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Preface
With the proclamation of The Child and Family Services Amendment and Consequential Amendments Act, SM 1997 C48 on March 15, 1999, the authority for licensing residential child care facilities was incorporated under The Child and Family Services Act and Regulations.

The licensing, funding and program functions are consolidated under the Child Protection Branch, Section IV of the Child and Family Services Program Standards for residential child care facilities.

Purpose
The purpose of this manual is to provide licensed operators and staff of residential child care facilities, other than foster homes, with a clear understanding of licensing requirements, including the standards, policies, approved forms and the administrative procedures by which licences are issued, maintained, renewed and cancelled.

Use of manual
This manual is divided into four sections: Parts 1 to 3 correspond to Parts 1 to 3 of the Child Care Facilities (Other than Foster Homes) Licensing Regulation. The information provided in the manual provides highlights and clarification and identifies related standards.

Maintaining the manual
Updates to this manual will be forwarded when amendments to the regulation, policies, standards or procedures are implemented. The current Child Care Facility Licensing Manual and Standards are available at: www.gov.mb.ca/fs/cfsmanual/2.0.0.html

The Child Care Facilities (Other than Foster Homes) Licensing Regulation is available at: web2.gov.mb.ca/laws/regs/pdf/co80-017.99.pdf

Act
The following definitions and sections of The Child and Family Services Act provide information concerning the duties and powers of the director, including the authority to license residential child care facilities.

http://web2.gov.mb.ca/laws/statutes/ccsm/co80e.php
Definitions

Agency – a child and family services agency incorporated under The Child and Family Services Act (the Act), a regional office of the provincial government where the minister charged with the administration of the Act is the chief administrative officer, or a corporation under an agreement of subsection 6(14)

Child Care Facility – a foster home, a group home, a treatment centre or any other place designated in the regulations as a child care facility

Director – the Director of Child and Family Services appointed under this Act

Foster Home – a home other than the home of the parent or guardian of a child, where not more than four children who are not siblings are placed by an agency for care and supervision but not for the purposes of adoption

Group Home – a home where ordinarily not fewer than five or more than eight children are placed by an agency for full time care and supervision

Record – a record of information in any form, including information that is written, photographed, recorded or stored in any manner, on any storage medium or by any means (ex: graphic, electronic or mechanical), but does not include electronic software or any record-producing mechanism

Treatment Centre – any place established or designated by the minister primarily for the care and treatment of more than eight children; includes facilities operated by any government department for those purposes; does not include facilities for the reception and temporary detention of a child

Duties of director

4(1) Under the control and direction of the minister, the director shall:

(b.1) in accordance with the regulations, license child care facilities, other than foster homes, and hear and decide appeals from agencies with respect to the licensing of foster homes;

(d) ensure the development and establishment of standards of services and practices and procedures to be followed where services are provided to children and families

(i) assessing risks to a child’s life, health or emotional well-being in his or her present circumstances or any proposed placement; and

(ii) determining the nature and frequency of contact that an agency should have with a child to ensure that the child is safe and secure and receiving appropriate service

(j) ensure the development of appropriate placement resources for children

Powers of director

4(2) For the purpose of carrying out the provisions of this Act, the director may:

(a) enter and inspect the premises of an agency, a child care facility or other place where a child is placed under this Act
(b) inspect and obtain a copy of any record, paper or thing, or a sample of any material, food, medication, or thing that, in the opinion of the director, relates to an agency, a child, a child care facility, or to any matter being investigated by the director and that is in the possession, or under the control of, an agency or a person in charge of any place mentioned in clause (a)

(b.1) require any person who, in the opinion of the director, is able to give information relating to any matter being investigated by the director to

(i) furnish information to the director

(ii) produce and permit the director to make a copy of any record, paper, or thing that, in the opinion of the director, is related to the matter being investigated and that may be in the possession or under the control of the person; does not exclude any privilege that may exist because of the relationship between a solicitor and the solicitor’s client

(b.2) do anything related to the licensing of child care facilities, other than foster homes, and the hearing and determination of appeals from agencies concerning the licensing of foster homes that may be prescribed by the regulation or otherwise considered necessary

(c) conduct enquiries and carry out investigations about the welfare of any child dealt with under this Act

(e) solicit, accept and review reports from individuals or organizations concerned or involved with the welfare of children, families or both

Licence required for other child care facility
8(4) No person shall operate a child care facility, other than a foster home, without a licence for the purpose from the director, issued in accordance with the regulations.

Appeal to Social Services Appeal Board
8(5) A person who is refused a licence for the operation of a child care facility, other than a foster home, or whose licence is suspended, cancelled or not renewed by the director may, within 10 days after receiving notice of the refusal, suspension, cancellation or non-renewal, appeal the matter to the Social Services Appeal Board continued under The Social Services Administration Act.

Action by Social Services Appeal Board
8(6) On receiving notice of an appeal under subsection (5), the Social Services Appeal Board shall, within 30 days, consider the matter and, in writing, advise the appellant of its decision.
Appointment of provisional administrator

8(8) The director may, by written order, appoint a provisional administrator of a child care facility, other than a foster home, if the operator's licence for the facility has expired or is suspended or cancelled.

Powers of provisional administrator

8(9) On the appointment of a provisional administrator under subsection (8), the rights of the operator of the child care facility, regarding the operation of the facility, are suspended and the provisional administrator has all the powers, duties, privileges and authority of the operator to operate the child care facility and

(a) may enter, and authorize others to enter, the child care facility for the purpose of carrying on its operation
(b) may name persons to help operate the child care facility
(c) shall have the use of all monies, books and records of the operator of the child care facility related to its operation

Expenses of provisional administrator

8(10) Where a provisional administrator is appointed under subsection (8), the expenses of the provisional administration of the child care facility, including reasonable remuneration of the provisional administrator and staff employed by the provisional administrator for the purpose of carrying on the operation of the child care facility, shall, as far as possible, be paid from the funds of the former operator of the child care facility pertaining to its operation and, where the provisional administrator or any of the staff employed by him or her to carry on the operation of the child care facility are paid from the Consolidated Fund, the government may recover the amount of salary or wages paid to them from the former operator of the child care facility in a court of competent jurisdiction.

Offence and penalty

8(11) Every person who contravenes subsection (1) or (4) is guilty of an offence and liable, on summary conviction, to a fine of up to $1,000.

Continuing offence

8(12) Where a contravention, referred to in subsection (11), continues for more than one day, the person is guilty of a separate offence for each day that the contravention continues.
**Director to investigate**

18.6 Where an agency receives information that a child was, or might have been, abused by a person who provides work for or services to the agency or to a child care facility or other place where a child has been placed by the agency, the agency shall, in addition to carrying out its duties under subsection 18.4(1) and Section 18.5, immediately report the matter to the director and the director shall investigate the matter and take such further steps as are required by this Act, prescribed by regulation, or as the director considers necessary.

**Regulations**

86 For the purpose of carrying out the provisions of this Act according to their intent, the Lieutenant Governor in Council may make such regulations and orders as are ancillary thereto and are not inconsistent therewith; and every regulation or order made under, and in accordance with the authority granted by, this section has the force of law; and, without restricting the generality of the foregoing, the Lieutenant Governor in Council may make such regulations and orders, not inconsistent with any other provision of this Act,

(a) prescribing forms for the purposes of this Act

(b) providing for or respecting the classification, establishment, designation, regulation, registration and licensing of child care facilities including, without limitation

   (i) respecting the conditions to be met and maintained to obtain, retain or renew a licence

   (ii) respecting the suspension and cancellation of licences

   (iii) respecting the keeping of records, the inspection of facilities and records, and the information, documents or reports that child care facilities or classes of child care facilities are required to submit to the director and the frequency of such submissions prescribing standards for the operation of treatment centres

86.1 If a provision of this Act is inconsistent or in conflict with a provision of *The Freedom of Information and Protection of Privacy Act*, the provisions of this act prevail.
Part 1

Application

The Child Care Facilities (Other than Foster Homes) Licensing Regulation broadened the Manitoba Family Services and Labour responsibilities in relation to the licensing of residential child care facilities.

Previously, only those residential child care facilities that accepted placements from a child and family services agency were required to be licensed. In addition to:

- group homes and treatment centres

The regulation furthermore designates the following places as child care facilities:

- maternity homes
- temporary shelters
- specialized treatment units operated by agencies where ordinarily fewer than five children reside, and the care and supervision is provided by persons employed by the agency
- facilities providing residential care and supervision for children who are attending school and the facilities are not operated by school boards, private schools, or other educational or training facilities or institutions.

Commentary

Broadening the application of this regulation reflects Manitoba Family Services and Labour commitment to ensuring quality of care for the well-being of the children of Manitoba.

Residential units within facilities

If a facility consists of a number of separately operated residential child care facility units within a group of buildings, or separate floors or areas in a building, each unit will be licensed as a separate residential child care facility.
Part 2

Issuance of licence

Licence application

A licence from the director is required to operate a residential child care facility other than a foster home. Applications to operate a treatment centre must be approved by the Minister of Family Services and Labour.

Standard

- The initial information submitted in an application for a licence to operate a residential child care facility [see Section 4(2)] must include a written proposal which outlines the program and goals to be provided, the population to be served, the need for the residential child care facility, the qualifications and training of the applicant. This information also includes the applicant’s curriculum vitae, a current criminal record check (Appendix B) and child abuse registry check (Appendix C) for the applicant, and consent to release information about previous contact with the child and family services system (Appendix D).

- The preliminary information will be reviewed by the appropriate departmental personnel identified by the director and may include the four Child and Family Services Authorities and/or The Child and Family Services Standing Committee (Standing Committee), to determine if there is a need for the facility, the proposed program and whether the applicant is suitable to provide residential care and supervision.

- Standing Committee serves as a governance body for the child welfare system and is responsible for facilitating the provision of services under The Child and Family Services Authorities Act. Standing Committee is comprised of the chief executive officers (CEO) from the four authorities and the director of child and family services. It is an advisory body that is responsible for promoting co-operation and collaboration across the child and family services system and with other systems.

Commentary

The Child Welfare League of America (CWLA) and the provincial Office of the Children’s Advocate (OCA) have made specific recommendations about the referral and placement of young children in residential child care facilities. Based on the recommendations of the OCA and the CWLA’s revised Standards of Excellence for Residential Services, the director will only proceed with approval of residential child care facilities proposed for children ages zero to seven when the proposal is designed specifically for those children whose need for specialized services is more compelling than their need for a family setting. The director may also consider other special circumstances such as culturally appropriate resources, the community’s capacity and availability of resources within a community. Generally speaking, the developmental and attachment needs of infants, toddlers and preschool children are best met in families.
Examples of circumstances where young children might benefit from residential services include, but are not limited to:

- when there is a need for special services, such as 24-hour medical care or monitoring
- the need for awake supervision, crisis assessment or drug and alcohol assessment and/or stabilization
- siblings who are unable to be maintained in a family setting together
- where a less restrictive environment is not appropriate

If the application for a licence to operate a residential child care facility is refused, the applicant will receive written notification of the decision and be advised of his/her right to appeal to the Social Services Appeal Board.

**Further information with application**

**Standard**

- Upon receiving preliminary approval in writing from the director, the applicant must submit additional information as identified in Section 4(4) of the regulation.
- A licence to operate a residential child care facility may be issued by the director only after receipt of written information from the required authorities having jurisdiction confirm that the residential child care facility is in compliance with:
  - all regulations and bylaws related to building construction (Manitoba Building Code) and zoning by-laws
  - fire prevention and safety standards in legislation, regulations and bylaws (Manitoba Fire Code)
  - public health regulations including, but not limited to, standards for sanitation, natural and artificial lighting, heating, plumbing, ventilation, water supply, sewage disposal and food handling

Written documentation of compliance with improvements or changes recommended by the fire, building and health authorities must be provided.

**Procedures**

1. Upon receipt of the completed application to operate a residential child care facility and preliminary approval from the director, the director may advise the applicant of the steps necessary to obtain zoning and building approvals.

2. The applicant will forward confirmation of approvals from zoning and building authorities (ex: occupancy permit) to the Child Protection Branch. Upon receipt of the approvals from zoning and building, the required inspections for the authorities having jurisdiction for fire and health will be co-ordinated through the assigned provincial licensing specialist.

3. In addition to inspections from the authority having jurisdiction for fire and health, the provincial licensing specialist also conducts an on-site orientation to the licensing manual with staff. A licensing review is also conducted.

4. When the facility is in compliance with all requirements, the director may issue a licence to operate a residential child care facility.
The following Public Health Regulations and Bylaws may apply to child care facilities:

**City of Winnipeg**
- Sanitation – Regulation P. 210 - R3 - Division I
- Dwellings and Buildings Regulation MR 322/88R – P210
  web2.gov.mb.ca/laws/regs/pdf/p210-322.88r.pdf
- City of Winnipeg – Neighbourhood Liveability By-Law No. 1/2008
  www.winnipeg.ca/clkdmis/DocExt/ViewDoc.asp?DocumentTypeId=1&DocId=3996
- City of Winnipeg Food Service Establishment Bylaw No. 5160/89
  www.winnipeg.ca/CLKDMIS/DocExt/ViewDoc.asp?DocumentTypeId=1&DocId=525
- Non-Smoker’s Health Protection Regulation MR 174/2004 – N92

**Other areas of the province**
- Sanitation – Regulation P. 210 - R3 - Division I
- Dwellings and Buildings Regulation MR 322/88R – P210
  web2.gov.mb.ca/laws/regs/pdf/p210-322.88r.pdf
- Food and Food Handling Establishments Regulation MR 339/88R – P210
  web2.gov.mb.ca/laws/regs/pdf/p210-339.88r.pdf
- Insanitary Conditions Regulation MR 325/88R – P210
  web2.gov.mb.ca/laws/regs/pdf/p210-325.88r.pdf
- On-site Wastewater Management Systems Regulation MR 83/2003 – E125
  web2.gov.mb.ca/laws/regs/pdf/e125-083.03.pdf
- Drinking Water Safety Regulation MR 40/2007 – D101
- Litter Regulation 92/88R – E125
  web2.gov.mb.ca/laws/regs/pdf/e125-092.88r.pdf
- Non-Smoker’s Health Protection Regulation MR 174/2004 – N92
- *The Highway Traffic Amendment Act*
  (Promoting Safer And Healthier Conditions In Motor Vehicles)
TERMS AND CONDITIONS OF LICENCE

Mixed facilities

Standard
Subject to Section 5(1) of the regulation, facilities may apply to the director, and the residential care licensing authority for adult residential care facilities, to operate a residential care facility with a specific adult(s) and children. The director must be satisfied that placing adults and children together would not be detrimental to the children and is necessary to ensure continuity of service for the adult resident(s).

Children, 16 years of age or over, may be placed in an adult facility if the director is of the opinion the placement is not detrimental to the child and is identified as a part of long-term planning for the child. The placement is also subject to the approval of the adult licensing and program authorities.

Commentary
Facilities proposing to provide service to children and adults will not be licensed as residential child care facilities unless a resident is moving to independence or an alternative, long-term care arrangement.

The director may authorize the facility to provide care and maintenance for a resident past his/her eighteenth (18th) birthday to help the youth transition to independence or adult services. A time-limited plan to secure an alternative placement may be required.

Form of licence

Standard
Every licence issued shall:

- be issued for a one-year period
- be in a form determined by the director
- state the expiration date
- designate the maximum number, the ages and sex of the children who may be placed in the facility
- be limited to a particular licensee and premises
- not be transferable
- state any other conditions on which the licence is issued
- be displayed in a public place in the residential child care facility

Change of location

Standard

- A licence is not transferable.
- If the residential child care facility intends to move the facility, they must notify the director in writing a minimum of sixty (60) days before the move.
- Requests must be accompanied by the information required under Section 4(4), subsections (a), (c) to (l) and (o) of the regulation.
Commentary

Procedurally, a change of location will be treated like a licence re-application. The initial request should be accompanied by the information in Subsections (a), (c), (g), (h), (i), (j), (k), and (l) under Section 4(4) of the regulation.

Inspections will be required by the building, health and fire authorities regarding compliance with legislation, regulations, standards and bylaws, following the preliminary approval of the change of location.

Upon approval, a new licence will be issued for a one-year period.

A change in any condition of the licence or program proposed by the licensee may be treated like a licence re-application and should be accompanied by the information in Section 4 of the regulation, as determined by the director.

Renewal of licence

Standard

- Upon application, a licence may be renewed by the director for two consecutive one-year periods.

Procedure

Approximately two months before the existing licence’s expiry date, the provincial licensing specialist will forward a renewal form to the licensee. A minimum of one on-site licensing review to confirm compliance with the regulation will be conducted by the provincial licensing specialist before renewal of the licence. The provincial licensing specialist will also complete follow-up visits, periodically with or without notice, to conduct a review of any outstanding requirements. The licensee shall be responsible for carrying out the provisions of the Regulation and advising the provincial licensing specialist.

Re-application for licence

Standard

- After two consecutive one-year renewals of a license, the provincial licensing specialist will request an inspection from the fire and health authorities. Written confirmation of compliance from the authorities having jurisdiction will be required before a new licence is issued.

Procedure

Approximately two months before the existing licence’s expiry date, the provincial licensing specialist will forward a re-application for the licence to the licensee. A minimum of one on-site licensing review to confirm compliance with the regulation will be conducted by the provincial licensing specialist before renewal of the licence. In addition, the provincial licensing specialist will request inspections from the authority having jurisdiction for fire and health. Provincial licensing specialists will complete follow-up visits, periodically with or without notice, to review any outstanding requirements. The licensee shall be responsible for carrying out the provisions of the Regulation and advising the provincial licensing specialist.
Variation of licence

Standard

• Requests for a variance must be submitted in writing to the director:
  ▪ identifying the nature and reason for the variance, including documented support of
    the plan from the placing agency
  ▪ indicating the anticipated length of time the variance may be required
  ▪ in the form required by the director

• The director’s written decision (variance) will be provided to the licensee.
  ▪ The variance must be posted near or with the licence.

Commentary

The director may vary the terms and conditions of the licence, including numbers, ages or sex of the
residents, provided the facility continues to meet the regulation requirements.

Compliance orders

Standard

• If a facility is found to be in violation of the requirements of this regulation or its standards,
  the director will, by written order, direct the licensee to take corrective measures. A time frame
  will be provided, which will vary, depending on the nature and severity of the violation and the
  impact on residents’ safety.

• Violations that compromise the immediate safety of the residents may result in a suspension or
  cancellation of the licence as outlined in Section 14.

• Failure to comply with the compliance orders may result in the cancellation or suspension of
  the facility’s licence.

Licence suspension and cancellation

Standard

• When the director has reason to believe that the facility is in violation of the terms set out in
  Section 14 of this regulation, an investigation and/or a quality of care review by the licensing
  specialist, and/or others appointed by the director, will be conducted to ensure the safety of the
  residents.

• The director shall advise the licensee of the results of the investigation, stating the reason for
  cancellation or suspension of the licence, and the right to appeal to the Social Services Appeal
  Board.

• Where the investigation concludes that the safety, health or well-being of the residents is, or
  may be in jeopardy, the director may immediately cancel the licence, or take whatever action is
  necessary to ensure the safety of the residents.

• When a licence is cancelled, the residents of the facility must be removed from the premises
  immediately by the placing agency or jurisdiction.
Commentary
Where a police investigation is in progress, the director may not be allowed to give the details of either the investigation or the allegations until the completion of the investigation and/or criminal court process.

Reasons for suspension or cancellation

Standard
- A written decision, stating the reason for the cancellation or suspension of the licence shall be delivered to the licensee by certified mail, courier or in person.

Right to appeal

Commentary
Section 8(5) of The Child and Family Service Act directs that a person who is refused a licence for the operation of a child care facility other than a foster home, or whose licence is cancelled, suspended or not renewed by the director, may appeal the decision to the Social Services Appeal Board within 10 days of receiving the notice.

Section 16(1) of The Social Services Appeal Board Act notes:

“For each appeal, the appeal board must arrange the earliest possible hearing date. The hearing must not be commenced more than 30 days after the board receives the notice of appeal, unless the board at the request of the appellant, grants an extension.”

Section 23(1) of The Social Services Appeal Board Act advises,

“Any party to the appeal before the appeal board may appeal the board’s order to The Court of Appeal on any question involving the board’s jurisdiction or on a point of law, but only after obtaining leave to appeal from a judge of The Court of Appeal.”

Procedures

1. Any person, who objects to the director’s decision or reasons for the refusal, cancellation or suspension, may within 10 days after receipt of the notice, appeal in writing to the Social Services Appeal Board, 7th Floor – 175 Hargrave St., Winnipeg, MB R3C 3R8.
2. Up to a maximum of 30 days from receipt of the written notice of appeal, the Social Services Appeal Board will schedule a hearing date.
3. The Social Services Appeal Board will request a report from the director.
4. The report will be distributed to the appellant and Appeal Board members before the date of the hearing.
5. The appellant and respondent may be represented by legal counsel at the hearing.
6. The Social Services Appeal Board will, within 30 days of the appeal date, consider the matter and, in writing, advise the appellant of its decision.
7. The appellant, if not in agreement with the decision of the Social Services Appeal Board, may within 10 days of receipt of the decision by the committee, appeal the matter to The Court of Queen’s Bench.
8. Upon receipt of the notice of appeal, The Court of Queen’s Bench will schedule a court date.
9. The decision of the court is final and the matter will not be considered further in any form.
Child care facility ceases operation

Standard

- If a residential child care facility intends to cease operation, its management must notify the director in writing at least 60 days before the date of closure.
- Residents’ records are to be returned to the placing agency, to the organization or jurisdiction that placed the resident, the parent or guardian, or to the resident as determined by the director.
- The licence shall be returned to the director.

Commentary

Whether a facility voluntarily chooses to close, or the licence is not renewed, cancelled or suspended, the primary focus is to provide an effective transition plan for the residents. Residents requiring immediate attention should be identified to the agency and the director.
## Facility Management

### Standard

- The person responsible for the day-to-day operation and management of the residential child care facility must be present in the facility on a regular, full-time basis.

### Commentary

The licensee is responsible for the operation and management of the residential child care facility, including the provision of a suitable program for residents, the personnel administration and the financial management.

Licensees, or managers appointed by corporations, must be present regularly in the facility and available to ensure its ongoing operation and management. If a regular representative is unavailable, another individual must be appointed to perform the duties required to maintain the ongoing operation of the facility.

### Staffing

#### Criteria for employees and volunteers

### Standard

- The following qualifications are considered the criteria for staff competency. All staff shall demonstrate a level of skill in each area, consistent with the needs of their position, job function and responsibilities. Staff responsible for the care, supervision or safety of residents shall meet the following minimum qualifications:
  - demonstrated language, writing and comprehension skills at a level high enough to effectively communicate with residents and to prepare written records when required
  - knowledge of licensing legislation, regulations and standards, facility policies, procedures, routines and responsibilities, as provided by the licensee within two weeks of starting work and at subsequent annual reviews
  - a satisfactory criminal record check dated within three months before starting work (refer to Appendix B)
  - a satisfactory child abuse registry check dated within three months of starting work (refer to Appendix C)
  - certification in First Aid and CPR for the age of children being cared for through an approved program of the Canadian Red Cross or equivalent
  - consent to the release of information about their previous employment or volunteer work
  - provide character references (minimum of three recommended)
  - at least 18 years of age
  - medically, physically and emotionally able to do the required work
  - a prior contact check (Appendix D), is recommended
Commentary
These specific staffing criteria and requirements are intended to ensure that residential child care facilities have completed an adequate screening process to help them determine the person’s ability to discharge their responsibilities and evaluate if the person may be a risk to the residents.

It would normally be expected that three references are provided. At least one of these references should be completed through a personal contact. References should also include the applicant’s most recent employer.

If information is made available to the licensee or the director suggesting that an employee, volunteer or other individual associated with the facility may compromise the safety of the children or their ability to perform their duties, the licensee or director may request that person’s consent to undergo a Criminal Record Check, Child-Abuse Registry check and/or a Prior Contact Check. The director may impose additional criteria for employees or volunteers.

It is strongly recommended that all employees who work with children and youth be certified in non-violent crisis intervention.

The selection, appointment and promotion of employees must be made on the basis of competency, experience, personal suitability and in keeping with the qualifications for the position.

Additional information to help a residential child care facility organization create safe work environments for children can be obtained through Commit to Kids at www.commitzkids.ca.

Volunteer Services

Standard

- Volunteers may be used where the varied skills of unpaid personnel support and supplement the efforts of the facility’s paid employees. Such non-paid positions are not used as an alternative to paid staff.
- Volunteers are not to be included when determining the number of competent persons for the full-time care and supervision of the residents.
- Volunteers must:
  - receive an orientation to licensing legislation, regulations and standards, facility policies, procedures, routines and responsibilities, by the licensee within two weeks of starting work and at subsequent annual reviews
  - have a criminal record check dated within three months before starting work (refer to Appendix B)
  - have a child abuse registry check dated within three months of starting work (refer to Appendix C)
  - consent to the release of information about their previous employment or volunteer work
  - provide character references (minimum of three recommended)
  - at least 18 years of age
  - be medically, physically and emotionally able to do the required work.
  - a prior contact check (Appendix D) is recommended
Commentary
If information is made available to the licensee or the director suggesting that an employee, volunteer or other individual associated with the facility may compromise the safety of the children; or the applicants’ ability to perform their duties, the licensee or director may ask those people to consent to a Criminal Record Check, Child Abuse Registry check and/or a Prior Contact Check. The director may impose additional criteria for employees or volunteers.

Trainees
Standard
- The facility ensures trainees adhere to all the same service standards as employees or volunteers.

Staff Functions/Position/Job Description
Standard
- The licensee
  - shall ensure that staff are on duty and available 24 hours a day in sufficient numbers to maintain the established level of care
  - shall not allow night staff to sleep during their assigned shift without obtaining written approval from the director; at least one staff member must be awake during the night

Guidelines
The licensee of a residential child care facility shall develop staff position/job descriptions to be used as the criteria for hiring staff. The licensee shall ensure the standards contained in the regulation are fully addressed in the job descriptions.

Position descriptions shall include:
- position title (ex: care/supervision, dietary, domestic)
- objectives that are measurable results of a series of activities
- the reporting lines and key relationships
- responsibilities and activities, including decision making and problem solving, required to perform activities
- qualifications required, including minimum formal education and other key skills or knowledge

The position descriptions are reviewed annually and revised as required.

The staff functions described in this section refer specifically to those functions required to meet the licensing standards and regulations. Residential child care facilities providing service to child and family services agencies are expected to maintain staffing levels consistent with the facility’s designated level of care (see Appendix E).

Night staff are required to be awake during their entire shift(s) to ensure the safety of the residents. Any requests to vary this requirement, with the accompanying justification, must be submitted in writing to the director prior to implementation. The director will provide a written decision.
Additional staffing consideration should be given to the following circumstances:

- any resident requires monitoring or supervision overnight, due to illness or behaviour problems
- the building layout precludes staff from hearing residents or events and responding appropriately

Night duty staff shall make regular rounds.

Care and supervision of the residents – includes, but is not limited to:

- helping residents with daily activities (ex: choosing clothing, dressing, hygiene, grooming, bathing)
- monitoring and/or administering medication
- monitoring basic medical care and follow-ups
- supervising, guiding and directing residents
- ensuring fire safety and public health standards are maintained
- maintaining required records
- consulting with supervising agency, licensing authorities and other agencies involved with resident care
- encouraging residents to participate in social/recreational activities

Dietary/Food Service – includes, but is not limited to:

- menu planning
- preparing and serving food consistent with Canada’s Guide to Healthy Eating
- preparing special diets
- consulting food service specialists and licensing personnel, as required
- cleaning food preparation and eating areas
- washing dishes

Domestic Support/Facility Maintenance – includes, but is not limited to:

- cleaning – vacuuming, dusting, sanitizing food preparation areas and bathing facilities daily
- removing trash
- doing scheduled weekly, monthly and seasonal cleaning maintenance tasks
- making beds and changing linens
- doing laundry

Insurance

Standard

- All licensees shall obtain and maintain public liability and property damage insurance, as outlined in Section 22.
Facility records

Standard

- The licensee maintains a record of resident admissions, discharges and absences.

Commentary

Due to the nature of the living environment and the need to ensure continuity of care and appropriate information sharing, the licensee is required to maintain records for internal and agency purposes. The licensee should maintain documented evidence of a continuous quality improvement program that includes at least an annual review of services completed by the licensee. This documentation should be based on client statistics, measures and results.

Guidelines

Service reviews must include at least the following details:

- admissions – placement, goals, number of previous placements and day program involvement
- incidents – tracking incidents, noting any patterns, by
  - shift end
  - time of day or weekend/week day
  - type – proximity to treatment conference
  - disclosure
  - medical involvement
- unplanned absences – time, date, from which location, other significant details, how child was returned (ex: self, staff, police)
- use of restraints – time, date, reason used, staff involved
- grievances – who filed them (ex: staff or resident) issue, results
- staffing – absences, sick days and overtime
- discharges – reason for discharge; number of days in care, background on original placement

Residential child care facilities must maintain a daily attendance sheet. Where children’s care is funded by Manitoba Family Services and Labour, attendance sheets must be submitted with monthly invoices. In all other situations, these forms will be kept by the facility and made available to the director, as required.

The residential child care facility initiates and documents all treatment/care conferences. It ensures the agency receives a copy of the documentation within 10 working days of the scheduled conference.

The residential child care facility maintains a cumulative care file for each child placed to comply with the requirements of Section 26 of the Child Care Facilities (other than Foster Homes) Licensing Regulation.

The residential child care facility has a clothing requirement for children when they are admitted and records purchases while a child is in placement. Receipts for clothing purchases should be maintained on the resident’s record.
The residential child care facility records any grievance or complaint made against the facility in a written incident report and forwards a copy to the director.

Subject to Section 32(1) and (2), the residential child care facility maintains separate logs of all director-approved, locked isolation rooms which includes name of child, circumstances leading to placement, time of isolation/locked room, staff involved, five-minute interval description of child’s behaviour while in the room, time of leaving and time placing agency or jurisdiction is notified. Verbal notification must be made to the director and supervising agency within 24 hours. A written incident report, including a copy of the five-minute log, is to be provided to the director within five (5) days.

The residential child care facility maintains a full description of all physical restraints and summarizes these at quarterly review conferences. The director must be notified (ex: verbally) within 24 hours of any such incidents. A written incident report must be forwarded within five (5) days where any physical restraint occurs.

All incidents, as outlined in the Regulation, are recorded by the residential child care facility and submitted in accordance with standards and regulations.

**Personnel Records**

**Standard**

- Residential child care facilities must keep personnel records of all employees, volunteers and trainees.

**Financial Records**

**Standard**

- All licensed residential child care facilities are required to maintain complete and accurate records in accordance with generally accepted accounting principles. These records shall be made available to the director, or a designate upon request.
- Facilities funded by Manitoba Family Services and Labour shall provide all reports specified in the department’s financial reporting requirements at www.gov.mb.ca/fs/about/frr.html.
- Where the licensee assumes responsibility for residents’ funds, the licensee shall keep individual records for each resident. The licensee and staff shall not borrow money or valuables from residents.
- Where the licensee receives the children’s personal allowance portion of the basic maintenance payable to children in care, the licensee shall maintain individual records for each child. These funds shall be given to the child.

**Guidelines**

Residents’ money or valuables may include, but are not limited to:

- private funds or securities
- personal clothing
- special needs money
- Public Trustee disbursements
Receipts shall be issued and retained.

Where a licensee assumes responsibility for the management of a resident’s money or valuables, the licensee shall ensure their safekeeping.

Residents’ records

Admission Documentation

Standard

- The licensee of a residential child care facility shall maintain a record for each resident, consistent with the requirement in Section 26(i) of the regulation. The licensee ensures that, wherever possible, the information is obtained prior to, or at the time of, admission:
  - requirements of Section 26 (i), (a), (b), (c), (d), (g) and (h)
  - the name and telephone number of a physician to contact in the event of accident or illness
  - any medications and therapeutic diets prescribed by, and any special instructions given by, the resident’s physician
  - any medical disabilities, allergies or conditions made known to the operator by the resident, his/her physician, next of kin or placing agency or jurisdiction

- The information in the residents’ records shall be kept current.
- This information shall be readily accessible to staff.

Residents’ Records at Other Child Care Facilities

Commentary

For residents’ records maintained by residential child care facilities designated under Section 2(c) of the regulation at the time of application for licence, the director may vary the requirements for the resident record under Section 26(i).

Consideration will be given to the nature of the program and the services provided, the characteristics of the residents and the degree and nature of monitoring provided by the placing agency, jurisdiction and guardian.

Confidentiality

Commentary

Residential child care facilities providing service under The Child and Family Services Act are required to comply with the confidentiality requirements of the act. The licensee must ensure that all employees and volunteers receive an orientation to the confidentiality and access provisions of the act within two weeks of starting work and on an annual basis.

In all other cases, residential child care facilities are expected to limit access to the records to a parent or guardian of the resident, the director and any other person with a legal right of access to the record.
Standard

- The licensee stores the resident records in a secure manner and place.
- The residential child care facility must have written permission of the agency, jurisdiction and legal guardians to release information and/or photographs of the child, except in cases of emergency, such as missing persons.
- The residential child care facility has written procedures for the maintenance and security of records.
- Requests for information on residents are referred by the residential child care facility to the placing agency or jurisdiction.
- The residential child care facility requires written permission from the placing agency or jurisdiction for any person, other than an employee or volunteer of the facility, to see a resident’s record.
- The residential child care facility may use resident record information in teaching and workshops, if the identifying information is deleted.
- The residential child care facility obtains written, informed consent of the resident, placing agency or jurisdiction and the parent or guardian, before involving the resident in any fundraising or publicity for the facility.

Disposal of residents’ records
Standard

- At the time of discharge, residents’ records referred to in Section 26(1) are provided to the placing agency or jurisdiction that handled the placement, unless contradicted by any other statutes and regulations.
- In other situations, the director will determine if the records should be provided to the parent or guardian of the resident, or directly to the resident.

Information kept by licensee
Standard

- To ensure the availability of basic information for former residents, residential child care facilities are required to maintain a record of the residents placed, as required in Section 27, for a period of seven years after the former resident reaches the age of majority.

