

The **Children's Aid Society**
of the District of Thunder Bay



Policies & Procedures

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Residential Program

August 2011

TABLE OF CONTENTS

<u>Revision Notes</u>	viii
<u>Introduction</u>	ix
<u>Mandate</u>	xi
<u>Mission Statement</u>	xiii
<u>Preamble</u>	xiv
<u>Section 1 – Referrals and Admissions</u>	1
<u>Standard 1: Licensing Requirements</u>	
<u>Standard 2: Referrals</u>	
<u>Standard 3: Admissions to the Residence</u>	
<u>Standard 4: Intake Allowance</u>	
<u>Standard 5: Damage Policy</u>	
<u>Section 2 – The Rights of Children in Care</u>	14
<u>Standard 6: Child’s Rights Review</u>	
<u>Standard 7: Locked Premises</u>	
<u>Standard 8: Corporal Punishment</u>	
<u>Standard 9: Private Communication with Family and Advocates</u>	
<u>Standard 10: Correspondence</u>	
<u>Standard 11: Privacy and Personal Possessions</u>	
<u>Standard 12: Religion</u>	

Standard 13: Plan of Care

Standard 14: Nutrition

Standard 15: Clothing

Standard 16: Medical and Dental Care

Standard 17: Administration and Storage of Medication

Standard 18: Improved Communication and Transfer of Medication Information

(new)

Standard 19: Education and Learning

Standard 20: Recreation

Standard 21: Computer Electronic Mail

Section 3 – Programming..... 55

Standard 22: Expectations in the Program

Standard 23: Prohibitive Practices in Child Management

Standard 24: Appropriate Child Management Practices

Standard 25: Death of a Child

Standard 26: Crisis Management

Standard 27: High Risk Youth

Standard 28: Safety Protocol

Standard 29: Parental Involvement

Standard 30: Discharge and Aftercare

Standard 31: Cultural Competency

Standard 32: Cultural and Geographic Isolation

Section 4 – Human Resources..... 90**Standard 33: Management Responsibilities****Standard 34: Staff Orientation****Standard 35: Staffing**SchedulingSupervisionRelief StaffStudentsOn Call SystemAdministrative Structure**Standard 36: Scheduling Policy for Shift Absences and Call Backs****Standard 37: On-Call Crisis Response System**ChurchillTherapeutic Foster Care ProgramEmergency Duty**Standard 38: Content of Personnel Record****Standard 39: Hiring Process****Standard 40: Criminal Reference Checks for the Vulnerable Sector****Standard 41: Emergency Procedures****Standard 42: Reporting Child Abuse**Definition of Child AbuseWhat to ReportWhen the Alleged Perpetrator is Another Resident**Standard 43: Allegations of Abuse Against Residential Staff****Section 5 – Recording Requirements..... 127****Standard 44: Comprehensive Register****Standard 45: Case Records and Recordings**

Standard 46: Daily Logs

Standard 47: General Program Data

Standard 48: Annual Budget

Standard 49: Financial Reporting

Standard 50: Insurance Coverage

Standard 51: Fleet Management

Standard 52: Missing Persons

Standard 53: Response to Prolonged Missing Persons (Runs)

Standard 54: Reporting Serious Occurrences

Standard 55: Enhanced Serious Occurrence Reporting

Standard 56: Reporting Serious Incidents

Definition of Serious Incidents

Response to Serious Incidents

Standard 57: Confidentiality

Section 6 – Health and Safety 169

Standard 58: Fire Safety

Standard 59: Health Safety

Harmful Substances

Weapons

Health Inspection

Communicable Diseases

Play Space

Van

Standard 60: Water Safety

Standard 61: First Aid

Standard 62: Smoking

Standard 62: Violence in the Group Home

Section 7 – Physical Plant..... 187

Standard 63: Site Plans

Standard 64: Sleeping Accommodations for Residents

Standard 65: Bathing Accommodations for Residents

Standard 66: Mechanical and Heating Systems

APPENDIX

[Referral – Churchill or Therapeutic FC](#)

[Intake Checklist](#)

[Rights in Care Agreement](#)

[Complaint Procedure \(rev. 2006\)](#)

[Clothing and Personal Effects Inventory](#)

[Strengths Assessment](#)

[Service Agreement](#)

[Residential Damages Policy](#)

[Recreation Agreement](#)

[Clothing Policies and Procedures](#)

[A Guide for Youth in Care](#)

[Child Rights and Responsibilities](#)

[Plan of Care – Initial](#)

[Plan of Care – Review](#)

[Plan of Care - Preparation](#)

[Menu Plan – 5 Weeks](#)

[Grocery List](#)

[Dental Report](#)

[Psychotropic Drug Consent](#)

[Medication Record](#)

[School Attendance Record](#)

[Recreation Log](#)

[Discipline-Intervention Record](#)

[Youth Suicide Screening Tool \(Y.S.S.\)](#)

[Safety Protocol A](#)

[Safety Protocol A form](#)

[Safety Protocol B](#)

[Safety Protocol B form](#)

[Run Protocol](#)

[Run Protocol form](#)

[Discharge Report](#)

[Churchill Exit Interview](#)

[Monthly STATS](#)

[CAS Vehicle – Mechanical Performance Checklist](#)

[CAS Vehicle – Collision-Accident Instructions](#)

[CAS Vehicle – Churchill - Vehicle Mileage Record](#)

[CAS Vehicle – Churchill Gas Credit Card receipt Log](#)

[Runaways – Guidelines Reporting](#)

[Serious Occurrence Report](#)

[Serious Occurrence Questions and Answers](#)

[Serious Occurrence Update Report](#)

[Serious Occurrence Report – Enhanced](#)

[Incident Disclosure Template](#)

[Fire Drill and Equipment Record](#)

[Churchill Inventory List](#)

[Nightly Checklist](#)

Revision Notes

Description	Page	Revision Date
1st publication of manual		December 2007
Revisions in red (misc)		November 2008
Revisions include: - Mission Statement - Standard 6 – Child’s Rights Review - Standard 14 – Nutrition - Standard 30 – Cultural Competency (new) - Standard 39 – Criminal Reference Checks for the Vulnerable (new) - Standard 45 – Daily Logs - Standard 53 – Reporting Serious Occurrences		June 2009
- Standard 54 – Reporting Serious Occurrences – Enhanced - contact numbers update		December 2009 December 2010
Update format, change staff titles, appendix links, etc.		July 2011
Standard 17 – Administration and Storage of Medication - revisions to meet Ministry’s new policy directives effective August 1, 2011 Standard 18 (new) – Improved Communication and Transfer of Medication Information - revisions to meet Ministry’s new policy directives effective August 1, 2011		August 2011

Introduction

Purpose of this Manual

This manual has been undertaken in order to bring child protection practice requirements in line with the 2006 amendments to the *Child and Family Services Act (CFSA)* (Bill 210) and its Regulations, the updated Child Protection Standards in, revised 2007. This manual has been developed as a guide and reference for child protection workers, Managers, and other CAS staff providing mandatory child protection and related protection services for children and families. This manual sets out practice requirements in support of the *CFSA*, its Regulations, and the Standards. This manual does not replace or modify any regulations or standards under the *CFSA*; these are to be seen as the definitive final word in the provision of child protection services.

