended discharge and timeframe for the discharge. • As soon as possible but no later than 7 days after a child is discharged from care, the society shall provide the person who is assuming care and custody of the child with: <ul style="list-style-type: none"> o the most recent plan of care and safety plan, if applicable; o the child’s most recent social history report;

CYFSA, O. Reg. 156/18 [Section 51.3](#), [Section 51.2](#) and [Section 51.5](#)

Existing Requirements	Changes as of July 1, 2023
	<ul style="list-style-type: none"> o reports about the child prepared by any agency or professionals providing services, supports or treatment to the child; o the child's personal effects (e.g., lifebook, artwork, photographs and keepsakes) o original copies of the child's personal identification documents in the possession of the society; and o any security information associated with the child's identification documents such as passwords or answers to security questions. <ul style="list-style-type: none"> • The society shall convene a meeting before the child is discharged to discuss how the child's needs will be met following discharge. If it is not possible to hold the meeting before discharge, it must take place within seven days of the date of discharge. The society shall request that following people attend the meeting: <ul style="list-style-type: none"> o the person assuming care of the child; o the child (if they want to attend); o other individuals who were invited to attend the child's most recent plan of care (unless the child does not want them to attend and the society agrees that their participation it is not in the child's best interest); and o in the case of an FNIM child, a representative chosen by their bands/FNIM communities (unless the child does not want them to attend and the society agrees that their participation is not in the child's best interests) • The society must inform the child of the information that is being shared about them with the person assuming care and control and notify them about their right to access and correct records of personal information.

15.2 Purpose of New Requirements

Continuity following placement

- Continuity of programs, services and supports, and relationships between placement changes can provide stability for a child, reduce disruptions to a child's life caused by placement changes and help maintain important connections that support the child's well-being in alignment with the purposes outlined in section 1(2) of the CYFSA.

Transfers between settings and discharge from society care

- The goal of these changes is to support transition planning and provide the new licensee or caregiver(s) with information to best support the child's needs and dignified transition to a new home.
- Intentional transition planning can avoid unnecessary service and care disruptions and a failure to meet a child's needs (e.g., cultural and community connections, essential services including medical treatments, enrollment in school or alternative education). Personal effects, identity documents and personal records are important to the wellbeing of children moving placements or being discharged from society care and may be necessary for accessing services and supports.

15.3 Compliance Indicators for Children's Aid Societies

Continuity following placement (O. Reg. 156/18 s. 51.3)

Child/Youth File Review: The following documentation must be kept in the child's file:

- A written explanation of the society's determination as to whether it is feasible and in the child's best interests for the child to continue in the same school, activities, programs and services the child was in before placement and to maintain regular contact with individuals that the child identifies as important to them as outlined in O. Reg. 156/18, s. 51.3. The society must also document (if it was determined to be feasible and in the child's best interests) the steps taken to continue the things identified above.
- If the society determines that it is not feasible or in the child's best interests to continue, the society must document a written explanation of the reasons.

Transfers between settings (O. Reg. 156/18, s. 51.2)

- Child/Youth File Review: The society must include evidence in the child's file of the information and documents that were shared with the licensee, person or agency responsible for the new setting including the child's most recent plan of care and safety plan, if applicable, and copies of the child's identity documents that are in the possession of the society, and health insurance information. The society should document that this was shared within 7 days of the child's transfer to the new setting.
 - If the child was receiving out of home care from another licensee, the society should document evidence that they requested the child's plan of care after its development or any updates. See also the Plan of Care Requirements for Children's Aid Societies section of Guidance Document and O. Reg. 156/18 s.51.1 (2)(b).
- The society shall include evidence to show the society informed the child what information about them is being shared and their right of access to records of personal information and their right to request a correction to that information.