Policies and procedures
Standard

- The residential child care facility has accessible, written statements of the program and services offered and the program goals and objectives of the program [Section 28(2)].
Commentary

All residential child care facilities should:

- be flexible and tailored to the individual needs of the child
- be child-centred and family-focused
- be culturally-responsive
- promote empowerment (e.g., encourage children and families to take control of their own lives)
- emphasize assessment and identification of strengths, in addition to problems
- support children in age-appropriate ways, and their families, whenever it is in the best interests of the child, to build on and use those strengths to achieve the service plan objectives
- recognize reunification as a significant event and ensure it is adequately supported for those children for whom it is the permanency goal

The residential child care facility and the child and family services agency, where appropriate, should:

- provide advice, teaching and support to parents and other relatives before and during the child’s transition from group care to his/her own home, about rules, discipline and behaviour management
- introduce the child and family to community resources that support efforts to reunite the family
- provide parents with support, encouragement and parenting skill training for a successful reunification
- invite parents to the residential child care facility, help them understand the nature of their children’s care and engage them as active participants and allies

Admission practices

Standard

- The licensee reviews referral documentation, including the child’s social history, to ensure referrals are appropriate.
- The Provincial Placement Desk prioritizes referrals to residential child care facilities, identified as managed care facilities by the Child Protection Branch.
- The Provincial Placement Desk operates as the central point from which all admissions/discharges flow and where decisions for provincial placements are made. The Provincial Placement Desk specialist reviews, approves and assesses all admissions and discharges (planned and unplanned) in the managed care residential child care facilities. Some exceptions may apply to children placed from other jurisdictions.
- If a referral made to a residential child care facility by the Provincial Placement Desk Specialist is assessed and deemed as unacceptable or inappropriate by the residential child care facility, a written explanation by the facility must be provided to the Provincial Placement Desk specialist as soon as possible. The explanation must clarify the rationale, based on an interview and assessment, of why the child is not a good candidate for the program. It is the Child Protection Branch’s position that resources must be flexible and creative in looking at ways to meet the needs of children who require specialized treatment placements. It is important that resources understand that the Child Protection Branch may not support their request to fund their empty beds if they have refused to accept a referral. Under these circumstances, payment for vacant
beds will not be considered beyond 10 days without prior written approval from the Child Protection Branch.

- It is expected that when a resource receives a referral, they will begin the pre-admission process prior to that particular bed becoming vacant to facilitate a new resident placement in a timely manner. A written explanation needs to be provided to the Provincial Placement Desk specialist if the bed cannot be filled within 10 days due to additional work associated with admission of a particular child/youth. Again, vacant beds will not be funded past 10 days unless prior written approval has been granted by the Child Protection Branch. It may not always be possible for treatment facilities to receive complete social histories on a youth referred for various reasons (ex: new admission to the system) prior to admission. Consultation with the Provincial Placement Desk specialist is recommended if the facility is experiencing challenges in connecting/consulting with the placing agencies. In these situations, the Provincial Placement Desk specialist will support and assist in that process.

- A licensee admitting any individual who is physically disabled shall comply with all applicable Manitoba Building and Fire Code requirements.

- The licence issued shall indicate the director’s approval to accommodate physically disabled residents.

- The licensee shall ensure that all equipment used by children under the age of two years for eating, sleeping and playing is consistent with their developmental capabilities and is in compliance with the Consumer Product Safety Act as well as other applicable safety legislation or standards.

- The licensee, in consultation with the placing agency or jurisdiction, provides appropriate opportunities to the child/family to be orientated to the placement facility.

**Advocacy**

**Standard**

- The residential child care facility staff should provide residents and their families with information about community services. They should also help them advocate for themselves and negotiate with other service providers and systems.

**Commentary**

Residential child care facilities and organizations can:

- advocate on behalf of their clients
- increase the community’s understanding of residential youth services
- help the community identify gaps in social services programs

**Treatment Planning**

**Standard**

- Treatment planning conferences must occur within 30 days of admission and on a quarterly basis thereafter.
- The licensee is responsible for organizing, documenting and providing the written plans to the placing agency within 10 working days following a treatment planning conference.
Commentary
Manitoba Child and Family Services’ treatment planning is based on strengths and needs defined through competency-based training (see Appendix F).

Discharge process
Standard

- The decision to discharge a child from a residential child care facility, whether it is planned or the result of a crisis, requires a conference with the provincial placement desk where consideration is given to the following:
  - risk factors
  - supports required to maintain placement
  - availability of appropriate alternative arrangement needs
  - transitional or discharge plans

- Children shall remain at the residential child care facility until they are discharged, unless risk factors indicate the child’s or others’ safety cannot be maintained. Where the child remains at the facility, the agency makes it a priority to find an appropriate alternative placement.

- In designated managed residential child care facilities, the Provincial Placement Desk shall be notified of any unplanned discharges prior to the removal of the resident.

- Where the child is placed in a residential child care facility, the licensee prepares a discharge summary for the agency prior to the discharge conference.

- The licensee sends the resident’s clothing with the child or, if the child is discharged in absentia, packs the child’s clothing, possessions and moneys within three days of discharge and forwards it to the child’s worker. The resident’s possessions should be transported in appropriate cases.

Commentary
Tentative discharge plans should be identified by the placing agency or jurisdiction at the time of placement. Ongoing planning for the resident should reflect this plan.

Guidelines
A distinction needs to be made between a crisis resulting in a child’s temporary replacement and a discharge.

Children should never be discharged during a crisis. There may be times where separation from the facility is required. In this situation, the Provincial Placement Desk must be notified by telephone and a written care plan must be submitted to the Provincial Placement Desk outlining the process that will occur to support the child’s re-entry/return to the residential child care facility. A plan also needs to be in place to ensure the child has the opportunity for a healthy separation.

Voluntary Placement Agreement/Youth Criminal Justice Act situations may result in immediate discharges over which the agency/facility has no control. It is expected the residential child care facility will make every effort for the child in this type of discharge to finish or say “goodbye” in a healthy way to other residents and staff.
Education and employment

Standard

- The licensee ensures the child is involved in appropriate day programs. The care provider and/or the agency develop and maintain a positive relationship with day program authorities.
- The licensee:
  - encourages and helps each child in their individual pursuits
  - offers encouragement and helps the child prepare to meet job expectations, find possible employers and enroll in skill development courses
  - The licensee advises the agency about meetings with schools or employers to discuss the child.

Absences

Standard

- Residential child care facilities are required to have written procedures in place for planned and unplanned absences and to work closely with agencies at all times.
- Planned absences of a child in care are discussed and agreed to in advance by the placing agency and licensee.
- A missing child is one whose whereabouts is unknown. The individual care plan developed by the placing agency and the residential child care facility must describe the youth’s unplanned absence policy. The plan sets out what action is to be taken in the event a child is missing. The plan also identifies who is responsible for notifying the family or significant others of a child’s absence and return. At all times, the safety of the child is the primary consideration.
- A care provider must immediately report a child as missing to the police and the agency whenever the child is believed to be at risk or in danger. The high risk status could be due to such factors as the child’s age, medical condition, psychological state, history, behaviour patterns, weather or other circumstances.
- The documented plan, agreed to by the placing agency, sets out when the police or agency are to be notified of a child’s absence when the child is not obviously at risk or in danger. The plan takes into consideration the need to make efficient use of available resources.
- When the police have received a missing person’s report on a child, the facility immediately notifies the police of the child’s return. In accordance with the care plan, the facility notifies the agency and all others who were originally told the child was missing.
- When an absence from a residential child care facility is expected to extend beyond 10 days, the facility submits an Absence Policy Waiver form (see forms in Appendix H) to the Child Protection Branch.
  - before a planned absence
  - before the 11th day of an unplanned absence
Reporting and investigation of abuse allegations by staff and volunteers

Standard

- This section sets out the requirements for handling allegations of abuse by employees and volunteers, based on Section 18 of The Child and Family Services Act and Standard 1.3.4.

Commentary

Child welfare authorities are increasingly required to investigate child protection concerns for children already involved in the child welfare system. On occasion, this involves youth care/residential child care facility staff who have allegedly harmed a child in care. It applies to all situations that have been handled inappropriately, resulting in children being harmed or potentially harmed. It is important to note that children have at times made allegations against caregivers that have no factual basis.

In March 1999, with the proclamation of Chapter 48 (The Child and Family Services Act), the director assumed new powers for investigations.

Section 18.6 states that when an agency receives information about a situation where a child may have been abused “by a person who provides work for or services to the agency or to a child care facility or other place where a child has been placed by the agency,” the agency shall immediately notify the Director and the “Director shall investigate the matter and take such further steps as are required by the Act.”

Further, in 2009, the Child Abuse Standards were amended to clarify the meaning of “to immediately notify the Director.” Section 1.3.4 of the Standards states “within one working day.”

There now is a unit or team of Provincial Investigation Specialists to more effectively respond to allegations and complete Section 18.6 investigations in a timely manner that is least disruptive to all involved. The primary purpose of these positions is to reduce both the perceived and real conflict of interest in conducting such investigations and to increase their consistency and timeliness. It ensures transparency, reduces bias and allows for a transparent investigative process, regardless of whom is alleged to have harmed a child.

While these investigations are governed by the same legislation, guidelines and standards as all abuse investigations, the position of the person accused enhances the need for:

- an impartial investigation
- a timely response
- recommendations and outcomes which employers would then consider in future planning

The intent of this legislation is to minimize any conflict of interest to the parties involved in the investigation.

Scope of Investigations

Provincial investigations include, but are not limited to, employees, board members and volunteers. Employees include regular field staff, supervisors, managers, homemakers, parent aides, child support workers, service-purchase staff, or any person who works for an agency or facility as defined in the act. This includes an allegation of suspected abuse of a child who is, or was, in a residential child care facility at the time of the alleged incident.

While section 18.6 includes any place an agency places a child, the branch may give priority to situations considered to have a high conflict of interest or requiring a large-scale investigation, due to multiple potential victims.
Definitions
The following definitions apply to these guidelines:

*Facility* - includes treatment centres and group homes (excludes foster homes)

*Foster Homes* - includes foster homes and homes designated as places of safety

Response
A provincial investigations specialist will investigate all allegations involving agency staff, residential child care facility staff and high conflict cases. Foster home abuse allegations are included under the scope of the provincial investigations specialist. They may also be delegated by the director to an agency to ensure effective service delivery, considering Manitoba’s large geographic area.

Where a situation requires an emergency response after hours under Section 18.6, the situation is forwarded to the Designated Intake Unit (DIA). Section 18.6 does not replace an agency’s duty under section 18.4 to conduct a child protection investigation and to intervene to protect a child. The intent of section 18.6 is to minimize any conflict of interest to agency persons conducting an investigation.

Some investigations (for example, foster home allegations) are presently delegated to an agency to conduct the investigation. Afterward, an investigation report is submitted to the provincial investigations specialist for review as the investigation falls within Sec. 18.6 of the CFSA.

A provincial investigations specialist will be responsible for investigations considered to have obvious conflict of interest, or where the scope of the investigation is likely to involve multiple potential victims.

Investigations that should be completed by a provincial investigations specialist include cases in which:

- a child in care makes an allegation against an agency staff member, volunteer or board member
- a child in care makes an allegation against a residential child care facility staff member or volunteer
- the conflict of interest is extremely high (ex: an allegation by a staff member’s own child or by someone directly related to a person in authority with a facility or child welfare agency)

Process For Provincial Investigations

Referral
The Child Protection Branch has established procedures and forms for reporting suspected child abuse that falls under section 18.6 of The Child and Family Services Act. They apply to child and family services agencies and to residential child care facilities.

Agency/ residential child care facility reporting involves the following steps:

1. The reporting agency/residential child care facility must notify (verbally or written) the provincial investigation unit (PIU) at the Child Protection Branch within one working day of receiving information of suspected child abuse. This is done by calling the receptionist at 204-945-6964 and asking to speak to a provincial investigations specialist, or by sending a fax to PIU at 204-945-6717 or via e-mail to the PIU manager. Preliminary information about the incident or situation should include the following, wherever possible:
- name of the person suspected of abusing a child
- where the person works or provides services, including foster parents or place of safety providers
- name and age or birth date of the child, if known
- legal status of the child (ex: living at home, in care, voluntary placement, order of guardianship)
- where and when the alleged abuse occurred

2. The reporting agency/residential child care facility completes the provincial child abuse investigation referral form and submits it to PIU within five working days of receiving information of the suspected abuse. PIU forms are available through the Child and Family Services Information System or the branch. The report may be sent by email to the provincial investigation specialist or manager assigned to the case, if known, or by fax to PIU at 204-945-6717.

3. In addition to the provincial child abuse investigation referral form, residential child care facilities are also required to complete an incident report and forward it to the:
   - Child Protection Branch (both the provincial licensing specialist and the PIU)
   - child’s placing agency

Licensees must follow incident reporting procedures as required by this manual. A copy of the incident report is then given to a provincial investigations specialist by the provincial licensing specialist. Completion of the Provincial Investigation Referral Form should be completed by the residential child care facility and immediately forwarded, with the Incident Report attached.

This ensures that the provincial investigations specialist will respond as quickly as possible and ensures the most effective response to an abuse allegation.

Abuse Allegations and Investigations

Abuse allegations refer to all incidents or disclosures of alleged or suspected physical, sexual or emotional abuse. Sexual abuse includes sexual exploitation. Allegations can be separated into current and past incidents.

Current Allegations

Current allegations can involve incidents that have happened with individuals that have recently had contact with the resident.

- If the allegations involve family members, third party individuals, other residents or peers, the allegations should be documented in an incident report and submitted to the resident’s social worker and to the provincial licensing specialist, as required.
- All allegations must be reported within one working day.
- The resident’s social worker is responsible for following up and either completing the investigation or forwarding the abuse investigation referral to the abuse unit, as appropriate.
- If a resident returns to the residential child care facility alleging a recent sexual assault, immediate medical attention should be sought at the Child Protection Centre – Children's Hospital in Winnipeg or an available medical facility outside of Winnipeg.
- If the resident returns to the residential child care facility and is alleging a recent physical assault and there is an indication of physical injury, medical attention should be sought and injuries documented. Ensure the physical health of the resident. This should be done at the
Child Protection Centre – Children’s Hospital in Winnipeg or at a medical facility outside of Winnipeg.

- If the allegations involve a staff member of the residential child care facility, the allegations should be written in an incident report and submitted to the resident’s social worker and the provincial licensing specialist. A provincial investigations specialist referral form should be completed and submitted via fax, email or a phone.

- The allegations must be reported immediately, either through email or phone call, with a written incident report to follow.

- The provincial investigations specialist will be responsible for following up and completing the investigation.

- The supervisor of the residential child care facility will be notified by the provincial investigations specialist.

- The staff member may or may not be suspended until the investigation is completed. Residential child care facilities can consult with the provincial investigations specialist to help with this decision.

- If the provincial investigations specialist deems the matter to be a potentially criminal matter, it will be referred to law enforcement and a joint investigation will commence whereby both child welfare (provincial investigations specialist) and police will investigate within their jurisdictions and mandates.

Past Allegations
Disclosures by residents about past allegations of abuse may involve individuals who may, or may not, still have contact with the resident, or other youth.

- If the allegations involve family members, third party individuals, other residents or peers, the allegations should be documented in an incident report and submitted to the resident’s social worker and to the provincial licensing specialist, as required.

- The allegations must be reported immediately.

- The resident’s social worker is responsible for following up and completing the investigation if the allegation was not previously known or investigated.

- If the allegation involves a former foster parent, staff member of another agency/facility or staff member of the residential child care facility, the allegations should be documented in an incident report and submitted to the resident’s social worker and the provincial licensing specialist. The PIU must be initially notified (verbally or written) within one working day. A provincial investigation specialist referral form must be completed and submitted via fax, email or telephone within 5 working days.

- The provincial investigations specialist will be responsible for following up and completing all investigations involving staff members of agencies or facilities.

- The resident’s social worker must ensure that the allegations involving former foster parents are investigated. This investigation may be done by the social worker or by a specialized abuse worker within that agency.

- The supervisor of the residential child care facility will be notified.

- The staff member may be suspended until the investigation is completed. Residential child care facilities can consult with the provincial investigations specialist to help with this decision.

- If the provincial investigations specialist deems the matter to be a potentially criminal matter, it will be referred to law enforcement and a joint investigation will be started by child welfare (provincial investigations specialist) and appropriate law enforcement.
Role of Child Care Facility Staff

Youth care staff may hear about physical or sexual abuse from children and youth in their care. It is also possible that you may observe incidents that are of concern or are present when a child is making an allegation or threatening to make one. The best interests of children are the paramount consideration. For professionals, especially those in positions of trust, such as youth care workers, there are higher expectations surrounding their behaviour with children and youth. They are also obligated to report children who may need protection. The duty to report applies even where the person has acquired the information through the discharge of professional duties or within a confidential relationship (ex: doctor-patient relationship). The only exception is a lawyer acquiring this information within a solicitor-client relationship.

When listening to an allegation or when noting concerns, it is the role of the staff to document the information and report it. It is the role of the investigator or worker to further investigate and determine if abuse has occurred.

It is important to write down all the information that has been given. Do not probe for details of the abuse because the child will be interviewed further during the investigation. Further questioning can be detrimental to the investigation. It is important that the information includes sufficient detail to describe what was actually said and done. Use the exact wording, whenever possible.

The residential child care facility may need to take additional steps to ensure the safety of the child. This may include consulting the facility supervisor, the child’s social worker or the agencies’ after hours staff.

Intake

Data Collection

The Provincial Investigation Referral form (Appendix J) has been devised to capture specific information that is necessary for the provincial investigations specialist to proceed with the investigation. Although some of this information about the allegation may be collected on the Incident Report, the Provincial Investigation Referral form also needs to be completed. A copy of the incident report can be referred to and attached to the referral form.

Report of Conclusions

In compliance with subsection 76(3) of The Child and Family Services Act and the Child Abuse Regulation, the PIU shares detailed information about a child abuse investigation only with child and family services agencies and police units directly involved in a case. The branch may also share details with a residential child care facility, involved when necessary for the protection of other residents in the facility.

When the investigation is completed, one of the following conclusions must be reached:

a. The allegation was substantiated (ex: sufficient evidence to support it), thus Abuse Occurred.
b. The allegation was not substantiated (ex: insufficient evidence) thus No Abuse.
c. There was insufficient evidence to prove the allegation of abuse, but it is likely that inappropriate behaviour did occur. No Abuse but with recommendations that define the areas of concern.
d. If the matter is deemed to require criminal investigation, there may be a finding based on the criminal code and the court process and a second finding based on The CFS Act.
It is possible that an investigation could find that there was not enough evidence to prove that abuse occurred, even though the alleged offender’s behaviour may be considered inappropriate – as noted in (c). If this is the case, recommendations should be made about how to change the behaviour and enhance safety for the child.

Consistent with clauses 18.4(2) and (3) of the act, the branch may report the conclusions of its investigation to other parties involved or may rely on the intervening agency to do so.

As a matter of policy, the provincial investigations specialist may send a letter summarizing the findings and conclusions to the:

- alleged abuser
- person’s employer, when applicable
- child’s parent (ex: for children not in care of an agency)
- guardian agency (ex: if the child is in agency care)
- appropriate agency child abuse co-ordinator
- the child, if of reasonable age to understand (ex: emancipated youth)

**Agency and Facility Personnel Records** – pursuant to CFS abuse investigation standards, upon receiving information on the results of a child abuse investigation conducted by the Child Protection Branch, a child and family services agency or residential child care facility, as the case may be, ensures a notation is made in an employee’s personnel file or volunteer’s file as to the results of the investigation and any disciplinary action taken.

**Closing the File**
Following completion of the investigation, the provincial investigations specialist may close the file after the:

- investigation is complete and an outcome determined, including the conclusion of any criminal proceedings
- legislative requirements have been met
- issue of conflict of interest has been sufficiently dealt with
- placing agency has an appropriate plan for the child’s protection and treatment as a result of the allegations
- facility that employs the accused has responded in an appropriate, fair manner to the accused and if necessary, supports or training are provided (if necessary) for either the accused or the staff at the facility where the abuse occurred
- facility, employer, guardian agency or parent and licensing agency are aware of the conclusion and recommendations resulting from the investigation
Personnel Policies and Procedures

Standard

- The facility must have written policies and procedures consistent with the *Charter of Rights and Freedoms*, *The Employment Standards Act*, *Workplace Safety and Health* and other related legislation about:
  - policies governing employee benefits
  - recruitment, selection, appointment and promotion of employees
  - orientation of staff and volunteers
  - probation periods
  - annual performance appraisal
  - ongoing training and development
  - code of conduct and disciplinary policy
  - grievance procedures

- Personnel policies and procedures are reviewed by the operator annually and revised as necessary.

Orientation

Standard

- All new employees are provided with an orientation prior to, or within the first two weeks of, beginning employment and on an annual basis, which includes:
  - philosophy, purpose, objectives
  - policies and procedures
  - reporting procedures
  - program, resources, services
  - grievance procedures for staff and children
  - compensation and benefits
  - *The Child Care Facilities (Other than Foster Homes) Licensing Regulation* and Standards

- For those facilities providing service under *The Child and Family Services Act*, confidentiality and access provisions must be reviewed prior to, or within the first two weeks of, beginning employment.

- Staff shall be provided with current information in these areas annually.
Training and Development

**Standard**

- The facility encourages employees to take training and development programs that improve their knowledge, skills and abilities. The completion of each program is recorded in the employee’s personnel file.

Employee Misconduct

**Standard**

- The facility has a written code of conduct. Staff must agree to follow a Staff Code of Conduct, including standards for confidentiality.
- Allegations of employee misconduct – which, by law, would be a criminal offence – are reported to the facility’s executive director who refers them to the appropriate external authority for investigation.
- Allegations of employee misconduct, which are not criminal offences, are investigated by the facility’s executive director and/or board of directors. The results are reported to the director of the Manitoba Child Protection Branch.

Disciplinary Action

**Standard**

- Disciplinary action is consistent with the severity of misconduct. Levels of disciplinary action include, but are not limited to:
  - verbal or written warning
  - probation
  - suspension, with or without pay
  - demotion
  - termination of employment
- All situations involving employee misconduct and actions taken are recorded in the employee's personnel file, including reasons for suspension or termination.

Code of Conduct

**Standard**

- The residential child care facility has a written code of conduct which includes these basic standards:
  - breaches of confidentiality
  - physically inappropriate conduct with residents
  - breaches of agency policies and procedures
  - alcohol and/or drug use
  - use of agency property
- breaches of ethical conduct
- gambling
- personal telephone call or visits
- grooming and attire
- an appeal procedure
- staff signatures

**Personnel record**

**Standard**

The facility ensures:

- a personnel record is created for each employee
- an employee’s personnel record is accessible, as per their policies
- an employee’s personnel file is confidential; no information is released without the informed consent of the employee
- personnel files are maintained for at least a year after termination

- Each personnel record contains:
  - a completed application or resume
  - copy of offer of employment letter, indicating starting date, salary, salary range, name of supervisor, probation period, benefits and job description
  - copy of references checks at point of hiring
  - Criminal Record Check and Child Abuse Registry Check at point of hiring
  - orientation dates
  - record of accumulated benefits
  - record of completed performance appraisals
  - an employee status change form acknowledging any changes

**Grievance procedure**

**Standard**

- When not covered through a collective agreement, the facility ensures a written grievance procedure is available which consists of:
  - an attempt for a verbal resolution between the parties involved
  - when verbal resolution fails, a formal grievance procedure which systematically proceeds through the lines of authority
Discipline and Behaviour Management

Standard

- The licensee employs techniques, such as the skills approved through Non Violent Crisis Intervention (NVCI), that are the most appropriate and least restrictive disciplinary measures necessary which may include:
  - bringing attention to the action
  - expressing disapproval
  - discussing negative behaviours
  - giving direction or placing limits on the child’s behaviour
  - restricting privileges
  - assigning appropriate and reasonable extra duties
  - making restitution for deliberate damages
  - temporarily removing them from the situation
  - restricting them to home for a reasonable period
  - restraining them physically to ensure their immediate safety or the safety of others using NVCI approved techniques
  - removing property only to the degree necessary for such protection

- The care provider administers discipline as soon as possible after the misbehaviour. Measures taken help the child learn from the experience. The measures are related to the severity of the misbehaviour/needs of the child.

- The care provider clarifies expectations of the child and gives reasons for discipline.

- The care provider ensures the following are not used as disciplinary actions:
  - striking a child directly or with any object
  - making any aggressive physical act
  - encouraging or condoning punishment of one child by another child or group of children
  - forcing children to take an uncomfortable physical position
  - using verbal abuse, harsh, humiliating, belittling or degrading responses of any form
  - telling children they are bad
  - depriving children of what they are entitled to or what is necessary for proper development and care, including reasonable family visits, food, shelter, clothing, bedding
  - withholding emotional response or stimulation for an extensive time
  - requiring a child to remain silent for more than five minutes
  - using mechanical or excessive physical restraint
  - excluding children from entry to the home
  - assigning undue physical or harsh work
- confining the child to bed
- depriving children of their base personal allowance money
- pain compliance method

**Commentary**

The goal of discipline is to teach children to live successfully in the community. Adults should help children develop and use self control.

Children in care should gradually learn age-appropriate responsibility for the decisions of daily living. They should learn social skills, respect for property and the rights of others. They need clear, specific rules on behaviour, showing what is permitted and what is not. Intervention should provide feedback on both right and wrong actions. It should also help the child identify signals of possible difficulty. Interventions should offer alternatives to acting out.

To work, interventions should be based on an understanding of the child, the situation, the child’s relationships, the child’s capacity to learn and the treatment plan objectives.

**Standard**

- The licensee shall not restrict a resident's behaviour, freedom of choice, movement or the right to make decisions, except to the extent necessary to protect the resident's health and safety, as defined by the placing agency in the treatment plan. Discipline and behaviour management techniques should be contained within the resident’s treatment plan.

- The licensee must adhere to the following guidelines:
  - Physical restraint is used only when necessary to ensure the immediate safety of the resident or the safety of others using NVCI approved techniques.
  - The only restraint methods used are those approved and authorized by the placing agency.
  - It is strongly recommended that all employees who work with youth be certified in non-violent crisis intervention.
  - If a resident is injured while being restrained, an incident report shall be completed and forwarded as required by the director.
  - The licensee advises the agency of the details of every restraint situation at least quarterly.

**Commentary**

Physical restraint of a child, while necessary at times to prevent physical harm to the child or others, should not be used as a form of punishment. Its purpose should be to provide only that degree of physical control that children are unwilling or unable to provide for themselves. It is justified only when needed for safety.
Isolation room

Standard

- Written approval from the director is required to use an isolation or locked room. No residential child care facility shall operate an isolation or locked room unless approval has been granted by the director.
- If approval is granted, the licensee ensures the child:
  - is not kept in an isolation or a locked room without supervision by an adult who is able to hear and see the resident
  - remains in an isolation or a locked room for no longer than two (2) hours
  - is isolated only to ensure the child’s or others’ immediate safety
- The licensee notifies the placing agency as required under Section 32(2) (a) and maintains documentation of the use of an isolation or locked room on the resident’s record.
- The licensee advises the placing agency in writing, within five days, on all uses of an isolation or locked room, noting the date, time and duration of the confinement.
- The licensee provides the director with a written incident report as required.
- A separate log is kept when a child is secured in an isolation or locked room for any period of time. This log notes:
  - name of the child
  - circumstances causing the situation
  - time of entry
  - care provider involved
  - five-minute interval description of child’s behaviour while in room
  - time of leaving
  - time (within 24 hours) the agency was notified

Each time an isolation or a locked room is used; an incident report must be completed and submitted to the director. Verbal notification of an incident is required within 24 hours and the written report within five (5) days of the incident. A copy of the five-minute log must be included with the incident report.

Complaints

Standard

- Residents’ grievances are to be recorded on their records and reported to the placing agency or jurisdiction at least once a month.
- The facility must post the facilities grievance procedure in an accessible place in the residential child care facility.
Commentary

The residential child care facility should develop and maintain a client’s rights policy that supports and protects the fundamental human, constitutional and statutory rights of all children in its care.

Child care facilities should ensure youth in care (ages 14 to 18) are provided with information about Voices, Manitoba’s Youth in Care, etc.

Since an effective grievance procedure is an important safety precaution within child care settings, staff must ensure that all residents are aware of the facility’s grievance procedure including access to the director and the Manitoba Children’s Advocate.

Incidents

Standard

- For the purpose of this manual, an “incident” will be interpreted as:
  - any serious licensing standards violation, including all incidents of abuse (ex: physical, sexual, verbal, emotional, psychological, financial), medication errors, medication, substance or chemical abuse
  - fires
  - incidents caused by defective physical structures
  - any emergency situation which involves a child in care and police intervention (excluding unplanned absences, unless of a serious nature)
  - any emergency situation which involves public health or medical intervention
  - all incidents involving a restraint of a resident
  - all incidents involving a restraint of a resident, which results in an injury, or is considered to be volatile
  - the death of a resident
  - any situation in which a care provider or other adult in the facility is charged under the Criminal Code of Canada
  - the use of an isolation or locked room, as approved by the director

Reporting procedures

Standard

- The licensee advises the placing agency about the incident by phone or electronically as soon as possible and the director must be advised within 24 hours of the incident. In situations where a staff/representative of a facility has allegedly abused a resident, the primary agency must also be notified.
- The incident report is completed by the staff person involved and submitted within five days to the:
  - supervising worker/agency
  - director (Manitoba Child Protection Branch)
  - primary agency (ex: in situations of alleged abuse of a resident by a staff/representative of the facility)
• The incident report form is used to document information. It identifies the residential child care facility’s involvement and response to the incident.

• The incident report form must be reviewed by the residential child care facility to ensure corrective measures are implemented as needed to prevent a similar incident in the future.

• The residential child care facility may consult with the agency, the licensing specialist and a provincial investigation specialist to determine whether further information or action is required.

• Where an immediate investigation is deemed necessary, the agency, the Manitoba Child Protection Branch and/or a provincial investigations specialist will consult and co-ordinate an action plan.

• The director immediately notifies all placing agencies if an investigation reveals residents are at risk.

• The director meets with the agencies involved in risky situations to explore options if the facilities need to be closed.

• The director advises of an admission freeze, if a decision needs to be made about closure.

Complaints and Reviews

Standard

• All incidents or complaints will be reviewed by the director to determine the type of responses required. Specific concerns of residents or specific incidents may be referred to the placing agency or jurisdiction for further investigation or follow-up.

• When a complaint is received that alleges misconduct on the part of government employees and/or third party, before the investigation can proceed, a letter should be sent to the complainant seeking the complainant’s permission to proceed including their consent to share their identity, the complaint or parts of it, with relevant people including government employees and/or third parties.

• The facility is advised about a complaint as soon as possible be the director. The facility may receive a copy of any written complaint and, if possible, the source of the complaint. The facility is involved to the greatest possible extent in the investigation and the resolution of the complaint.

• The director will give priority to resolving grievances and investigations as soon as possible. Action must be taken within one working day after receiving a complaint/grievance that a child might be at risk.

• The director advises the facility of the investigation results and provides an opportunity for the facility to review the findings.

• The director immediately advises placing agencies if the investigation reveals other children in the facility may be at risk.

• The director records complaints as received, noting the date, nature of the complaint, source, process of investigation, conclusions, recommendations and action.

Commentary

Complaints are situations that DO NOT involve abuse allegations. Complaints refer to the physical building, standards violations and levels of service adequacy.
Emergency Procedures

Standard

- In complying with the requirements of Section 35, the residential child care facility must be aware that the safety requirements for the facility are determined by the number of residents in the facility and their physical and emotional limitations. Evacuation procedures should ensure that all residents and staff can be evacuated within an appropriate period of time, at any time.

Disaster planning

Standard

- The residential child care facility shall make effective provisions for the safety of residents and staff in case of fire or other emergency by developing and maintaining a business continuity plan.
- The facility shall have established plans to deal with disasters and emergencies. All staff members shall be advised of their duties and procedures to be followed.

Crisis Plan

Standard

- Each facility must include a written plan in its policy manual to address a crisis situation in the organization. It must show the lines of communication and reporting during a crisis.
- The organization must arrange for an external person or agency to debrief staff and volunteers after a crisis. Plans for debriefing residents and other minor clients (ex: day students) should also be included, but internal (ex: rather than external) resources may be used for debriefing residents.
- Whenever residents are at risk, the director or designate meets with the involved organization to explore options.
- Staff should be trained in recognizing and responding to a crisis situation, including the reason for crisis debriefing.

Commentary

From time to time, facility staff and residents experience crisis. This may be caused by a variety of situations in a residential setting, such as a violent outburst by a resident, a suicide attempt/serious illness or the death of a resident or staff member. In each case, the impact on staff and residents will be profound and require intervention to reduce as much stress as possible.

The definition of a crisis will vary from facility to facility. Each organization will need to establish its own guidelines to define a crisis. The standards outlined in this section should form part of any crisis planning.
Space and Accommodation

Standard

- The facility shall not be used to provide multiple services or to provide services to a client group that has not been approved through the application process. Requests of this nature must be submitted to the director for review and written approval must be given in advance of implementation.

- The licensee shall advise the director, in writing, of any proposed building or structural change. Approval for renovation to a residential child care facility is required before proceeding with the renovation.

- The licensee shall submit plans to the appropriate authorities having jurisdiction and obtain the necessary permits and approvals before starting any construction or change to the physical structure.

Commentary

The residential child care facility should meet the needs of the residents in its design, capacity and location. This includes homelike comforts, remaining in good repair, safety and attractiveness.

Child care facilities should have furnishings appropriate to the age and activities of the children. Furnishings should be durable, comfortable and meet any special needs of the children.

The facility should have a plan and budget for the regular and preventive maintenance, and replacement/repair of all equipment and furnishings.

Bedroom Space

Standard

- The residential child care facility should have sufficient bedroom space. A bedroom for one resident requires a minimum of 7.0 square metres. Bedrooms for more than one resident require an additional 5.6 square metres for each additional resident. Bedrooms for more than two residents are not recommended.

Commentary

Children of different sex, over age 5 (five) years, shall not share a bedroom.

Same sex children, age 0-5 years, shall not share a bedroom with children older than 8 years of age.

The licensee shall ensure that each bedroom is appropriately furnished.

- Window coverings should ensure privacy.