How to Use this Manual

All Children's Aid Societies in Ontario are designated under the *Child and Family Services Act*. Following is a hierarchy of formal methods of direction, which are given to the Children's Aid Society by the Ministry of Children and Families. Each section in the manual begins with a Policy Statement, followed by Standards and Procedures.

Statute

A statute is an act of Parliament or provincial legislative assembly, given Royal Assent and Proclaimed. For CASs, the key statute is the *Child and Family Services Act* passed by the Legislative Assembly of Ontario. It provides the overall direction and legal requirements that describe the official mandate and parameters of service delivery.

Regulations

The Minister of Children and Youth Services with the approval of cabinet, issues regulations with respect to the delivery of child protection and child welfare services. Regulations clarify and specify administrative matters that are necessary to give effect to the provisions of the statute. Compliance with regulations is mandatory.

Policy Statements

Policy Statements are Board approved statements, which indicate a course of action that the Society must pursue. These statements are directional and will be stated in such a way that the outcomes can be measured.

Standards

Standards are established by the Ministry, with input from key stakeholders such as the CASs as a means of directing and measuring specific program areas. Standards are mandatory and establish a minimum level of performance to meet requirements in a particular program area. In exceptional circumstances where a CAS is not able to meet a standard, it must document the reasons for the deviation from the standard.

Procedures

Procedures are suggested practices for implementing the standard. Procedures should be followed wherever possible. However, they may need to be adapted to meet the needs of a particular case. Deviation from the accepted procedures should be discussed with a Manager.

Changes to the Manual

The manual will be updated and changed electronically as required with the following authorization:

Policy changes	approved by the Board of Directors
Society Standards	approved by the Director of Children & Residential Services
Procedures	approved by the Manager

How to Search the Manual

To easily navigate the Manual, the Table of Contents is formatted with hyperlinks. To review specific sections of the Manual, click on the Section Heading and the cursor will relocate to that section. To return, click the ← [back] button on the toolbar, and/or close the pop-up window. Hyperlinks are also found throughout the manual, providing reference information to different sections and appendix documents. Click on the link to view the reference, click [back] to return.

Mandate

The Children's Aid Society of the District of Thunder Bay is governed by the Child and Family Services Act (2001) and Bill 210 (2006) which articulate a Declaration of Principles which states:

- “1. (1) The paramount purpose of this Act is to promote the best interests, protection, and well-being of children.
- (2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and wellbeing of children are:
 1. To recognize that while parents may need help in caring for their children, that help should give support to the autonomy and integrity of the family unit and, wherever possible, be provided on the basis of mutual consent.
 2. To recognize that the least disruptive course of action that is available and is appropriate in a particular case to help a child or family should be considered
 3. To recognize that children's services should be provided in a manner that,
 - i) respects child's needs for continuity of care and for stable family relationships within a family and cultural environment,
 - ii) takes into account physical, cultural, emotional, spiritual, mental and developmental differences among children;
 - iii) provides early assessment, planning and decision-making to achieve permanent plans for children in accordance with their best interests, and
 - iv) includes the participation of a child, his or her parents and relatives and the members of the child's extended family and community, where appropriate.
 4. To recognize that, wherever possible, services to children and their families should be provided in a manner that respects cultural, religious, and regional differences.
 5. To recognize that Indian and Native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and Native children and families should be provided in a manner that recognizes their culture, heritage, and traditions and that of the extended family.
2. (1) Service Providers, shall, where appropriate, make services to children and their families available in the French language.”

The Children's Aid Society of the District of Thunder Bay has been designated as an approved Agency under Section 8 of the Child and Family Services Act (CFSA) to provide services

defined by the legislation. Within this legislation, the functions of a Children’s Aid Society have been articulated in Section 15(3) of the CFSA as follows:

- (a) “investigate allegations or evidence that children may be in need of protection;
- (b) protect children where necessary;
- (c) provide guidance, counselling, and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;
- (d) provide care for children assigned to its supervision under this or any other Act;
- (e) supervise children assigned to its supervision under this or any other Act;
- (f) place children for adoption under Part VII; and
- (g) perform any other duties given to it by this or any other Act.”

Mission Statement

To protect and enhance the lives of children through
Strengthening families in partnership with our community.

Vision Statement

Our vision is to develop, through collaboration,
a community where all children grow up with a sense of
belonging, in a safe and nurturing environment.

Values Statement

Children and families are our priorities.

We value:

Integrity: we are guided by what is ethical.

Diversity: we respect all individuals' unique differences.

Dignity: we respect the inherent worth of each individual.

Slogan

Caring for children...a community responsibility.

Preamble

Purpose of the Residential Program

The Children's Aid Society of the District of Thunder Bay Residential Program operates one site licensed by the Ministry of Children and Youth Services. The Churchill Group Home is an eight-bed co-ed residence.

The home offers therapeutic services in a residential setting to acting-out, emotionally troubled and physically and sexually abused youth who are 10 to 16 years of age. Churchill will allow youth to remain in the residence beyond 16 years.

Churchill has seven placements which are deemed long term (more than two months). These beds will serve youth who are identified as needing an environment which will help them develop the skills necessary to move into foster care, back home or independently. The home has one bed designated a crisis bed, for the purposes of supporting the Society Foster Care system. These placements are very short term. Youth placed in the crisis bed will be moved to appropriate placements as the need dictates. These placements will circumvent the referral process.

It is hoped that through the programming offered, the youth will learn the necessary skills required to re enter their family, enter a foster care setting or live independently. It is important for the youth and the community to recognize that placement in the Residential Program is not meant to be punitive.

The needs of some youth may exceed the parameters of the Residential Program. When this is the case, staff will consult with the appropriate individuals and referrals to other agencies will be made. This may include cases of youth who appear to have serious mental health issues, youth whose ages do not fall within the mandate of the program and youth who may have developmental needs, which, are not addressed by the Residential Program (e.g., Autism).

The purpose of the Residential Program is:

to provide a structured, nurturing environment for each adolescent. It is believed that through individual participation in the program, youth will develop skills in problem solving and a realistic understanding of the expectations of society. Resources are provided to each in an effort to integrate him/her back into the family and/or community.

Philosophy

The Children's Aid Society Residential Program believes that each individual can take responsibility for one's own life through personal growth and positive social interactions.

Because each adolescent is unique, programming is individualized and holistic.

The adolescent's family is encouraged, wherever possible, to be an integral part of the growth process at the residence.

The principles of the Residential Program are based on a Task-Centred Approach utilizing an eclectic variety of intervention techniques.

Our Belief

We believe that it is in the child's best interest to be supported within the Thunder Bay Region. We also believe that whenever possible it is in the child's best interest to live in a community home and experience their childhood with caring adults who have specific training and knowledge to provide specialized care and treatment. We believe that children considered "hard to serve" can be treated within the community when appropriate supports are provided to maintain their placement.