Discharge from society care (O. Reg. 156/18, s. 51.5)

Child/Youth File Review: The following documentation must be kept in the child's file:

- Evidence that the society notified the agencies and individuals providing services, supports and treatment to the child of the intended discharge and the estimated timeframe within which the discharge will take place, unless the child is to be discharged because a temporary care agreement under section 75 of the Act or an order made under Part V (Child Protection) of the Act is set to expire.
- Evidence that the following information was shared with the person who will be assuming the care and custody of the child as soon as possible but no later than 7 days after the child is discharged from society care, and how the information is shared:
 - The child's most recent plan of care and, if applicable, safety plan.
 - The most recent social history prepared regarding the child.
 - Reports respecting the child prepared by any agency or professionals providing services, supports or treatment to the child, including, as applicable, medical reports, dental reports, accident or injury reports, social work reports, psychometric reports, psychological reports and psychiatric reports.
 - The child's personal effects (e.g., the child's lifebook).
 - The original copies of the child's identification and membership documents, including the documents referred to in subsection 48.2 (1) and (2), section 48.3, subsections 48.4 (1) and (2) and sections 48.9 and 48.11, that are in the possession of the society.
 - Any security information associated with the child's identification documents, such as passwords and answers to security questions.
- Evidence that the society informed the child about the information that is being shared and of their right of access to records of personal information and their right to request a correction to that information.
- Evidence that the society convened a meeting prior to the planned discharge, or within 7 days following the child's discharge, if it wasn't possible to do the meeting before, to discuss how the child's needs will be met following the discharge and requesting the following people attend:
 - The person who will be assuming the care and custody of the child.
 - The child, if the child wishes to attend.
 - Any other individual who was invited to participate in the child's most recent plan of care meeting and who wishes to attend, unless the child does not wish for the individual to attend and the society is of the view that the individual's participation is not in the child's best interests, giving due weight to the child's wishes in accordance with the child's age and maturity.
 - In the case of a First Nations, Inuk or Métis child, a representative chosen by each of the child's bands and First Nations, Inuit and Métis communities, unless the child does not wish for the representative to attend and the society is of the view that the representative's participation

is not in the child's best interests, giving due weight to the child's wishes in accordance with the child's age and maturity.

15.4 Best Practices for Implementation

Continuity following placement

- Efforts should be taken wherever feasible and in the child's best interests to enable the child to continue in the same school, activities, programs and services they were in before placement and to maintain regular contact with people who the child has identified as important to them. These must be documented and should be included in the plan of care.
- The child should be asked who is important to them and who they would like to maintain regular contact with after placement.
- The child should be asked what school, activities, programs and services they attended or participated in prior to coming into care. The child should be asked for their views on continuing in the same school, activities, programs and services.

Indigenous Cultural Connections

- Under the CYFSA, all services should be provided to First Nations, Inuit and Métis children and their families in a manner that recognizes their cultures, heritages, traditions, connection to their communities, and the concept of the extended family (CYFSA s. 1 (2) (6)), including meeting all existing requirements for consultations with the Band or First Nations, Inuit and Métis community to the extent that this would be consistent with the paramount purpose of the CYFSA (i.e., the best interests, protection and well-being of children).
- To improve outcomes for First Nations, Inuit and Métis children and youth, societies should consider making connections with First Nations, Inuit and Métis organizations or agencies to understand how they could support First Nations, Inuit and Métis children and youth to maintain or develop important cultural, spiritual, traditional and community connections to support their wellbeing. Societies should provide First Nations, Inuit and Métis children and youth with the option of connecting with First Nations, Inuit and Métis services and supports if the child or youth so wishes.
- Societies should discuss with a First Nations, Inuit and Métis child if they would like to visit and remain connected to their home community to maintain or develop important connections and relationships.

Child's Best Interests

- Where there are barriers to continuing important relationships and programs, activities, services, the society should make reasonable efforts to address the barriers in the best interests of the child (e.g., requiring a child to attend school in a Section 23 classroom located at the placement site when it is in the child's best

interests to continue to attend their current school and transportation supports are available).