- Each bedroom shall be decorated appropriately for the age and gender of the resident.

- Where bedroom doors or closet doors have security locks, the doors must open from the inside without the use of a key or special device. The licensee shall maintain a readily accessible key or a functional opening device to unlock such doors in case of an emergency.

- The operator of a facility shall ensure that every bedroom in the facility is provided with adequate artificial lighting. The ceiling, wall fixture or lamp shall be equipped with a shade for diffusion of light and for safety. The lighting fixture shall be equipped with a bulb of the wattage not exceeding that recommended by the manufacturer.
Storage space
Standard

- The licensee shall provide each resident with separate, adequate bedroom storage space for their clothing. Appropriate storage areas might be a chest of drawers, a dresser, built-in drawers or shelves or a clothes closet.
- The licensee must provide a secure area for the storage of residents’ personal possessions.
- The safety of children placed in the care of our licensed residential child care facilities is a responsibility taken seriously by all operators. Therefore, it is imperative to continually assess what more can be done to reduce risk. Although it is also impossible to eliminate all potential risks to youth in a residential child care facility, we must respond when tragedies occur. In September 2009, as a result of a hanging death by a youth in a residential child care facility, the director issued the following directive “all programs are directed to remove or cut all weight-bearing objects and structures from all resident bedrooms and other isolated areas that could pose an accidental or intentional hanging risk.” Appendix L

Bathing and toilet facilities
Standard

- Child care facilities, where care and supervision are provided to children who may not be able to safely manage bathing, shall be equipped with a system to control water temperature in bathing and shower facilities. These requirements will be identified for the licensee during the licensing process.
- The licensee shall maintain water, from tap(s) and shower head(s) in all bathrooms, bathing and shower facilities, at a temperature which does not exceed 125°F (52°C).
- The licensee shall equip every bathroom door in the facility with an approved passage set which may be:
  - locked from the inside to ensure resident privacy
  - opened from the inside without the use of a key or any special device
  - opened from the outside without the use of a key, in case of emergency
- The licensee shall keep a key or device to unlock the bathroom doors in an area of the facility which is easily accessible to staff.

Commentary
Facilities should promote privacy and convenience, easy access to sleeping, living and recreation rooms. The mix of bathrooms, showers and toilet facilities may vary, according to the ages and needs of the children.

The licensee shall maintain bathrooms and supplies in sanitary condition. For health and sanitation purposes, liquid soap in dispensers and single use hand towels are recommended for hand washing.

Several methods may be used to regulate the water temperature. When regulating water temperature, licensees should be aware that the temperature requirement for bathing and washing facilities may not be high enough for automatic dishwashers. Licensees are advised to contact a qualified trades person to determine the most feasible option.
Dining area

Standard

- The licensee shall ensure the area in which meals are served to residents is not used, or intended to be used, as sleeping quarters.
- The licensee shall ensure that the dining area has adequate seating, in good repair, for all the residents and the staff.
- The licensee shall provide enough crockery and eating utensils to serve the number of residents the facility is licensed to house.

Commentary

The residential child care facility should be arranged and equipped so residents and staff members can have their meals together. Attractive dishes, cutlery, tablecloths, etc. add to the dignity of meal times and encourage residents to develop appropriate eating habits and manners.

When it is impractical to seat all residents at the same time, two sittings may be permitted, provided that both meals are served within recognized mealtime hours. This arrangement must be addressed in the applicant’s initial proposal and must be approved by the director.

Kitchen

Standard

- The authority having jurisdiction for health shall apply standards to ensure minimum requirements for refrigeration, cooking and dishwashing are in place.
- The licensee shall provide adequate cooking utensils for food preparation in the facility.
- The licensee shall routinely inspect the cooking utensils to ensure they are maintained in a sanitary condition and are free of chips, cracks or damage. Damaged items shall be replaced immediately.

Storage areas for housekeeping supplies

Standard

- The licensee shall provide adequate storage space for enough cleaning and housekeeping products to maintain the facility.
- Cleaning, housekeeping supplies and hazardous products shall be stored securely and separately from food.
Laundry facilities

Standard

- A washing machine, dryer, iron, ironing board and other clothing care equipment shall be made available to those residents who choose to do their own laundry.
- The licensee is responsible for laundering the residents’ clothing weekly, or more frequently when necessary. Laundry service shall include collection, sorting, laundering, folding, ironing and mending residents’ clothing.

Guideline

A method to identify each resident’s clothing should be developed (ex: name tags, laundry markers, etc.)

Recreation

Standard

- The licensee shall provide adequate living and recreational space for the licensed occupancy.
- The licensee shall allow and encourage residents to use the facility’s living and recreational areas, equipment and supplies at any reasonable time during day or evening.
- The licensee shall allow and encourage the residents to become involved in community activities by providing them with information and help in accessing resources, including culturally-appropriate opportunities. The degree of staff involvement in organizing and participating in these activities will depend on the needs and physical and mental capacities of the residents.

Commentary

Child care facilities should consider including therapeutic recreational activities within the objectives of the resident treatment plan. Recreational activities can facilitate emotional and behavioural growth by promoting self-esteem, capacity for teamwork and leadership. The inclusion of culturally-appropriate activities promotes respect for traditions, languages and the values of children, youth and families.

Basic equipment may include:

- televisions, stereos, radios, video games, computers
- books, magazines, newspapers
- puzzles, cards, board games
- exercise equipment and DVD’s
- art and craft supplies
- plants, herb gardens
- pianos, organs, guitars, recorders

Adequate living and recreation space includes:

- up to four residents – a minimum of 100 square feet (9.3 square metres)
- each additional resident – add 11 square feet/person (1 square metre)

Bedroom space is excluded when calculating recreational space.

Equipment in living and recreation areas shall be appropriate to residents’ needs, interests, ages and abilities.
Recreational Camps

Standard

- Camps operated by licensed child care facilities, as a part of their program, are expected to comply with the Recreational Camps Regulation (Regulation 327/88 R) under The Public Health Act.
- The residential child care facility shall provide the appropriate levels of staff supervision to ensure the safety and well-being of the residents.
- The residential child care facility shall offer a variety of indoor and outdoor recreational activities through which the residents can find pleasure, experience success, gain confidence and explore culturally-appropriate activities.

Equipment and Supplies

Standard

- A resident’s right to privacy during telephone conversations shall be respected.

Commentary

Telephone calls may be monitored or restricted where indicated in the resident’s treatment plan.

The use of telephones for long distance calls should be negotiated with the resident and the placing agency or jurisdiction at the time of admission.

Standard

- The licensee shall maintain a first aid kit which must contain no less than the following items:
  - general items:
    - a recent edition of a first aid manual
    - pair of disposable sanitary gloves
    - disposable resuscitation mask (ex: with a one-way valve)
    - disposable cold compress
    - a dozen safety pins
    - splinter forceps
    - a pair of 12-centimeter bandage scissors
    - 25 antiseptic swabs
    - waterless hand cleaner
    - waterproof waste bag
  - dressings (ex: each item to be sterile and individually wrapped to maintain sterility):
    - 16 surgical gauze pads (7.5 centimetre squares)
    - 4 pads (7.5 cm by 10 centimetres, non-adhesive)
    - 32 adhesive dressings (2.5 centimetres wide)
    - 2 large pressure dressings
- bandages:
  - 3 triangular bandages (1 metre each)
  - 2 conforming bandages (10 centimetres each)
  - 2 rolls of 2.5 centimetre adhesive tape
  - 1 roll of 7.5 centimetre Elastoplast
  - 2 rolls of 7.5 centimetre tensor bandage
- The licensee will provide:
  - A separate bed for each resident which shall:
    - be a minimum of 99 centimetres (39 inches) wide for each adolescent, 61 centimetres (24 inches) wide for each child and long enough for the resident
    - have level, substantial springs, a comfortable mattress, a pillow, a pillow case, two sheets and sufficient blankets or coverings
    - have mattresses and bed springs that are level and in good condition
    - have clean, sanitized mattresses and/or box springs at all times
    - mattresses and pillows with protective covers where required by the resident
    - A complete set of clean linens shall be provided, minimally, once per week and more often when necessary.
    - Blankets, comforters and bedspreads shall be cleaned every six (6) months, or as required to keep them clean.
    - Bed linens, blankets and bedspreads shall be replaced when worn or torn.
    - Blankets and bed coverings must be comfortable.
    - Cribs shall be provided for any child less than two years of age. Cribs, crib mattresses, bumper pads, playpens and cradles shall meet requirements as specified in Consumer Product Safety Act.

**Clothing and Personal Supplies**

**Standard**

- The licensee ensures the child has age-appropriate toiletries and other supplies for daily hygiene and personal care.
- The licensee advises the agency of initial clothing requirements and completes an inventory for the newly-admitted child.
- The licensee, in consultation with the agency or jurisdiction, talks to the child to decide his/her personal clothing needs, appropriate to age, gender, activities and season and helps the child with personal shopping, unless an alternate plan is approved. Each resident should have the opportunity and experience to select age-appropriate clothes and care for them.
- The licensee ensures clothing is clean, in good repair and appropriate.
Commentary
Clothing contributes to feelings of self-worth and dignity. Clothing shows a respect for individuality and demonstrates that someone cares for a child or youth. Such clothing should be provided so a child develops self-esteem and a sense of personal responsibility.

Food Services
Standard

- The licensee shall ensure that three meals are prepared and served daily to the residents at recognized mealtimes. The meals should be varied, attractive and in accordance with Canada’s Food Guide to Healthy Living. Recognized mealtimes have been established as:
  - Breakfast 0700 0900 hours (7:00 a.m. – 9:00 a.m.)
  - Lunch 1130 1330 hours (11:30 a.m. – 1:30 p.m.)
  - Dinner 1700 1900 hours (5:00 p.m. – 7:00 p.m.)

- The licensee must also ensure that healthy between-meal snacks are offered to residents.

Guidelines
Recognized meal times may be changed to accommodate weekend and holiday schedules, if changes are acceptable to the residents and are not detrimental to their wellbeing.

Children are provided with adequate lunches or lunch money when away from home.

The licensee ensures food is well-prepared, tasty and attractively served and that mealtimes are a pleasurable experience in a relaxed setting. Meals or foods representative of the culture of the residents should be available where appropriate.

The licensee neither withholds food nor forces children to eat without written instruction from a licensed physician.

The licensee ensures children regularly participate in age-appropriate meal planning and preparation.

The licensee shall provide meals to children by room tray service, when physical, emotional, psychological condition or behaviour problems prevent them from eating in the dining area.

Commentary
Child care facilities should recognize the cultural, religious, social, nutritional and emotional needs of the residents in planning, preparing and serving food. It is especially significant for many children who have been neglected or malnourished to have nutritionally-appropriate food prepared and served in a caring way. Food that is familiar and tastes good can help the child achieve a sense of well-being. Providing and serving good food is an opportunity to model orderly living habits.

Menus
Standard

- The licensee shall prepare weekly menus in advance and indicate and retain any changes in the actual foods served. The menus and changes should be kept for at least three months.
Commentary
Residents should be encouraged to eat many different foods while recognizing personal and cultural preferences, medical diets, etc.

There should be sufficient amounts of food prepared to allow for second helpings. Snacks should be offered routinely after school and at bedtime.

Health and Safety

Health Care

Standard

- The licensee fosters in each child the importance of sound health and personal hygiene practices. They also provide information on normal body growth and development and sexuality.
- The licensee ensures that a newly-admitted child’s health and health history will not put any other child(ren) in the facility at any health risk through the use of universal precaution.
- Prior to admission, or at admission, the licensee must obtain documentation on the resident’s medical, optical and dental history. If the resident’s medical, optical and/or dental histories are not current, the licensee must arrange for the medical, dental and/or optical checks within 30 days of admission to the residential child care facility.
- The licensee facilitates at least one annual physical and dental examination, an optical examination every 24 months and any follow-up requirements.
- Where possible, the child’s family physician continues to provide ongoing medical supervision while the child in care. Where this is not possible, the attending physician should consult with the child’s family physician.
- The licensee, together with the agency, discusses the need for medical checkups after an unplanned absence and completes a follow-up as determined.
- The licensee documents and maintains an immunization program for each child.
- The licensee maintains secure, cumulative health records accessible to the agency. The files should include dates, reason for referral, name of the doctor and follow-up between quarterly reviews. The licensee includes this information in the individual or treatment program plan. All original medical information is returned to the agency when the child is discharged and/or enters a new placement.

Commentary
The licensee must know if children are receiving medical, dental or optical treatment before placement. If this information is not current, the licensee must arrange appropriate appointments (ex: check-ups) within 30 days. This practice will ensure the children’s health and prevent the spread of communicable diseases.

These standards mean the licensee must keep a health record for each child. This information is important for the continuity of care if the child returns home or moves. It is also important to help answer the children’s questions about their own health.
Medications

Standard

- The licensee shall ensure the medication policy as defined in Appendix G is maintained, unless otherwise approved by the director.

Safety and health practices

Standard

- The licensee shall ensure that the guidelines as provided in Appendix K are maintained, unless otherwise approved by the director.

Guidelines

Infection Control Guidelines for Community Shelters and Group Homes
www.gov.mb.ca/health/publichealth/cdc/fs/infcontshelter.pdf

Infection Control Guidelines for Early Learning and Child Care
www.gov.mb.ca/fs/childcare/pubs/healthypractices/infection-control.pdf

Visitors and Daily Routines

Standard

- The licensee may allow or restrict visitors, at any reasonable hour, according to written agency instructions or the individual treatment plan. These restrictions shall be documented on the resident’s records.

- The licensee involves staff and children in daily assigned rotational chores, based on the principles of living together. The licensee ensures assigned chores are in keeping with the children’s age, personal and planned commitments, abilities and development. The children are given an opportunity to earn money through special assignments. They are assigned a variety of experiences with potential for life skills development.

- The licensee facilitates attendance at the place of worship of the child’s choice, but attendance is optional in consultation with the care provider.

- The licensee allows the resident opportunities to:
  - freely express feelings and perceptions with other children and care providers
  - engage in personal, group and family discussions
  - exercise critical judgement in all areas of living
  - participate in decision-making

- The licensee respects the children’s right to privacy, including their care and safety and the proper functioning of the facility.

- The licensee permits children to have visitors in keeping, the home’s programs, or routines. The child and youth’s treatment plans should always be considered.

- The licensee helps the children develop special talents, strengths and hobbies.
• The licensee celebrates special occasions with the children (ex: birthdays, traditional holidays). Planning is done in co-operation with the placing agency or jurisdiction and the children’s families, where appropriate.

• Within reason, the licensee allows children to bring personal belongings to the facility and acquire belongings during placement.

• A range of activities (ex: indoor/outdoor, recreational/leisure, individual/group) are available. Friendships outside of the facility are encouraged.

• The licensee works with the community to arrange support and involvement:
  ■ for leisure activities for the child
  ■ for culturally appropriate experiences
  ■ for agency-approved activities with family members

Commentary
The atmosphere within the residential child care facility should provide each resident with a variety of experiences. A combination of structure, daily routines, daily living experiences and learned life skills is used in the treatment process.

The residential child care facility should be child-centred and family-focused. Where the treatment plan allows, the residential child care facility should invite parents to the facility to help them understand the nature of their child’s care and engage them as participants.

The group living experience in the facility must address the individual needs of the residents, according to their ages and development needs.

Money and Possessions
Standard

• The licensee shall compile and maintain a list of the child’s belongings for his/her file. The list shall be dated and signed by the child, the placing agency or the jurisdiction that placed the resident. It must be updated when such belongings are purchased or discarded.

• The licensee shall require the individual, to whom the child’s effects are released, to date and sign a receipt.

• The licensee shall release all of a child’s possessions and assets to the child or the child’s parents or guardian, at the request of the placing agency, jurisdiction or director, when the child is discharged from the facility.

• In the event of a child’s death, all possessions and assets shall be released to the placing agency or jurisdiction.
Personal allowance funds

Standard

- The licensee has written policies and procedures on the amounts and handling of identified personal allowance money, consistent with provincial requirements.
- Unless otherwise approved by the director, the care facility provides each child with a $4 weekly allowance. The base allowance is not withheld because of the child’s behaviour.
- The care facility records weekly money given to the children and money held in trust.
- Where a child is in the care of Child and Family Services, the receipt and use of personal allowance money is reviewed at least quarterly at the care conference.
- The licensee ensures each child has a minimum base personal allowance of $4 per week. The agency worker ensures a child’s weekly allowance is adequate and age-appropriate.

Commentary

Personal allowance for a child living in a care facility is a child’s right. Allotments must be considered through mutual planning involving the child, the child’s legal guardian, placing agency and facility staff. Base amounts are based on the child’s age and facility policy and are not tied to a child’s behaviour. The child is given an opportunity to earn additional money.

Restitution is separate from personal allowance. The child can be asked to repay damages by the agency, the facility or a court order. A child, in an in-house arrangement, helps decide the amount of repayment deducted from his/her allowance. The child’s placing social worker must also agree to the arrangement. The child pays the money from earned income and/or personal allowance. The facility must document the reason for the restitution and its repayment.

Accountability to the implemented plan is essential. Records are kept to identify the child receiving the allowances. These records are reviewed by the agency quarterly.

The child’s treatment plan addresses issues about a child’s personal allowance, considering the needs of the child and budget allowance.

The universal, or recommended, per diem rate for facilities funded through Manitoba Family Services and Labour includes an amount for a child’s personal allowance. With the residential care resource’s universal funding, each resource has budget flexibility and actual allowance rates may vary between facilities.

Licensees, who are not funded by Manitoba Family Services and Labour, that do not provide personal allowances as a part of the placement costs, must ensure that placing agencies or jurisdictions are made aware of these policies at the time of referral. The licensee must ensure personal allowances are provided by the placing agency or jurisdiction. These arrangements must be approved by the director.
The Child and Family Services Act
(C.C.S.M. c. C80)

Child Care Facilities (Other than Foster Homes) Licensing Regulation

June 8/99  
Registered June 8, 1999

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All persons making use of this consolidation are reminded that it has no legislative sanction. Amendments have been inserted into the base regulation for convenience of reference only. The original regulation should be consulted for purposes of interpreting and applying the law. Only amending regulations which have come into force are consolidated. This regulation consolidates the following amendments: 200/2001.
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PART 1

INTERPRETATION AND APPLICATION

Definitions

1 In this regulation,

"Act" means The Child and Family Services Act;
(« Loi »)

"child abuse registry check" means a record about a person from the child abuse registry obtained under the Act; (« relevé des mauvais traitements »)

"criminal record check" means a record obtained from a law enforcement agency about a person stating whether or not the person has any conviction or has any outstanding charge awaiting count disposition under any federal or provincial enactment; (« relevé des antécédents judiciaires »)

"employee" means a person engaged by a licensee of a child care facility to perform work or services that entitle the person to remuneration; (« employé »)

"fire authority" means the authority having jurisdiction in the area where the child care facility is located to enforce applicable legislation, regulations and by-laws respecting fire prevention and safety standards; (« service de protection contre l'incendie »)

"health authority" means the authority authorized to enforce The Public Health Act or the regulations under it or another health statute, regulation or municipal by-law; (« autorité sanitaire »)

"incident" has the meaning set out in subsection 34(1); (« incident »)
"maternity home" means a child care facility where pre-natal and post-natal residential care and services are provided to mothers who are minors and their infants; (« foyer de maternité »)

"placing agency" in relation to a child means the agency that places the child in a child care facility for residential care and supervision; (« office de placement »)

"prior contact check" means a record about a person referred to in clause 4(2)(e); (« relevé des contacts antérieurs »)

"resident" means a person who resides in a child care facility and receives residential care and supervision; (« résident »)

"temporary shelter" means a facility where residential care and supervision, support programs and referral services are provided to children on a short-term basis. (« refuge de courte durée »)

M.R. 200/2001

Application

2 This regulation applies to the following child care facilities:

(a) group homes;
(b) treatment centres;
(c) the following places designated as child care facilities:

(i) maternity homes,
(ii) temporary shelters,
(iii) specialized treatment units and similar facilities operated by agencies where

(A) ordinarily fewer than five children are placed by an agency for residential care and supervision, and

Application

2 Le présent règlement s'applique aux établissements d'aide à l'enfant suivants :

a) les foyers de groupe;
(b) les centres de traitement;
(c) les lieux suivants désignés à titre d'établissements d'aide à l'enfant :

(i) les foyers de maternité,
(ii) les refuges de courte durée,
(iii) les unités de traitement spécialisées et les établissements semblables dont le fonctionnement est assuré par des offices si :

(A) habituellement moins de cinq enfants sont placés par un office afin qu'ils reçoivent des soins et une surveillance en résidence,
(B) the care and supervision is provided by persons employed by the agency.

(iv) facilities providing residential care and supervision for children who are attending school which facilities are not operated by school boards, private schools or other educational or training facilities or institutions.

Residential units within facilities
3 If a facility consists of a group of buildings, or separate floors or areas in a building, and each such building, floor or area operates as a separate residential unit within the facility with respect to residential care and supervision for children, programs and staffing, each such residential unit is deemed to be a child care facility and must be licensed under this regulation.

Unités d’habitation dans des établissements
3 Si un groupe de bâtiments, ou des étages ou secteurs distincts d’un bâtiment composent un établissement et que chacun des bâtiments, des étages ou des secteurs fonctionne à titre d’unité résidentielle distincte dans l’établissement à l’égard des soins et de la surveillance assurés aux enfants, des programmes et de la dotation en personnel, chacune des unités doit être une établissements d’aide à l’enfant et doit être munie d’un permis délivré en vertu du présent règlement.

PART 2
LICENSING

ISSUANCE OF LICENCE

Licence application
4(1) A person may, on a form provided by the director, apply for a licence to operate a child care facility.

Initial information included with application
4(2) The application for a licence must be accompanied by the following initial information:

(a) a written proposal outlining the program and goals of the child care facility, the residents to be served and the services to be provided in the child care facility;

(b) documentation on the need for the child care facility and a description of the needs of the client population to be served by the child care facility;

Demande de permis
4(1) Toute personne peut, au moyen de la formule que fournit le directeur, demander un permis d’établissement d’aide à l’enfant.

Renseignements à joindre à la demande
4(2) La demande de permis est accompagnée des renseignements initiaux suivants : 

a) une proposition écrite indiquant le programme et les objectifs de l’établissement d’aide à l’enfant, les résidents qui y seront servis et les services qui doivent y être fournis;

b) des documents concernant la nécessité de mettre sur pied l’établissement d’aide à l’enfant et une mention des besoins de la clientèle visée;
(c) documentation as to the qualifications and training of the applicant;

(d) a criminal record check and a child abuse registry check for the applicant, with each such check dated within three months of the date of the application;

(e) a consent to the release of information about the applicant from a prior contact check obtained in accordance with subsection (2.1).

Prior contact check
4(2.1) The director shall make reasonable efforts to obtain a prior contact check for an applicant from each agency and from each entity outside the province that performs substantially the same functions as an agency, for each area where the applicant has resided for the last five years, or for such longer period as the director considers reasonably necessary, in order to determine if the applicant has been the subject of a child protection investigation.

Preliminary approval of application
4(3) The director may give preliminary approval to the applicant to proceed with the application where the director is of the opinion, based on the information provided by the applicant under subsection (2), that

(a) there is a need for the facility and the program proposed to be provided at the child care facility; and

(b) the applicant is suitable to provide residential care and supervision in an environment that is conducive to the health, safety and well-being of the residents.

c) des documents concernant les compétences et la formation de l’auteur de la demande;

d) relativement à l’auteur de la demande, un relevé des antécédents judiciaires et un relevé des mauvais traitements, chacun des relevés étant daté d’au plus trois mois avant la date de la demande:

e) un consentement à la communication des renseignements qui concernent l’auteur de la demande et qui proviennent d’un relevé des contacts antérieurs obtenu conformément au paragraphe (2.1).

Relevé des contacts antérieurs
4(2.1) Le directeur fait les efforts voulus afin d’obtenir de chaque office et de chaque organisme de l’extérieur de la province qui exerce en grande partie les mêmes fonctions qu’un office un relevé des contacts antérieurs qui concerne l’auteur de la demande, pour chaque région où ce dernier a résidé au cours des cinq dernières années ou pendant la période plus longue que le directeur juge nécessaire, afin de déterminer s’il a fait l’objet d’une enquête sur la protection des enfants.

Approbation préliminaire de la demande
4(3) Le directeur peut donner son approbation préliminaire afin que l’auteur de la demande donne suite à celle-ci s’il est convaincu, d’après les renseignements fournis en application du paragraphe (2), à la fois que :

a) l’établissement d’aide à l’enfant et le programme que l’on se propose d’offrir à cet endroit sont nécessaires;

b) l’auteur de la demande est apte à fournir des soins et une surveillance en résidence dans un milieu favorable à la santé, à la sécurité et au bien-être des résidents.
Further information with application
4(4) An applicant who receives preliminary approval under subsection (3) must submit the following further information:

(a) a floor plan showing room dimensions, location of rooms to be occupied by residents and the number of residents to be cared for in each room;

(b) if the applicant is a corporation, a copy of the constitution and by-laws of the corporation and a copy of the latest annual return filed under The Corporations Act;

(c) evidence of compliance with standards in legislation, regulations and by-laws as to building construction and use from the appropriate authority in the area where the child care facility is located;

(d) a report from the fire authority regarding compliance by the child care facility with standards as to fire prevention and safety in legislation, regulations and by-laws;

(e) a report from the health authority for the area in which the child care facility is located regarding compliance with standards for sanitation, natural and artificial lighting, heating, plumbing, ventilation, water supply, sewage disposal and food handling;

(f) where any change or improvement is recommended or required in a report under clause (d) or (e), written confirmation from the fire authority or health authority that the recommendation or requirement has been met;

(g) documentation on community facilities and services that are available and the ways in which these are appropriate and available to the residents to be served by the child care facility;

Renseignements supplémentaires
4(4) L’auteur de la demande qui reçoit l’approbation préliminaire que vise le paragraphe (3) soumet les renseignements supplémentaires suivants:

a) un plan d’étage indiquant la dimensions des pièces, l’emplacement des pièces devant être occupées par les résidents et le nombre de résidents par pièce;

b) si l’auteur de la demande est une corporation, une copie de son acte constitutif et de ses règlements administratifs ainsi qu’une copie de son rapport annuel le plus récent déposé en vertu de la Loi sur les corporations;

c) une preuve de l’observation des normes prévues par les lois, les règlements et les règlements municipaux en matière de construction et d’utilisation des bâtiments émanant de l’autorité compétente dans la région où se trouve l’établissement d’aide à l’enfance;

d) un rapport du service de protection contre l’incendie au sujet de l’observation par l’établissement d’aide à l’enfant des normes que prévoient les lois, les règlements et les règlements municipaux en matière de prévention et de sécurité incendie;

e) un rapport de l’autorité sanitaire pour la région où se trouve l’établissement d’aide à l’enfant au sujet de l’observation des normes en matière d’hygiène, d’éclairage naturel et artificiel, de chauffage, de plomberie, de ventilation, d’alimentation en eau, d’évacuation des eaux usées et de manipulation des aliments;

f) si un changement ou une modification est recommandée ou exigée dans le rapport mentionné à l’alinéa d) ou e), une confirmation écrite du service de protection contre l’incendie ou de l’autorité sanitaire portant qu’il a été donné suite à la recommandation ou qu’a été remplie l’exigence;

g) des documents sur les installations et les services communautaires qui sont disponibles et une indication des façons selon lesquelles ils sont appropriés et mis à la disposition des résidents de l’établissement d’aide à l’enfant;
(h) written evidence of consultation with the operators of community facilities and services where access to these facilities and services may be required by the residents;

(i) a description of the neighbourhood in which the applicant proposes to establish the child care facility and the ways in which the neighbourhood is suitable for the residents;

(j) evidence of consultation with persons in the neighbourhood in which the applicant proposes to establish the child care facility;

(k) information concerning other residential care facilities for children or adults in the neighbourhood and their proximity to the proposed site of the child care facility;

(l) evidence that the municipality and the school board in the area where the child care facility is to be located have been notified in writing of the intent to establish a child care facility;

(m) a plan for securing funds to establish, equip and operate the child care facility;

(n) a written statement of proposed policies and procedures required under subsection 28(1);

(o) such other information or additional documentation that the director considers necessary.

Licensing considerations

4(5) When making a decision respecting the granting of a licence under this section, the director shall consider the information provided under this section and be satisfied that

(a) the applicant and persons associated with the operation of the proposed child care facility are suitable to provide residential care and supervision in an environment that is conducive to the health, safety and well-being of the residents;

(h) une attestation écrite selon laquelle ont été consultés les dirigeants d'installations et de services communautaires si les résidents peuvent exiger l'accès à ces installations et à ces services;

(i) une description du quartier dans lequel l'auteur de la demande se propose de mettre sur pied l'établissement d'aide à l'enfant et une indication des façons selon lesquelles le quartier convient aux résidents;

(j) une attestation selon laquelle ont été consultées les personnes du quartier dans lequel l'auteur de la demande se propose de mettre sur pied l'établissement d'aide à l'enfant;

(k) des renseignements concernant les autres établissements de soins en résidence destinés aux enfants ou aux adultes du quartier et leur proximité par rapport à l'emplacement projeté de l'établissement d'aide à l'enfant;

(l) une preuve que la municipalité et la commission scolaire de l'endroit où l'établissement d'aide à l'enfant doit être situé ont été avisées par écrit de l'intention de mettre sur pied un tel établissement;

(m) un plan en vue de l'obtention de fonds permettant la mise sur pied, l'équipement et le fonctionnement de l'établissement d'aide à l'enfant;

(n) un énoncé écrit des règles projetées qu'exige le paragraphe 28(1);

(o) les autres renseignements ou les documents supplémentaires que le directeur estime nécessaires.

Éléments à prendre en considération

4(5) Au moment de prendre une décision concernant l'octroi d'un permis, le directeur tient compte des renseignements qui lui ont été fournis en application du présent article et doit être convaincu à la fois que :

(a) l'auteur de la demande et les personnes associées aux fonctionnement de l'établissement d'aide à l'enfant sont aptes à fournir des soins et une surveillance en résidence dans un milieu favorable à la santé, à la sécurité et au bien-être des résidents;
(b) the premises in which the applicant proposes to operate the child care facility complies with the requirements and standards of this regulation; and

(c) there is a need for the child care facility and the program proposed to be provided at the facility.

Terms and conditions
4(6) A licence issued under this section may contain terms and conditions consistent with this regulation as specified on the licence by the director.

Term of licence
4(7) A licence under this section is valid for a one year period.

Mixed facilities
5(1) Subject to subsection (2), the director shall not issue a licence to a child care facility that proposes to also be licensed under The Social Services Administration Act to provide residential care and supervision for adults unless the director is satisfied that placing children and adults together in the facility will not be detrimental to the children.

Child in facility attains age of majority
5(2) When a child in a child care facility attains the age of majority, the director may authorize the licensee to continue to provide residential care and supervision for the resident until he or she attains the age of 21 years if the resident has special needs or otherwise requires residential care and supervision after attaining the age of majority.

b) les locaux dans lesquels l’auteur de la demande se propose d’assurer le fonctionnement de l’établissement d’aide à l’enfant sont conformes aux exigences et aux normes du présent règlement;

c) l’établissement d’aide à l’enfant et le programme que l’on se propose d’offrir à cet endroit sont nécessaires.

Conditions
4(6) Le directeur peut assortir le permis que vise le présent article de conditions compatibles avec le présent règlement.

Période de validité du permis
4(7) Le permis délivré en vertu du présent article est valide pendant une période d’un an.

Établissements mixtes
5(1) Sous réserve du paragraphe (2), le directeur ne peut délivrer un permis à un établissement d’aide à l’enfant qui projette également d’être titulaire d’un permis délivré en vertu de la Loi sur les services sociaux afin de fournir des soins et une surveillance en résidence à des adultes à moins d’être convaincu que le fait de placer des enfants et des adultes ensemble dans l’établissement ne soit pas préjudiciable à ceux-là.

Âge de la majorité
5(2) Si un enfant se trouvant dans un établissement d’aide à l’enfant atteint l’âge de la majorité, le directeur peut autoriser le titulaire de permis à continuer à fournir des soins et une surveillance en résidence au résident jusqu’à ce qu’il ait 21 ans dans le cas où celui-ci a des besoins spéciaux ou nécessite autrement des soins et une surveillance en résidence après être devenu majeur.
Form of licence
6 A licence to operate a child care facility shall be in a form approved by the director and shall
(a) state the date on which it expires;
(b) designate the number, ages and sex of the children who may be placed in the facility; and
(c) state any other terms and conditions under which the licence is issued.

Licence to be displayed
7 A person who has been issued a licence to operate a child care facility shall display the licence in a conspicuous place in the child care facility.

Licence not transferable to another person
8 A licence is not transferable by the person named on the licence to any other person.

Change of location
9(1) Where a licensee intends to move the child care facility to a new location
(a) the licensee shall notify the director in writing not less than 60 days before the date of the move; and
(b) the licensee shall provide the director with any of the documentation referred to in section 4 that the director considers necessary.

New licence issued
9(2) If the director is satisfied that the child care facility at the new location meets the requirements and standards set out in this regulation, the director shall issue a new licence for a one year period.

RENEWAL OF LICENCE

Renewal of licence
10(1) A person who wishes to renew a licence must apply to renew the licence in the form provided by the director, at least 60 days before the expiry date of the licence.

Forme du permis
6 Le permis d’établissement d’aide à l’enfant revêt la forme qu’approuve le directeur et :
a) indique sa date d’expiration;
b) désigne le nombre d’enfants qui peuvent y être placés ainsi que leur âge et leur sexe;
c) indique les autres conditions qui y sont rattachées.

Affichage du permis
7 La personne à qui un permis d’établissement d’aide à l’enfant a été délivré l’affiche à un endroit bien en vue dans l’établissement.

Incessibilité du permis
8 Le titulaire du permis ne peut le céder à une autre personne.

Changement d’emplacement
9(1) S’il a l’intention de changer l’emplacement de l’établissement d’aide à l’enfant, le titulaire de permis :
a) en avise le directeur par écrit au moins 60 jours avant la date du changement;
b) fournit au directeur les documents mentionnés à l’article 4 que celui-ci estime nécessaires.