Belief and Values

We believe in:

- respect for children and families and their rights;
- commitment to quality care and the protection of children;
- listening to children;
- being available to and being involved with children and families;
- building therapeutic relationship with children;
- adherence to professional code of conduct and ethics.

We believe:

- That Change:
 - is a natural and gradual process;
 - happens on an individual level;
 - is influenced by experiences in daily living.
- That Adolescent Development and Growth:
 - is an individual process and must be treated as such;
 - can be a difficult and potentially confusing stage of development;
 - cannot be rushed and must happen in conjunction with maturation;
 - often involves personal and contextual reflection;
 - requires those around the youth to provide support, guidance and nurturance;
 - offers the opportunity for youth with troubled backgrounds and experiences to develop a more hopeful and positive future.

- That in Adolescent Development and Growth, the **Youth** must:
 - be responsible for their own personal growth;
 - be empowered to make positive changes and growth;
 - be assisted, supported and believed in by those around them;
 - be allowed to experience choices, decisions and outcomes as part of the growth process.
- That in Adolescent Development and Growth, the **Youth's family** must:
 - provide safety, structure, stability and nurturance;
 - provide the youth with opportunities for personal growth;
 - witness, acknowledge and reinforce the youth's positive growth.
- That in Adolescent Development and Growth, the **Community** must:
 - be active, involved and vested in the youth's growth;
 - become educated and not see adolescents as societal liabilities;
 - ensure that the rights of youth are protected;
 - must provide opportunities to youth for personal positive growth.
- That in Adolescent Development and Growth, the **Residential Program Staff** must:
 - provide safety, structure, stability, and nurturance;
 - act as catalysts for development, growth, and change;
 - be proactive, involved, and invest in the youth's growth;
 - provide the youth with opportunities for personal growth;
 - witness, acknowledge, and reinforce the youth's positive growth.

Residential Program Mission Statement

Our mission is to inspire, teach, and promote change for our families, our children, and ourselves.

Residential Program Vision Statement

To provide for youth to build on their strengths and reach their individual potential.

Code of Ethics

We, the Residential Program staff, recognize that the residential program is constantly changing.

We accept the continuing changes as necessary in order to meet the changing needs of our clients.

We accept that our clients are individuals and must be treated as individuals.

We accept our roles as responsible role models and we strive to be positive influences for our clients.

We accept that each of us is an individual with our own values, morals, and spiritual beliefs.

We accept that we must not impose these on our peers or on the clients, nor should we discourage anyone from their own beliefs.

We believe in personal growth and self awareness.

We believe in human dignity and respect. We will not allow our actions, or the actions of others, to deny our clients of their dignity.

Code of Conduct

We, the Churchill staff, are committed to an optimistic vision based on the passion and wisdom of our team.

We will work toward a common goal in the best interest of our clients, in a supportive, understanding manner, role-modeling patience and respect.

Our team will maintain integrity to create the foundation for long-term interpersonal growth and competence. We have a responsibility to be honest and open with ourselves, and others.

Program Description

The Residential Program, operated by the Children's Aid Society of the District of Thunder Bay, provides a residential home for adolescents who are experiencing difficulties and who cannot be adequately served by the regular foster care system or within their family home. The program has one site: the Churchill Group Home, an eight-bed co-ed home. The site has one crisis bed. The crisis bed will be available when other resources within the Foster Care system are not available. All other beds are designated long term.

The Residential Program emphasizes the following concepts:

- Stability
- Safety
- Structure

The Residential Program provides services in an environment that is inclusive and non-discriminatory, taking into account ethno-cultural, racial, linguistic and ancestral diversity. The group home will also take into consideration and accommodate for gender specific needs, including the needs of Lesbian, Gay, Bisexual and Transgendered youth, through programming and ensuring the safety and privacy of all individuals. The Residential Program offers very specific Identity programming that promotes all cultures and religions, including Aboriginal

programming to promote this culture and heritage, including maintaining positive contact, involvement and participation with Aboriginal communities. First and foremost, the program promotes a safe milieu to allow all residents and their families the opportunity to practice their faith and cultural heritage.

As part of the therapeutic milieu, the Residential Program offers a variety of recreation and leisure programs as well as encouraging and supporting residents to participate in activities that promote physical, social and cultural benefits.

Where necessary the Residential Program will provide tailored support for residents and families with unique needs, including physical, linguistic, cultural, and religious needs.

Contained within the Residential Program is a therapeutic approach to assisting the youth within the program to take positive action towards the development of skills needed to successfully return to a community living environment and to begin developing skills that will assist them as they move towards adulthood. The program attempts to re-direct anti-social behaviour by immersing an acting-out youth in an environment, which is both, structured and provides a satisfying learning environment.

Adolescents placed in the designated long term beds can reside at the home for whatever length of time that will be beneficial for them. The average length of stay is one year.

Resources are provided to each youth in an effort to integrate him/her back into the family and/or community as a responsible, healthy, contributing member of society. The youth's family is encouraged, wherever possible, to be an integral part of the growth process at the home.

Following discharge from the home, staff may provide some aftercare services to the youth. The need for this is determined on a case-by-case basis.

The Residential Program employees highly qualified, competent, and caring staff primarily with a background in Child and Youth Work who focus on developing a trusting, therapeutic relationship with the youth to support them through the process of growth and change.

Section 1

Referrals and Admissions

Policy Statement

When a youth is being considered for admission to the Residential Program, there is an established admission process that clearly states eligibility, criteria, priority of admission, and how referrals are received. This will proceed in accordance to Ministry of Children and Youth Services Residential Licensing Regulations.

(This Policy Statement was approved by the Board of Directors of the Children's Aid Society of the District of Thunder Bay on May 22, 1997.)

Standard 1 Licensing Requirements

Licensing is a systematic means of assessing whether or not a basic level of care and safety is being provided in a children's residence. The Child and Family Services Act, the accompanying regulations, and the Ministry procedural and policy directives, form the basis for licensing and outline the minimum level of care that must be provided in a residence.

The Children's Aid Society shall not establish, operate, or maintain a children's residence without the authority of license issued by a Director under Section 193 of the Child and Family Services Act.