- The child's best interests may change over time and based on circumstances. The child's best interests with respect to maintaining important connections to programs, activities, services and relationships should be continually reassessed and efforts taken to maintain important relationships and connections to programs wherever feasible and in the best interests of the child.
- There may be circumstances where continuity following placement may not be feasible or in the child's best interests. In these cases, the society must document the rationale for why it was not in the child's best interests to maintain connections to programs, activities, services and relationships. In considering whether it is feasible, a society should consider creative and innovative approaches to enable the child to continue in the programs, activities and services they were in before placements and maintain important connections to people significant to the child. For example, the society could support the child to attend a camp with friends from home community, consider scheduling changes, or pursue options for technology-supported virtual connection.
- Where the maintenance of important connections or continuity of programs, activities and services is determined not to be feasible or in the child's best interests, the society should regularly reassess if circumstances change and it does become feasible or in the child's best interests to continue important connections to programs, activities, services and relationships.

Funding Continuity of Services and Supports

- [Ontario Child Benefit Equivalent \(OCBE\)](#) funding could be used to support the child to maintain important connections. OCBE Activities Program funding can be applied towards recreational, educational, cultural and social opportunities that support the achievement of higher educational outcomes, a higher degree of resiliency, social skills and relationship development, and a smoother transition to adulthood for children and youth in care.
- Transportation costs to support children and youth in care to remain in their home school temporarily after a placement change may be available through the Transportation and Stability Supports Funding for Children and Youth in Care program which provides funding from the Ministry of Education to the school. If a society is aware that a child or youth in care has transportation needs that are not known or supported by the board, a society is encouraged to reach out to the board with this information to identify opportunities to fund transportation expenses.
- A society may wish to apply for [Jordan's principle funding](#) to support health, social and educational needs of First Nations children whose parent or guardian lived on reserve at the time when the child is taken into care or a child goes into the care of a guardian who lives on reserve. A society may wish to apply to the [Inuit Child First Initiative](#) to support health, social and educational needs of Inuit children who are recognized by an Inuit land claim organization.

Transfers between settings and discharge from society care

Promoting Dignity

- To promote the dignity of children in care, the child's belongings should be transferred between settings in a respectful manner (e.g., no garbage bags). This applies to emergency placements as well as planned placements.

Placement Decisions

- The child should be engaged in placement decisions wherever possible and in accordance with the rights of the child as laid out in the CYFSA. See <https://www.ontario.ca/page/children-and-young-persons-rights-resource>.
- For First Nations, Inuk or Métis children, consultation with a child's band or First Nations, Inuit or Métis community is required for specific children in circumstances that are prescribed under the regulations. Prescribed circumstances relevant to placement include: when choosing a residential placement for a child; removing a child from a foster home or other residential placement; and, the power to continue a child's placement following the removal of the child if the child's placement changed before notice was provided or before consultation could occur (See s. 29, O. Reg. 156/18).
- Placement changes should be planned to the greatest extent possible to support the child's wellbeing.

Supported Transitions

- Proactive planful communication and information sharing with the child, where appropriate, caregivers and service providers should take place to facilitate a supported transition for the child.
- Youth moving to an independent or semi-independent living placement may need additional supports and skills to enable a successful transition. Youth should be supported during their time in care prior to transitioning to independent or semi-independent living.
- For children transitioning between placements, the society should collect any identity documents provided to the licensee.
- Societies are required to consult with a representative chosen by each of a First Nations, Inuit and Métis child's bands or communities when choosing a residential placement for a child (O. Reg. 156/18, s. 29). However, this is not required when developing a plan to transition a First Nations, Inuit and Métis child from being in a society's care to living independently.

Discharge from Society Care

- Children should be provided with the opportunity, prior to their discharge, to discuss their views and wishes, and to identify what they might need to support their discharge from care.
- The new requirements for discharge planning are not intended to apply to children discharged because of the expiry of a temporary care agreement or child protection order.