Délivrance d’un nouveau permis
9(2) S’il est convaincu que l’établissement d’aide à l’enfant qui a changé d’emplacement remplit les exigences et les normes prévues au présent règlement, le directeur délivre un nouveau permis valide pendant une période d’un an.

RENOUVELLEMENT DU PERMIS

Renouvellement du permis
10(1) Toute personne qui désire renouveler son permis en fait la demande au moyen de la formule fournie par le directeur, au moins 60 jours avant la date d’expiration du permis.
Review by director
10(2) Where a person has applied for a renewal of a licence the director shall, prior to the expiry of the licence, conduct a review of the operation of the child care facility.

Considerations re renewal
10(3) When making a decision respecting the renewal of a licence under this section, the director shall consider

(a) whether the licensee and child care facility are in compliance with the Act, this regulation and any terms and conditions imposed by the director; and

(b) the grounds under subsection 14(1) that apply to the suspension or cancellation of a licence.

Terms and conditions on renewal
10(4) A licence renewed under this section may contain terms and conditions, consistent with this regulation, as specified on the licence by the director.

Term of renewal
10(5) A licence renewed under this section is valid for a one year period from the date of expiry of the previous licence.

Examen des activités de l’établissement
10(2) En cas de demande de renouvellement de permis, le directeur se penche sur les activités de l’établissement d’aide à l’enfant avant l’expiration du permis.

Éléments à prendre en considération
10(3) Au moment de prendre une décision concernant le renouvellement d’un permis, le directeur examine les éléments suivants :

a) la question de savoir si le titulaire du permis et l’établissement d’aide à l’enfant observent la Loi, le présent règlement et les conditions qu’il impose;

b) les motifs de suspension ou d’annulation du permis prévus au paragraphe 14(1).

Conditions du renouvellement
10(4) Le directeur peut assortir le permis renouvelé de conditions compatibles avec le présent règlement.

Période de validité du permis renouvelé
10(5) Le permis renouvelé en vertu du présent article est valide pendant une période d’un an à compter de la date d’expiration du permis antérieur.

REAPPLICATION FOR LICENCE

Reapplication for a licence after two renewals
11(1) A person whose licence has been renewed twice under section 10, and who wishes to continue to operate the child care facility beyond the expiry date of the second renewal, must apply for a new licence, on a form provided by the Director, at least 60 days before the expiry date of the licence.

NOUVELLE DEMANDE DE PERMIS

Nouvelle demande de permis
11(1) La personne dont le permis a été renouvelé deux fois en vertu de l’article 10 et qui désire continuer à assurer le fonctionnement de l’établissement d’aide à l’enfant au-delà de la date d’expiration du second renouvellement demande un nouveau permis, au moyen de la formulée fournie par le directeur, au moins 60 jours avant la date d’expiration du permis.
**Documentation required**

11(2) The application must be accompanied by the following:

(a) a report from the fire authority regarding compliance by the child care facility with standards as to fire prevention and safety in legislation, regulations and by-laws;

(b) a report from the health authority for the area in which the child care facility is located regarding compliance with standards for sanitation, natural and artificial lighting, heating, plumbing, ventilation, water supply, sewage disposal and food handling;

(c) where any change or improvement is recommended or required in a report under clause (a) or (b), written confirmation from the fire authority or health authority that the recommendation or requirement has been met;

(d) a statement confirming that the information and documentation provided at the time of the application for the licence under section 4 has not changed or, if there has been any change in that information or documentation, a statement setting out the change or a copy of the documentation;

(e) any other information or additional documentation that the director considers necessary.

**Application of subsections 10(3) to (5)**

11(3) Subsections 10(3) to (5) apply to the issuance of a licence on a reapplication under this section, with necessary modifications.

**Documentation requise**

11(2) La demande est accompagnée :

a) d’un rapport du service de protection contre l’incendie au sujet de l’observation par l’établissement d’aide à l’enfant des normes que prévoient les lois, les règlements et les règlements municipaux en matière de prévention et de sécurité incendie;

b) d’un rapport de l’autorité sanitaire pour la région où se trouve l’établissement d’aide à l’enfant au sujet de l’observation des normes en matière d’hygiène, d’éclairage naturel et artificiel, de chauffage, de plomberie, de ventilation, d’alimentation en eau, d’évacuation des eaux usées et de manipulation des aliments;

c) si un changement ou une modification est recommandée ou exigée dans le rapport mentionné à l’alinéa a) ou b), d’une confirmation écrite du service de protection contre l’incendie ou de l’autorité sanitaire portant qu’il a été donné suite à la recommandation ou qu’a été remplie l’exigence;

d) d’une déclaration confirmant que les renseignements et les documents fournis au moment où la demande de permis a été faite en vertu de l’article 4 n’ont pas changé ou, dans le cas contraire, d’une déclaration faisant état du changement ou d’une copie des documents;

e) les autres renseignements ou les documents supplémentaires que le directeur estime nécessaires.

**Application des paragraphes 10(3) à (5)**

11(3) Les paragraphes 10(3) à (5) s’appliquent, avec les adaptations nécessaires, à la délivrance d’un permis qui a lieu par suite de la présentation d’une nouvelle demande en vertu du présent article.
VARIATION OF LICENCE

Variation of licence
12 The director may vary a licence to

(a) change the designated number, ages or sexes of the children who may be placed in the child care facility; or

(b) alter any other term or condition of the licence;

provided that the director is satisfied that the facility continues to meet the other requirements of this regulation.

MODIFICATION DU PERMIS

Modification du permis
12 Le directeur peut, s'il est convaincu que l'établissement continue de satisfaire aux autres exigences du présent règlement :

a) soit modifier le permis relativement au nombre, à l'âge ou au sexe des enfants qui peuvent être placés dans l'établissement d'aide à l'enfant;

b) soit modifier les autres conditions du permis.

COMPLIANCE ORDERS

Orders respecting requirements
13(1) Where the director is satisfied that a child care facility described in a licence is not being operated or maintained in compliance with the requirements or standards set out in this regulation, the director may, by written order, require the licensee to take measures to remedy the non-compliance as specified in the order and within the time limits as specified in the order.

Copy of order to licensee
13(2) A copy of the director's order under subsection (1) shall be given to the licensee personally or by registered mail.

ORDRES D'OBSERVATION

Ordres concernant les exigences
13(1) S'il est convaincu que l'établissement d'aide à l'enfant mentionné dans un permis n'est pas dirigé ou entretenue en conformité avec les exigences ou les normes prévues au présent règlement, le directeur peut, par ordre écrit, enjoindre au titulaire du permis de prendre les mesures correctives que précise l'ordre dans le délai qui y est indiqué.

Copy of l'ordre
13(2) Une copie de l'ordre du directeur est donnée au titulaire du permis en mains propres ou par courrier recommandé.

LICENCE SUSPENSION AND CANCELLATION

Suspension or cancellation of licence
14(1) The director may, by written order, suspend or cancel a licence issued in respect of a child care facility where in the director's opinion

(a) the licensee is not operating the child care facility in accordance with the requirements of the Act, the regulations and the terms and the conditions of its licence;

Suspension ou annulation du permis
14(1) Le directeur peut, par ordre écrit, suspendre ou annuler le permis délivré à l'égard d'un établissement d'aide à l'enfant si, selon lui :

a) le titulaire du permis n'assure pas le fonctionnement de l'établissement d'aide à l'enfant en conformité avec les exigences de la Loi et des règlements et les conditions du permis;
(b) the licensee has made a material false statement in an application or reapplication for a licence or a renewal of a licence;

(c) the child care facility or the program carried on by the licensee is not being operated in a manner that is in the best interests of the residents;

(d) the licensee has failed to comply with an order made under section 13;

(e) a change has occurred in the officers or directors of the applicant or in the employees of the child care facility that would, if the licensee were applying for the licence afford grounds for refusing to issue a licence; or

(f) any other circumstance exists that, in the opinion of the director, is a cause for concern respecting the operation of the child care facility.

Reasons given

14(2) A director who suspends or cancels a licence shall

(a) state in writing the reasons for the suspension or cancellation; and

(b) advise the licensee of the right to appeal the suspension or cancellation to the Social Services Advisory Committee under subsection 8(5) of the Act.

Terms and conditions after suspension

14(3) If the director suspends a licence, the director may provide that the licence be reinstated after the period of suspension subject to such terms and conditions as may be specified by the director.

Motifs

14(2) S’il suspend ou annule un permis, le directeur :

a) donne par écrit les motifs de la suspension ou de l’annulation;

b) avise le titulaire du permis qu’il a le droit d’interjeter appel de la suspension ou de l’annulation devant le Comité consultatif des services sociaux en vertu du paragraphe 8(5) de la Loi.

Conditions après la suspension

14(3) S’il suspend un permis, le directeur peut prévoir le rétablissement du permis après la période de suspension sous réserve des conditions qu’il peut préciser.
CHILD CARE FACILITY CEASES OPERATIONS

Facility ceases operations
15 If the licensee of a child care facility intends to cease operations, the licensee shall

(a) notify the director in writing at least 60 days before the proposed date for ceasing operation that it intends to cease operations; and

(b) comply with the requirements of clauses 16(c) to (e).

Facility ceases operations where licence cancelled, etc.
16 If the director

(a) does not renew a licence under section 10 or issue a licence under section 11; or

(b) suspends or cancels a licence under section 14;

the licensee shall

(c) immediately transfer the records of residents referred to in section 26

(i) to the respective placing agencies of the residents, or

(ii) if there is no placing agency involved, to the organization or jurisdiction that placed the resident, or to the parent or guardian of the resident, or to the resident, as the director determines is appropriate;

(d) advise the placing agency and the director of any situation respecting a resident which may require immediate attention;

(e) immediately transfer the records referred to in section 27 to the director; and

(f) return the licence to the director.

CESSATION DES ACTIVITÉS DE L’ÉTABLISSEMENT D’AIDE À L’ENFANT

Cessation des activités de l’établissement
15 S’il a l’intention de mettre fin à ses activités, le titulaire de permis :

a) en avise le directeur par écrit au moins 60 jours avant la date prévue de cessation des activités;

b) observe les exigences de l’article 16.

Cessation des activités en cas d’annulation du permis
16 Le titulaire de permis tranfère immédiatement les dossiers mentionnés à l’article 26 aux offices de placement respectifs des résidents ou, si aucun office de placement n’est concerné, à l’organisme ou au ressort qui a placé le résident, aux parents ou au tuteur du résident ou au résident lui-même, selon ce que le directeur juge indiqué, avise l’office de placement et le directeur de toute situation concernant un résident qui peut nécessiter une intervention immédiate, transfère immédiatement les dossiers mentionnés à l’article 27 au directeur et lui renvoie le permis dans les cas suivants :

a) le directeur refuse de renouveler le permis sous le régime de l’article 10 ou d’en délivrer un sous le régime de l’article 11;

b) le directeur suspend ou annule le permis en vertu de l’article 14.
PART 3
REQUIREMENTS AND STANDARDS

FACILITY MANAGEMENT

Licensee responsible for child care facility
17(1)  Every licensee is responsible for the operation and management of the child care facility including program, financial and personnel administration of the child care facility.

Day to day operations if licensee a corporation
17(2)  A licensee that is a corporation shall appoint an individual who shall be responsible to the licensee for the day to day operation and management of the child care facility and present in the facility on a regular basis.

Day to day operations if licensee an individual
17(3)  A licensee who is an individual shall be present at the child care facility on a regular basis.

Designate if temporary absence
17(4)  If a licensee who is an individual, or the individual appointed under subsection (2), is absent, the powers and duties of that person shall be exercised and performed by another person as the licensee designates.

STAFFING

Staffing
18(1)  A licensee shall
(a) employ a sufficient number of competent persons for the fulltime care and supervision of the residents and for the operation of the child care facility;

PARTIE 3
EXIGENCES ET NORMES

GESTION DE L’ÉTABLISSEMENT

Responsabilité du titulaire de permis
17(1)  Le titulaire de permis est responsable du fonctionnement et de la gestion de l’établissement d’aide à l’enfant, notamment de la gestion de son programme, de ses affaires financières et de son personnel.

Responsabilité à l’égard des activités quotidiennes
17(2)  Le titulaire de permis qui est une corporation nomme un particulier responsable envers lui de la gestion et du fonctionnement quotidiens de l’établissement d’aide à l’enfant et présent dans l’établissement d’aide à l’enfant de façon régulière.

Responsabilité à l’égard des activités quotidiennes
17(3)  Le titulaire de permis qui est un particulier est présent dans l’établissement d’aide à l’enfant de façon régulière.

Absence temporaire
17(4)  Si le titulaire de permis qui est un particulier ou si le particulier nommé en application du paragraphe (2) est absent, une autre personne que désigne le titulaire de permis en exerce les attributions.

PERSONNEL

Personnel
18(1)  Le titulaire de permis :
(a) emploie un nombre suffisant de personnes compétentes afin d’assurer les soins et la surveillance à temps plein des résidents et le fonctionnement de l’établissement d’aide à l’enfant;
(b) require that employees on duty during the night remain awake unless otherwise allowed by the director;

(c) ensure that one employee is designated to be in charge of a shift where more than one person is on duty; and

(d) ensure that all employees who work directly with the residents

(i) prior to being employed in the child care facility or within a period of time approved by the director, complete a first aid course that includes CPR training relevant to the age group being cared for that is approved by the director, and

(ii) complete recertification of the first aid course and CPR training as required.

Volunteers
18(2) A volunteer shall not be included when determining the number of persons required under clause (1)(a).

Criteria for employees and volunteers
19(1) A licensee shall ensure that any person who works directly with the residents or who may have unsupervised access to residents

(a) is an adult;

(b) is medically, physically and emotionally able to do the required work;

(c) provides character references;

(d) provides a criminal record check dated within three months prior to commencing work at the child care facility;

b) exige que les employés qui sont de service au cours de la nuit restent éveillés sauf permission contraire du directeur;

(c) fait en sorte qu'un employé soit désigné afin d'être responsable d'un poste si plus d'une personne est de service;

d) fait en sorte que tous les employés qui travaillent directement avec les résidents :

(i) avant d'être employés dans l'établissement d'aide à l'enfant ou dans la période qu'approve le directeur, suivent un cours de premiers soins qui comporte une formation en réanimation cardio-respiratoire qui est appropriée au groupe d'âge des résidents visés et que le directeur approuve,

(ii) obtiennent au besoin une nouvelle attestation à l'égard du cours de premiers soins et de la formation en réanimation cardio-respiratoire.

Bénévoles
18(2) Les bénévoles ne sont pas inclus au moment de la détermination du nombre que vise l'alinéa (1)a).

Critères applicables aux employés et aux bénévoles
19(1) Le titulaire de permis fait en sorte que les personnes qui travaillent directement avec les résidents ou qui peuvent avoir un accès non supervisé aux résidents :

a) soient des adultes;

b) soient en mesure d'accomplir le travail exigé au point de vue médical, physique et affectif;

c) fournissent des références quant à leur moralité;

d) fournissent un relevé de leurs antécédents judiciaires daté d'au plus trois mois avant le début de leur travail dans l'établissement d'aide à l'enfant;
(e) provides a child abuse registry check dated within three months prior to commencing work at the child care facility; and

(f) repealed, M.R. 200/2001;

(g) consents to the release of information about his or her previous employment and volunteer work.

M.R. 200/2001

Additional criteria imposed by director
19(2) The director may impose additional criteria to be met by employees or volunteers who work directly with residents who have special needs or otherwise require specialized care or supervision.

References and records
20 The licensee shall ensure that the references, checks and information referred to in subsection 19(1) are

(a) examined by the licensee

(i) to determine if the person may be a risk to the residents, and

(ii) to assess the person’s ability to discharge his or her responsibilities; and

(b) maintained on the person’s personnel record for as long as the person works at the child care facility.

Requiring further checks
21(1) Where the licensee or the director receives information that causes it to believe that the person may pose a risk to children or be unable to discharge his or her responsibilities, the licensee or the director may request that the person consent to a subsequent child abuse registry check and a criminal record check.

M.R. 200/2001

e) fournissent un relevé des mauvais traitements daté d’au plus trois mois avant le début de leur travail dans l’établissement d’aide à l’enfant;

f) abrogé, R.M. 200/2001;

g) consentent à la communication des renseignements qui concernent leur emploi et leur bénévolat antérieurs.

R.M. 200/2001

Critères supplémentaires
19(2) Le directeur peut imposer des critères supplémentaires que doivent remplir les employés et les bénévoles qui travaillent directement avec des résidents ayant des besoins spéciaux ou qui nécessitent autrement des soins ou une surveillance spécialisés.

Références et dossiers
20 Le titulaire de permis fait en sorte que les références, les relevés et les renseignements que vise le paragraphe 19(1) soient :

a) examinés par lui-même afin :

(i) de déterminer si la personne peut constituer un risque pour les résidents,

(ii) d’évaluer l’aptitude de la personne à s’acquitter de ses responsabilités;

b) conservés dans le dossier personnel de la personne aussi longtemps que celle-ci travaille dans l’établissement d’aide à l’enfant.

Relevés supplémentaires
21(1) S’il reçoit des renseignements qui lui font croire que la personne peut présenter un risque pour les enfants ou n’est pas en mesure de s’acquitter de ses responsabilités, le titulaire de permis ou le directeur peut demander à cette personne de consentir à l’établissement de relevés supplémentaires concernant les mauvais traitements et d’un relevé des antécédents judiciaires.

R.M. 200/2001
Further checks reviewed
21(2) Section 20 applies with necessary modifications when a further check is requested under subsection (1).

Insurance coverage
22 A licensee shall maintain public liability and property damage insurance against claims for personal injury, death or damage to property of others, arising out of the operations of the licensee or as a result of any of the acts or omissions of the licensee or any of its officers, employees or agents.

Insurance
Examen des relevés supplémentaires
21(2) L’article 20 s’applique, avec les adaptations nécessaires, lorsque l’établissement d’un relevé supplémentaire est demandé en vertu du paragraphe (1).

Facility records
Admission and discharge records
23 A licensee shall record and report admissions, discharges and absences of residents as required by the director.

Garantie
22 Le titulaire de permis maintient une assurance responsabilité civile et contre les dommages matériels à l’égard des réclamations pour préjudice personnel, décès ou dommages aux biens d’autrui qui découlent de ses activités, de ses actes ou de ses omissions ou des actes ou omissions de ses dirigeants, de ses employés ou de ses mandataires.

Personnel records
24 A licensee shall maintain personnel records of all employees and volunteers as required by the director.

Dossiers d’admission et de congé
23 Le titulaire de permis consigne les admissions, les congés et les absences des résidents et en fait rapport au directeur selon les exigences de celui-ci.

Financial records
25 A licensee shall maintain complete and accurate financial records with respect to the operation of the child care facility in accordance with generally accepted accounting principles and shall make them available for inspection by the director on request.

Dossiers personnels
24 Le titulaire de permis tient les dossiers personnels de tous les employés et de tous les bénévoles selon les exigences du directeur et permet à celui-ci de les examiner sur demande.

Dossiers financiers
RESIDENTS’ RECORDS

Resident’s record

26(1) A licensee shall maintain a record for each resident who resides at the child care facility which includes the following information for the period during which the resident resides at the facility:

(a) the name, birth date and sex of the resident;

(b) the date of and reason for admission and discharge;

(c) the name, address and telephone number of the placing agency, organization, jurisdiction or parent or guardian that placed the resident in the facility;

(d) names, addresses and telephone numbers of the child’s parents or guardians;

(e) a statement of the goals and treatment plan for the resident;

(f) a record of all case conferences, including admission, planning, family and discharge conferences;

(g) the resident’s Department of Health personal health identification number and Department of Family Services health services number, if any;

(h) records of any medical, dental, optical, physical, developmental or emotional conditions relevant to the care of the child;

(i) the child’s immunization and health care history updated every three months with appointment dates, reasons for referral, names of physicians and follow-up required;

DOSSIERS DES RÉSIDENTS

Dossier du résident

26(1) Le titulaire de permis tient un dossier pour chaque résident qui réside dans l’établissement d’aide à l’enfant, lequel dossier comporte les renseignements suivants pour la période de résidence du résident :

a) le nom, la date de naissance et le sexe du résident;

b) la date et le motif d’admission et de congé;

c) le nom, l’adresse et le numéro de téléphone de l’office de placement, de l’organisme, du ressort, des parents ou du tuteur qui ont placé le résident dans l’établissement;

d) les noms, adresses et numéros de téléphone des parents ou des tuteurs de l’enfant;

e) un énoncé des objectifs et du plan de traitement qui s’appliquent au résident;

f) une mention des conférences de cas, y compris les conférences portant sur l’admission, la planification, les affaires familiales et le congé;

g) le numéro d’identification personnel et, le cas échéant, le numéro des services de santé qu’attribuent respectivement au résident le ministère de la Santé et le ministère des Services à la famille;

h) une mention des troubles médicaux, dentaires, optiques, physiques, liés au développement ou affectifs ayant trait aux soins de l’enfant;

i) les antécédents vaccinaux et médicaux mis à jour tous les trois mois, y compris les dates des rendez-vous, les motifs des renvois, le nom des médecins et le suivi nécessaire;
(j) a record of medications and therapeutic diets prescribed by, and any special instructions given by a physician;

(k) a record of all medications given to the child, recorded in the form and manner as required by the director;

(l) a record of all the schools attended by the child, including the name of the principal and the child’s teachers, with the child’s report cards and attendance records;

(m) daily observations and comments by employees about the resident;

(n) a description of any incidents involving the resident and any action taken;

(o) any other information with respect to the resident as considered appropriate by the licensee or required by or provided by the director or placing agency to be placed on the resident’s record.

Residents’ records at other child care facilities
26(2) Where the child care facility is a place designated under clause 2(c), the director may allow the licensee to maintain residents’ records which do not include all of the information set out in subsection (1).

Record is confidential
26(3) A licensee shall ensure that a resident’s record referred to in subsection (1)

(a) is stored in a secure place; and

(b) is confidential and accessible only as follows:

(i) to persons employed, retained or consulted by the licensee or placing agency and only when access to the record is needed to carry out their responsibilities in relation to the resident,

Dossiers des résidents tenus dans d’autres établissements
26(2) Si l’établissement d’aide à l’enfant est un des lieux désignés en application de l’alinéa 2c), le directeur peut permettre au titulaire de permis de tenir des dossiers de résidents qui ne contiennent pas tous les renseignements prévus au paragraphe (1).

Confidentialité des dossiers des résidents
26(3) Le titulaire de permis fait en sorte que les dossiers que vise le paragraphe (1) soient :

a) rangés en lieu sûr;

b) confidents et accessibles uniquement :

(i) aux personnes que le titulaire de permis ou l’office de placement emploie, engage ou consulte et uniquement lorsque l’accès aux dossiers est nécessaire à l’exercice de leurs attributions relativement aux résidents,
(ii) where the record is for a resident who was placed by an agency, to persons employed, retained or consulted by the agency, and to any other person or entity when authorized by the agency and section 76 of the Act applies to the record with necessary modifications,

(iii) in any other case, to a parent or guardian of the resident, the director and any other person with a legal right of access to the record.

**Resident's record given to placing agency**

26(4) When a resident is discharged from a child care facility, the licensee shall ensure that the resident's record referred to in subsection (1) is given

(a) to the resident's placing agency; or

(b) if there is no placing agency for the resident, to the organization or jurisdiction that placed the resident, or to the parent or guardian of the resident, or to the resident, as the director determines is appropriate.

**Information kept by licensee**

27 When a resident is discharged from a child care facility, the licensee shall keep a record that contains the following information about the resident for seven years after the date when the former resident reaches the age of majority:

(a) the resident's name, birth date and sex;

(b) the date of admission and discharge;

(c) the name, address and telephone number of the placing agency, organization, jurisdiction or parent or guardian that placed the resident in the facility;

(d) names, addresses and telephone numbers of the child's parents or guardians.

(ii) lorsqu'ils concernent des résidents qu'un office a placés, aux personnes que l'office emploie, engage ou consulte et aux autres personnes ou entités que l'office autorise à cette fin, l'article 76 de la Loi s'appliquant, avec les adaptations nécessaires, aux dossiers,

(iii) dans les autres cas, aux parents ou aux tuteurs des résidents, au directeur et à toute autre personne ayant un droit d'accès aux dossiers.

**Remise du dossier à l'office de placement**

26(4) Si un résident obtient son congé d'un établissement d'aide à l'enfant, le titulaire de permis fait en sorte que son dossier soit remis :

a) soit à l'office de placement du résident;

b) soit, en cas d'absence d'office de placement, à l'organisme ou au ressort qui a placé le résident, aux parents ou au tuteur du résident ou au résident lui-même, selon ce que le directeur juge approprié.

**Conservation des renseignements**

27 Si un résident obtient son congé d'un établissement d'aide à l'enfant, le titulaire de permis conserve un dossier contenant les renseignements suivant au sujet du résident, pendant une période de sept ans suivant la date à laquelle l'ancien résident atteint l'âge de la majorité

a) le nom du résident, sa date de naissance et son sexe;

b) la date d'admission et de sortie;

c) le nom, l'adresse et le numéro de téléphone de l'office de placement, de l'organisme, du ressort, des parents ou du tuteur qui l'ont placé dans l'établissement;

d) le nom, l'adresse et le numéro de téléphone des parents ou des tuteurs de l'enfant.
POLICIES AND PROCEDURES

Policies and procedures established
28(1) Every licensee shall establish and keep current a written statement of policies and procedures for the child care facility with respect to the following:

(a) the goals and objectives of the program provided by the licensee;

(b) the organizational structure;

(c) program, financial and personnel administration;

(d) management and supervision of employees and volunteers;

(e) admission and discharge criteria;

(f) planning, monitoring and evaluation of care provided to residents;

(g) maintenance of records referred to in sections 26 and 27;

(h) health services and education available to residents;

(i) supervision of residents while being transported;

(j) maintaining security;

(k) encouraging residents to participate in community activities and, where appropriate, for involving parents in the program;

(l) managing behaviour and maintaining discipline;

(m) the use of isolation pursuant to section 32;

(n) complaints by residents;

RÈGLES

Règles
28(1) Le titulaire de permis prend, par écrit, et garde à jour des règles à l'égard de l'établissement d'aide à l'enfant en ce qui a trait aux éléments suivants :

a) les objectifs du programme offert;

b) la structure organisationnelle;

c) la gestion du programme, des affaires financières et du personnel;

d) la gestion et la supervision des employés et des bénévoles;

e) les critères relatifs à l'admission et au congé;

f) la planification, la surveillance et l'évaluation des soins fournis aux résidents;

g) la tenue des dossiers que visent les articles 26 et 27;

h) les services de santé et l'éducation que peuvent recevoir les résidents;

i) la surveillance des résidents pendant leur transport;

j) le maintien de la sécurité;

k) l'encouragement offert aux résidents en ce qui a trait à leur participation à des activités communautaires et, s'il y a lieu, la participation des parents au programme;

l) la gestion du comportement et le maintien de la discipline;

m) le recours à l'isolement conformément à l'article 32;

n) les plaintes des résidents;
(o) emergency procedures as required under section 35;

(p) the handling of allegations of abuse by employees and volunteers.

**Policies accessible**

**28(2)** A licensee shall keep a copy of the policies and procedures referred to in subsection (1) in the child care facility and shall make them accessible to employees and volunteers and, upon request, to placing agencies, or the organization or jurisdiction that placed the child and the parents and guardians of residents.

**Orientation re policies and procedures**

**28(3)** The licensee shall ensure that each employee or volunteer receives an orientation with respect to

(a) the policies and procedures of the child care facility; and

(b) the confidentiality and access provisions of the Act;

within two weeks of commencing work at the child care facility and on an annual basis thereafter.

**DISCIPLINE AND BEHAVIOURAL MANAGEMENT**

**Pratiques disciplinaires inacceptables**

**29** Le titulaire de permis ne peut :

a) infliger ou permettre que soit infligée une forme quelconque de punition corporelle, de dégradation verbale ou de privation affective à un résident ni lui refuser ou permettre que lui soient refusées les nécessités de base;

b) maitriser physiquement un résident sauf si cet acte a but pour de protéger la personne et les biens du résident lui-même ou de quelqu’un d’autre et est accomplie uniquement dans la mesure et pendant la période nécessaires à cette protection;

**Possibilité d’examiner les règles**

**28(2)** Le titulaire de permis conserve une copie des règles que vise le paragraphe (1) dans l’établissement d’aide à l’enfant et les met à la disposition des employés et des bénévoles et, sur demande, des offices de placement, ou de l’organisme ou du ressort qui a placé l’enfant ainsi que des parents et tuteurs des résidents.

**Orientation concernant les règles**

**28(3)** Le titulaire de permis fait en sorte que chaque nouvel employé ou nouveau bénévole soit orienté relativement :

a) aux règles de l’établissement d’aide à l’enfant;

b) aux dispositions de la Loi qui concernent la confidentialité et l’accès.

L’activité d’orientation a lieu dans les deux semaines suivant le début du travail à l’établissement d’aide à l’enfant puis annuellement par la suite.

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**DISCIPLINE ET GESTION DU COMPORTEMENT**

**Unacceptable disciplinary practices**

**29** A licensee shall not

(a) permit, practise or inflict any form of physical punishment, verbal degradation or emotional deprivation upon, or denial of any basic necessities to, a resident;

(b) physically restrain a resident other than physical restraint for the purpose of protecting the person and property of a resident or others, and only to the degree and duration necessary for such protection;
(c) encourage or condone punishment of one resident by other residents;

(d) force a resident to take an uncomfortable or degrading position as a form of punishment;

(e) exclude a resident from entry to the child care facility;

(f) use excessive or prolonged confinement;

(g) permit or refuse home visits as a form of reward or punishment; or

(h) practice any other disciplinary measure expressly prohibited by the director.

**Behavioural management policies and procedures developed**

**30(1)** A licensee shall develop written behavioural management policies and procedures with respect to discipline, punishment and isolation setting out

(a) the practices that may be used and the practices that shall not used; and

(b) the potential consequences for failing to comply with the policies and procedures.

**Director's approval of behavioural management policies**

**30(2)** The policies and procedures under subsection (1) and any changes to them shall be approved by the director.

**Director's approval for an isolation room**

**31** A licensee shall not establish a room for the purpose of isolating residents to ensure the resident's safety or the safety of others without written approval from the director.

c) encourager des résidents à punir un autre résident ou tolérer un tel acte;

d) forcer un résident à prendre une position inconfortable ou dégradante en guise de punition;

e) empêcher un résident d'entrer dans l'établissement d'aide à l'enfant;

f) avoir recours à un isolement excessif ou prolongé;

g) permettre ou refuser les visites de domicile en guise de récompense ou de punition;

h) prendre toute autre mesure disciplinaire que le directeur interdit de façon expresse.

**Règles applicables à la gestion du comportement**

**30(1)** Le titulaire de permis élabore des règles écrites concernant la discipline, les punitions et l'isolement et prévoyant :

a) les pratiques auxquelles il est permis de recourir et celles qu'il est interdit d'utiliser;

b) les conséquences possibles d'un défaut d'observation des règles.

**Approbation des règles par le directeur**

**30(2)** Les règles que vise le paragraphe (1) et les modifications qui y sont apportées doivent être approuvées par le directeur.

**Salle d'isolement**

**31** Le titulaire de permis ne peut aménager une salle d'isolement des résidents dans le but d'assurer leur sécurité ou celle d'autrui sans l'approbation écrite du directeur.
Isolation
32(1) A licensee shall ensure that a resident

(a) is isolated only to ensure the resident's safety or the safety of others;

(b) is not kept in an isolation room without supervision by an adult who is able to see and hear the resident; and

(c) remains in the isolation room for no longer than two hours.

Procedures when isolation used
32(2) Each time a resident is confined to an isolation room, the licensee shall

(a) notify the placing agency in writing of the date, time and duration of the confinement within five working days after the date of the confinement; and

(b) make a record of the isolation in the resident’s record under subsection 26(1).

Complaints

Grievance policy for complaints
33(1) A licensee shall establish a written grievance policy for complaints, approved by the director, which

(a) sets out the right of residents to grieve the policies or procedures of the child care facility or the actions of the licensee or others involved with the child care facility; and

(b) explains the procedures available to residents to grieve to the licensee, the placing agency or the organization or jurisdiction which placed the resident, the director and the Children’s Advocate.

Plaintes

Directives en matière de griefs
33(1) Le titulaire de permis établit des directives écrites en matière de griefs qu’approuve le directeur et qui :

(a) font état du droit des résidents de formuler une plainte à l’égard des règles de l’établissement d’aide à l’enfant ou des actes du titulaire de permis ou d’autres personnes qui s’occupent de cet établissement;

(b) expliquent les mécanismes auxquels peuvent recourir les résidents pour formuler une plainte auprès du titulaire de permis, de l'office de placement, de l'organisme ou du ressort qui les a placés, du directeur et du protecteur des enfants.
Grievance policy posted  
33(2) The licensee shall post the grievance policy in a conspicuous place in the child care facility.

Residents advised of grievance policy  
33(3) The licensee shall advise a resident at the time of admission and at least every six months following admission, in a manner appropriate to the age and maturity of the resident, of the right to grieve and the grievance procedures available.

INCIDENTS

Incidents  
34(1) In this section, "incident" means

(a) a serious illness or change in a resident's health;

(b) a serious accident involving a resident;

(c) an error in administering a prescribed medication to a resident or an adverse reaction by a resident to medication;

(d) abuse or the danger of abuse of a resident;

(e) the death of a resident; or

(f) in addition to the matters set out in clauses (a) to (e), any other serious occurrence which takes place which may affect the health, safety or life of a resident or another person.

INCIDENTS

Incidents  
34(1) Dans le présent article, « incident » s'entend :

a) d'une maladie grave ou d'un changement important touchant la santé d'un résident;

b) d'un accident grave impliquant un résident;

c) d'une erreur dans l'administration de médicaments prescrits à un résident ou une réaction indésirable d'un résident à des médicaments;

d) de mauvais traitements ou d'un risque de mauvais traitement à l'endroit d'un résident;

e) du décès d'un résident;

f) en plus des questions mentionnées aux alinéas a) à e), les autres événements graves qui ont lieu et qui peuvent avoir une incidence sur la santé, la sécurité ou la vie d'un résident ou d'une autre personne.
Report and review of incident
34(2) When an incident concerning a resident occurs, the licensee shall

(a) report the incident to the director and the placing agency or the organization or jurisdiction which placed the resident, in the manner and form required by the director;

(b) follow the procedures established by the director; and

(c) review the incident to ascertain the circumstances and factors surrounding the incident and to institute corrective measures as may be required to prevent a similar incident in the future.