CFSA Section 193 (1)(a)

PROCEDURES

1. Two to three months prior to the on-site review of Churchill Group Home, the Ministry will notify the Society of the review and confirm a review date in writing. Prior to the review, the Ministry will provide the following to the Society:
 - a) checklist of items needed for pre-site documentation (Regulation 9903-02)
 - b) schedule of interviews for staff and youth
 - c) physical inspection checklist.
2. Ministry of Children and Youth Services Licensing personnel must conduct a complete on-site review at least once every two years. The Society may be given the option of a self-assessment on alternate years (see Children's Residence Licensing Regulation #0303-08).
3. The Director of Children & Residential Services will ensure that the following occurs prior to a Ministry Assessment for Licensing:
 - a) fire inspection is scheduled and completed successfully;
 - b) health inspection is scheduled and completed successfully;
 - c) Licensing Application form is completed and sent to the Ministry prior to license expiry date;
 - d) required fees are paid;
 - e) a photocopy of the certificate of insurance (on the residence) is sent to the Ministry;
 - f) an Operator Assessment checklist is completed and forwarded with a letter of compliance to the District Manager of the Ministry;
 - g) child care files and personnel files are checked for compliance;
 - h) interviews with staff and residents are scheduled;
 - i) copy of vehicle insurance.
4. If the following criteria occurs, the residence may be approved for a self-assessment every second year:
 - a) the group homes have had a regular (full compliance) license issued following a Ministry Licensing Review the previous year;

- b) a review of the serious occurrence reports in the area office show no outstanding unresolved serious occurrences;
 - c) history of good communication with the Ministry;
 - d) the Program Manager approves the residence of conducting a self-assessment.
5. During a Society self-assessment, the licensing checklist must be accompanied by a written report detailing the following:
- a) who conducted the review;
 - b) how the review was conducted;
 - c) when the review was conducted;
 - d) how many staff were interviewed and their positions;
 - e) how many and what type of files were read;
 - f) the completed checklists;
 - g) observations and recommendations of the review team;
 - h) a narrative summary of what, if anything, needs to be done to set the residence in full compliance.
6. Interviews by Ministry staff with a percentage of residents will now take place on a yearly basis, including during self-assessment years.
7. All interviews will be conducted in private, whenever possible/appropriate.
8. Youth with special communication needs will be provided with augmentative communication assists as applicable (e.g., computerized aids, staff assisting, etc.).

Standard 2 Referrals

The Residential Program – Churchill shall ensure that each person applying for admission of a youth to the group home, is notified in writing within 21 days of the date of the application, the decision with respect to admission of the youth to the residence.

If the Group Home intends to admit a youth, they shall notify the applicant of the anticipated date of admission.

If the Group Home is unable to notify the applicant of the decision with respect to admission within the 21 day period, the Manager of Churchill Group Home will:

- a) advise the applicant in writing of the reasons for the delay;**
- b) notify the applicant of the home's decision with respect to admission as soon as possible in the circumstances.**

R.R.O. 1990, Reg. 70, Section 80

PROCEDURES

1. The Residential Program currently accepts referrals from case managers through the Child Placement Committee or directly through the Director of Children & Residential Services.
2. Written referral forms are to be completed by the case manager, signed by the appropriate Manager, and forwarded to the Director of Children & Residential Services (see [Referral – Churchill or Therapeutic Foster Care](#))
3. Consultation on the suitability of the referral may happen at a placement committee level with the case manager and their Manager, and/or with the group home staff. Also, the case manager may be invited to present the referral to the group home staff at a mandatory meeting.
4. If a referral is deemed appropriate, the Director of Children & Residential Services or a Child Placement Committee member will forward a written response to the youth's case manager within 21 days. The case manager and the group home staff will set up pre-placement visits for the youth, and the group home staff will consult with their Manager on their observations during the pre-placement visit.
5. If a referral is denied, the Director of Children & Residential Services or a Child Placement Committee member will inform the case manager and the appropriate Manager, in writing, with any recommendations.
6. Should a worker request a decision review, the appropriate Manager for that worker should send the Director of Children & Residential Services a memo making that request. In turn, the Director of Children & Residential Services will schedule a meeting with the appropriate Manager and the Director of Children & Residential Services. The Director of Children & Residential Services may override the initial decision of denying the referral.

Standard 3

Admissions to the Residence

The Residential Program will ensure that, upon admission of a youth to the residence, they would receive an orientation to the residence and the program provided in the residence and that the youth is informed of the procedures that exist for a youth to express concerns or complaints while living at the Group Home.

R.R.O. 1990, Reg. 70, **s.73(1)**

PROCEDURES

1. Prior to moving into the Group Home, the staff will arrange one or more pre-placement visits with the new resident.
2. On the same day a youth moves into the Group Home, staff will ensure the following occurs: (see [Intake Checklist](#))
 - introduce referral to other youth and a tour of the house (if activity has not already occurred through pre-placement visit);
 - open a child care file on the youth;
 - complete a file card with case manager and youth;
 - provide youth with copy of "A Guide for Children in Care" while the youth is living at the residence (see [Rights in Care Agreement](#));
 - read the Child Rights Handbook;
 - discuss with the youth the rules, responsibilities, and level system (see [Residential Damages Policy](#), [Recreation Agreement](#), [Clothing Policy](#));
 - notify the youth of the complaints procedure (see [Complaints Procedure](#));
 - complete a social history with the youth;
 - complete a thorough clothing inventory (see [Clothing and Personal Effects Inventory](#));
 - ensure that a referral form and strengths and needs assessment has been completed and put into the child care file (see [Referral](#) and Appendix 6: [Strengths Assessment](#));
 - complete and attach an [Intake Checklist](#) to the youth's file);
 - ensure that a Service Agreement has been completed (see [Service Agreement](#)).
3. The staff will ensure that each youth has had a medical examination within 30 days prior to admission or within 72 hours after admission (see [Standard 16](#) – Medical and Dental Care).
4. The Group Home staff will ensure that each youth has had a dental examination within six months prior to admission or within ninety days after admission (see [Standard 16](#) – Medical and Dental Care).
5. The Plan of Care meeting will be set up by the staff to occur within 30 days of admission

(see [Standard 13](#) – Plan of Care).

6. The Group Home staff will consult with the case manager in regard to the youth's school plans prior to placement at the Group Home or immediately following admission.

Standard 4 Intake Allowance

In an effort to make the transition in to Churchill Group Home easier, and to help resident's develop a sense of belonging, the Residential Program will provide a \$30.00 intake allowance to purchase items for a resident's living space.

PROCEDURES

1. Upon admission, a determination will be made as to whether a resident is placed long term (two months or more).
2. Staff will determine the need for purchasing personal items for the resident (posters, picture frames, etc.) to help personalize their bedroom.
3. A resident who has been determined to need the intake allowance, will be taken to purchase items, up to \$30.00, for their room. This allowance is not transferable to clothing or other purchases and is given on an as needed basis.
4. Staff will ensure the purchased items are recorded on the resident's clothing inventory.

Standard 5 Damage Policy

The Group Home believes in the accountability of one's actions. Upon admission, all residents will be advised that they will be monetarily responsible for any damages to the property incurred by them. Examples of such damages for which restitution is sought are: holes in the walls, breaking furniture, graffiti, and other damages for which staff feel a resident should be held accountable for.

PROCEDURES

1. Staff will explain the damage policy to each resident upon admission.
2. Staff will have the resident sign a contract stating they are aware of the policy (see [Residential Damages Policy](#))
3. When damage occurs, staff will assess whether the act was accidental or intentional and will document the damages.
4. Case managers and the Manager of Churchill Group Home will be advised of damages.
5. The Manager of Churchill Group Home will get estimates for repair and/or replacement and will discuss with the resident.
6. Restitution will be claimed through extra chores, chore money earned, or clothing money. Individual workers will assess clothing needs of youth to ensure they are not deprived of necessary clothing. Money will be paid to damages incrementally.
7. Where appropriate and deemed a learning opportunity for the resident, they will be encouraged to help repair the damage done.
8. Staff may seek legal recourse in situations where it is deemed necessary or appropriate.