- Societies may wish to consider how the new requirements may support transition and discharge planning for children discharged from care because of an expiry of a temporary care agreement or a child protection order in discussion with the child and caregiver, if applicable.
- Similar to requirements in the [Child Protection Standards, 2016](#) for closing a case, when a child is discharged from society care, the society must now:
 - Notify agencies and individuals providing services, supports, and treatment to the child that they intend to discharge the child and the estimated timeframe in which the discharge will take place in order to support service delivery and transition planning for the child.
 - Convene a discharge meeting, prior to or, where that is not possible, no more than 7 days following a child's discharge from care, to discuss how the child's needs will be met following discharge. This meeting provides an opportunity to discuss with the child and caregiver plans for accessing services and supports in the future to prevent any future reinvolvement with the society and so that the child's needs are met.
- The discharge meeting is intended to be child-centred so the child can identify if they want any individuals who were invited to attend their most recent plan of care meeting, or for a First Nations, Inuit or Métis child, if they want a representative chosen by each of the child's bands and First Nations, Inuit and Métis communities to attend. If the child does not want one of the individuals identified above to attend, a society makes the determination of the individual's inclusion based on the child's wishes and best interests, giving due weight to their child's age and maturity.
- A society should provide any child discharged from care with information about any additional services and supports they may be eligible for (e.g. transferring a [Registered Education Savings Plan](#), if the child had one).

15.5 Information Sharing

- O. Reg. 156/18 (e.g., s. 51.1 and s. 51.5) requires that certain information about the child (e.g., information collected by a society about child and the child's family that is required to be included in child's the plan of care) be shared with persons caring for the child.
- The requirements to share identity documentation, plans, reports, personal information and personal effects with a caregiver are intended to support continuity of care and to ensure that the caregiver has the information they need to support the child. This requirement is also subject to s. 12 (a) of the CYFSA which states that a child in care has the right to reasonable privacy and possession of their own personal property. There may be items that a child views as private and they would have a right to keep those in their own possession as they are discharged from care.
- Discussions should take place with the child about the information that is in their file that may be shared with others, including in accordance with requirements in O. Reg. 156/18. Under Part X, children have a right to access and request

corrections of their personal information held by service providers at any time if they believe it is inaccurate or incomplete.

- Information shared with new caregivers should be contextualized and discussed in advance of a placement change, wherever possible. A society should discuss with a child's caregiver the importance of respecting the child's privacy. Where concerns regarding the child's privacy, wishes and safety are raised, the society should work with caregivers and the child to resolve the concerns where possible and may further wish to consider its assessment of the appropriateness of the placement in the child's best interests.

15.6 Resources

Children and Young Person's Rights Resource: <https://www.ontario.ca/page/children-and-young-persons-rights-resource>.

Part X Guide for Service Providers: [part-x-guide-e.pdf \(ipc.on.ca\)](https://www.ontario.ca/page/part-x-guide-e-pdf)

Section III: Optional Templates

The Ministry of Children, Community and Social Services (ministry) has prepared a series of optional templates to support licensees in complying with their obligations under O. Reg. 156/18 and O. Reg. 155/18 of the *Child, Youth and Family Services Act, 2017*.

These templates are not required. Licensees may choose to use their own templates or forms to demonstrate compliance with the regulations. Licensees may also choose to amend the optional templates provided by the ministry to suit their needs.

All licensees are required to ensure that any documentation provided pertaining to the regulatory requirements complies with all applicable requirements of the CYFSA, its regulations and ministry directives. The templates are a resource only and do not have the force and effect of the law. They do not replace obligations set out in O. Reg. 156/18 and O. Reg. 155/18 and reference should always be made to the official version of the regulation.

Optional templates have been prepared for the following topics:

- Foster Parent Learning Plan,
- Obligation to Employ or Engagement Qualified Personnel,
- Pre-Admission/Pre-Placement Assessments,
- Safety Plans,
- Plans of Care,
- Restraints, and
- Complaints.