Rapport d'incident et examen de l'incident
34(2) Si un incident concernant un résident survient, le titulaire de permis :

a) fait rapport de l'incident au directeur et à l'office de placement ou à l'organisme ou au ressort qui l'a placé, de la manière et en la forme qu'exige le directeur;

b) suit les formalités qu'établit le directeur;

c) se penche sur l'incident afin de déterminer les circonstances et les éléments qui l'entourent et de prendre des mesures correctives nécessaires afin de prévenir la survenance d'un incident semblable dans l'avenir.

Emergency procedures
35 A licensee shall ensure that

(a) emergency telephone numbers and procedures are posted in a prominent place in the child care facility;

(b) emergency evacuation procedures are made known to all employees;

(c) emergency evacuation procedures are practised at least once a month for all residents and written records are kept for a period of one year, indicating the date and time of each drill and the number of employees and residents evacuated;

(d) fire extinguishers of a size and class and other fire prevention equipment required by the fire authority are installed and maintained; and

(e) all employees in the child care facility are knowledgeable about the use of fire extinguishers and any other fire prevention equipment in the facility.

Mesures d'urgence
35 Le titulaire de permis fait en sorte que :

a) les numéros de téléphone à composer et les mesures à prendre en cas d'urgence sont affichés à un endroit bien en vue dans l'établissement d'aide à l'enfant;

b) les employés soient informés de la procédure d'évacuation d'urgence;

c) tous les résidents se livrent à un exercice d'évacuation au moins une fois par mois et que soient conservés pendant un an des relevés écrits indiquant la date et l'heure de chaque exercice et le nombre d'employés et de résidents évacués;

d) les extincteurs et tout autre appareil de prévention des incendies qu'exige le service de protection contre l'incendie soient installés et maintenus en bon état;

e) les employés qui travaillent dans l'établissement d'aide à l'enfant sachent comment utiliser les extincteurs et les autres appareils de prévention des incendies qui se trouvent dans l'établissement.
SPACE AND ACCOMMODATION

Use of facility
36 No licensee shall, without the consent of the director, provide day care, school or day treatment programs for children who are not residents or for adults.

Renovation to facility
37 A licensee shall obtain the approval of the director before proceeding with any renovation or change to a child care facility that may alter the living space or affect the structure, safety or sanitary condition of the child care facility.

Maintenance of facility
38 A licensee shall ensure that the facility and grounds are maintained at a standard consistent with public health standards and similar to that of surrounding dwellings.

Adequate space for daily living activities
39 No licensee shall operate a facility which does not provide each resident with adequate space for activities of daily living including meals, rest and sleep, personal hygiene, storage of clothes and personal belongings, school work and play and recreation in accordance with

(a) applicable health and safety legislation and regulations; and

(b) standards established by the director.

Bedroom space
40 A licensee shall ensure that

(a) a minimum of seven square metres of bedroom space for single occupancy and 5.6 square metres for each resident for multiple occupancy;

(b) no room without a window is used as a bedroom; and

INSTALLATIONS

Utilisation de l'établissement
36 Le titulaire de permis ne peut, sans le consentement du directeur, offrir des programmes de garde de jour, des programmes scolaires ou des programmes de traitement de jour à des enfants qui ne sont pas des résidents ou à des adultes.

Rénovations
37 Le titulaire de permis obtient l'approbation du directeur afin d'apporter à l'établissement d'aide à l'enfant des rénovations ou des modifications qui peuvent modifier l'espace habitable ou avoir une incidence sur la structure, la solidité ou la salubrité de l'établissement.

Entretien de l'établissement
38 Le titulaire de permis fait en sorte que le niveau d'entretien de l'établissement et des terrains soit compatible avec les normes de santé publique et semblable à celui des logements avoisinants.

Espace suffisant pour les activités quotidiennes
39 Le titulaire de permis ne peut assurer le fonctionnement d'un établissement qui n'offre pas à chaque résident un espace suffisant pour les activités quotidiennes, y compris les repas, le repos et le sommeil, l'hygiène personnelle, le rangement des vêtements et les effets personnels, le travail scolaire, le jeu et les loisirs en conformité avec :

a) les lois et les règlements qui s'appliquent en matière de santé et de sécurité;

b) les normes établies par le directeur.

Chambres
40 Le titulaire de permis fait en sorte :

a) que les chambres pour une personne aient une surface de plancher minimale de 7 mètres carrés et celles pour plusieurs personnes aient une surface de plancher minimale de 5,6 mètres carrés pour chaque résident;

b) qu'aucune pièce sans fenêtre ne serve de chambre;
(c) no basement area or room is used for sleeping accommodation unless such use is approved by the appropriate health authority and fire authority.

**Storage space**

41 A licensee shall provide each resident with

(a) separate storage space for the storage of clothing; and

(b) a separate, readily accessible storage area for the storage of personal belongings.

**Bathing and toilet facilities**

42 The licensee shall ensure that

(a) the facility has a minimum of

(i) one wash basin with hot and cold water and one flush toilet for every five residents or fewer and, where there is more than one toilet in any one room, each toilet has a separate compartment, and

(ii) one bath or shower with hot and cold water for every eight residents or fewer; and

(b) the water temperature in a bathroom meets the standards established by the director.

**Dining area**

43 A licensee shall ensure that each dining area in a child care facility is

(a) separate from the sleeping area;

(b) has adequate seating maintained in good repair for all residents and staff persons; and

(c) has adequate and suitable crockery and eating utensils, clean and in good repair for all residents and staff persons.

c) que les aires et les pièces situées au sous-sol ne soient utilisées à titre d'installations de couchage que si l'autorité sanitaire et le service de protection contre l'incendie compétents approuvent cette utilisation.

**Espace de rangement**

41 Le titulaire de permis fournit à chaque résident :

a) un espace distinct pour le rangement de ses vêtements;

b) une aire de rangement distincte et facilement accessible pour le rangement de ses effets personnels.

**Installations sanitaires**

42 Le titulaire de permis fait en sorte que :

a) l'établissement ait au moins :

(i) un lavabo alimenté en eau chaude et en eau froide et une toilette avec chasse d'eau pour chaque groupe de cinq résidents ou moins et, s'il y a plus d'une toilette dans une pièce, chaque toilette doit se trouver dans un compartiment distinct,

(ii) une baignoire ou une douche alimentée en eau chaude et en eau froide pour chaque groupe de huit résidents ou moins;

b) que la température de l'eau dans une salle de bains soit conforme aux normes qu'établit le directeur.

**Salle à manger**

43 Le titulaire de permis fait en sorte que les salles à manger de l'établissement d'aide à l'enfant :

a) soient séparées des chambres à coucher;

b) aient un nombre suffisant de sièges pour tous les résidents et employés, lesquels sièges sont gardés en bon état;

c) disposent de vaisselle et d'ustensiles convenables, propres et en bon état pour tous les résidents et membres du personnel.
Kitchen
44 A licensee shall ensure that each kitchen in a child care facility is provided with

(a) a refrigerator, stove and sink of adequate size and in good working condition;

(b) suitable and adequate cooking utensils in good repair; and

(c) suitable and adequate storage of all perishable and non-perishable foods.

Storage areas for housekeeping supplies
45 A licensee shall ensure that the child care facility has suitable and adequate storage for all cleaning supplies and other housekeeping products.

Laundry facilities
46 A licensee shall ensure that the child care facility has facilities for the washing of personal clothing by residents choosing to do so.

Recreation
47 A licensee shall

(a) provide indoor living and recreational space with suitable games and equipment to enhance physical and emotional health;

(b) allow residents free access to the living and recreational areas and reasonable use of the equipment throughout the day and evening;

(c) allow and encourage residents to independently make use of community recreational resources and to constructively occupy their leisure time where appropriate; and

Cuisine
44 Le titulaire de permis fait en sorte que chaque cuisine de l'établissement d'aide à l'enfant soit dotée :

a) d'un réfrigérateur, d'une cuisinière et d'un évier ayant des dimensions suffisantes et en bon état;

b) d'ustensiles de cuisine convenables en bon état;

c) d'installations de rangement convenables pour toutes les denrées périsposables et non périsposables.

Aires de rangement
45 Le titulaire de permis fait en sorte que l'établissement d'aide à l'enfant soit doté d'installations de rangement convenables pour tous les produits de nettoyage et d'entretien ménagers.

Buanderies
46 Le titulaire de permis fait en sorte que l'établissement d'aide à l'enfant soit doté d'installations permettant aux résidents qui désirent le faire de laver leur linge.

RECREATION

Loisirs
47 Le titulaire de permis :

a) aménage des aires de séjour et de loisirs intérieurs où se trouvent des jeux et de l'équipement convenables favorisant l'amélioration de la santé des résidents tant sur le plan physique que sur le plan affectif;

b) permet aux résidents le libre accès aux aires de séjour et de loisirs et l'utilisation raisonnable de l'équipement qui s'y trouve durant la journée et la soirée;

c) autorise et encourage les résidents à se servir de façon indépendante des ressources communautaires en matière de loisirs et à occuper leurs moments de loisirs de façon constructive;
(d) make available an appropriate number and
type of recreational and leisure time activities for
residents who do not adequately provide for their
own leisure time needs.

Recreational camps
48 Where a licensee is authorized by the
director to operate an overnight recreational camp
for residents, the camp shall be operated in
accordance with applicable health and other
provincial legislation and the standards and
requirements of the director.

d) offre un nombre et un type appropriés
d'activités de loisirs aux résidents qui ne
pourvoient pas convenablement à leurs propres
besoins en matière de loisirs.

Camps de loisirs
48 Si le directeur autorise le titulaire de
permis à assurer le fonctionnement d'un camp de
loisirs offrant l'hébergement pour la nuit aux
résidents, le fonctionnement du camp est assuré en
conformité avec les lois provinciales applicables,
notamment en matière de santé, ainsi que les
normes et les exigences du directeur.

EQUIPMENT AND SUPPLIES

Equipment and supplies
49(1) A licensee shall ensure that the child
care facility is equipped with

(a) a telephone in working order for use by
residents;

(b) a first aid kit equipped as required by the
director, which is readily available; and

(c) a bed and clean mattress for each resident
suitable for the resident's age and size, together
with an adequate supply of clean bedding that is
in good repair and appropriate for the climate.

Infants' equipment
49(2) For children who are under two years of
age a licensee shall provide and maintain equipment
for eating, sleeping and playing that is

(a) consistent with the developmental capabilities
of the children; and

(b) in compliance with the requirements of the
Hazardous Products Act (Canada) and other
applicable safety legislation or standards as
determined by the director.

MATÉRIEL

Matériel
49(1) Le titulaire de permis fait en sorte que
l'établissement d'aide à l'enfant soit doté :

a) d'un téléphone en état de marche à l'usage des
résidents;

b) de la trousse de premiers soins qu'exige le
directeur, laquelle trousse doit être facilement
accessible;

c) d'un lit et d'un matelas propre pour chaque
résident appropriés à son âge et à sa taille, ainsi
que d'un nombre suffisant d'articles de literie
propres, en bon état et convenant au climat.

Matériel d'enfants en bas âge
49(2) Pour les enfants âgés de moins de
deux ans, le titulaire de permis doit fournir et
maintenir en bon état du matériel pour les repas, le
couchage et le jeu :

a) approprié au niveau de développement des
enfants;

b) conforme aux exigences de la Loi sur les
produits dangereux (Canada) et autres lois ou
normes touchant la sécurité qui sont applicables
et que détermine le directeur.
Clothing and personal supplies
50 A licensee shall ensure that each resident in the child care facility is provided with
   (a) adequate clothing for all seasons;
   (b) adequate supplies for washing and bathing maintained in a clean condition; and
   (c) age-appropriate essential toiletries.

Food
51 The licensee of a child care facility shall at recognized meal time hours
   (a) provide a minimum of three meals daily which shall be
       (i) varied, attractive and nutritionally and calorically adequate for the dietary requirements of each resident, and
       (ii) prepared in accordance with Canada's Food Guide to Healthy Eating issued by the Minister of Health (Canada);
   (b) provide special medical diets, if so recommended by the resident's physician or a qualified diettitian;
   (c) provide alternative food items for those residents who have allergies to the foods being served;
   (d) give consideration to differences in diets for residents according to religious beliefs, cultural, racial and personal preferences; and
   (e) provide meals by room tray service when a resident is too ill to eat in the dining area.

Vêtements
50 Le titulaire de permis fait en sorte que chaque résident de l'établissement d'aide à l'enfant se fasse remettre :
   a) des vêtements convenables pour toutes les saisons;
   b) des articles convenables leur permettant de se laver et de se baigner, lesquels articles sont gardés propres;
   c) des articles de toilette essentiels convenant à leur âge.

FOOD SERVICES

SERVICES ALIMENTAIRES

Aliments
51 Aux heures de repas normales, le titulaire de permis :
   a) sert un minimum de trois repas quotidiennement qui sont :
       (i) variés et attrayants et qui répondent aux besoins alimentaires de chaque résident tant sur le plan nutritif que calorique;
       (ii) préparés en conformité avec le Guide alimentaire canadien pour manger sainement, publié par le ministre de la Santé (Canada);
   b) offre des régimes médicaux spéciaux, si le médecin du résident ou un diététiste qualifié le recommande;
   c) offre des succédanés aux résidents qui ont des allergies;
   d) examine la possibilité d'offrir des régimes différents aux résidents selon leurs croyances religieuses et leurs préférences culturelles, raciales et personnelles;
   e) assure le service des repas aux chambres lorsque les résidents sont trop malades pour prendre leur repas dans la salle à manger.
**Menus**

52 A licensee shall

(a) prepare weekly menus for meals in advance of the serving of the meals;

(b) indicate on the menus any change in the actual food served when variations in the planned menu become necessary; and

(c) retain the menus for at least three months.

**Health and Safety**

Health care

53 A licensee shall arrange that residents have

(a) access to community health services;

(b) health education; and

(c) annual medical and dental examinations, and vision examinations every 24 months.

**Medications**

54(1) A licensee shall ensure that, subject to subsection (2),

(a) prescription medicines are administered to a resident only under the general supervision of a staff person in accordance with guidelines approved by the director; and

(b) a record is kept of all medications given to each resident in the form and manner required by the director, including

(i) the type of medication,

(ii) the period for which the medication is prescribed,
(iii) when each dose is to be given and is given; and

(iv) which staff person administered the medication.

**Self-administration of medications**

**54(2)** A resident may assume responsibility for self-administration of medications if

(a) the resident is of sufficient maturity to do so and it shall be presumed that a resident who is 16 years of age or over has sufficient maturity to do so; and

(b) the licensee can ensure that no unauthorized person can have access to the medications.

**Record maintained**

**54(3)** If a resident assumes responsibility for self-administration of medications the licensee shall

(a) provide a secure storage area to be used for storage of the medication of resident; and

(b) maintain a record of the medications self-administered by the resident in the form and manner required by the director.

**Medication errors or reactions**

**55** Where there is

(a) an error or omission in administering prescribed medication to a resident; or

(b) an adverse reaction by a resident to a medication;

the licensee shall

(c) immediately consult with the resident’s prescribing physician, a pharmacist or a person at a poison control centre;

(d) report the matter to the director and placing agency or the organization or jurisdiction that placed the resident, in the manner and form required by the director; and

(e) follow the procedures established by the director.

(iii) le moment où chaque dose doit être donnée et l’est.

(iv) le nom du membre du personnel qui a administré le médicament.

**Administration des médicaments par les résidents eux-mêmes**

**54(2)** Il est permis à tout résident de s’administrer lui-même des médicaments :

a) s’il est suffisamment mûr pour le faire, un résident d’au moins 16 ans étant réputé avoir la maturité voulue;

b) si le titulaire de permis peut faire en sorte que seules les personnes autorisées puissent avoir accès aux médicaments.

**Relevé**

**54(3)** Si un résident s’administre lui-même des médicaments, le titulaire de permis :

a) prévoit des installations de rangement sûr pour le rangement des médicaments du résident;

b) conserve un relevé des médicaments que le résident s’administre lui-même en la forme et de la manière qu’exige le directeur.

**Erreurs dans l’administration des médicaments**

**55** Le titulaire de permis consulte immédiatement le médecin prescripteur du résident, un pharmacien ou une personne se trouvant dans un centre antipoison, fait rapport de la question au directeur et à l’office de placement ou à l’organisme ou au ressort qui a placé le résident, de la manière et en la forme qu’exige le directeur et suit les formalités établies par celui-ci lorsque, selon le cas :

a) une erreur ou une omission se produit à l’occasion de l’administration d’un médicament prescrit à un résident;

b) un médicament produit une réaction indésirable chez un résident.
Safety and health practices
56 A licensee shall ensure that

(a) all poisonous and inflammable substances and all medications are stored in a location inaccessible to residents;

(b) harmful substances and objects that are not essential to the operation of the child care facility are not stored in or around the facility;

(c) animals kept in the child care facility have had all vaccinations as required by the health authority and are kept in a manner acceptable to the health authority; and

(d) infectious disease control measures consistent with guidelines issued by health authorities are followed.

Firearms
57 A licensee shall ensure that firearms, air rifles, bows, other hunting devices, ammunition and explosive substances are not allowed in the child care facility.

Pratiques en matière de sécurité et d'hygiène
56 Le titulaire de permis fait en sorte que :

a) les substances toxiques et inflammables et les médicaments soient rangés dans un endroit auxquels les résidents n’ont pas accès;

b) les substances et les objets nocifs qui ne sont pas essentiels au fonctionnement de l’établissement d’aide à l’enfant ne soient pas rangés dans l’établissement ou à proximité de celui-ci;

c) les animaux gardés dans l’établissement d’aide à l’enfant aient reçu tous les vaccins qu’exige l’autorité sanitaire et soient gardés d’une manière que celle-ci juge acceptable;

d) des mesures de contrôle des maladies infectieuses compatibles avec les lignes directrices des autorités sanitaires soient suivies.

VISITORS

Visitors
58 Subject to limitations imposed by a court, a placing agency or this regulation, a licensee shall ensure that a resident is allowed to have visitors at any reasonable hour and at any time under special circumstances except where, in the opinion of the licensee or the placing agency, a visit would be detrimental to the well-being of the resident or disruptive to the routine operation of the child care facility.

VISITEURS

Visiteurs
58 Sous réserve des restrictions qu’impose un tribunal, un office de placement ou le présent règlement, le titulaire de permis fait en sorte que chaque résident puisse avoir des visiteurs à toute heure convenable et, dans des circonstances exceptionnelles, à tout moment sauf si le titulaire de permis ou l’office de placement est d’avis qu’une visite nuirait au bien-être du résident ou perturberait le fonctionnement normal de l’établissement d’aide à l’enfant.
Access to resident by parent or guardian

Where the parent or guardian of a child placed by an agency is entitled to have access to the resident, the licensee shall facilitate the access in accordance with a plan established with the placing agency.

MONEY AND POSSESSIONS

Money and possessions

A licensee shall ensure that

(a) subject to section 61, the money and possessions of a resident are held in safekeeping on his or her behalf;

(b) a record is maintained of any money received and disbursed on behalf of a resident; and

(c) the money and possessions of a resident are released to the resident upon the request of the placing agency or the director.

Personal allowance funds

A licensee shall ensure that personal allowance funds received on behalf of a resident

(a) are given to the resident in a manner appropriate to the resident’s age and maturity; or

(b) with the agreement of the placing agency, are given to the resident in part with a portion held in safekeeping, to be given to the resident at a later date.

Restitution or compensation

If

(a) a court orders that a resident pay restitution; or

(b) compensation for wilful or intentional damage by the resident has been requested of the resident;

the licensee may, in consultation with the resident and the placing agency, deduct an amount up to the amount of the resident’s personal allowance funds on hand for purposes of paying the restitution or compensation.

Argent et possessions

Le titulaire de permis fait en sorte que :

a) sous réserve de l’article 61, l’argent et les possessions des résidents soient gardés en lieu sûr pour eux;

b) un relevé faisant état des sommes reçues et dépensées au nom des résidents soit conservé;

c) l’argent et les possessions des résidents leur soient remis à la demande de l’office de placement ou du directeur.

Allocations personnelles

Le titulaire de permis fait en sorte que les allocations personnelles reçues pour un résident :

a) soient remises au résident d’une manière qui convienne à son âge et à sa maturité;

b) avec le consentement de l’office de placement, soient partiellement remises au résident, un montant étant gardé en lieu sûr afin d’être remis au résident à une date ultérieure.

Dédommagement ou indemnisation

Le titulaire de permis peut, après avoir consulté le résident et l’office de placement, déduire un montant jusqu’à concurrence du montant de l’allocation personnelle du résident qui est disponible afin de verser un dédommagement ou une indemnisation lorsque, selon le cas :

a) un tribunal ordonne au résident de verser le dédommagement;

b) on a demandé au résident de verser l’indemnisation en raison d’un dommage délibéré ou intentionnel commis par lui.
Return of money and possessions

63 A licensee shall, under the direction of the placing agency or the director, give all clothing, personal possessions and money belonging to a resident to

(a) the resident, the parent or guardian of the resident or the placing agency upon the resident’s discharge from the child care facility; or

(b) the placing agency on the death of the resident.

PART 4

REVIEW AND COMING INTO FORCE

Review

64 Not later than March 14, 2004, the minister shall

(a) review the operation of this regulation including consulting with such persons affected by it as the minister considers appropriate; and

(b) if the minister considers it advisable, recommend to the Lieutenant Governor in Council that the regulation be amended or repealed.

Coming into force

65(1) Subject to subsection (2), this regulation comes into force on March 15, 1999.

Previously unlicensed facilities

65(2) This regulation comes into force on September 15, 1999 for a child care facility referred to in clause 2(c) that on the day before subsection (1) comes into force is not licensed under The Social Services Administration Act.

Remise de l’argent et des possessions

63 Le titulaire de permis doit, sous la direction de l’office de placement ou du directeur, remettre tous les vêtements, les possessions personnelles et l’argent du résident :

a) à celui-ci, à ses parents, à son tuteur ou à l’office de placement dès la sortie du résident de l’établissement d’aide à l’enfant;

b) à l’office de placement au décès du résident.

PARTIE 4

RÉVISION ET ENTRÉE EN VIGUEUR

Révision

64 Au plus tard le 14 mars 2004, le ministre :

a) passe en revue l’application du présent règlement et consulte les personnes dont l’opinion lui paraît utile;

b) s’il le juge à propos, recommande au lieutenant-gouverneur en conseil la modification ou l’abrogation du règlement.

Entrée en vigueur

65(1) Sous réserve du paragraphe (2), le présent règlement entre en vigueur le 15 mars 1999.

Établissement non munis d’un permis

65(2) Le présent règlement entre en vigueur le 15 septembre 1999 à l’égard des établissements d’aide à l’enfant mentionnés à l’alinéa 2c) qui, la veille de cette date, ne sont pas munis d’un permis délivré en vertu de la Loi sur les services sociaux.
PART 5: APPENDICES

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Appendix A

Authorities
APPENDIX A: AUTHORITIES

Child and Family Services Authority

Chief Executive Officer
First Nations of Northern Manitoba
Child and Family Services Authority
2nd Floor, 282 Provencher Blvd., Winnipeg MB R2H 0G8
Phone: 204-942-1842 Fax: 204-942-1858
Toll free 1-866-512-1842
Website: http://www.northernauthority.ca/

Chief Executive Officer
(Southern First Nations Network of Care)
First Nations of Southern Manitoba
2nd Floor, 630 Kernaghan Avenue, Winnipeg MB R2C 5G1
Phone: 204-783-9190 Fax: 204-783-7996
Website: http://www.southernauthority.org/

Chief Executive Officer
Metis Child and Family Services Authority
204 - 150 Henry Avenue, Winnipeg MB R3B 0J7
Phone: 204-949-0220 Fax: 204-984-9487
Website: http://metisauthority.com/

Chief Executive Officer
Child and Family Services General Authority
301 – 180 King Street, Winnipeg MB R3B 3G8
Phone: 204-984-9363
Toll free: 1-866-803-2814

Building And Zoning Authorities

Winnipeg
Planning, Property and Development Department
City of Winnipeg
31 – 30 Fort Street, Winnipeg MB R3C 4X7
General Inquiries: 204-986-3500
Zoning Inquiries: 204-986-5140
Website: www.winnipeg.ca

Brandon
Brandon and Area Planning District
City of Brandon
421 – 9th Street Brandon MB R7A
Phone: 204-729-2110
Website: www.brandon.ca

Portage la Prairie
Portage la Prairie Planning District
800 Saskatchewan Avenue West, Portage la Prairie MB R1N OM8
Phone: 204-239-8345
Website: www.ptgplanningdistrict.ca
Selkirk
Selkirk and District Planning Area Board
200 Eaton Avenue, Selkirk MB  R1A OW6
Phone: 204-482-3717 or 1 – 800-876-5831
Website: www.selplan.net

Thompson
Engineering and Public Works
City Hall
226 Mystery Lake Road, Thompson MB  R8N 1S6
Phone: 204-677-7939
Website: www.thompson.ca

All Other Provincial Districts/Municipalities*

Manager
Engineering & Technical Services
Office of the Fire Commissioner
508 - 401 York Avenue Winnipeg MB  R3C OP8
Phone: 204-945-3322 or 1-800-282-8069
Website: www.firecomm.gov.mb.ca

*For any other provincial districts/municipalities regarding building and zoning authorities, contact the municipal or local government district office in the area.

Fire Authorities

Rural Manitoba
Contact local Fire Department

Brandon
Brandon Fire and Emergency Service
120-19th Princess Avenue, Brandon MB  R7B 3X6
Phone: 204-729-2400     Fax: 204-729-8970
Website: www.brandon.ca

Dauphin
Dauphin Fire Department
Fire Chief
2nd Street N.W. Street Dauphin MB  R7N 1G6
Phone: 204-622-3100     Fax: 204-622-3139

Portage la Prairie
Portage Emergency Services
124 – 3rd Street N.E. Portage la Prairie MB  R1N 1N7
Phone: 204-239-8340     Fax: 204-239-5154
Website: www.city.portage-la-prairie.mb.ca

Selkirk
Selkirk and District Fire Department
200 Eaton Avenue, Selkirk MB  R1A 0W6
Phone: 204-785-4965
Fax: 204-785-4966
Website: www.cityofselkirk.com

Swan River
Swan River Fire Department
Box 2992 Swan River MB R0l 1Z0
Phone: 204-734-4403     Fax: 204-734-4995
Website: http://community.svcn.mb.ca/swanvalleyambulance/srdf.html
Thompson
Thompson Fire & Emergency Services
226 Mystery Lake Road, Thompson MB R8N 1S6
Phone: 204-677-7916 Fax: 204-677-7918
Website: www.Thompson.ca

Winnipeg
Winnipeg Fire Paramedic Service
Fire Prevention Branch
2nd Floor-185 King Street, Winnipeg MB R3B 1J1
Phone: 204-986-8200 Fax: 204-986-6198
Website: www.winnipeg.ca

Fire Authorities

Federal/Reserves
HRDC –Labour Operations Programs
201 – 391 York Avenue, Winnipeg MB R3C 0P4
Phone: 204-983-6375
Website: www.hrsdc.gc.ca

Manitoba Association of Native Fire Fighters Inc.
Main Office: Unit 7, 4820 Portage Avenue, Swan Lake First Nation
Headley MB R4H 1C8
Sub Office: 1572 Dublin Avenue, Winnipeg MB R3E 0L4
Phone: 204-953-2920 Toll-free: 1-888-356-8959 Fax: 204-953-2929
Website: www.manff.ca

Public Health Authorities

Winnipeg Region
Environmental Health Branch
Public Health Protection Unit
Manitoba Health
5th Floor - 408 Booth Drive, Winnipeg MB R3J 3R7
Phone: 204-945-3181 Fax: 204-948-3727
Website: www.gov.mb.ca

Red River Region
Winkler
Public Health Inspector
Main Plaza
555 Main Street, Winkler MB R6W 1C4
Phone: 204-325-1755

Portage la Prairie
Public Health Inspector
Provincial Building
25 Tupper Street N.
Portage la Prairie MB R1N 3K1
Phone: 204-239-3187 Fax: 204-239-2444
Steinbach
Public Health Inspector
Town Square
365 Reimer Avenue
Steinbach MB  R5G 1P1
Phone: 204-326-2733     Fax: 204-320-9104

Interlake Region
Public Health Inspector
Lower Level, 446 Main Street, Selkirk MB  R1A 1V7
Phone: 204-785-5021
Fax: 204-785-5024

Eastern Region
Public Health Inspector
Box 2163 Lac du Bonnet MB  ROE 1A0
Phone: 204-345-1447     Fax: 204-345-8779

Northeast Region
Public Health Inspector
Box 32 59 Elizabeth Drive Thompson MB  R8N 1X4
Phone: 204-677-6472     Fax: 204-677-6888

Northwest Region
Public Health Inspector
Box 2550 The Pas MB  R9A 1M4
Phone: 204-627-8307     Fax: 204-627-8486

Western Region
Brandon
Public Health Inspector
340-9th Street, Brandon MB  R7A 6C2
Phone: 204-726-6601     Fax: 204-726-6063

Killarney
Public Health Inspector
Box 3000, 203 South Railway Street E. Killarney MB  R0K 1G0
Phone: 204-523-5285     Fax: 204-523-5240

Dauphin
Public Health Inspector
Provincial Building
27 Second Avenue S.W., Dauphin MB  R7N 3E5
Phone: 204-622-2126 or 204-622-2062     Fax: 204-622-2197
Appendix B

Criminal Record Check Policy
APPENDIX B: CRIMINAL RECORD CHECK POLICY

Criminal Record Check Policy

Preface
All persons applying to provide care supervision, maintenance and support to children and vulnerable adults in residential child care facilities (called “child care facilities” throughout this document) shall be required to provide a Criminal Record Check from a local police authority.

Standard

1. All applicants for a Licence shall submit a Criminal Record Check to the director as part of the application process.
2. Employing authorities for child care facilities shall require and obtain a Criminal Record Check from all persons, providing care, supervision, maintenance and support to children and vulnerable adults, as a condition of employment.
3. Employing authorities for child care facilities shall require and obtain a Criminal Record Check from all persons providing volunteer, relief or respite services where they assume direct or unsupervised responsibility for clients.
4. Other individuals, providing indirect supervised support, shall sign a Declaration and Waiver Form which will allow the employing authority to access a Criminal Record Check where indicated.
5. A Criminal Record Check or a Declaration and Waiver, as appropriate, shall be obtained where an individual changes employer and is employed in another residential care facility.
6. The employing authority/licensee having jurisdiction shall be responsible for determining the suitability of applicants/persons assuming responsibility for the residents.

Guideline
Criminal charges or convictions of concern that are relative to persons applying to care for vulnerable persons are: sexual/physical abuse or assault, family violence, drug trafficking, fraud, or chronic criminal activity.

Whether a criminal charge or conviction will affect the occupation or employment will depend on the circumstances of the individual situation, including the nature of the record, recency of conviction and the applicant’s responsibility in the facility. The employing authority/licensee is responsible for determining whether the existence of the charge or conviction reasonably disqualifies the applicant.

7. Where the results indicate the possible existence of a criminal record, the applicant will be required to submit fingerprints for verification.
8. Where a criminal record exists and is deemed serious enough to be a potential risk to the safety and wellbeing of the children served, the employing authority/licensee shall exercise good judgment in determining the suitability of the applicant or employee.
9. In situations where the employing authority/licensee determines that the existence of a criminal record is reasonable disqualification, notification shall be made to the applicant in writing.
Guidelines

1. The Criminal Record Check shall include a search of both local police files and the Canadian Police Information Centre (CPIC) National Repository files.
   a) Where a local police authority has jurisdiction and access to the CPIC’s National Repository, a search of the local files and the National Repository files shall be obtained by the applicant.
   b) Where the local police authority does not have access to the CPIC’s National Repository files, in addition to a search of the local files, the applicant shall access the CPIC National Repository files through the nearest Royal Canadian Mounted Police (RCMP) Detachment.
   c) Where there is no local police authority, the applicant shall access a search of the National Repository files through the RCMP Detachment.

2. The applicant requiring the Criminal Record Check should consult with the police authority in their area to determine the process and procedure for obtaining a Criminal Record Check.

3. Any costs associated with securing a Criminal Record Check is the responsibility of the applicant.

4. The results of Criminal Record Checks will be provided in the following formats:
   - When the response is negative: “Based on the information received, there is no criminal record identified.”
   - When the response contains possible records: “There may or may not be a criminal record in existence.”
   - In both cases: “Information can only be confirmed by fingerprint comparison.”
Appendix C

Child Abuse Registry Check
Appendix C: Child Abuse Registry Check

Policy
A Child Abuse Registry Check is a record about a person from the Child Abuse Registry obtained under The Child and Family Services Act. The purpose of the Child Abuse Registry is to help child and family services agencies protect children. Under certain circumstances, an employer or organization can access the Registry to determine whether persons who will have the care of children or have unsupervised access to children are listed on the Registry.

There are 3 ways that a name may be listed on the Registry:
- A person was found guilty or pleaded guilty to an offence involving the abuse of a child in a court either inside or outside of Manitoba;
- A family court has found a child to be “in need of protection” due to abuse; or
- A child and family service agency’s Child Abuse Committee has reviewed the case and formed an opinion that a person has abused a child.

Licensing applicants:
- must include a Child Abuse Registry Check, dated within three months of the licensing application date with the application for a child care facility licence.

Employees and volunteers:
- the licensee must ensure that any person who works directly with the children or who may have unsupervised access to children provides a Child Abuse Registry Check prior to beginning work at the child care facility that is dated within three months of the start date;
- when the licensee or the director receives information that causes him/her to believe that the person may pose a risk to children or be unable to discharge his or her responsibilities, the licensee or the director may request that the person consent to a subsequent Child Abuse Registry Check;
- the licensee must closely examine the check to determine if the person may be a risk to the children and to assess the person’s ability to discharge his or her responsibilities; and
- a copy of each check must be kept on the person’s personnel record for as long as the person works at the child care facility.

There is a fee for each Child Abuse Registry Check.