Section 2

The Rights of Children in Care

Policy Statement

All children in residential care have rights established in the Child and Family Services Act and further defined in Residential Licensing Regulations and Ministry Standards and the Ministry of Children and Youth Services Licensed Residential Settings Policy Requirements 2008.

These rights cover a wide range of issues which affect the well-being of the children in care. This includes the right to food and nutrition that meets the standard set by Health Canada to support improved outcomes for children and youth.

The Society recognizes that children and youth in residential care come from various racial, social, economic, linguistic, and religious backgrounds and sexual orientations and have the right to be cared for in an understanding, inclusive, and aware environment.

The Residence informs children of their rights and safeguards these rights on the youth's behalf.

(This Policy Statement was approved by the Board of Directors of the Children's Aid Society of the District of Thunder Bay on March 24, 2009.)

Standard 6 Child's Rights Review

All Youth admitted to residential care will be advised of the following:

- **his or her rights and responsibilities;**
- **the internal complaints procedure to deal with violation of the youth's rights;**
- **the Residential Placement Advisory Committee review procedure available for children 12 years of age or older;**
- **the right to approach the Office of the Child and Family Services Advocacy;**
- **the right to complain to the Child and Family Services Review Board.**

Part V of C.F.S.A., Subsection 109

PROCEDURES

1. Upon admission, the Group Home staff will review the Child's Rights Handbook (a guide for Youth in Care) with the youth within seven days of the placement, at the Initial Plan of Care, and every six months thereafter. All residents will be informed of their cultural rights and will be offered an overview of the Group Home cultural competency program at the time of admission.
2. Parents will be notified of their child's rights and responsibilities as well as the complaints procedure within 7 days of their child's admission to the group home.
3. Copies of the Handbook, "[A Guide for Youth in Care](#)" are made available for the youth to review at any time. Copies of the book will be kept in the staff office and youth will be notified of their location.
4. Each youth will be provided with a copy of "[Child Rights and Responsibilities](#)."
5. Residents will be further notified of the Society's internal complaints procedure, which is as follows as per CFSA Subsection 109:

Any child in care, that child's parent or someone representing the child can request an internal review of the complaint. The complaint should initially be handled in-house with front line workers, doing their best to resolve the situation. The child's worker should be the first person asked to review the complaint and this should occur within five working days of the complaint being made. The child's worker will record in the case notes the complaint or alleged violation of the child's rights, the investigation, and any and all attempts made to resolve the complaint. If the child, parent or person representing the child is not satisfied with the results of the worker's review he or she may ask the Manager for a review. If satisfaction is not obtained the client may continue to go up the levels of authority, **including the Director of Children & Residential Services and the Executive Director**, to request a review. If the Director of Children & Residential Services, **on behalf of the Executive Director**, is requested to review the complaint, the Manager will:

- Notify the Director of Children & Residential Services in writing of the complaint, and the action taken to resolve it.
- Encourage the client to pursue resolution by contacting the Director of Children & Residential Services with a written presentation of the complaint. The Manager will ensure that the client's lack of writing skills will not hinder his/her ability to present the complaint to the Director of Children & Residential Services.
- **The client can also address complaints in writing to the Executive Director.**

It is also the child's worker's responsibility to advise a client that he/she may request a review through the Minister of Children and Youth Services, or through the Office of the

Child and Family Service Advocacy. It is the worker's responsibility to advise the client of the internal complaints procedure and assist in that process.

If the complainant is not satisfied with the results of the internal review, he or she must be notified in writing of his or her right to request in writing that the Minister appoint an independent person to conduct a further review of the complaint. If the child or parent is unable to complete this letter the child's worker must assist in the process since the inability to write should not be a barrier to this process.

The Minister may appoint an independent person to review the complaint. The reviewer may hold a hearing if he or she wishes to do so. The review must be completed within 30 days after the day of appointment including the completion of a written response to the complaint. Copies of this report will be sent to the client (Complainant), the Society and the Minister.

If the Minister decides to take any action after receiving the report, the person who made the complaint and the service provider will be advised.

6. Each client will be notified of the Residential Placement Advisory Committee's review procedure, provided in the handbook "[A Guide for Youth in Care.](#)"
7. Staff will also explain the right to approach the Child Advocate's Office and keep that information posted at all times.
8. The youth or their family may also make a complaint directly to the Child and Family Services Review Board.

Standard 7 Locked Premises

Residential Staff will not detain a youth or permit a youth to be detained in locked premises in the course of the provision of a service to the youth, except as Part IV (Young Offenders) and Part VI (Extraordinary Measures) authorize. This standard does not prohibit the routine locking of the residence for security at night.

C.F.S.A. 100

PROCEDURES

1. The Group Home staff may not lock the exits for the purpose of confining a youth.
2. Residents may not be locked in any room at the Group Home for the purpose of isolating behaviour or time outs.
3. The Group Home staff may separate youth and isolate behaviour by locking doors between areas of the residence, i.e., between first and second floor.
4. The staff will lock outside access doors at night for security purposes.
5. Staff will record in the communication log at the beginning of each shift what shift keys they are using (identified by coloured carabiners). Staff will ensure they return their shift keys at the end of their shift. Keys for the home will be counted by staff at the beginning and end of each shift to ensure accountability and awareness of any missing keys.

Standard 8 Corporal Punishment

Residential Staff will not inflict corporal punishment on a youth or permit corporal punishment to be inflicted on a youth in the course of the provision of a service to the youth.

C.F.S.A. 101

PROCEDURES

1. Definition of Corporal Punishment:

Although not specifically defined by the Child and Family Services Act, the Ministry defines corporal punishment to include, but not be restricted to, any of the following acts designed to discipline the youth:

- a) Striking a youth with or without assistance of a physical object;
 - b) Shaking, shoving, spanking or any other form of physical aggression;
 - c) Punishment of a youth by another youth or group of youths condoned or instigated by staff;
 - d) Requiring or forcing a youth to assume an uncomfortable position (e.g., squatting, bending, or standing against a wall);
 - e) Requiring or forcing the youth to repeat physical movements;
 - f) Interfering with or interrupting a youth's sleep.
2. In order to protect the emotional and physical well-being of every youth, staff are prohibited from engaging in discipline prohibited practices as outlined above.
 3. Any staff who observe another staff engaging in discipline prohibited practices, shall notify the Manager of Churchill Group Home immediately.
 4. The Manager shall undertake an immediate investigation to substantiate allegations. At this point, the Manager has the authority to relieve the staff of their duties.
 5. Staff involved shall complete an Incident Report and/or Serious Occurrence Report prior to completion of their shift.
 6. The incident shall be reviewed at the earliest opportunity by the Director of Children & Residential Services and the Program Manager. At this time, the need for further disciplinary action will be determined and implemented according to the Collective Agreement (see Human Resource Manual, Section 13).
 7. Non-compliance of staff shall be seen as a serious occurrence and will result in disciplinary action, which may include dismissal.