The optional templates are available on the ministry's [SOR-RL training portal](#).

Section IV: Child Protection Information Network (CPIN)

A working group was developed inclusive of Societies who are on CPIN, as well as external partners, to determine what enhancements and/or changes were required to support documentation with respect to the new Quality Standards Framework regulatory requirements. Materials will be developed as per usual business practice and posted on the CPIN SharePoint site.

Section V: Definitions

Birth Certificate: A birth certificate is a legal document that establishes proof of identity. It can also be used to request documents (e.g., Ontario health card, Passport). A birth must be registered (e.g., Statement of Live Birth) in order for a birth certificate to be obtained.

Canadian Citizen: The [Citizenship Act](#) describes persons who are or and who are not Canadian citizens. For more information, see [Who is a Canadian citizen?](#) and [Canadian citizenship](#). Please also see [Documents that prove your Canadian citizenship](#). A person with Canadian citizenship has all the rights, responsibilities and privileges as those who were born in the country.

Canadian Passport: A travel document that Canadian citizens can apply for that ensures that a person has the required identification for travelling outside of Canada.

Canada Border Services Agency: The department of the Government of Canada responsible for enforcement of Canadian immigration laws, including enforcement of removal orders.

Case Management/Reintegration Plans: in a youth justice context, plans of care are referred to as case management/reintegration plans.

Certificate of Canadian Citizenship: A citizenship certificate is a paper or electronic document that is issued by the Government of Canada and it confirms or is considered proof that a person is a Canadian citizen. It is not a travel document, but it can be used to apply for a Canadian passport.

Certificate of Indian Status (status card): Issued by some First Nations to confirm registration under the *Indian Act*. In 2009, Indigenous Services Canada (ISC) began to issue the Secure Certificate of Indian Status to help protect registered persons from identity theft.

Certificate, diploma, or degree: For the purposes of interpreting [O. Reg. 156/18, 80.3\(5\)\(a\)](#), a certificate, diploma or degree must be issued by:

- A university or other post-secondary institution in Ontario that, at the time the program leading to the certificate, diploma or degree is completed, is authorized to grant degrees by an Act of the Legislature or an Act of the Parliament of Canada,
- In respect of a certificate, diploma or degree that constitutes a degree within the meaning of the *Post-secondary Education Choice and Excellence Act, 2000*, a person that, at the time the program leading to the certificate, diploma or degree is completed, has the consent of the Minister of Training, Colleges, and Universities under section 4 of that Act to offer the program,

- A college of applied arts and technology established under the *Ontario Colleges of Applied Arts and Technology Act, 2002*,
- A private career college providing a vocational program that has been approved under the *Private Career Colleges Act, 2005*,
- An Indigenous Institute prescribed by a regulation made under section 6 of the *Indigenous Institutes Act, 2017*,
- A board as defined in the *Education Act*, but only in the case of a personal support worker program, or
- An educational institution outside of Ontario, provided that the certificate, diploma, or degree is substantially similar to one that could have been issued by an educational institution otherwise described.

Child: A person younger than 18.

Child Welfare Immigration Centre of Excellence (CWICE): [CWICE](#) is a resource for the child welfare sector in Ontario that offers consultation and support for societies in working with families with unresolved immigration issues. CWICE also provides direct assistance to children and families involved with the child welfare system.

Corrective lenses: Optical devices prescribed by an optometrist or ophthalmologist to improve vision (e.g., glasses, contact lenses).

Discharge from society care: applies to children leaving society care but not because of the expiration of a temporary care agreement or child protection order (i.e., “aging out”). Being discharged from society care does not necessarily mean that the society will no longer provide services to the child and family. When a child is discharged from society care, the society is no longer responsible for the child’s care and custody.