Guideline
Organizations operating child care facilities may either apply for direct access for registry check results or require that workers (any person who works directly with children or who may have unsupervised access to children whether paid or unpaid) obtain a self-check and provide the organization with the results.

Organizations may apply for direct access by completing a letter of application to the Registry. Direct access enables the organization to provide prospective workers with applications for child abuse registry checks and allows volunteers, students and work placements within the organization to be eligible for a fee exemption. Personalized applications and access codes are provided to approved organizations.

There is a fee for all self-checks and results are returned to the person who is the subject of the check.
LETTER TO THE CHILD ABUSE REGISTRY (REQUESTING ACCESS)

TO: Provincial Child Abuse Registrar, Child Protection Branch  
Child and Family Services Division, Department of Family Services and Labour  
201 – 114 Garry Street, Winnipeg MB R3C 4V5  
Phone: (204) 945-5113 Fax: (204) 948-2222

RE: PROVINCIAL CHILD ABUSE REGISTRY ACCESS APPLICATION

This application is pursuant to Section 19.3(3.1) of The Child and Family Services Act which states:

“19.3(3.1) On application by an employer or other person, the director shall disclose to the applicant whether the name of a person is entered in the registry if the director is satisfied that the information is reasonably required to assist the applicant in assessing the person whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child; or permits or may permit access to a child.”

Our agency/organization is requesting Access to the CAR because: (please describe the work of your agency/organization, and specifically, describe how the work of the person, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child, or permits or may permit access to a child)

I understand that the CAR office will review this application to ensure that it complies with the legislative requirements. If this request is approved, the CAR office will forward an original CAR Application Form for our agency/organization’s use.

Our agency/organization agrees to:

- ensure that the Subject being checked fully completes the relevant Section of the application form;
- ensure that the Subject’s identification has been checked/verified; and
- ensure that the Application for the Child Abuse Registry check has been signed on behalf of our agency/organization:

SIGNED: Please identify your name, title, agency/organization’s name, address, etc.

Name: ___________________________________________ Title: ____________________________

Organization Name: ________________________________________________________________

Address: __________________________________________________________________________

City/Town: ____________________________ Postal Code: ________________________________

Telephone Number: ______________________ E-Mail Address: __________________________

Dated: ________________________________
**Part 1 Consent to Collection & Disclosure of Information and Results**

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) so that the Director can conduct a Child Abuse Registry check on me. I understand that my personal information is being collected under the authority of subsection 37(1) of The Freedom of Information and Protection of Privacy Act and that my personal health information, if any, is being collected under the authority of subsection 14(1) of The Personal Health Information Act.

I understand that the Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS).

I understand that the results of the Child Abuse Registry check will disclose whether my name is listed on the Registry and that the Director will disclose these results to the Applicant.

I understand that the disclosure of the results of the check to the Applicant is authorized under Section 19 of The Child and Family Services Act and is the minimum amount of information necessary to accomplish the purpose(s) specified in Part 2 A-2.

I understand that the Applicant requires the results of the Child Abuse Registry check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Child Abuse Registry check without my written consent unless authorized or required to do so by law.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.

I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the Applicant, its disclosure to the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to the Applicant.

Date: ______________________ Subject’s Signature: ______________________

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.
PART 2 INFORMATION AND RESULTS

SECTION A – Access by a CHILD AND FAMILY SERVICES AGENCY (to be completed by the CFS Agency)

A-1 Applicant’s Mailing Label. Please print all information clearly.

<table>
<thead>
<tr>
<th>Licensing Manager – Centralized Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection Branch</td>
</tr>
<tr>
<td>201-114 Garry Street</td>
</tr>
<tr>
<td>Winnipeg MB R3C 4V5</td>
</tr>
</tbody>
</table>

Contact Person

Telephone Number __________________________ Office/Program/School __________________________

A-2 Purpose of Registry Check: (Please check ✓ at least one of the following)

☐ To assess the Subject of this check:
  ☐ To provide work or services to the agency [M.R. 18/99 s. 3(1)(b)]
    ☐ employee ☐ student trainee ☐ volunteer ☐ other
    Briefly describe position: __________________________________________
  ☐ Who is an adult who lives in a designated Place of Safety
  ☐ Who wants a foster home licence [M.R. 18/99 s. 3(2)(a)]
  ☐ Who is an adult who lives with a person who wants a foster home licence [M.R. 18/99 s. 3(2)(a)]
  ☐ Who wants a child care facility licence (other than a foster home) [M.R. 17/99 s. 4(2)(d)]
  ☐ Who wants to adopt [M.R. 19/99 s. 17(1)(i)]
  ☐ Who is an adult who lives with a person who wants to adopt [M.R. 19/99 s. 17(1)(i)]
  ☐ Who is a birth parent
  ☐ Who is an adult who lives with a birth parent

A-4 Applicant Authorization:

________________________________________
Signature of Applicant staff who verified Subject’s identification

________________________________________
Applicant’s Signature (Executive Director or Supervisor)

NOTE: There is a non-refundable fee of $10.00 per application. Please refer to Part 3 for fee payment details.
SECTION B – SUBJECT’S INFORMATION (to be completed by the person being checked)
(PLEASE PRINT CLEARLY)

B-1 Name ____________________________

Surname
Given Name
Middle Name

Previous and Other Names:

a) Maiden Name: ____________________________

b) Legal Name Change: ____________________________

c) Also Known As: ____________________________

d) Other Names Known by: ____________________________

B-2 Birth Date: Month ______ Day ______ Year _________

B-3 ☐ Male ☐ Female

B-4 Current Address: ____________________________

City: ____________________________

Postal Code: ____________________________

Telephone: (_____) ____________

B-5 Previous addresses for a minimum of 5 years:

__________________________________________________________________________

__________________________________________________________________________

B-6 IDENTIFICATION: I have chosen and presented two (2) pieces of identification that have been verified by
the Applicant in A-3:

SIN No. ____________________________ MHSC No. (6 digit) ____________________________

Band and Status No. ____________________________ Driver’s Licence: ____________________________

Passport or Birth Certificate No. ____________________________ Other (please identify) ____________________________

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to
determine if my name is listed on the Registry. I hereby give my consent for the release of this information
in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: ____________________________ Subject’s Signature: ____________________________

SECTION C - MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family
Services) Office Use Only

This is to certify that as of the date indicated in this section, the Subject:

IS NOT listed on the Manitoba Child Abuse Registry ☐ DATE: ____________________________

IS LISTED on the Manitoba Child Abuse Registry ☐ Director of Child and Family Services or Designate

NOTE: The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of The Young
Offenders Act or The Youth Criminal Justice Act. The Applicant shall not use or disclose the personal (health) information provided by
the Subject except for the purpose(s) stated in Part 1 and Part 2.
PART 3 Fee Payment

Applicant’s Name __________________________________________

Subject’s Name __________________________________________

Payment Exemption
There may be no fee depending on the purpose of the check. Please refer to Manitoba Regulation 16/99 subsection 11.1(2).

All fee exemptions are subject to an audit by the Child Protection Branch.

☐ Exempted – no fee attached

Payment Method (Please check ✓ one box only and print all information clearly)

☐ VISA Card Number ___________________________ Expiry Date ___________
  Name as it Appears on Card ___________________________ (Canadian funds)
  Amount: ___________________________ (Canadian funds)
  Authorization:__________________________
  Signature of Cardholder

☐ Mastercard Card Number ___________________________ Expiry Date ___________
  Name as it Appears on Card ___________________________ (Canadian funds)
  Amount: ___________________________ (Canadian funds)
  Authorization:__________________________
  Signature of Cardholder

☐ Cheque made payable to the Minister of Finance
  Note: Post-dated cheques will not be accepted. There is a $20.00 NSF charge for all returned cheques.

☐ Money order made payable to the Minister of Finance

☐ Cash (Note: It is recommended that you do not send cash through the mail.)

Receipts will only be issued if requested at the time the Application is submitted.

☐ Check ✓ if receipt is required.

All three parts of this Application must be forwarded to the Child Abuse Registry for a check to be completed.

FOR CHILD ABUSE REGISTRY OFFICE USE ONLY

Application Received Date
☐ In-House ___________________________
☐ Mail ___________________________
☐ Courier ___________________________
☐ Fax ___________________________

☐ Multiple Applications # ___________________________
PART 1 CONSENT TO COLLECTION & DISCLOSURE OF INFORMATION AND RESULTS

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) so that the Director can conduct a Child Abuse Registry check on me. I understand that my personal information is being collected under the authority of subsection 37(1) of The Freedom of Information and Protection of Privacy Act and that my personal health information, if any, is being collected under the authority of subsection 14(1) of The Personal Health Information Act.

I understand that the Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS).

I understand that the results of the Child Abuse Registry check will disclose whether my name is listed on the Registry and that the Director will disclose these results to the Applicant.

I understand that the disclosure of the results of the check to the Applicant is authorized under Section 19 of The Child and Family Services Act and is the minimum amount of information necessary to accomplish the purpose(s) specified in Part 2 A-2.

I understand that the Applicant requires the results of the Child Abuse Registry check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Child Abuse Registry check without my written consent unless authorized or required to do so by law.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.

I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the Applicant, its disclosure to the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to the Applicant.

Date: ___________________________  Subject’s Signature: ___________________________

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.
PART 2 INFORMATION AND RESULTS

Access by EMPLOYERS AND OTHERS (to be completed by the Employer/Other)

A-1 Applicant’s Mailing Label. Please print all information clearly.

| Licensing Manager – Centralized Services |
| Child Protection Branch                  |
| 201-114 Garry Street                    |
| Winnipeg MB R3C 4V5                     |

Contact Person

Telephone Number

Office/Program/School

A-2 Purpose of Registry Check: (Please check ✓ at least one of the following)

☐ To assess the Subject of this check:
  ☐ Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child
  ☐ Whose work, whether paid or unpaid, permits or may permit access to a child
  ☐ Who, on behalf of an agency or the holder of a foster home licence, works directly with foster children for 10 or more hours per week and who may have unsupervised access to foster children [M.R. 18/99 s. 18(i)(e)]

A-2 Position: ☐ Volunteer ☐ Paid Staff ☐ Other

Briefly describe position: ________________________________________________

A-4 Applicant Authorization: ACCESS CODE: ____________________________________

Signature of Applicant staff who verified Subject’s identification

Applicant’s Signature (Executive Director or Supervisor)

NOTE: There is a non-refundable fee of $10.00 per application. Please refer to Part 3 for fee payment details.
SECTION B – SUBJECT’S INFORMATION (to be completed by the person being checked)  
(PLEASE PRINT CLEARLY)

B-1 Name ____________________________

Surname Given Name Middle Name

Previous and Other Names:

a) Maiden Name: ____________________________

b) Legal Name Change: ____________________________

c) Also Known As: ____________________________

d) Other Names Known by: ____________________________

B-2 Birth Date: Month ______ Day _____ Year ________

B-3 ☐ Male ☐ Female

B-4 Current Address: ____________________________

City: ____________________________

Postal Code: ____________________________

Telephone: (___) _______ ________

B-5 Previous addresses for a minimum of 5 years:

________________________________________

________________________________________

B-6 IDENTIFICATION: I have chosen and presented two (2) pieces of identification that have been verified by

the Applicant in A-3:

SIN No. ____________________________ MHSC No. (6 digit) ____________________________

Band and Status No. ____________________________ Driver’s Licence: ____________________________

Passport or Birth Certificate No. ____________________________ Other (please identify) ____________________________

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to
determine if my name is listed on the Registry. I hereby give my consent for the release of this information
in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: ____________________________ Subject’s Signature: ____________________________

SECTION C - MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family

Services) Office Use Only

This is to certify that as of the date indicated in this section, the Subject:

☐ IS NOT listed on the Manitoba Child Abuse Registry ☐ IS LISTED on the Manitoba Child Abuse Registry

DATE: ____________________________

Director of Child and Family Services or Designate

NOTE: The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of The Young

Offenders Act or The Youth Criminal Justice Act. The Applicant shall not use or disclose the personal (health) information provided by

the Subject except for the purpose(s) stated in Part 1 and Part 2.
PART 3  FEE PAYMENT

Applicant’s Name ____________________________________________________________

Subject’s Name ____________________________________________________________

Payment Exemption

There may be no fee depending on the purpose of the check. Please refer to Manitoba Regulation 16/99 subsection 11.1(2).

All fee exemptions are subject to an audit by the Child Protection Branch.

☐ Exempted – no fee attached

Payment Method (Please check ✓ one box only and print all information clearly)

☐ VISA  Card Number ___________________________ Expiry Date ____________

   Name as it Appears on Card ___________________________

   Amount: ___________________________ (Canadian funds)

   Authorization: ___________________________

   Signature of Cardholder

☐ Mastercard Card Number ___________________________ Expiry Date ____________

   Name as it Appears on Card ___________________________

   Amount: ___________________________ (Canadian funds)

   Authorization: ___________________________

   Signature of Cardholder

☐ Cheque made payable to the Minister of Finance

   Note: Post-dated cheques will not be accepted. There is a $20.00 NSF charge for all returned cheques.

☐ Money order made payable to the Minister of Finance

☐ Cash (Note: It is recommended that you do not send cash through the mail.)

Receipts will only be issued if requested at the time the Application is submitted.

☐ Check ✓ if receipt is required.

All three parts of this Application must be forwarded to the Child Abuse Registry for a check to be completed.

FOR CHILD ABUSE REGISTRY OFFICE USE ONLY

Application Received  Date

☐ In-House ___________________________

☐ Mail ___________________________

☐ Courier ___________________________

☐ Fax ___________________________

☐ Multiple Applications # ___________________________

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THE CHILD AND FAMILY SERVICES ACT 123
Appendix D

Prior Contact Check
APPENDIX D PRIOR CONTACT CHECK

Policy
A Prior Contact Check (PCC) is a request to determine whether a person has a record with a child and family services agency or an agency outside Manitoba that performs substantially the same functions as a child and family services agency.

A Prior Contact Check application must be completed by the licensee and included within three months of the application.

A PCC is not required to assess a person to work or provide services for a child care facility.

The Child Abuse Registry Unit will do a PCC on the Child and Family Information System (CFSIS) if agency policy requires the check and it is requested at the same time as a Child Abuse Registry Check.
**Part 1 Consent to the Collection and Disclosure of Information and Results**

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) or a child and family services agency (CFS agency). The Director or the CFS agency will use this information to determine whether I have had prior contact with the child and family services system.

I understand that where an initial check of the Manitoba Child and Family Services Information System (CFSIS) indicates that I may have had prior contact or is unable to determine whether I am listed on CFSIS, the Applicant will further disclose my personal information to the appropriate CFS agency with a request that it conduct a prior contact check of its records.

I understand that the Director or the CFS agency will also use this information to update CFSIS and the agency’s record.

I understand that my personal information is being collected both directly and indirectly under the authority of subsection 37(1) of The Freedom of Information and Protection of Privacy Act and that my personal health information, if any, is being collected under the authority of subsection 14(1) of The Personal Health Information Act.

I understand that if the check indicates that I may have had prior contact with the child and family services system or is unable to determine whether I have had contact, the appropriate child and family services agency or the Director will provide these results to the Applicant.

I understand that the check may disclose whether I have been the subject of a child protection investigation, whether I have previously applied for a foster home licence and whether I have previously applied to adopt a child. I understand that the results of the check will not be shared with me.

I understand that the information is required by the Applicant to assess whether I pose a risk to children and, if applicable, whether I am able to discharge the responsibilities of the position described in Part 2 A-2.

I understand that the Applicant requires the results of the Prior Contact Check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Prior Contact Check without my written consent unless authorized or required to do so by law.

I understand that the Director or the CFS agency will not further disclose the results of this check without my written consent unless authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.
I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the applicant, its disclosure to the Director or a CFS agency and the disclosure of the results of the check, described in Part 2 C, by the Director or CFS agency to the Applicant.

Date: ___________________________  Subject’s Signature: ______________________________

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.
PART 2 INFORMATION AND RESULTS

SECTION A - Access by CHILD AND FAMILY SERVICES AGENCY (to be completed by Agency)

A-1 Applicant’s Mailing Label. Please print all information clearly.

<table>
<thead>
<tr>
<th>Agency Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Apt. No.</td>
</tr>
<tr>
<td>City</td>
<td>Province</td>
</tr>
</tbody>
</table>

Contact Person ______________________________ Telephone Number ______________________________

A-2 Purpose of Prior Contact Check: (Please check ✓ at least one of the following)

☐ To investigate whether a child is in need of protection
☐ To assess the Subject of this check
  ☐ To provide work or services to the agency as an:
    ☐ employee ☐ student trainee ☐ volunteer ☐ other
    Briefly describe position: ____________________________________________

☐ Who wants to provide a Place of Safety
☐ Who wants a foster home licence [M.R. 18/99 s. 3(2)(b)]
☐ Who is an adult who lives with a person who wants a foster home licence [M.R. 18/99 s. 3(2)(b)]
☐ Who wants a child care facility licence [M.R. 17/99 s. 4(2.1)]
☐ Who wants to adopt [M.R. 19/99 s. 17(1)(i)]
☐ Who is an adult who lives with a person who wants to adopt [M.R. 19/99 s. 17(1)(i)]
☐ Who is a birth parent
☐ Who is an adult who lives with a birth parent

A-4 Applicant Authorization:

________________________________________
Signature of Applicant staff who verified Subject’s identification

________________________________________
Applicant’s Signature (Executive Director or Supervisor)

SECTION B - SUBJECT’S INFORMATION (to be completed by the person being checked)
(PLEASE PRINT CLEARLY)

B-1 Name _____________________________________________
               Surname ____________________________
               Given Name __________________________
               Middle Name _________________________

Previous and Other Names:

a) Maiden Name: _______________________________________

b) Legal Name Change: _________________________________

c) Also Known As: _____________________________________

d) Other Names Known by: _______________________________

B-2 Birth Date:  Month _________  Day ______  Year _________  

B-3  □ Male  □ Female

B-4 Current Address: _________________________________
               City: _________________________________
               Postal Code: __________________________
               Telephone: (_____) ____________

B-5 Previous addresses for a minimum of 5 years:

____________________________________________________________________________________

____________________________________________________________________________________

B-6 IDENTIFICATION:  I have chosen and presented two (2) pieces of identification that have been verified by 
the Applicant in A-3:

SIN No. _____________________________  MHSC No. (6 digit) _____________________________

Band and Treaty No. ______________________  Driver’s Licence: __________________________

Passport or Birth Certificate No. ______________  Other (please identify) ________________

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to 
determine if my name is listed on the Registry.  I hereby give my consent for the release of this information 
in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: __________________________________  Subject’s Signature: _______________________

THE CHILD AND FAMILY SERVICES ACT
SECTION C  - PRIOR CONTACT CHECK RESULTS (completed by the Director of CFS or a CFS Agency)

NOTE: Inaccurate or incomplete information or a case record not being registered with CFSIS may result in an inaccurate check.

C-1 Initial Check:
As at date: __________________________ CFSIS Check conducted by:

☐ Not listed on CFSIS
☐ Unable to determine/Further agency record check required. Contact: __________________________

(CFS Agency)

☐ Listed on CFSIS ☐ OPEN (specify case category/agency): __________________________

☐ CLOSED (specify case category/agency): __________________________

C-1 Follow-up Check:
As at date: __________________________ Follow-up Check conducted by: __________________________

☐ Subject of a child protection investigation
  ☐ No ☐ Yes ☐ Substantiated ☐ Unsubstantiated
  ☐ Inconclusive ☐ Ongoing

☐ Previously applied for a foster home licence ☐ No ☐ Yes
☐ Previously applied to adopt a child ☐ No ☐ Yes

☐ Specify case category/agency: __________________________
PART 1 CONSENT TO THE COLLECTION AND DISCLOSURE OF INFORMATION AND RESULTS

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) or a child and family services agency (CFS agency). The Director or the CFS agency will use this information to determine whether I have had prior contact with the child and family services system.

I understand that where an initial check of the Manitoba Child and Family Services Information System (CFSIS) indicates that I may have had prior contact or is unable to determine whether I am listed on CFSIS, the Applicant will further disclose my personal information to the appropriate CFS agency with a request that it conduct a prior contact check of its records.

I understand that the Director or the CFS agency will also use this information to update CFSIS and the agency’s record.

I understand that my personal information is being collected both directly and indirectly under the authority of subsection 37(1) of The Freedom of Information and Protection of Privacy Act and that my personal health information, if any, is being collected under the authority of subsection 14(1) of The Personal Health Information Act.

I understand that if the check indicates that I may have had prior contact with the child and family services system or is unable to determine whether I have had contact, the appropriate child and family services agency or the Director will provide these results to the Applicant.

I understand that the check may disclose whether I have been the subject of a child protection investigation, whether I have previously applied for a foster home licence and whether I have previously applied to adopt a child. I understand that the results of the check will not be shared with me.

I understand that the information is required by the Applicant to assess whether I pose a risk to children and, if applicable, whether I am able to discharge the responsibilities of the position described in Part 2 A-2.

I understand that the Applicant requires the results of the Prior Contact Check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Prior Contact Check without my written consent unless authorized or required to do so by law.

I understand that the Director or the CFS agency will not further disclose the results of this check without my written consent unless authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.
I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the applicant, its disclosure to the Director or a CFS agency and the disclosure of the results of the check, described in Part 2 C, by the Director or CFS agency to the Applicant.

Date: ___________________________  Subject’s Signature: ___________________________

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.
PART 2 INFORMATION AND RESULTS

SECTION A - Access by EMPLOYERS AND OTHERS (to be completed by Employer/Other)

A-1 Applicant’s Mailing Label. Please print all information clearly.

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<td>Address</td>
<td>Apt. No.</td>
</tr>
<tr>
<td></td>
<td>City Province Postal Code</td>
</tr>
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</table>

Contact Person ____________________________ Telephone Number ____________________________

A-2 Purpose of Prior Contact Check: (Please check ✓ at least one of the following)

☐ To assess the Subject of this check
☐ To provide work or services to the agency as an:
  ☐ employee ☐ student trainee ☐ volunteer ☐ other

  Briefly describe position: __________________________________________________________

☐ Who wants a foster home licence [M.R. 18/99 s. 3(2)(b)]
☐ Who is an adult who lives with a person who wants a foster home licence [M.R. 18/99 s. 3(2)(b)]
☐ Who wants a child care facility licence [M.R. 17/99 s. 4(2.1)]

A-4 Applicant Authorization:

Signature of Applicant staff who verified Subject’s identification ____________________________

Applicant’s Signature (Executive Director or Supervisor) ____________________________
SECTION B - SUBJECT’S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name ________________________________

Surname                          Given Name                          Middle Name

Previous and Other Names:

a) Maiden Name: ________________________________

b) Legal Name Change: ________________________________

c) Also Known As: ________________________________

d) Other Names Known by: ________________________________

B-2 Birth Date: Month ________ Day ________ Year ________

B-3 □ Male     □ Female

B-4 Current Address: ________________________________

City: ________________________________

Postal Code: ________________________________

Telephone: (___) __________

B-5 Previous addresses for a minimum of 5 years:

________________________________________________________________________

________________________________________________________________________

B-6 IDENTIFICATION: I have chosen and presented two (2) pieces of identification that have been verified by the Applicant in A-3:

SIN No. ________________________________

MHSC No. (6 digit) ________________________________

Band and Treaty No. ________________________________

Driver's Licence: ________________________________

Passport or Birth Certificate No. ________________________________

Other (please identify) ________________________________

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent for the release of this information in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: ________________________________

Subject's Signature: ________________________________
SECTION C - PRIOR CONTACT CHECK RESULTS (completed by the Director of CFS or a CFS Agency)

NOTE: Inaccurate or incomplete information or a case record not being registered with CFSIS may result in an inaccurate check.

C-1 Initial Check:
As at date: __________________________ CFSIS Check conducted by:

☐ Not listed on CFSIS
☐ Unable to determine/Further agency record check required. Contact: __________________________

(CFS Agency)

☐ Listed on CFSIS ☐ OPEN (specify case category/agency): __________________________

☐ CLOSED (specify case category/agency): __________________________

C-1 Follow-up Check:
As at date: __________________________ Follow-up Check conducted by: __________________________

☐ Subject of a child protection investigation
   ☐ No ☐ Yes ☐ Substantiated ☐ Unsubstantiated
   ☐ Inconclusive ☐ Ongoing

☐ Previously applied for a foster home licence ☐ No ☐ Yes
☐ Previously applied to adopt a child ☐ No ☐ Yes

☐ Specify case category/agency: __________________________
Appendix E

Levels of Care
APPENDIX E: LEVELS OF CARE

Levels Of Care

Preface
In Manitoba most residential child care facilities are categorized through a level of care system. The province currently uses Level III, IV or V designations for licensing purposes. They are based on the needs of children and the program a facility operates.

Description of Levels

**Level 3**
Children’s behaviour and personal conflicts require more tolerance, understanding and control than could be reasonably handled in a family setting. Problems presented include mild/moderate emotional disturbance, moderate retardation, pronounced control and behavioural problems such as hostility, resistance to everyday rules and regulations and repeated delinquencies.

At this level, the free time of children is coordinated to enhance their social and interpersonal awareness. Activities are outside, i.e., visits to planetarium, travelogues or inside, i.e., group meeting to discuss problem areas which are planned, discussed and meeting the identified needs of unsophisticated residents. Resources are used under the supervision and direction of the child care staff.

**Level 4**
These children cannot regularly handle the demands of regular school programs. They are demanding on other children and adults and consequently experience many crises in daily living and exhibit many signs of mental/emotional disturbance. The children may resist change or treatment intervention. These children, because of their high degree of disturbance, may be violent to themselves or others and require considerable control and structure.

This level differs from Level 3 in that there is more specific program planning required to meet the individual needs. Many evenings are organized with outside or inside activities to coordinate most of the children’s free time to enhance their awareness, develop some insight and self control. These activities are supervised by the child care staff. Children at a Level 4 cannot usually use community resources to their fullest; they require a great deal of encouragement, support and at times direct supervision.

**Level 5**
These children are frequently a danger to themselves or others due to the severity of their mental health/emotional disturbance. They are unable to handle or manage the demands of daily living or academic programming and require individualized treatment planning and programs, considerable control and structure, and have difficulty committing to mainstream society. These youth are also victims of high risk behaviour which included sexual exploitation, drug use, suicidal ideation/self harm, refusal to listen, confrontation, verbal and physical aggressiveness and threatening to those around them.

The emphasis at this level is to improve the individual’s behaviour by consciously building insights, understanding motivation, assisting the resident to realize the effect their behaviours has on others and increasing their self awareness, thereby achieving better personal control and communication skills. Psychiatric/psychological consultation would participate in this planning phase as medications may be required to augment behaviour.

Recreation is supervised by child care staff as part of the therapeutic process. Children are unable to use available community resources, hence the need for child care staff to develop therapeutic programs.
APPENDIX F

TREATMENT PLANNING PROCESS
Appendix F: Treatment Planning Process

Introduction

There are six main steps in developing a treatment plan for a child in care:

- assess strengths
- assess needs
- establish the goals needed to achieve the permanency plan (reunification, kinship care, adoption, independent living)
- identify the steps necessary to meet the identified goals
- identify services needed to achieve the goals
- establish an evaluation process.

The treatment plan also includes identification of significant information about the child and the family, as well as a plan for crisis. Each of these steps is outlined in more detail below. The treatment planning process is consistent with that taught and practised as part of competency-based training (Core 803: Family Focused Practice in Residential Care).

Identification of Significant Information About the Child and Family

Before developing the treatment plan itself, the staff must gather information about the child and family. Referral material (e.g., risk assessment, case plan and family assessment), interviewing and observing the family and child, and information from collateral services (e.g., school) will provide staff with the necessary information. An estimation of the youth’s developmental level of functioning in each of the domains (physical, cognitive, social, emotional and sexual) is completed, and any information further to the referral documentation is recorded.

Step 1: Assessment of Strengths

The assessment of strengths is important to document because staff should build on the child and the family’s capacities. The purpose is to learn the positive aspects about the family and child, get a truly balanced picture of them, begin the process of joining with a family and child, and discover what might appeal to family members in terms of motivation to sustain the plan. It is through working with the family’s and child’s strengths that needs will be met and the treatment plan will be effective.

The best way to gather the information about a child’s and family’s strengths is talking informally with them. If possible, remember what is said during the conversation and record your notes afterwards. This format will allow you to interact more freely with the family. If this format is not possible, ask the family members for permission to jot down some notes during the discussion and then review those notes at the end with the family to ensure that you have captured their strengths.

Areas of functioning in which to explore strengths include: education; development; vocation; health; family; and social domains; potential questions and areas of inquiry are attached. Family members may be most comfortable with this type of discussion in their own home, or in a neutral place such as a local restaurant. Children may be more comfortable in a recreational setting rather than a staff office. Whatever the venue, it is important to allow sufficient time and attention to the family members in order to gather the information.

Step 2: Assessment of Needs

Needs must be based on how the family and child would like to change, grow or develop. The service worker should discuss what they think is most important to them, what is causing them the most pain,
and what they perceive as the most important issues they think are keeping the child in care.

Identification of needs should include: informal discussion with the family and child; previous assessments; observations; referral from the placing agency; and use of structured interviews with the family and child. Some potential questions and areas of inquiry are attached to help with this process.

The family, child and worker may develop a list that includes many needs. Targeting the needs that are most important to the child and family and that begin to open the direction of individualized planning for the child, while assuring his/her safety, will help to avoid overwhelming the family and to give focus to the process. A “need statement” should be developed for each of the two or three needs that are to be addressed as part of the treatment plan.

Need statements should:
- be stated positively
- identify what should happen, rather than what should stop
- be short and clear.
- Need statements are not solutions or services.

**Step 3: Establishing the Goals**

The treatment plan must list goals to be accomplished in order to achieve the individualized permanency plan. The goals may be short or long term. At least one goal should be developed for each selected need, although some needs may generate more than one goal.

Goals should be stated clearly and positively. They should be reasonable, realistic, and achievable. Goals describe the change that will take place in action verbs and will always imply desired change in the underlying condition or need.

Goals are negotiable with the treatment planning process and should be changed within the consultation process that includes treatment staff, placing worker, child and family. General rule: if someone can sabotage the plan, include him/her in the treatment planning process!

**Step 4: Identification of Steps to Meet the Goals and Services to Achieve Steps**

Once the goals have been established, the worker, child and family will brainstorm strategies and steps to achieve goals and meet needs. These should build on existing strengths and be suitable for the developmental profile of the child. Non-traditional and traditional services and solutions should be considered. Once a list of potential solutions is developed, the staff-youth-family team should determine which strategies are most likely to help the child achieve the related goal.

Steps should:
- be small, easily achievable and realistic
- be behaviourally specific so that there is no misunderstanding of the behaviours in which the child/family will engage
- be measurable and have specific time frames
- be gradual so that several steps can be achieved early in the process
• identify what reinforcements are in place to reward accomplishment of the steps
• identify who is going to do what, when, where, etc.
• identify what services are going to be used and who will access them
• identify clearly how the steps are going to be monitored and by whom.

**Step 5: Establish an Evaluation Process**

Evaluation of the plan is required at identified, quarterly intervals. Evaluation informs all parties of how things are going, and indicates what might be needed to ensure the success of the treatment plan. The steps identify how much should be accomplished within a given time frame, and this becomes part of the evaluation. To ensure the child succeeds, it is critical to determine who will check on the progress between formal treatment plan reviews. For each goal, or activity, the team should agree on who will do this checking - it may be the youth care worker, the placing worker, a parent or someone else who is able to assume the responsibility (e.g., guidance counsellor). The evaluation should be identified as part of the treatment plan.

**Crisis Plan**

When crises happen, the treatment plan can fall apart. Planning for a crisis is critical to the effectiveness of the plan. A crisis plan within the treatment plan helps deal with future emergencies can be done when everyone is relatively calm, and can include the participation of the child and family. No major changes in the treatment plan should be developed until at least 72 hours after a crisis has passed. This will help to ensure that the team is not overreacting to the crisis or the actions of the child and/or family.

The planning team should anticipate as part of the planning process the worst things that could happen given the child’s and family’s history. Needs are then identified and pre-planning occurs for the first steps if such a case arises. These steps would include: who should be involved in crisis resolution; a blame-free time during which no one can blame other team members for the crisis (including the child and family); a time frame for re-evaluating the treatment plan; criteria to determine when the crisis has passed; and, an opportunity to assess management of the crisis within two weeks of the event.
TREATMENT PLAN (PART A)

CHILD ____________________________________________ DATE __________________

1. Describe the youth’s placement situation. (Brief description of the problem(s) that led the youth to residential treatment.)

__________________________________________________________________________

__________________________________________________________________________

2. What is the permanency plan for the youth as identified by the placing agency? (Reunification, Kinship Care, Adoption, Independent Living, Long Term Structured Care-Information gained from the Agency Case Plan)

__________________________________________________________________________

__________________________________________________________________________

3. Anticipated date that the permanency plan will be achieved. (Information from the Agency Case Plan)

__________________________________________________________________________

__________________________________________________________________________

4. Is the youth in the least restrictive (most family-like) setting? If not, explain why:

__________________________________________________________________________

__________________________________________________________________________

5. Is the youth in close proximity to his or her home? If not, explain why:

__________________________________________________________________________

__________________________________________________________________________

6. Has the youth been separated from siblings? If so, why:

__________________________________________________________________________

__________________________________________________________________________

7. Describe any restrictions that have been placed on:
   (a) visiting: ____________________________________________________________
   (b) phone or mail contact with the youth: _________________________________
   (c) other: _____________________________________________________________
Treatment Plan (Part A)

8. If seclusion, restraint, or medication is being used with the youth, state whether the team has reviewed its use and their finding.

________________________________________________________________________________________

________________________________________________________________________________________

9. Describe:
   (a) the circumstances that necessitated placement of the youth out of his/her home

________________________________________________________________________________________

________________________________________________________________________________________

(b) the efforts that were made to prevent the removal of the youth from his/her home

________________________________________________________________________________________

________________________________________________________________________________________

(c) the efforts that were made to reunify the youth with his/her family

________________________________________________________________________________________

________________________________________________________________________________________

(d) the efforts that were made to use a less restrictive placement

________________________________________________________________________________________

________________________________________________________________________________________

10. Give information or cite the date, source and location of information regarding the youth’s recent health and education history/evaluation.