(see [Standard 23](#): Prohibitive Practices in Child Management; and [Standard 24](#): Appropriate Child Management Practices, in Section 3 of this Manual)

Standard 9

Private Communication with Family and Advocates

Staff will ensure that the youth residing at the group home is allowed visits from, and may speak in private with:

- **his/her family (unless prohibited by a Court Order)**
- **his/her lawyer**
- **any other person representing the youth**
- **any advocate appointed by the office of the Child and Family Services Advocacy**
- **the Ontario Ombudsman and his/her staff**
- **member of the Provincial or Federal Parliament**
- **his/her Children's Aid Society worker.**

C.F.S.A. #103, 1(a)(b)

PROCEDURES

1. Unless prohibited by Court Order, it is the responsibility of the youth's worker to ensure that:
 - a) the youth has regular access to his/her family (both telephone and direct contact visits);
 - b) the youth be allowed to speak in private with family members. Note: If the youth is a Crown Ward, he or she does not have this right unless a Crown Wardship Order from the Child Protection Court incorporates a right of access (CFSA #103 (2)).
2. The Group Home staff will set up, monitor, and report back to the youth's worker with regards to family visits.
3. Staff will ensure that all family contact is documented, including the date, length of contact, with whom contact was with, how visit/telephone conversation went, and any concerns of issues arising from the contact.
4. Any planning for overnight access to the youth's own home must be carried out in consultation with the youth's worker or with the Director of Children & Residential Services.
5. The staff will review access arrangements in the youth's Plan of Care and will make every attempt to include family directly with the Plan of Care.
6. It is the responsibility of the Group Home staff to ensure that the youth is allowed visits from, and may speak privately with, the following authorities:
 - a) the youth's lawyer
 - b) any other person representing the youth
 - c) an advocate appointed by the Office of Child and Family Service Advocacy
 - d) the Ontario Ombudsman and his or her staff
 - e) a member of Provincial or Federal parliament. (CFSA #103 (a)(b))
 - f) the youth must have the opportunity to speak in private with his or her worker on a regular basis. (see Children's Services Manual, *Standard #8 - Mandatory Contact with a Child in Care* which outlines a minimum amount of contact between the youth's worker and the youth)

Standard 10 Correspondence

Youth residing in the Group Home have the right to receive and send correspondence. In the event there is a suspicion that correspondence being received or sent is potentially harmful to the emotional or physical well-being of the youth, the correspondence may be temporarily withheld pending further review.

The youth shall also have unrestricted access and complete confidentiality in corresponding with his/her lawyer, the Provincial Ombudsman, or any member of the Federal or Provincial legislatures.

CFSA #103 (1)(c)(3)

PROCEDURES

1. Mail includes both written correspondence and packages. It is the responsibility of the staff to ensure that:
 - a) the youth is allowed to send and receive mail that is not read, examined, or censored;
 - b) mail from the youth's lawyer is not to be opened.
2. Opening of mail is permitted only in the following instances:
 - a) where the communication is not from the youth's lawyer;
 - b) if the staff believe that the contents may cause the youth physical or emotional harm;
 - c) Staff may open mail in the youth's presence and inspect for articles prohibited by the Group Home. It is the responsibility of the staff to inform the youth and family about what articles are prohibited. Such articles may be removed and withheld from the youth. Group Home staff must document when a letter is opened, and the reason for such an opening and/or the removal of any material, in the youth's case record.
3. Every youth must be permitted to send and receive correspondence from his solicitor, the Ombudsman, and Members of Parliament. This provides the youth with an avenue to voice grievances and concerns regarding their placement without intervention by the residence or Society.
4. Any planned criminal acts should be reported to the police, and the youth should be told that such a plan is being reported. Illegal material, such as drugs, should be turned over to the police and the youth should be told what action is being taken.

Standard 11

Privacy and Personal Possessions

Youth residing at the Group Home have the right to have reasonable privacy and possession of their own personal property.

CPSA Subsection #104 (a)

PROCEDURES

1. In order to ensure the personal dignity of the youth is respected, the staff will provide each resident with an adequate amount of personal space.
2. Upon admission, staff will inform the youth of items not permitted in their possession including:
 - a) paraphernalia/posters/print promoting alcohol/drug use;
 - b) music with explicit sexual overtones or swearing;
 - c) any material that is deemed degrading or harmful by staff.
3. The staff will confiscate any of the above items and return them to the youth upon discharge.

Standard 12 Religion

Youth residing at the Group Home have the right to receive the religious instruction and participate in the religious activities of his or her choice.

Subject to Section 106 of the CFSA, parents retain any right they may have to direct their youth's education and religious upbringing.

CFSA Subsection #104 (b) and Section #106

PROCEDURES

1. The Group Home staff will ensure that youth are free to pursue any religious activity of their choice, within the limits imposed by parents.
2. If a youth expresses an interest in attending a religious function, staff will make every effort to ensure that the youth attends.

Standard 13 Plan of Care

All youth admitted to residential care have the right to **planning, monitoring and evaluation of their care through the Plan of Care document** designed to meet their particular needs, which shall be prepared by the Group Home staff within 30 days of the youth's admission. This Plan of Care is to be reviewed every 30 days for the first 6 months and every 6 months thereafter.

R.R.O. 1990, Reg. 70 Section 73(1)(d)

Each youth also has the right to participate in the development of their Plan of Care and in any changes made to it.

A Plan of Care for a youth shall include:

- a description of the youth's needs and specific strengths that is developed with reference to the findings of current or previous assessments of the youth; (R.R.O. 1990 0 Reg.70 s. 86 (2)(b))
- a statement of outcomes to be achieved for the youth while the youth is in the Group Home that are time targeted and measurable;
- a statement of the means to be used to achieve the outcome, based on the strengths and needs referred to above;
- a statement of the educational program that is developed for the youth in consultation with the school boards in the area in which the residence is located.
- where applicable, a statement of the ways in which a parent of the youth will be involved in the Plan of Care, including arrangements for contact between the youth, a parent of the youth, and the youth's family.
- particulars of any specialized consultation, specialized treatment and supports to be provided directly to or arranged for the youth that have been recommended or identified to promote the desired outcomes for the resident; timeframes within which this consultation will be secured;
- written reasons why the above consultation has not occurred within the appropriate time frame (R.R.O. 1990 0. Reg. 70 s. 99 (1) Records and Reports)
- particulars of the dates for review of the Plan of Care;

- a list of revisions, if any, to the Plan of Care; and
- a statement of the anticipated plan for discharge of the youth, including a date.