Driver’s Licence: An Ontario driver's licence is proof of an individual’s privilege to drive. A G class licence is needed to drive a car, van, or small truck. All new drivers applying for their first licence in Ontario enter “graduated licensing”. Graduated licensing is a process that gives new drivers driving experience and helps them gain skills gradually.

Education Act: The *Education Act* accessible on e-Laws through the following link: <https://www.ontario.ca/laws/statute/90e02>.

Foster parent learning plan: A plan to be developed by a foster care licensee and to be used to help promote intentional planning and skill development of the foster parent by requiring that learning goals and objectives be considered and discussed between the foster care agency and the foster parent. Required content of the foster parent learning plan is set out in [s. 120.1\(2\) of O. Reg. 156/18](#).

Identity characteristics: A reference to a child’s identity characteristics means a reference to 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. Refer to [s. 2 of O. Reg. 156/18](#).

Indian Status: The legal standing of a person who is registered under the *Indian Act*.

Indicators for Compliance: Compliance indicators are used by the ministry when assessing for compliance with licensing requirements identified in the CYFSA, its supporting regulations, licence conditions and any applicable ministry directives. Compliance indicators have been identified to support transparency and help licensees achieve compliance with the new/amended requirements. Multiple indicators may be used to determine compliance with a single licensing requirement (e.g., file reviews, physical inspection, interviews and review of licensee policies and procedures).

Lifebook: An example of a child's personal effects: A lifebook is a distinct file, specifically for a child in care, which forms part of the child's history. Typically, lifebooks are started when the child comes into care. It is a type of scrapbook which records the significant events in the child's life. A lifebook is the property of the child and should accompany the child in care. They are a living document that provides a clear child-centred outline of the child's life.

Mechanical Restraint: A device, material or equipment that reduces the ability of a person to move freely, and includes handcuffs, flex cuffs, leg irons, restraining belts, belly chains and linking chains. This also includes Personal Assistance Service Devices (PASDs) that is a mechanical restraint, which are devices that are used to assist a child or young person with hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulation or positioning or any other routine activity of living.

Ontario Health Insurance Plan (OHIP): OHIP is Ontario's health care plan that pays for provincially funded health services. For example, OHIP covers a routine eye examination provided by either an optometrist or physician once every 12 months plus any follow-up assessments that may be required for youth under age 20. For information on services covered by OHIP see [here](#).

OHIP Card: A health card issued by the government of Ontario to the insured person and confirms OHIP coverage, so that a person is eligible to receive provincially funded health services. A person who provides a provincially funded health care resource can require that a health card is presented to receive insured health services.

Other Educational Program: Denotes educational programming that occurs outside of a school, such as The Education and Community Partnership Program (ECP), also known as section 23 programs. ECP provides critical support to meet the needs of children and youth who cannot attend school due to their primary need for care, treatment and/or rehabilitation services; and facilitates transitions to future educational success. ECPs are voluntary collaborative partnerships between Ontario district school boards and government-approved facilities such as children mental health agencies, hospitals, or youth detention centres. District school boards provide the

educational component (“Education Program”) while facilities provide the care and/or treatment or rehabilitation (“ECPP Services”).

Other education programs can also include programs implemented by school boards and/or education partners designed to support and re-engage students, e.g., Supervised Alternative Learning (SAL), Ontario Youth Apprenticeship Program, Special Education Program, etc.

Permanent Resident: A permanent resident is not a [Canadian citizen](#), but someone who has been given permanent resident status by [immigrating to Canada](#). Permanent residents are citizens of other countries. As a permanent resident, an individual has the right to obtain most social benefits that Canadian citizens receive, including health care coverage, live, work or study anywhere in Canada, apply for [Canadian citizenship](#), protection under Canadian law and the Canadian Charter of Rights and Freedoms. For more information on permanent resident status, see [understanding permanent resident status](#).

Permanent resident card: A card issued to all permanent residents that serves as the official proof of their status as permanent residents of Canada and can be used for travel purposes.