(a) Health Records

   names and addresses of health providers: ______________________________________________________

   immunization record: ____________________________________________________________

   known medical problems: __________________________________________________________

   medications: _______________________________________________________________

   other relevant health information, including the dates and results of all last medical tests (dental, optical, medical) (This information gained from the Agency Family Assessment)
b) Education Records

names and addresses of education providers: ______________________________________________________

grade level performance: _______________________________________________________

school record: _______________________________________________________

other relevant education information: _______________________________________________________

11. Describe the youth’s relationship to adults:
   (Information gained from Agency Family Assessment, youth, family, observation)

   (a) family members:

       _______________________________________________________
       _______________________________________________________
       _______________________________________________________

   (b) other relatives:

       _______________________________________________________
       _______________________________________________________
       _______________________________________________________

   (c) friends:

       _______________________________________________________
       _______________________________________________________
       _______________________________________________________

   (d) others:

       _______________________________________________________
       _______________________________________________________
       _______________________________________________________

12. Describe the youth’s relationships with peers: (i.e. aggressive/passive, isolated, leader/follower - information gained from Agency Family Assessment, youth family, observation)

       _______________________________________________________
       _______________________________________________________
       _______________________________________________________

13. Describe the extent to which the parent(s) or other relative and the youth participated in the development of the Treatment Plan:

       _______________________________________________________
       _______________________________________________________
       _______________________________________________________
TREATMENT PLAN (PART A)

14. Those present at Treatment Plan meeting:


15. Date plan was given to parents and youth: _________________________________

16. Date of the next review: _________________________________
TREATMENT PLAN (PART B)

YOUTH ___________________________ CASE NUMBER _____________

WORKER ___________________________ DATE _____________________

Significant information about family members:
(might include health issues, stressors on family, placing agency assessment information)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Strengths of the Family:
(Information gained from the Agency Family Assessment, Case Plan, Family, Youth and Worker Assessment)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Needs of the Family:
(Information gained from the Agency Family Assessment, Case Plan, Family, Youth and Worker Assessment.) (Note: Needs Statements are not solutions or services.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Strengths of the Youth (Information gained from the Agency Family Assessment, Case Plan, Youth, Family and Worker Assessment.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Needs of the Youth (Information gained from the Agency Family Assessment, Case Plan, Youth, Family and Worker Assessment.) (Note: Needs Statements are not solutions or services.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Goals for the Family**  
(Goals on the Treatment Plan for the family should be related to the youth’s needs.)

The Agency Case Plan will have additional goals for the family related to the reason for the youth's placement and the permanency goal for the youth. (Note: There should be no more than one or two goals for the family and each goal should be directly related to the need that was previously identified.)

**Need:**  
**Goal:**  
**Steps:** (Should include a person responsible, anticipated start date, anticipated date of achievement.)  
Note: Steps must be directly related to the goal identified.

**Goals for the Youth**  
(Goals on the Treatment Plan for the youth should be related to the youth’s needs.)

The Agency Case Plan will have additional goals for the family related to the reason for the youth’s placement and the permanency goal for the youth. (Note: There should be no more than two or three goals for the youth and each goal should be directly related to a need that was previously identified.)

**Need:**  
**Goal:**  
**Steps:**
Need: ____________________________________________________________

Goal: ____________________________________________________________

Steps: ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Crisis Potential: (Identify where plan might not work, where there are concerns by the planning team and what precautions will be taken to thwart any failure to the plan. Identify a contingency plan that recognizes the plan will not be disbanded when a crisis might surface.)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Evaluation Plan:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Interview Sheet - for Data Gathering
(Youth Interview)

Directions: Use this handout to record data from your interview.

**Hobbies, Interests and Activities**

Strengths: ________________________________________________________________

________________________________________________________________________

Needs: ________________________________________________________________

________________________________________________________________________

**School and Work**

Strengths: ________________________________________________________________

________________________________________________________________________

Needs: ________________________________________________________________

________________________________________________________________________

**Values, Spiritual Interests and Goals**

Strengths: ________________________________________________________________

________________________________________________________________________

Needs: ________________________________________________________________

________________________________________________________________________

**Physical and Emotional Health**

Strengths: ________________________________________________________________

________________________________________________________________________

Needs: ________________________________________________________________

________________________________________________________________________

**Family and Friends**

Strengths: ________________________________________________________________

________________________________________________________________________

Needs: ________________________________________________________________

________________________________________________________________________
Interview Sheet - for Data Gathering
(PARENT INTERVIEW)

Directions: Use this handout to record data from your interview.

Hobbies, Interests and Activities

Strengths: __________________________________________________________
______________________________________________________________

Needs: _____________________________________________________________
______________________________________________________________

School and Work

Strengths: __________________________________________________________
______________________________________________________________

Needs: _____________________________________________________________
______________________________________________________________

Values, Spiritual Interests and Goals

Strengths: __________________________________________________________
______________________________________________________________

Needs: _____________________________________________________________
______________________________________________________________

Physical and Emotional Health

Strengths: __________________________________________________________
______________________________________________________________

Needs: _____________________________________________________________
______________________________________________________________

Family and Friends

Strengths: __________________________________________________________
______________________________________________________________

Needs: _____________________________________________________________
______________________________________________________________
The Needs of Youth

Guideline for Identifying Youth’s Underlying Needs
These questions will be useful in discussing the child’s and family’s strengths/needs with relatives, teachers, foster parents, coaches, therapists, residential providers and others who have valuable information to contribute prior to and at the treatment planning meeting.

Educational Needs

1. At what grade level is the child reading? Is there a need to raise this reading level? At what grade level is the child doing math? Is there a need to raise this math level? (Note: Because it is essential for children to feel competent at something, identifying educational strengths/needs is an agency responsibility.)
   What do family members need to support the child’s school success?

2. What is the child’s learning style? Is he/she aware of it? Does the child have visual processing difficulties? Does the child have auditory processing difficulties? Does he/she need to strengthen compensatory skills? Does the child have learning strengths that need to be built on through special techniques?
   What do family members need to understand the child’s learning style and to build on learning strengths at home?

3. What specifically appears to trigger disruptive school behaviour - for example, does he/she have need to improve concentration? Does he/she need to feel less humiliated (by teachers or students)?
   What do family members need to support adaptive school behaviour?

4. Does the child need to have a reason to attend school? What specifically appears to be the source of school non-attendance - is the child bored? Is the child embarrassed by lack of skills? What particular class did the child start cutting first?
   What do family members need to ensure daily school attendance?

5. Does the child have sports/music/art or other special interests that need to be built on by coaches, teachers and others and/or through specific activities?
   What do family members need to encourage the child’s competence?

6. Does the young person know his/her vocational interests? What does he/she need to build on strengths in a vocation?
   What do family members need to encourage the young person’s vocational success?
Developmental Needs

1. If the child does not have age-appropriate language skills, what specific skill development does he/she need? What do family members need to encourage language development?

2. If the child does not have age-appropriate physical skills, what specific skill development does he/she need? What do family members need to encourage physical skills?

3. If the child does not have age-appropriate social skills, what specific skill development does he/she need? Does the child need to improve his/her peer relationships? What do family members need to encourage social skills (including recognizing the impact of isolation on the family)?

4. Does the child need to improve his/her ability to regulate specific behaviours? Is the child’s misbehaviour primarily a method of getting attention, and if so, from whom? Is the child’s misbehaviour primarily a method of gaining control? Is the child’s misbehaviour primarily a method of expressing anger and if so, at whom? Does the child need to learn alternative ways to get attention, gain control, or express anger? Does the child need to improve his/her ability to express what he/she wants in effective, non-aggressive ways? Does the child need to be protected from specific types of behaviour harmful to self? In their methods of setting limits and using discipline, what do family members need to help the child develop positive ways to get attention, gain control and express anger (including recognizing the importance of modelling, particularly when family members may have abused their power over the child in the past)?

5. How aware is the child of his/her feelings? Does he/she have an anger cycle or a fear cycle that he/she needs to be able to regulate more effectively? What do family members need to empathize with the child’s feelings and help the child label and regulate anger or fear (including recognizing the importance of modelling)?

6. Does the child need to recognize the consequences of his/her abuse of alcohol and drugs? Does the child view these substances as relief from depression or hopelessness? Does the child need to learn alternative ways to feel more competent or more valued? What do family members need to encourage the child to gain a sense of self-worth without resorting to substance abuse (including recognizing the importance of modelling)?
Emotional Needs

1. Who are the individuals the child is most attached to?
   What do family members and other individuals need to help the child feel more secure?

2. Does the child need a specific kind of attention from family members?
   What do family members and other individuals need to provide this attention to the child (including having fun together regularly)?

3. Does the child need help trusting or relying on others?
   What do family members need to help the child develop trusting relationships?

4. Does the child need to appreciate him/herself more?
   What do family members need to provide more positive messages to the child?

5. Does the child need help recognizing that he/she is not to blame for neglect or abuse without feeling disloyal to family members? Does he/she need help getting out of a victim role?
   What do family members need to help the child make peace with neglect or abuse in the past?

6. Does the child need support through a grief process?
   What do family members need to help the child with his/her loss?

7. Does the child need permission to succeed?
   What do family members need to give the child direct encouragement to achieve goals they may not have met themselves?

Health Needs

1. What does the child need to be in good health?
   What do family members need to ensure that the child is healthy (including adequate food and shelter)?

2. Does the child need to understand his/her physical limitations?
   What do family members need to help the child manage physical limitations?

3. Does the child need to take more responsibility for proper self-care?
   What do family members need to help the child take more responsibility for self-care (including recognizing the importance of modelling)?
**Strengths/Needs Assessment**

(Suggested Format)

Youth  ____________________________________________ (Identify youth here)

**Hobbies, Interests and Activities**

Potential questions to identify **strengths:**
What do you do for fun?
How do you spend your free time?
What are your favourite pastime activities?

Potential questions to identify **needs:**
What would you like to do if you were able?
What interest would you like to be involved in?
What is the hobby you have wanted to try?

**School and Work**

Potential questions to identify **strengths:**
What is your favourite subject in school?
What do you like best about school?
How have you been successful in school?
Where do you get your spending money?
What types of work have you done that you are proud of?

Potential questions to identify **needs:**
What more do you want to learn to be successful?
How would you like to earn spending money?
What is there in the job area that you might like to do now?

**Values, Spiritual Interests and Goals**

Potential questions to identify **strengths:**
What is most important to you today?
What are you proud of that you have accomplished?
Who is your role model today and why?
How do you meet your spiritual needs?

Potential questions to identify **needs:**
What do you feel you need to feel more satisfied in life?
What would you like to accomplish that you have not yet accomplished?
PHYSICAL AND EMOTIONAL HEALTH

Potential questions to identify strengths:
When do you feel physically at your best?
What makes you happy?
How do you help yourself feel good?
What do you like most about your body?

Potential questions to identify needs:
What do you wish you could do physically?
What about your emotions do you wish were different?
What could you do that help you to feel better about yourself?

FAMILY AND FRIENDS

Potential questions to identify strengths:
Who do you best relate to in your family?
Who do you see as a role model?
What do you like best about your family and friends?
Whom are you most close to?
Who do you call family?

Potential questions to identify needs:
What would you like to see different with your family?
What would you like to see different with your friends?
Who would you like to be closer to?
What friend or family member would you like to spend more time with?
Strengths/Needs Assessment
(Suggested Format)

Parent ________________________________________________ (Identify youth parent)

Hobbies, Interests and Activities

Hobbies, Interests and Activities
Potential questions to identify strengths:
What do you do for fun?
How do you spend your free time?
What are your favourite past time activities?

Potential questions to identify needs:
What would you like to do if you were able?
What interest would you like to be involved in?
What is the hobby you have wanted to try?

Work, Parenting and Family Life

Potential questions to identify strengths:
What is your favourite past time with family?
What do you like best about your job?
How have you been successful with your family? With your job?
What types of work have you done that you are proud of?

Potential questions to identify needs:
What more do you want to learn to be successful?
How would you like to earn spending money?
What is there in the job area that you might like to do now?

Values, Spiritual Interests and Goals

Potential questions to identify strengths:
What is most important to you today?
What are you proud of that you have accomplished?
Who is your role model today and why?
How do you meet your spiritual needs?

Potential questions to identify needs:
What do you feel you need to feel more satisfied in life?
What would you like to accomplish that you have not yet accomplished?
PHYSICAL AND EMOTIONAL HEALTH

Potential questions to identify strengths:
When do you feel physically at your best?
What makes you happy?
How do you help yourself feel good?
What do you do to blow off steam?
How do you manage your stressors?

Potential questions to identify needs:
What do you wish you could do physically?
What about your emotions do you wish were different?
What could you do that help you to feel better about yourself?
How would you handle stress and anger if you could do it differently?

FAMILY AND FRIENDS

Potential questions to identify strengths:
Who do you best relate to in your family?
Who do you see as a role model?
What do you like best about your family and friends?
Whom are you most close to?
Who do you call family?
What do you like about your community?

Potential questions to identify needs:
What would you like to see different with your family?
What would you like to see different with your friends?
Who would you like to be closer to?
What friend or family member would you like to spend more time with?
What would you like to see differently in your community?
APPENDIX G

MEDICATION POLICY
APPENDIX G: MEDICATION POLICY

Storage, Sanitation & Safety

Standard

1. All medications/drugs shall be stored under the following proper sanitation, temperature, light, ventilation, moisture, segregation and secure conditions:
   - Be remote from direct sources of heat, moisture and sunshine
   - Be well-lit and placed as close to eye level as possible
   - Be locked when not in use
   - Store all medications in a space where damage does not occur.

2. Medications and drugs requiring refrigeration should be stored separately from food in the refrigerator and stored in a locked container.

3. The medication and drug storage area shall be used primarily for the storage of medications and drugs.

Guideline

Since most child care facilities are ordinary homes, a kitchen cabinet is the area most often used for the storage of medications. Some facilities install a cabinet or use a drug cart for this purpose. While there is flexibility, all medication and drug storage facilities shall meet the preceding standards.

Dispensing

Standard

1. The system established as the standard for the dispensing of scheduled prescription and non-prescription medications shall be a controlled dosage bubble pack, specifically a weekly pill pack. Medications shall be dispensed for a minimum of twenty-eight (28) days in four (4) weekly pill packs.

2. Prescription and non-prescription drugs may be dispensed in alternate packaging in situations where medications are:
   - required to be administered for more than four standardized administration times
   - should not be combined with other medications
   - dispensed to cover emergency situations
   - dispensed as a temporary supply pending re-dispensing of pill packs
   - dispensed for short term (less than ten days)
   - pre-packaged and safety sealed at point of manufacture; i.e. oral contraceptives, pain relievers, cold and vitamin preparations
   - red on a “PRN” (as required) basis
   - controlled or narcotic drugs requiring control counts and double lock storage for security
3. Medications shall be maintained in the original labelled container.
4. Licensees and staff shall not alter the label by the pharmacist or re-label any medication container.

**Administration of medications**

**Standard**

1. Child care facility staff who administer medications shall be at least 18 years of age.
2. Prescribed medications shall be administered only on the order of a qualified physician or licensed health care professional.
3. Non-prescription medications may be administered providing that approval has been received from a qualified physician, licensed prescriber or dispensing pharmacist. Written standing orders and documentation of verbal approvals shall be maintained on the child’s file and updated and revised as necessary.
4. Approval is acceptable in the form of a written standing order or a verbal order or recommendation.
5. Administrative procedures require staff to:

   a. identify the child by name and cross check the name on the pill pack/original labelled container to ensure it matches the person identified
   
   b. select the correct day and time on the pill pack or instructions on the label
   
   c. punch out the contents of the correct bubble or remove the correct dosage from the container
   
   d. administer the contents of the bubble or container following the labelled instructions.
   
   e. document on the MAR form

6. Children may self-administer their medications provided that the care plan includes in writing the required authorizations from the attending physician and supervising agency, and an appropriate level of drug security is maintained to prevent unauthorized access and risk to others.

   Maintenance of drug security is the responsibility of the licensee.

7. The licensee shall consult with the dispensing pharmacist to establish procedures to manage the children’s medication needs:
   
   ▪ the systematic filling and delivery of prescriptions
   
   ▪ the return and re-packaging of pill packs when new prescriptions are ordered, medications are discontinued, or dosages are revised.
   
   ▪ The licensee shall confirm the level of pharmaceutical services including consultation, drug counselling and information about the child’s drug treatment.

8. Medications prescribed for one child shall not to be administered to any other person.

9. Medications refused, spoiled, or removed from the original labelled container and not taken by the child, should be documented on the child’s file and properly disposed of. Outdated, unused or discontinued medication shall be documented and appropriately disposed of.
10. The licensee shall maintain a monthly Medication Administration Record (MAR) documenting the time and dosage administered.

11. The licensee shall ensure that a system is established to provide for an adequate supply of medications to residents during periods of planned absence from the facility (see Planned Absences).

12. Drug injection equipment and needles used in administering medication must be disposed of using proper containers and procedures. Check with your pharmacist for the proper method of disposal in your area.

13. The licensee shall ensure that medication errors and incidents are documented and reported as required.

Records

Preface

A monthly Medication Administration Record (MAR) must be maintained for each child for whom medication administration services are provided. The MAR will list all current medications, the dosage and the time they are to be administered and indicate standardized codes to be entered under specific circumstances where a drug is not administered. Examples are social leave, resident refusal, hospitalization, etc.

Standard

1. Pharmacists providing services to licensed child care facilities shall supply a monthly Medication Administration Record (MAR) with each resident’s prescriptions. The MAR shall list all current medications, the dosage and the time they are to be administered.

2. In emergency situations where the MAR is not immediately available through the pharmacist, the licensee shall complete a blank MAR for each resident listing all current medications, the dosage and the time(s) they are to be administered.

3. The licensee shall record when all medications – prescribed, non-prescription and PRN – are given immediately following administration by initialling the appropriate date and time slot on the MAR.

4. Where revisions are made to the resident’s medication regime; dosage increased or decreased or a new medication ordered or a medication discontinued, the licensee shall contact the pharmacist to arrange for re-dispensing of the medications and;

   a. where the dispensing pharmacist provided the MAR, arrange to have an updated MAR provided to reflect the change(s).

   b. where the licensee is using the MAR provided by the licensing authority, the licensee shall update the MAR to reflect the changes.

Management of medication during planned absences

Preface

The licensee will ensure that a system is established to manage the child’s medications during periods of planned absence from the facility when attending day services or while on social leave.
Day Programs/Services

Standard

1. Where day program or services staff are responsible for administering children’s medication(s), the licensee shall request that the pharmacist deliver medications for weekday administration hours (0900-1600 hours) in weekly pill packs directly to the day program or services supervisor.

2. Where day program or services staff are not responsible for administering children’s medication(s), the licensee shall consult with the pharmacist to determine if administration times could be adjusted to eliminate the need for administration during day program or services hours.

3. Where it is not possible to adjust administration times, the licensee shall consult with the supervising agency to establish an appropriate alternate procedure for the administration of children’s medications during day program or services hours.

4. The approved plan shall be documented and kept on the child’s file and updated as required.

Social Leave

Standard

1. When a child is absent from the facility for one (1) month or less, the licensee shall provide the person responsible for supervising the child with weekly pill packs for the period of the child’s absence.

2. When a child is absent from the facility for more than one (1) month, the licensee shall consult with the supervising agency and the pharmacist to make arrangements to have medications dispensed directly to the person supervising the child.

3. The licensee shall indicate the child’s absence by documenting the appropriate code on the MAR form.

4. When the child returns to the child care facility, the licensee shall contact the pharmacist and arrange for medication delivery.

Disposal of medications

Preface

Where any medication or drug, prescribed or non-prescription, is refused by a resident, accidentally spoiled, removed from the original labelled container but not given, is outdated, unused or discontinued, the licensee is responsible to ensure appropriate procedures for separation from current drug stocks and appropriate disposal is done.

Standard

1. Remove the medication from the current stock of medications at the time of the occurrence.

2. Store the medication in the drug storage facility separately from the spoiled medication.

3. List the spoiled medication(s) noting name, strength, number of pills and the name of the child for whom they were prescribed on the Inventory of Drugs for Disposal Form.

4. Return the medication(s) to the pharmacy for disposal at regular intervals as established with the pharmacist.

5. Maintain a copy of the Inventory of Drugs for Disposal Form on file for all drugs returned.
Medication errors

Medication errors are either **Child Specific or System Specific**.

A **Child Specific** medication error is defined as the administration of the wrong medication or dose of medication to the wrong resident or at the wrong time; or the failure to administer a child’s medication at the specified time or in the manner prescribed.

A **System Specific** medication error is defined as an incident which does not directly affect a child because no wrong medication was administered to the child. It would include such situations as missing medications that cannot be accounted for, a pharmacy dispensing error, or a missing drug storage facility key.

**Standard**

1. Medication errors shall be documented on the Incident Report Form and reported as required.
2. Where a Child Specific error is made, the licensee shall take immediate action to protect the life and health of the child.
3. The child’s physician, pharmacist or the poison control centre shall be contacted immediately to report the error, receive direction and initiate intervention as directed. The type of medical direction received must be documented on the Incident Report form.
4. Where a System Specific error involving a dispensing error occurs, the licensee shall contact the pharmacist to report the error and return the medication containers to the pharmacy for re-dispensing.
5. Where other system errors involving facility procedures occur, the licensee shall investigate the incident and take the action needed to prevent it from happening again.

Controlled drugs

**Preface**

The Controlled Drugs and Substances Act and the Food and Drugs Act regulate the handling of narcotics and controlled drugs by manufacturers, prescriber, pharmacists and hospitals. There is no legislation governing storage and recording of these drugs in licensed child care facilities. This is because a child care facility is considered to be the residence of the person for whom the drugs are supplied. Licensees of licensed child care facilities are responsible for ensuring the safety of children and the security of drugs.

These standards provide procedures for the control and handling of narcotics and controlled drugs in licensed child care facilities.

When narcotic or controlled drugs are ordered for a child, the licensee shall maintain the following standards for documentation, storage and disposal.
Storage
Standard
1. All narcotics and controlled drugs shall be stored under double lock. This means a locked container inside the locked drug storage area, and kept separate from all other medications.
2. Keys to the narcotic/controlled drug storage area shall be carried by designated staff on each shift.

Records
Standard
1. A separate Narcotic/Controlled Drug Inventory Record shall be maintained for each narcotic or controlled drug order.
2. A Narcotic/Controlled Drug Record Book shall be maintained with a separate inventory record for each drug.
3. The Narcotic/Controlled Drug Inventory Record shall contain the following:
   a) drug name and strength (where applicable)
   b) dosage form of the medication (tablet, syrup, suppository, etc.)
   c) name of the child
   d) name of the prescriber
   e) quantity received
   f) present count
   g) dose administered
   h) date and time of administration
   i) signature of person administering the medication
   j) balance remaining
4. A control count shall be done to verify that the actual inventory of each drug balances with the remaining balance documented on the Narcotic/Controlled Drug Inventory Record not less than once per week.
   The control count shall be signed by the person conducting the count and countersigned by another staff observer.
5. When all of the Narcotic/Controlled medication has been administered the Inventory Record shall be filed.

Guideline
Other drugs subject to abuse may be controlled by the use of the Narcotic/Controlled Drug Inventory Record.
Disposal of narcotic and controlled drugs

Standard

1. All unused, discontinued, out-of-date narcotic or controlled drugs shall be returned to the pharmacy for disposal.
2. A record shall be maintained of all narcotic and controlled drugs returned for disposal on the Inventory Of Drugs For Disposal Form.
3. Where narcotic or controlled drugs are returned to the pharmacist for disposal, both the Narcotic/Controlled Drug Inventory Record and the Inventory of Drugs for Disposal Form shall be signed by the receiving pharmacist and copies maintained on file in the facility.

Diabetic management

Preface

Referral and admission of an insulin-dependent child with diabetes to a licensed child care facility shall be based on assessment of the licensee’s ability to provide the required care and a determination that a licensed child care facility is the most appropriate site for care. The assessment should include care planning, education and training requirements of the insulin-dependent child, the licensee and child care staff. The assessment should also address referral to a Diabetes Education Resource (if applicable) and follow up of the child throughout placement. Wherever possible children are taught self-management skills through the Diabetes Education Resource.

Provision of this type of specialized care is not an expectation for all licensees and licensed child care facilities. Where admission of an insulin-dependent child with diabetes to a licensed child care facility is planned, the following standards apply.

Standard

1. Child care placement is assessed by the supervising agency as the most appropriate site for care.
2. A care plan has been developed and the referral process meets regional program requirements and guidelines.
3. The child with diabetes, the licensee and child care staff have received instruction in the care and management of diabetes to the extent assessed as necessary.
4. The person(s) responsible for administering the insulin injections has/have been identified, and the need and intervals of blood glucose monitoring documented.
5. The licensee has been assessed as capable of providing the required care.
6. A health care professional has been assigned to monitor the individual’s care, specific to their diabetic condition, throughout the placement.
Appendix H

Absence Waiver Policy
Appendix H: Absence Waiver Policy

Policy Statement
Where an absence from a residential child care facility extends beyond 10 days, the facility must submit an Absence Waiver Policy Form to the Child Protection Branch. In the case of a planned absence, the Absence Waiver Policy Form must be submitted prior to the absence.

In the case of an unplanned absence, the Absence Waiver Policy Form must be submitted prior to the eleventh day of the absence. Cumulative absences, where the child is absent for 50% or more of the days during the billing period, must be approved by the Child Protection Branch.

Funding will not be approved in situations where unapproved Absence Waiver Forms are included with monthly billings.

Absence waivers will not generally be approved beyond 30 days. Exceptions may be considered dependent on the individual needs of the child, such as: length of placement, degree of connection with the program, role of the facility during the absence and documentation regarding ongoing contact.

Procedures

Planned Absences
- In the case of planned absences beyond 10 days such as a vacation, home visits, transitioning visits, etc., prior approval from the Child Protection Branch is required.
- Signatures of representatives of the residential child care facility and the placing agency are also required.
- It is preferable that requests for waiver of the absence policy for planned absences be done as part of the Individual Program Plan/Case review process.

Unplanned Absences
- The facility must immediately notify the police and the placing agency of any unplanned absence if the child is thought to be a danger to themselves or others. Each child must have a written plan regarding the facility’s and agency’s response to unplanned absences.
- The facility must advise the supervising agency of the missing child within 24 hours of the noted absence.
- Within the first 10 days of absence, the facility should explore with the agency whether an Absence Waiver Policy Form should be submitted.
- If the decision is to request a waiver of the absence policy, this should be discussed with the Child Protection Branch staff prior to the tenth consecutive day of absence.
- The signature of the agency representative is not required for unplanned absences. The date of the verbal agreement supporting the waiver should be noted, as well as the name of the agency representative.
- It is the responsibility of the facility to ensure the approved Absence Waiver Policy Forms (originals) are attached to the monthly billings.
- The facility must immediately advise the police and agency when a missing child is found or returned.
ABSSENCE WAIVER POLICY FORM

Date: _______________________________

A. Residential Child Care Facility
Name: _____________________________________________________________
Address/Unit: ___________________________________________________________________________________________________

B. Child ________________________________ Birthdate ________________________________
Status: □ Pw □ Tw □ Apprehension □ Other ________________________________
Admission Date: ________________________________

C. Placing Agency
Name: _____________________________________________________________
Worker: ______________________________________________________________________ Phone No.: ________________________________

D. Absence Information
First Day Absent: _______________ □ Planned □ Unplanned
Waiver Requested From: _______________ to _______________ (inclusive)

E. Cumulative Absence Days

F. Justification (Indicate Facility’s Role/Involvement During The Absence:)
______________________________________________________________________________

______________________________________________________________________________

Facility Representative: ________________________________ Agency Representative: ________________________________
Date signed: ________________________________ Date signed/confirmed: ________________________________

To Be Completed By The Child Protection Branch

G. Extension Approved: □ Yes □ No
Days Authorized: From _______________ to _______________ (inclusive)

Authorizing Signature ___________________________________________________________
Comments: ___________________________________________________________

______________________________________________________________________________

INSTRUCTIONS
1. Facility To Complete Section A To F In Triplicate, And Forward To Child Protection Branch, Attention: Child And Family Resources.
2. Signature Of Agency Representative Not Required For Unplanned Absences.
3. Date Of Verbal Confirmation By Agency Representative To Be Noted.
4. Original To Be Returned To Facility By Child Protection Branch And Attached To Billing At Month End.

THE CHILD AND FAMILY SERVICES ACT 181
APPENDIX I

ADDITIONAL CARE AND SUPPORT POLICY
APPENDIX I: ADDITIONAL CARE AND SUPPORT POLICY

Policy Statement

- Residential Support Services may be approved for residential child care facilities which are directly funded by the Province of Manitoba. Funding is limited to the following situations:
  - Crisis Stabilization and Support (Child Specific). The child requires intensive care and support for a short period of time to assist in stabilizing the placement.
  - Augmented Staffing (Non Child Specific). The residential child care facility requires augmented staffing to ensure the physical safety, stability and well-being of the child or others at serious and immediate risk.
  - Facility Stabilization (Non Child Specific). Dependent on the availability of funding, supplemental staffing may be provided to assist in the stabilization of a facility, or a residential child care facility.

- Additional care and support staff are paid a minimum hourly rate, including benefits of $12.90 (subject to annual increases).

- Staffing for crisis stabilization and support, and augmented staffing, is limited to a maximum of 40 hours per week for each facility operated by an organization.*

- Staffing for facility stabilization is limited to a maximum of 60 hours per week for each facility operated by an organization.*

*Under exceptional circumstances, the Director, or designate, may approve additional care and supports staffing levels above the stated guidelines.

Procedures

- The facility, in consultation with the agency, submits a written request to the Child Protection Branch, copy to the agency, which includes:
  - Identifying and background information.
  - A description of the child’s present functioning.
  - A plan documenting specific services to be provided by the additional staff.
  - Information identifying the current number of children and the staffing pattern in the facility.

- In requesting an extension, the agency shall provide a progress report with information on the results to date and a justification for requesting further services.

- Upon termination of the support services, the facility is expected to complete a progress summary identifying the impact of the augmented staffing.

- In the case of facility stabilization, the facility is expected to submit a request to the Branch documenting their concerns regarding the operation of the facility, and the safety issues for residents and staff.

- Approvals will cover actual additional support hours (up to approved levels) used during the billing period, and must reflect an increase in staffing levels above the regularly funded staffing level.
CONFIDENTIAL

Dear

Re: b.d.
Facility:

This is to approve ___________ request, in collaboration with your agency, for additional child care worker supports effective _____________ (inclusive), for the above-named child.

This approval provides for up to a total of ___________ hours per week of child care worker time, at a rate of $ _____________ per hour, including benefits.

Please note that billings will only be accepted for those days that the child is residing at the unit. If the child is absent or placed elsewhere temporarily, plans for the continued utilization of these hours must be previously approved by this office.

The facility can bill us directly up to $ _____________ per day, using the Children’s Residential Care Invoice which is sent monthly to 114 Garry Street. Billings will only be approved for the actual additional support hours used during the billing period, and must reflect use of staff in addition to the regularly funded staffing level.

The facility should maintain separate records of this per diem revenue and additional child care worker support expenses from regular per diem revenue and expenditures in interim reporting and in their audited financial statement. The facility has been advised of this requirement by way of a copy of this letter.

Sincerely,

A/Director, Intersectoral Activities and Community Supports

SS/

cc: Mr./Ms., /Manager, Finance and Administration Facility
Dear [Organization],

Re: Non-Child Specific Supports

Resource:

This is your approval for non-child specific supports for the [Organization] facility.

The approval is in recognition of the need for extra staffing to stabilize the facility. A total of up to [Number] hours per [Unit] at $[Rate] per hour, including benefits, or $[Total] per day, is approved. This approval is effective from [Date] inclusive.

Your organization can bill us directly up to $[Rate] per day, using the Children’s Residential Care Invoice which is sent monthly to 114 Garry Street. Billings will only be approved for the actual additional support hours used during the billing period, and must reflect use of staff in addition to the regularly funded staffing level.

The facility should maintain separate records of this per diem revenue and additional child care worker support expenses from regular per diem revenue and expenditures in interim reporting and in their audited financial statement.

Sincerely,

A/Director, Intersectoral Activities
and Community Supports

SS/

cc: Ms. Arlene Kingsland, A/Manager, Finance and Administration

WPC\SSUL\NC-
Mr./Ms.
Child and Family Services Compliance
Funding Services Directorate
Indian and Northern Affairs Canada
200 - 365 Hargrave Street
Winnipeg MB R3B 2K3

Dear :

Re: Additional Supports
Name:
Agency:
Resource:

The Child Protection Branch has received a request for additional supports to stabilize and maintain _____________’s placement at _______________.

The request is for _____________ hours per _____________ at $ _____________ per hour, or $ _____________ per day, including benefits. The Branch approves this request effective from _____________ to _____________ and forwards it for your review and further action.

Billings will only be approved for the actual additional support hours used during the billing period, and must reflect use of staff in addition to the regularly funded staffing level.

Sincerely,

A/Director, Intersectoral Activities
and Community Supports

SS/

cc:

WPC\SSUL\ADS-
APPENDIX J

FORMS
Description Of Incident Types

Assault/Aggression:

- Physical assault against resident – refers to an incident involving a resident being assaulted by someone other than another resident or a staff person.
- Resident to resident – refers to the assault of one resident by another resident of the same facility/organization.
- Against staff/other – an incident in which a resident assaults a staff person or an individual not related to the facility.
- Acting out behaviours – describes volatile situation in which a child may be acting out their feelings in a physical or verbal manner. This category is used to capture those incidents that are not specifically defined in other related categories.
- Verbal threats – made by a resident to another individual.
- Property damage – intentional damage caused by a resident.

Sexual Assault:

- This category is to describe “third party assaults.” These are defined as injuries or assaults against a child by a person not in a position of trust. These are reported as a resident to resident incident, or involving an individual from the community.

Sexual Exploitation:

- Resident to Resident: Encouraging another resident to become involved and exploited in the sex trade (see definition below)
- Community member: Child sexual exploitation is the act of coercing, luring or engaging a child, under the age of 18, into a sexual act, and involvement in the sex trade or pornography, with or without the child’s consent, in exchange for money, drugs, shelter, food, protection or other necessities.