Prior to a Plan of Care meeting, a youth will be encouraged to complete a Plan of Care preparation form that will help guide the goals and needs each individual identifies. Plan of Care preparation forms will include: gains the youth has already made, issues they wish to address, and areas of interest. The Plan of Care preparation form will demonstrate the relationship between the youth's case record and the Plan of Care and will use the case record as a resource to develop the Plan of Care. (R.R.O. 1990 O. Reg. 70 New s. 99 (1.1))

CFSA Subsection #105 (1)(2)(a)

PROCEDURES

1. The initial Plan of Care and any review of the Plan of Care shall be entered in the youth's case record and a copy held in the youth's residential file.
2. The Group Home staff shall ensure that, where possible, the following persons are present during a youth's Plan of Care and reviews:
 - a) a parent of the youth, official guardian, foster parent, or appropriate family member;
 - b) case manager;
 - c) Group Home staff;
 - d) the youth (where the youth is 12 years and older);
 - e) other professionals involved with youth, i.e., youth's mental health worker, probation officer.
3. If the Plan of Care is developed without the consultation or involvement referred to in procedure 2 above, the reason for the lack of consultation or involvement shall be noted in the youth's case record.
4. The Group Home staff shall ensure that the Plan of Care developed for each youth is reviewed and monitored at least every 30 days during the first six months that the youth is in the Group Home and not more than every 60 days until the youth is discharged from the program.
5. A youth shall be given an opportunity to express his or her views during each Plan of Care review.
6. The Group Home staff shall ensure that each Plan of Care is reviewed as per procedure 4 above, with:
 - a) the youth;
 - b) a parent of the youth;
 - c) any other person who is involved in the development of the Plan of Care within three months of the youth being admitted to the residence.
 - d) where it is not possible to review the Plan of Care with each person referred to above, the reasons for the lack of a review shall be noted in the youth's file.
7. The staff are expected to record, organize, and prepare the youth for the Plan of Care and

subsequent reviews, drawing on the youth's strengths, needs and wishes, as well as, information in the written case record.

(see [Plan of Care - Initial](#); [Plan of Care - Review](#); and [Plan of Care - Preparation](#))

Standard 14 Nutrition

Any youth residing in the Group Home has a right to receive meals that are well-balanced, of good quality, and provide growth and development. Good nutrition is essential for the ability of children and youth to learn, grow, and develop. Special foods must be provided to the youth when recommended by their physician or a registered nurse in the extended class and in accordance with any special beliefs, medical needs, or lifestyle diets.

C.F.S.A. Subsection #105 (2)(b), Reg. 70, Section 88

PROCEDURES

General

1. The staff will ensure that all residents are offered varied, nutritionally balanced meals according to the standards laid out by the most current Canada Food Guide, including portion sizes or additional portion sizes as requested by the residents and/or guardians, and based on the physical growth and development of the residents. Staff will refer to the current Canada Food Guide when preparing meals to ensure that enough portions will be provided for the youth at meal times.
2. The staff will ensure that residents are provided three regular meals daily (breakfast, lunch, and dinner).
3. A five week menu rotation, done in consultation with a dietician, will be clearly posted in the staff office and in the kitchen/dining area and night staff will keep a regular inventory of groceries, notifying day staff of needed items. Opportunities for children and youth to participate in menu and meal planning and meal preparation will be included in the program and will be overseen by staff. Any substitutions on the menu will be reflected on the menu. All menus will be available for review by staff and the Ministry. All menus will be retained for a minimum of 30 days. On a monthly basis as part of the home's cultural programming, staff and residents will be involved in the preparation and celebration of meals from different cultures, which would include the cultural diversity of the youth in the residence.

(see [Menu Plan – 5 Weeks](#); and [Grocery List](#))

4. Staff will ensure accommodations are made for special dietary requirements or modified meals, including medical, religious (including fasts of recognized faith groups), cultural diversity, life style diets (e.g., Vegetarian) and requirements for children and youth with unique needs related to feeding, within the parameters of the most current Canada Food Guide and as indicated in the youth's Plan of Care.
5. No youth will be forced to eat any prepared meal or snack. An option to the prepared meal will be given to youth, e.g., instead of pork chops, youth may have sandwiches.
6. Grocery shopping is to be done at least once a week in order to prepare and serve fresh produce, dairy products, etc.
7. Staff will ensure availability of food and snacks between meals, as appropriate for, or applicable to the individual needs of the youth (age, health).
8. Staff will ensure that meals are served at set times and will attempt to make meal times a

safe, social, group time.

Medical/ Behavioural/ Health

9. All food allergies will be posted in the kitchen and food room. Any foods that a resident has an allergy to that may result in anaphylactic shock will be discontinued.
10. All staff are certified in First Aid training. This includes training on managing allergic reactions. If a youth placed in the Group Home has a severe allergy staff will receive appropriate education on responding to anaphylactic reactions including instruction on the use of an EPI pen or other such medical devices/medication from a health care provider. If a child has an anaphylactic reaction, emergency treatment will be provided as per the medical instructions and the child will be brought to the hospital for assessment and further treatment.
11. Staff will consult with a dietician or other medical professional at times where residents refuse to eat, overeat or have a possible eating disorder and will notify the case manager and resident's family, where involved. Staff will also seek medical and/or behavioural advice and support for any youth with unique needs related to food, feeding and nutrition, as well as dealing with challenging eating behaviours that may not be medical in nature.
12. Staff will ensure all residents are provided with educational information related to healthy eating and nutrition that is suitable for their level of understanding. This will be done during Individual or Group Programming and based on the needs of the individual or group and will be noted in the youth's Plan of Care.
13. Staff will ensure residents are provided with information about safe food handling and preparation practices, including appropriate hygiene that is suitable for their level of understanding. This will be done during Individual or Group Programming and based on the needs of the individual or group and will be noted in the youth's Plan of Care.
14. Staff will ensure and monitor the residents who are involved in food handling and preparation are appropriately supervised.
15. Any foods, products or equipment identified to be a safety risk based on the needs and current issues within the milieu will be stored in a locked area. (ie, if youth are using the toaster to light cigarettes in the home, the toaster will be locked up when not in use and supervised by staff)
16. All staff will be provided with an orientation to the safe use of kitchen equipment as part of their orientation to the group home. Youth placed in the group home will be orientated to the safe use of kitchen equipment through the Life Skills program.
17. On a weekly basis staff will assess whether any maintenance work or replacement is required on kitchen equipment. The Manager and/or maintenance person is made aware of any repairs needed to kitchen equipment, and ensures that the repairs/and or replacement are completed

in a timely manner.

18. The staff will ensure they are recording meals served, health and safety compliance and concerns associated with meal preparation or meal time, in the daily communication book. Food charts are also completed to document what food each child is consuming at each meal.
19. All financial costs associated with food costs, will be maintained in the Financial Department at the Children's Aid Society office.
20. Staff are prohibited from depriving residents of food or using food as a bribe, punishment, or reward. Deprivation is distinguished from food-related limits, routines and token reinforcement that are part of an individualized and documented treatment approach that is administered under the guidance of a health care professional or rehabilitation professional. Food may only be limited as part of an individualized and documented treatment approach that is administered under the guidance of a health care professional.

Standard 15 Clothing

All youth admitted to residential care have a right to be provided with clothing that is of good quality and appropriate for the youth, given their size, activities, and prevailing weather conditions.