Photo Card: The Ontario Photo Card is a wallet sized card that provides government-issued identification to Ontarians who do not have a driver's licence.

Physical Restraint: A holding technique to restrict a person's ability to move freely. This does not include restricting movement, physical redirection, or physical prompting, if the restriction, redirection, or prompting is brief, gentle, and part of a behavior teaching program, or the use of helmets, protective mitts, or other equipment to prevent a person from physically injuring or further physically injuring themselves. Refer to s. 2(1) of the CYFSA.

Placing agency: As per [Section 243 of the CYFSA](#), a placing agency means a person or entity, including a society, that places a child in out of home care or in foster care and includes a licensee.

Plan of care: Under the CYFSA every child in care has a right to a plan of care designed to meet their particular needs, which must be prepared and reviewed within specified timeframes governed by the CYFSA and its regulation. The regulation sets out specific content that must be included in the child or young person's plan of care, including their needs, desired outcomes and specialized supports where required.

Protected Person An immigrant who has been granted refugee protection by Citizenship and Immigration Canada. This could include persons who are Convention refugees as well as persons in need of protection — that is, removal to their home country would subject them to a danger of torture, a risk to their life, or a risk of cruel and unusual treatment or punishment).

Refugee protection claimant (asylum seeker): An individual who has fled their country, sought protection from and applied for refugee status in Canada, and is currently waiting for the Immigration and Refugee Board to determine whether or not refugee status should be granted. Should their refugee claim receive a positive decision, claimants receive protected person status with the full spectrum of federally funded settlement services becoming available to them. This means that individuals can stay in Canada and apply to become a permanent resident in most cases.

Safety plan: Planning document that is developed by the licensee in consultation with the placing agency, the child (where appropriate), the child's parents (where appropriate), foster parents (where applicable) and a representative from the child's band or FNIM community. The intent of the safety plan is to proactively plan for instances where a child may pose a risk to themselves or others if there are known safety risks and outlines the measures and/or interventions to be put in place to address those risks.

Secure Certificate of Indian Status (secure status card): Issued centrally by Indigenous Services Canada (ISC) to confirm registration under the *Indian Act*. The Secure Certificate of Indian Status has several security features.

Social Insurance Number: An individual who is a Canadian citizen, a permanent resident, or a temporary resident requires a 9-digit SIN to work in Canada or to receive benefits and services from government programs. Children do not need a SIN unless they will earn money from a job or from an investment in their name (e.g., a Registered Education Savings Plan (RESP)). Children 12 years of age or older may apply for their SIN. Parents, legal guardians, or legal representatives can apply for a SIN for children under the age of majority in their province.

The Statement of Live Birth: Also known as a birth registration is a child's permanent legal record. It contains information about the child used to create their permanent record of identity. Once the birth is registered, the birth certificate can be obtained.

Temporary resident: A person from another country who is in Canada for a short period of time. Temporary residents include students, tourists, and temporary foreign workers. In most cases, a temporary resident visa is required and will specify the terms of their stay, including how long an individual can remain in Canada.

Unlicensed setting: They are a setting where a child in society care is placed or otherwise resides where none of the activities that require a licence under section 244 of the Act are conducted. Adoption placements are exempt from this definition. Examples may include: home designated as a place of safety, hotel, group care settings with less than 3 children placed in total, independent living, and semi-independent living situations, including hostels and youth shelters.

Young person:

- a) a person who is or, in the absence of evidence to the contrary, appears to be 12 or older but younger than 18 and who is charged with or found guilty of an offence under the Youth Criminal Justice Act (Canada) or the Provincial Offences Act, or
- b) if the context requires, any person who is charged under the Youth Criminal Justice Act (Canada) with having committed an offence while they were a young person or who is found guilty of an offence under the Youth Criminal Justice Act (Canada).

Refer to s. 2(1) of the CYFSA.