Abuse Allegations:

This category is used to record all incidents of alleged or suspected physical, sexual or emotional abuse:

- Current Allegations: allegations of abuse that has recently occurred must be reported immediately so that CFS can ensure the safety of other potential victims; this includes third party allegations, familial, position of trust, youth to youth, foster parents etc.

- Current Staff Allegations: all allegations involving a current staff person as defined by the CFS Act; including staff of the child care facility, social work staff, support staff, relief staff, etc. Staff allegations must be reported in an IR and to the Director via a Provincial Investigation Referral (form & phone call)

- Former Staff/foster parents: allegations of abuse relative to previous care providers of the resident (youth) must be reported via an IR and consultation with CFS &/or the Director via the Provincial Investigations Unit is recommended.

- Historical Allegations of abuse: must be reported regardless of whom the alleged offender is; this includes people in positions of trust, third party, familial etc.
Self Harm:

- This category is used to report all incidents related to a resident’s involvement in self-harming activities. These include:
  - **Self Harm/Suicide Gesture** – an attempt to cause self-injury without lethal consequences such as scratching, cutting etc.;
  - **Suicide Ideation** – thinking about suicide without actually making plans to commit suicide;
  - **Suicide Attempt** – a serious act likely leading to death if the resident was not discovered;
  - **Substance abuse** – use of alcohol, illicit drugs or other intoxicants.

Medical:

- **Hospital or MD** – Record all accidents involving injury to a resident or emergency situations, which involve public health or medical intervention.
- **Medication error** – An incident as defined in the Medication Policy.
- **Refused Medication** – resident refuses to take medication when offered
- **Missed Medication** – resident is not given medication due to an unplanned absence or when otherwise directed by the child’s physician, pharmacist or the poison control centre.

Facility Related:

- **Fire** – All fire incidents whether or not intervention from the fire department was required.
- **Fire Alarm** – All incidents where a fire alarm has been activated.
- All incidents related to a **defective facility structure**, which may compromise the well-being of the residents.
- **Public Health Issue** – All incidents which involve public health issues or concerns, such as scabies, bed bugs or communicable diseases.
- **Community Complaint** – All incidents/complaints related to the physical building, standards violations and service adequacy.

Police Involvement:

- **Resident behaviour** – Incidents in which police intervention is required to stabilize a resident’s behaviour. This also includes incidents where a resident may be under investigation or being charged for involvement in criminal activity.
- **Staff related** – Refers to all incidents in which a licensee, facility staff, or volunteer are charged under the Criminal Code of Canada.
- **Missing Persons** – when the residential child care facility reports the resident as missing to the police authority.
- **Other** – Refers to situations where police may be attending at the facility to obtain statements from residents regarding an ongoing investigation in which they may have been a witness, or victim.
Behaviour Management:

- **Restraint** – All incidents involving a restraint of a resident, which resulted in an injury, or was considered to be volatile.
- **Restraint** – No injury/not volatile.
- **Use of seclusion/quiet room** – All incidents where a child was placed in an isolation room/quiet room/containment unit in order to stabilize/manage behaviour. This category would also be used to record violations of standards related to the use of these areas.

Other:

- **Unplanned absence** – All incidents where there are concerns regarding the immediate safety of a resident or where there are mass unplanned absences from the facility.
- **Death of a resident in the care of a residential child care facility.**
- **Specify** – Any other incident which causes loss, injury or adversely affects the health, life, safety or well-being of a resident.
Incident Report

1. Facility Name & Address

2. Date Of Incident ________________________ Time ________________________

<table>
<thead>
<tr>
<th>TYPE OF INCIDENT</th>
<th>ABUSE ALLEGATIONS</th>
<th>SELF HARM</th>
<th>FACILITY RELATED</th>
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<tbody>
<tr>
<td>ASSAULT/AGGRESSION</td>
<td>□ current</td>
<td>□ self-harm/suicide gesture</td>
<td>□ fire</td>
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<tr>
<td></td>
<td>□ resident to resident</td>
<td>□ suicide ideation</td>
<td>□ fire alarm</td>
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<td></td>
<td>□ against staff/other</td>
<td>□ suicidal attempt</td>
<td>□ defective facility structure/function</td>
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<td></td>
<td>□ acting out behaviour</td>
<td>□ substance abuse</td>
<td>□ public health issue</td>
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<td></td>
<td>□ verbal threats</td>
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<td>□ property damage</td>
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<td>SEXUAL EXPLOITATION</td>
<td>□ resident to resident</td>
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<td></td>
<td>□ resident to resident</td>
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<td></td>
<td>□ 3rd party</td>
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<th>OTHER</th>
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<tr>
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<td>□ restraint – resulting in injury/volatile</td>
<td>□ unplanned absence</td>
</tr>
<tr>
<td>□ staff charged under Criminal Code</td>
<td>□ restraint – no injury</td>
<td>□ death of resident</td>
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<td>□ missing persons report</td>
<td>□ use of isolation room (total time: hours &amp; minutes)</td>
<td>□ specify</td>
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<tr>
<td>□ other (e.g. witness)</td>
<td>□ door locked* (document hours &amp; minutes)</td>
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<tr>
<td></td>
<td>□ door unlocked (document hours &amp; minutes)</td>
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<td></td>
<td>*if door is locked, attach 5-minute log</td>
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3. Name(s) Of All Resident(s) Involved:

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<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>CFS Status</th>
<th>Date Placed</th>
<th>Agency &amp; Worker</th>
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4. Names of staff on duty: .

5. Describe incident (attach additional pages as required)
6. List any factors (situations or behavior) which may have influenced or precipitated this incident:

- Family issues
- School issues
- Milieu issues
- Abuse issues
- Imminent changes
- Anniversary
- Conferences
- Court
- Opportunity
- Birthday

7. Action taken: (attach additional pages as required)

8. Present status: (stability of situation/safety issues, etc.)

9. REPORTING OF INCIDENTS: All incidents to be reviewed/assessed by the Residential Child Care Facility supervisor or designate to determine if and to whom the incident is reportable. Refer to Regulations and Guidelines in Licensing Manual. Indicate the date the reports were filed below.

Supervisor ___________________________ / ______ DATE VERBAL ______ DATE REPORT ______

Supervising CFS Agency ___________________________ / ______ DATE VERBAL ______ DATE REPORT ______

Child Protection Branch ___________________________ / ______ DATE VERBAL ______ DATE REPORT ______

10. Per section 34(2) (c) – follow-up measures taken/planned to prevent similar incidents in the future

Signature of Staff Involved ___________________________ Date Report Completed ___________________________

Signature of Supervisor ___________________________ Date ___________________________
**Incident Report**

Child Protection Branch  
Ste. 201 – 114 Garry Street, Winnipeg MB  
Ph: (204) 945-6954    Fax: (204) 945-6717

1. Facility Name & Address ____________________________

2. Date Of Incident ____________________________  Time ____________________________

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<thead>
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<th>TYPE OF INCIDENT</th>
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<td><strong>ABUSE ALLEGATIONS</strong></td>
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<td>current</td>
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</tr>
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<td>resident to resident</td>
<td></td>
<td>current staff</td>
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<tr>
<td>against staff/other</td>
<td></td>
<td>former staff/foster parent</td>
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<td>acting out behaviour</td>
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<td>historical</td>
<td></td>
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<tr>
<td>verbal threats</td>
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<td>physical</td>
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<tr>
<td>property damage</td>
<td></td>
<td>emotional</td>
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<tr>
<td>sexual</td>
<td></td>
<td>Self Harm</td>
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<td></td>
<td></td>
<td>self-harm/suicide gesture</td>
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<td></td>
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<td>suicide ideation</td>
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<td></td>
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<td>suicidal attempt</td>
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<td></td>
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<td>substance abuse</td>
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<tr>
<td><strong>SEXUAL EXPLOITATION</strong></td>
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<td>resident to resident</td>
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<tr>
<td>3rd party</td>
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<tr>
<td><strong>SEXUAL ASSAULT</strong></td>
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<tr>
<td>resident to resident</td>
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<tr>
<td>3rd party</td>
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<tr>
<td><strong>POLICE INVOLVEMENT</strong></td>
<td></td>
<td><strong>BEHAVIOUR MANAGEMENT</strong></td>
<td></td>
</tr>
<tr>
<td>resident behaviour</td>
<td></td>
<td>restraint – resulting in injury/volatile</td>
<td></td>
</tr>
<tr>
<td>staff charged under Criminal Code</td>
<td></td>
<td>restraint – no injury</td>
<td></td>
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<tr>
<td>missing persons report</td>
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<tr>
<td>other (e.g. witness)</td>
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<tr>
<td><strong>MEDICAL</strong></td>
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<tr>
<td>hospital or MD</td>
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<td>medication error</td>
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<td>refused medication</td>
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<tr>
<td>missed medication</td>
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<tr>
<td>due to an unplanned absence or as directed</td>
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<tr>
<td><strong>FACILITY RELATED</strong></td>
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<tr>
<td>fire</td>
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<td>fire alarm</td>
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<tr>
<td>defective facility structure/function</td>
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<tr>
<td>public health issue</td>
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<td>community complaint</td>
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<tr>
<td><strong>OTHER</strong></td>
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<tr>
<td>unplanned absence</td>
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<tr>
<td>death of resident</td>
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<td>specify</td>
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</table>

3. Name(s) Of All Resident(s) Involved:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>CFS Status</th>
<th>Date Placed</th>
<th>Agency &amp; Worker</th>
<th>Phone Number</th>
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4. Names of staff on duty: ____________________________

5. Describe incident (attach additional pages as required)
DO NOT WRITE IN THIS AREA — DO NOT WRITE IN THIS AREA

6. List any factors (situations or behavior) which may have influenced or precipitated this incident:

- [ ] Family issues
- [ ] School issues
- [ ] Milieu issues
- [ ] Abuse issues
- [ ] Imminent changes
- [ ] Anniversary
- [ ] Conferences
- [ ] Court
- [ ] Opportunity
- [ ] Birthday

7. Action taken: (attach additional pages as required)


8. Present status: (stability of situation/safety issues, etc.)


9. REPORTING OF INCIDENTS: All incidents to be reviewed/assessed by the Residential Child Care Facility supervisor or designate to determine if and to whom the incident is reportable. Refer to Regulations and Guidelines in Licensing Manual. Indicate the date the reports were filed below.

Supervisor __________________________ / __________________________

Child Protection Branch (Licensing 945 – 6954) __________________________ / __________________________

Supervising CFS Agency __________________________ / __________________________
or Jurisdiction __________________________

DATE VERBAL DATE REPORT DATE VERBAL DATE REPORT

10. Per section 34(2) (c) – follow-up measures taken/planned to prevent similar incidents in the future


Signature of Staff Involved __________________________

Date Report Completed __________________________

Signature of Supervisor __________________________

Date __________________________
**Provincial Investigations**

**Specialist Referral**

**Child Protection Branch**
Ste. 201 – 114 Garry Street, Winnipeg MB
Ph: (204) 945-6964  Fax: (204) 945-6717

---

**Date of referral**

**Source of referral**

**Relationship to Victim**

**Agency/Organization**

**Address and Phone #**

---

**VICTIM**

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<th>Name</th>
<th>Birth Date</th>
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<th>Address/Placement</th>
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<th>School</th>
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<table>
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<tr>
<th>Legal Status</th>
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<tbody>
<tr>
<td>☐ Permanent Ward</td>
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<tr>
<td>☐ Temporary Ward</td>
</tr>
<tr>
<td>☐ VPA</td>
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<tr>
<td>☐ Non-Care</td>
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**VICTIM**

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<th>Name</th>
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<tr>
<th>Legal Status</th>
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<tbody>
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<td>☐ Permanent Ward</td>
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<td>☐ Temporary Ward</td>
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<tr>
<td>☐ VPA</td>
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<tr>
<td>☐ Non-Care</td>
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**ALLEGED OFFENDER**

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<th>Name</th>
<th>Birth Date</th>
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<tr>
<th>Address and Phone #</th>
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<thead>
<tr>
<th>Relationship to Victim</th>
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<table>
<thead>
<tr>
<th>Is alleged offender on an altered work arrangement?</th>
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<tr>
<td>☐ Yes</td>
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<tr>
<th>If yes, please explain:</th>
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<tr>
<th>Reason for Referral</th>
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<tbody>
<tr>
<td>☐ Physical Abuse</td>
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<tr>
<td>☐ Sexual Abuse</td>
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<tr>
<td>☐ Other</td>
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<tr>
<th>If “Other” please explain</th>
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</table>
☐ Alleged offender is a staff member
☐ High conflict of interest situation
☐ Foster home investigation where FP is also a staff member

Has the victim been physically injured?  ☐ Yes  ☐ No
If yes please explain ________________________________________________________

Has the victim received medical attention?  ☐ Yes  ☐ No  (If yes proceed to the next 2 items.)
Medical staff involved _______________________________________________________
Facility ___________________________ Date ___________________________

Has the victim been interviewed?  ☐ Yes  ☐ No  (If yes proceed to the next 2 items.)
Medical staff involved _______________________________________________________
Facility ___________________________ Date ___________________________

CRIMINAL INVESTIGATION

Has a referral to Police or RCMP been made?  ☐ Yes  ☐ No
If yes, please identify Incident number ___________________________
                        Badge numbers ___________________________
                        ___________________________
                        Police /RCMP Detachment ___________________________

Is the victim aware of the referral?  ☐ Yes  ☐ No
Is the alleged offender aware of the referral?  ☐ Yes  ☐ No

Please outline the plans currently in place to ensure the child's or youth's safety:
________________________________________________________
________________________________________________________

Incident reports / interview notes and/or other relevant information attached?  ☐ Yes  ☐ No

________________________________________________________
Signature

WPC/FORMS/PI SPECIALIST REFERRAL HAND-WRITE
DENTAL RECORD

**Resident’s Name**: 

**Dentist’s Name**: 

**Address**: ____________________________________________________________________________ **Phone #**: __________________________

<table>
<thead>
<tr>
<th>Date of Appt.</th>
<th>Reason for Visit</th>
<th>Results and Follow-Up</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Medical Record

Resident’s Name

Doctor’s Name: _______________ Address: _______________ Phone #: _______________

<table>
<thead>
<tr>
<th>Date of Appt.</th>
<th>Reason for Visit</th>
<th>Results and Follow-Up</th>
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<tbody>
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</table>
Optical Record

Resident’s Name ____________________________  Doctor’s Name: __________________

Address: ____________________________________  Phone #: ____________________

<table>
<thead>
<tr>
<th>Date of Appt.</th>
<th>Reason for Visit</th>
<th>Results and Follow-Up</th>
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</table>
Authorization for non-prescription drugs

The Child Care Facilities (other than Foster Homes) Licensing Regulation requires that all non-prescription drugs be authorized by a qualified physician, licensed prescriber or dispensing pharmacist, prior to their administration to individuals in residential care.

Approval may be in the form of a written standing order, by completion of this form, or through verbal consultation with the physician or pharmacist. Verbal authorizations must be documented and retained on the resident’s file.

The following non-prescription drugs may be administered to __________________ on an “as required” basis.       (Resident’s Name)

Cough Preparations ____________
Common Cold Preparations ____________
Antihistamines ____________
Analgesics ____________
Laxatives ____________
Vitamins ____________
Others ____________

Indicate any known allergies:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

This authorization should be periodically reviewed and revised as required.

________________________________________________________________________

(Date)       (Prescriber Signature)
Authorization For Self-Administration Of Medication

The Child Care Facilities Licensing and Standards Manual Medication Policy states that residents may self-administer their medications provided that the Care Plan documents the required **authorizations from the attending physician and Supervising Agency** and an appropriate level of drug security is maintained to prevent unauthorized access and risk to others.

---

(Resident’s Name)

---

(Facility and address)

The above-named resident may self-administer:

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>i)</td>
<td>All medications and be responsible for their medication</td>
</tr>
<tr>
<td>ii)</td>
<td>All medications but the medication is stored by Licensee</td>
</tr>
<tr>
<td>iii)</td>
<td>Treatments only, i.e. creams, shampoo</td>
</tr>
<tr>
<td>iv)</td>
<td>Inhalers, etc. only</td>
</tr>
<tr>
<td>v)</td>
<td>While on social leave</td>
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<tr>
<td>vi)</td>
<td>Other</td>
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</tbody>
</table>

---

An appropriate level of drug security is to be maintained to prevent unauthorized access and risk to others. Maintenance of medication security is the responsibility of the Licensee.

• This authorization should be periodically reviewed and revised as required.

---

SHARED\FORMS RESCARE\SELF-ADMIN MEDIATION
**Medication Administration Record**

| Medication | Hour Given | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|            |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

Resident’s Name

<table>
<thead>
<tr>
<th>Staff Signature</th>
<th>Int.</th>
<th>Staff Signature</th>
<th>Int.</th>
<th>Staff Signature</th>
<th>Int.</th>
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Month/Year

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</table>

1. DRUG REFUSED  
2. NAUSEA OR VOMITING  
3. HOSPITALIZED  
4. SOCIAL LEAVE  
5. DRUG ORDERED NOT RECEIVED  
6. PULSE BELOW 60  
7. OTHER  
8.  

WPC\SHARED\FORMS RESCARE\MED ADMIN RECORD
## PRN Medication

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Given</th>
<th>Medication &amp; Dosage</th>
<th>Code</th>
<th>Reason</th>
<th>Results Or Response</th>
</tr>
</thead>
<tbody>
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### CONSULTATIONS / COMMENTS

________________________________________________________________________________________
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WPC\SHARED\FORMS RESCARE\MED ADMIN RECORD
**Narcotic/Controlled Drug Medication Inventory Record**

Medication Name And Strength ___________________________ Dosage Form ___________________

Physician ___________________________ Quantity Received ___________________________

Resident's Name ___________________________

Facility Name ___________________________ Licence # ___________________________

<table>
<thead>
<tr>
<th>Present Count</th>
<th>Date/Time</th>
<th>Dose</th>
<th>Administered By</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

* If any of this drug is unused, enter the quantity and date of return below, document the required information on the Inventory of Drugs for Disposal form, and return both forms with the drugs for disposal to the pharmacist.

Quantity Unused ___________________________ Date of Return for disposal ___________________________

Pharmacist Signature ___________________________
## Control Counts

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual Count</th>
<th>Balance on Control Sheet Overleaf</th>
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</tbody>
</table>
Inventory Of Drugs For Disposal

Facility Name ___________________________________________ Licence # ____________________

Address __________________________________________________

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th># Pills</th>
<th>Resident's Name</th>
<th>Staff Signature</th>
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</table>

Return Date __________________________________________________

Signature of Staff Returning Drugs _________________________________________

Signature of Pharmacist Receiving Drugs _____________________________________

Pharmacy Name ____________________________ Address __________________________

SHARED\FORMS RESCARE\INVENTORY DRUGS
# Personal Allowance Record

**Resident’s Name**

**Facility Name:** ____________________ **Address:** ____________________

<table>
<thead>
<tr>
<th>Date M/D/Yr</th>
<th>Amount Eligible</th>
<th>Amount Dispersed</th>
<th>Amount Withheld</th>
<th>Reason Code</th>
<th>Account Balance</th>
<th>Resident’s Signature</th>
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</table>

**Reason Code (Enter code to explain why portion of allowance withheld)**

- 01 - Court ordered restitution
- 02 - Program related restitution
- 03 - In House Trust
- 04 - Other(Specify)

Refer to Program Standards Manual for information on allowance requirements.

Restitution to be recorded on reverse side. This record is to be maintained on site and made available for review, by authorized personnel, on request.
# Restitution Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Amount Due</th>
<th>Amount Paid</th>
<th>Balance</th>
<th>Resident’s Signature</th>
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</table>

SHARED/FORMS RESCARE/PER'S ALLOWANCE RECORD
# Placement/Discharge Authorization

<table>
<thead>
<tr>
<th>Child’s Full Name</th>
<th>Birth Date</th>
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</thead>
<tbody>
<tr>
<td>surname given names</td>
<td>month day year</td>
</tr>
</tbody>
</table>

**Other Names Known by**

- **Legal Status**
  - ☐ Permanent Ward
  - ☐ Temporary Ward
  - ☐ VPA
  - ☐ Other (specify)

- **Name of Placing Agency**

- **Name of Placing Worker**

- **Telephone Number**

- **Registered Indian:**
  - ☐ Yes
  - ☐ No

- **If Yes, Band Name:**

- **Registered Indian Number**

## Placement Information

- **Placement Date**

- **Facility Name**

- **Unit Name**

- **Address**

- **Telephone Number**

- **Placement authorized by:**

- **Agency Representative**

- **Date**

- **Acknowledged by:**

- **Facility Representative**

- **Date**

## Discharge Information

- **Discharge Date**

- **Discharged From**

- **Discharge authorized by:**

- **Agency Representative**

- **Date**

- **Acknowledged by:**

- **Facility Representative**

- **Date**

## Special Instructions

- **Authorized by:**

- **Agency Representative**

- **Date**

- **Acknowledged by:**

- **Facility Representative**

- **Date**

## Distribution:

- Original – Send to Facility – for attachment to Child Protection Billing
- 1 Copy – For Facility File
- 1 Copy – For Placing Agency File

**SHARED:** FORMS RESCARE/PLACE-DISCHARGE FORM
Statement of Residency

CHILD AND FAMILY SERVICES AGENCIES
STATEMENT OF RESIDENCY OF GUARDIAN OF
ABORIGINAL CHILDREN

AGENCY ____________________________

CLIENT I.D.

Name of child ________________________________________________________________
Other names known by __________________________________________________________
Birth Date __________________________ Birth Place ____________________________
Band: __________________________ Treaty #: ________________________________
Address where child resided before coming into care: ______________________________
Date child came into care: ______________________________________________________
Legal status of child: (provide copy of authority document)
  □ Vpa □ Vsg □ App □ Temp. Ward □ Perm. Ward □ Change In Status

INFORMATION ON PARENTS/GUARDIANS

Mother Legal Guardian: □ Yes □ No
Other names known by _________________________________________________________
Name of Mother __________________________________________ Maiden Name ______
Band: __________________________ Treaty #: ________________________________
Address of mother when child came into care: _________________________________
If not on reserve, date left reserve: __________________________________________

Father Legal Guardian: □ Yes □ No
Name of Mother _____________________________________________________________
Band: __________________________ Treaty #: ________________________________
Address of father when child came into care: __________________________________
If not on reserve, date left reserve: __________________________________________
*Provide explanation if unknown, or mother refuses to identify: ________________________

Guardian If Other Than Mother/Father
Name of Mother _____________________________________________________________
Band: __________________________ Treaty #: ________________________________
Address of mother when child came into care: _________________________________
If not on reserve, date left reserve: __________________________________________

INFORMATION ON PARENTS/GUARDIANS

Worker ___________________________ Date __________________________
Supervisor __________________________ Date __________________________
Executive Director _________________________ Date __________________________
# Child Protection Branch
## Child Care Facilities

### WEEKLY MENU

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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<tbody>
<tr>
<td><strong>FOOD ITEM</strong></td>
<td><strong>ITEMS * SERVED</strong></td>
<td><strong>ITEMS * SERVED</strong></td>
<td><strong>ITEMS * SERVED</strong></td>
<td><strong>ITEMS * SERVED</strong></td>
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<td><strong>BREAKFAST</strong></td>
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<td><strong>LUNCH</strong></td>
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<td><strong>SNACK</strong></td>
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* Document average portion size offered

**Menu Check:** Have You Met The Daily Requirement In Each Food Group?

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<th>Food Group</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<tr>
<td>5-12 GRAIN &amp; CEREALS</td>
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<td>5-10 VEGS &amp; FRUITS</td>
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<td>2-3 MEAT /ALT</td>
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<td>2-4 MILK &amp; DAIRY</td>
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* Document average portion size offered

**Menu Check:** Have You Met The Daily Requirement In Each Food Group?

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</table>
**Menu Revisions**

Date: _____________________ to _____________________

Facility: _____________________  Licence # ________________

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<th>BREAKFAST</th>
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<td>S A T</td>
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</table>

Record all revisions to the scheduled menu and retain on file for review for a minimum of three months.
## Fire Drill Log

<table>
<thead>
<tr>
<th>Facility Address: ________________________________</th>
<th>Monitor(s): ________________________________</th>
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</thead>
<tbody>
<tr>
<td>Retain For A Minimum Of Three Years.</td>
<td>Retain For A Minimum Of Three Years.</td>
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<tr>
<td>Facility Name: ________________________________</td>
<td>Year: ____________</td>
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</table>

<table>
<thead>
<tr>
<th>Date Of Drill</th>
<th>Time Of Drill</th>
<th>Evacuation Time</th>
<th>Number Of Participants</th>
<th>Problems Encountered With Procedure And/OR Equipment</th>
<th>Resolution To Problems (Indicate Date And Action Taken)</th>
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</table>

SHARED\FORMS RESCARE\FIRE DRILL LOG
Fire Safety Checklist

<table>
<thead>
<tr>
<th>MONITOR(S) INITIAL UNDER MONTH: “✓” FOR COMPLIANCE, “X” FOR NON-COMPLIANCE</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
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</thead>
<tbody>
<tr>
<td>1. Corridors, Stairways, &amp; Passage ways are kept clear of any obstruction &amp; are well lit. Emergency and exit lights, where existent, are operational.</td>
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<td>2. Exit doors/windows are easily openable without keys or tools. All exit stairs, fire escapes, &amp; walks are kept in safe condition &amp; clear of any obstructions.</td>
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<td>3. Accumulation of cartons, paper, dust, and other combustibles kept at a minimum.</td>
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<tr>
<td></td>
<td>No storage under stairways, around furnace or heaters.</td>
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<td></td>
<td>No storage of flammable liquids permitted in the house.</td>
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<tr>
<td>6. Locations of CO alarms and the expiry dates and follow manufacturer's instructions for testing, inspection and maintenance.</td>
<td>LAST SERVICE DATE</td>
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<tr>
<td>7. Portable heaters are C.S.A. approved, kept away from furniture, walls, and other combustibles. ONLY TO BE USED ON A TEMPORARY BASIS.</td>
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<tr>
<td>8. Clean Furnace filter. Furnace area free of accumulation of dust and debris. LAST ANNUAL SERVICE DATE FOR FURNACE:</td>
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<td>9. Clean lint trap, and air vent hose for the clothes dryer.</td>
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<td>10. Clean stove exhaust filter, stove area kept free of hazardous conditions, and oven kept reasonbly clean.</td>
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<td>11. No deteriorated electrical cords or overloaded outlets. All electrical cords are out in the open (not under rugs, etc.), but not in the path of traffic.</td>
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<td>12. IF THERE ARE SMOKERS IN THE FACILITY: Deep flat-bottomed ashtrays with cigarette holder in the centre; metal containers with metal lids for the disposing of cigarette ashes and butts.</td>
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<td>13. Floor and evacuation plan posted on each floor level with the address and phone number for alternate short-term shelter.</td>
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<td>14. Fire extinguishers appear to have no apparent damage, have the proper charge, and are properly located and hang. All extinguishers inspected &amp; serviced by a qualified services agency at least annually or more often if so required.</td>
<td>LAST SERVICE DATE</td>
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<td>15. All smoke alarms/detectors are operational this month when tested. The smoke alarm systems is serviced &amp; inspected by a qualified services agency at least annually or more often if so required.</td>
<td>LAST SERVICE DATE</td>
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<td>16. Fire drills conducted and logged each month noting date of drill, time of drill, evacuation time. Participants. Problems encountered and resolution to problems.</td>
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Personal Reference Form

Reference for ____________________________________________________________

Please respond to the questions below:

(1) How long have you known the applicant and in what capacity?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(2) What skills, experience and personal qualities does the applicant have that would be helpful in meeting the needs of the client group indicated?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(3) What strengths or weaknesses do you feel the applicant has which would enhance or inhibit their ability to provide quality care to vulnerable persons?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(4) Describe your feelings about the applicant in regard to reliability, commitment, maturity and ability to handle confidential matters.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(5) We would appreciate any additional comments you may have regarding your impression of the applicant’s ability to provide quality care and service to vulnerable persons.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature ____________________________  Address ____________________________

SHARED\FORMS RESCARE\PERSONAL REFERENCE
<table>
<thead>
<tr>
<th>Name of Staff Person</th>
<th>Start Date/Status (FT/PT/Cas)</th>
<th>Date Orientation Completed</th>
<th>Date of Criminal Record Check</th>
<th>Date of Child Abuse Registry Check</th>
<th>First Aid Expires</th>
<th>CPR Expires</th>
<th>Nonviolent Crisis Prevention Intervention Course (CPI)</th>
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</table>
### Staff Orientation Format

Staff Name ______________________________ Date of Employment: _______________

Facility Name: ___________________________ Address: ___________________________

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Time Frame</th>
<th>Date Completed</th>
<th>Staff Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(A) Administrative Policy &amp; Procedures</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Organizational structure, philosophy &amp; goals.</td>
<td>1st day</td>
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<tr>
<td>3. Child Care Facilities (other than Foster Homes) Licensing Manual.</td>
<td>1st week</td>
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<td>4. Emergency contacts, procedures &amp; protocols</td>
<td>1st day</td>
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<tr>
<td>5. Fire and household safety standards &amp; procedures.</td>
<td>1st week</td>
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<tr>
<td>6. Participation in a fire drill.</td>
<td>1st month</td>
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<td>7. Management of household accounts.</td>
<td>1st month</td>
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<tr>
<td>8. Location and use of keys, electrical boxes, water main, tools, supplies and equipment.</td>
<td>1st day</td>
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<td>9. Shift duties, household routines/maintenance.</td>
<td>1st week</td>
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<tr>
<td>10. Staff communication requirements/protocols and maintenance of logs/documentation.</td>
<td>1st week</td>
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<td>11. Signing authority with respect to residents’ needs and facility business.</td>
<td>1st week</td>
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<tr>
<td><strong>(B) Personnel Policies And Procedures</strong></td>
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<tr>
<td>2. Position Description, roles &amp; responsibilities.</td>
<td>1st week</td>
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<tr>
<td>3. Standards and procedures/staff evaluations.</td>
<td>1st month</td>
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<td>4. Staff code of conduct including standards for confidentiality.</td>
<td>1st week</td>
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<td>5. Staff disciplinary and dismissal procedures.</td>
<td>1st week</td>
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<td>6. Staff grievance procedure.</td>
<td>1st week</td>
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<td>7. Staff benefits and record keeping requirements for receipt of benefits.</td>
<td>1st month</td>
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<tr>
<td>8. Staff schedules, hours of work, breaks, etc.,</td>
<td>1st day</td>
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<tr>
<td>Orientation</td>
<td>Time Frame</td>
<td>Date Completed</td>
<td>Staff Signature</td>
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<tr>
<td>(C) PROGRAM POLICIES AND PROCEDURES</td>
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<tr>
<td>1. Program Policy and Procedures Manuals.</td>
<td>1st month</td>
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<tr>
<td>2. Program philosophy, goals and objectives.</td>
<td>1st week</td>
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<tr>
<td>3. Admission and Discharge procedures.</td>
<td>1st month</td>
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<td>4. House rules, residents’ rights/responsibilities including residents’ grievance procedure.</td>
<td>1st week</td>
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<tr>
<td>5. Involvement in residents’ routines &amp; activities and individual and behavioral programs under supervision of experienced staff.</td>
<td>1st week</td>
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<tr>
<td>6. Supervision requirements for the facility and supervision requirements for “at risk” activities/ routines for individual residents.</td>
<td>1st day</td>
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<td>7. Components of a resident file and review of record keeping requirements and procedures.</td>
<td>1st week</td>
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<td>8. Medication administration and documentation under supervision of experienced staff.</td>
<td>1st week</td>
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<td>9. Procedures for resident medical appointments and follow up.</td>
<td>1st week</td>
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<tr>
<td>10. Policy and procedures for the management of resident personal funds including record keeping requirements.</td>
<td>1st week</td>
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<td>11. Review of resident files, history and discussion of materials.</td>
<td>1st month</td>
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<tr>
<td>12. Policy and procedures for the review and updating of Individual Program/Care plans and case conferences.</td>
<td>3 months</td>
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<tr>
<td>13. Behaviour management guidelines.</td>
<td>1st week</td>
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<tr>
<td>14. Policy and procedure for the management of accidents &amp; incidents and reporting procedures.</td>
<td>1st week</td>
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<tr>
<td>15. Involvement with outside agencies, residents’ family or advocates, facility volunteers.</td>
<td>1st week</td>
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<tr>
<td>16. Review of community resources accessible to and used by the residents.</td>
<td>3 months</td>
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Date orientation completed: ________________________________________________

Signature of staff receiving orientation _____________________________________

Signature of individual providing orientation ________________________________
Appendix K

Health And Safety Practices
APPENDIX K: HEALTH AND SAFETY PRACTICES

Infection Control Guidelines for Community Shelters and Group Homes
http://www.gov.mb.ca/health/publichealth/cdc/fs/infcontshelter.pdf

Infection Control Guidelines for Early Learning and Child Care
APPENDIX L

Weight Bearing Directive
To: All Residential Child Care Facility Operators

Re: Risks Posed by Weight-bearing Objects and Structures in Residential Child Care Facilities

We know the safety of children placed in the care of our licensed residential child care facilities is a responsibility taken seriously by all operators; therefore, it is imperative to continually assess what more can be done to reduce risk. Although it is also impossible to eliminate all potential risks to youth in a residential child care facility, we must respond when tragedies occur. Sadly, in the past 15 years, at least three youth have committed suicide as a result of hanging in their residential child care facility. As such, all programs are directed to remove or cut all weight-bearing objects and structures from all resident bedrooms and other isolated areas that could pose an accidental or intentional hanging risk. Following the distribution of this letter, the Licensing Specialists will have responsibility for reviewing each facility’s compliance to this directive.

Please provide written confirmation by October 31, 2009 that each of your facilities has been inspected and the required actions completed. If you have questions or wish an on-site consultation regarding this directive, please contact Ms. Lynda Fulton, Manager of Licensing, at 945-4093.

Thank you for your cooperation in ensuring child safety is paramount.

Sincerely,

Claudia Ash-Ponce
Executive Director

GH/ep

cc: Ms. Lynda Fulton, Manager of Licensing
Mr. Gord Henwood, Licensing Specialist
Mr. Brian Stevenson, Licensing Specialist
Ms. Liisa Cheshire, Quality Assurance, Residential Care
Ms. Karen Erickson, A/Director, Centralized Services
Chief Executive Officers, Child and Family Services Authorities