C.F.S.A. Subsection #105 (2)(c), Reg, 70, Section 89

PROCEDURES

1. Upon admission, staff will fill out a Clothing Inventory Checklist with the youth. This list will be kept in the youth's case record and updated on a monthly basis (see [Clothing and Personal Effects Inventory](#)). Any clothing needs identified by staff after the inventory is done will be reported to the case manager. Clothing will be purchased if a need is identified.
2. Youth are provided with a monthly clothing allowance that may only be spent on clothes or shoes. Any exceptions must be approved by the youth's case manager.
3. Individual workers will check the youth's clothing inventory monthly to ensure clothing needs are being met.
4. Occasionally, youths may have to pay restitution for damages incurred. Staff, in consultation with the case manager, may collect clothing money for repayment of the damages.
5. Residents will be advised upon admission of what is considered appropriate versus inappropriate clothing.

Standard 16 Medical and Dental Care

All youth admitted to residential care have the right to receive medical and dental care at regular intervals and whenever required, in a community setting whenever possible.

R.R.O. 1990, Reg. 70 Section 91 (whole)

Staff will ensure that all residents:

- have access to community health programs;
- receive health education;
- receive an annual assessment on their health, vision, dental, and hearing;
- receive a full explanation, in language suitable to the youth's age and understanding, as to any proposed medical or dental treatment to be administered.

The Society will ensure that the residence:

- consult with a physician, or a registered nurse in the extended class (nurse practitioner) and dentist on an ongoing basis regarding medical and dental care;
- carries out recommended procedures for the prevention and control of disease;
R.R.O. 1990, Reg. 70 S. 91 (1)(e)
- maintain a cumulative record of each youth's medical and dental examinations and treatment to be kept in the youth's case record.

R.R.O. 1990, 0.Reg. 70 S. 81 (9.1)

Group Home staff shall ensure that each youth admitted to the residence has had a general medical examination by a physician or nurse practitioner within thirty days prior to admission or has such an examination within seventy-two hours after admission.

Group Home staff shall ensure that each youth admitted has had a dental examination by a dentist within six months prior to admission to the residence or has such an examination within ninety days after admission. R.R.O. 1990, Reg. 70

Section 84

Group Home staff shall ensure that:

- (a) upon admission of a youth to the residence, it is determined whether or not the youth being admitted is currently receiving medical treatment or medication or is suffering from any allergy or physical ailment; and**
- (b) where applicable, the treatment or medication referred to in clause (a) is continued.**

R.R.O. 1990, Reg. 70, Section 85

PROCEDURES

1. It is the responsibility of the youth's case manager to ensure that the youth receive medical and dental care at regular intervals as required (C.F.S.A. #105 (2)(d)). The youth's parents retain the right to give or refuse consent to medical treatment for the youth unless they are in the care of the Children's Aid Society by Order of the court, interim custody pending full hearing of the application of a Society Wardship or Crown Wardship (C.F.S.A. #106 (b)). The youth's worker is responsible for medical consents relating to these children.
2. All medical treatment as presented by a doctor or nurse practitioner must be followed.
3. Residential staff will ensure that a cumulative record of each youth's medical and dental examinations and treatment are kept in the youth's case record. This information will be forwarded to the case manager quarterly and upon discharge.
4. If there is a medical emergency, it is the staff's responsibility to bring the youth to a hospital or a doctor immediately. The Group Home staff may request assistance of the youth's worker during business hours or the assistance of the On-call person if the emergency occurs after business hours. The Director of Children & Residential Services will also be notified at this time.

Staff will ensure that a Serious Occurrence Report is forwarded to the Director of Children & Residential Services, the youth's case manager is informed of the incident, and the parents of the youth are contacted as soon as possible, unless the youth is a Crown Ward without Access.

5. Group Home staff may not consent to medical treatment regardless of the status of the youth. A Manager must authorize medical consents. The youth's status in care will determine who signs the consents for admission, discharge, treatment, and surgery:

Temporary Care by Agreement

The parents must sign all consents. When signing a Temporary Care by Agreement, the parent has the option of retaining all their rights regarding the youth's medical care.

By Order - Temporary, Interim Order, or Society Ward

If a youth remains in care through the Order of a Judge, the Society may consent to and authorize medical treatment of a youth where the parents' consent would otherwise be required. However, the Judge may allow the parent to retain that right. If the parent is to retain their rights to consent to medical treatment of the youth, the Judge must make this part of the Order (C.F.S.A. #62).

By Order - Crown Wards

The Society has the rights and responsibilities of a parent for the purpose of the youth's care, custody and control. Therefore, the Society has a right to give or refuse consent to medical treatment (C.F.S.A. #63).

6. In accordance with Worker's Compensation Board guidelines, first aid supplies shall be available and located in a designated area (staff washroom). Employees shall be informed as to the supplies available and their location. The first aid kit should be checked quarterly by staff and receive approval by a health professional annually.
7. Birth date, Ontario Health Card number, name and relationship of subscriber shall be available in the youth's file at the group home.
8. It is the responsibility of the Group Home staff to maintain a record of allergies and drug reactions in a youth's file in order to prevent a serious occurrence.
9. A youth will see a dentist within 90 days of admission to the Group Home, unless there has been a previous exam within 3 months prior to the admission. This information must be noted in the youth's residential file and forwarded quarterly to the case manager (see [Dental Report](#)). See also Children's Services Manual, Standard #31 – *The Child's Medical Health Care Needs*.
10. A youth will see a physician or nurse practitioner within 72 hours of admission to the Group Home for an admission medical unless a previous exam has been completed within 30 days prior to admission. This information must be noted in the youth's residential file.
11. If a resident lives in the Group Home for more than one year, annual medicals and dentals will occur.
12. Based on the needs, ages and circumstances of youth in the residence, programming will be offered on an individual or group basis with regards to health education. Topics may include frequency of bathing, shampooing hair, cleaning teeth, good nutrition, family life education and physical fitness. This information will be included in the youth's Plan of Care. (see Section 3 Standard 22 Expectations of the Program)

Standard 17

Administration and Storage of Medication

Youth frequently require different types of medication as prescribed by a doctor or nurse practitioner. The Group Home staff have the responsibility as caregivers of not only participating in the decision process regarding administration of prescription drugs, but also taking responsibility for planning, monitoring and documenting usage.

The Society will maintain and monitor the requirements for the safe administration, storage and disposal of medication to enhance the protection of vulnerable children and youth who take psychotropic and other medications.

All Group Home staff will receive orientation to these procedures at the time of hire and at least annually thereafter. This policy will be reviewed at least every five years.

PROCEDURES

Youth in care will be prescribed medications as necessary to address mental and physical health needs. The provision of clear requirements for the safe administration, storage and disposal of medication enhances safety and protection for vulnerable children.

Prescribed drugs fall into the following four categories:

1. Preventative
2. Medical
3. Remedial
4. Psychotropic

1. Preventative

This category covers such commonly accepted and legislative health practices such as dental fluoride treatment, child immunization, Rabies, Tetanus shots, and Flu shots.

While the use of such drugs and vaccines involves potential danger of reaction, the benefits outweigh the dangers to the extent that each young person in care should have the opportunity to receive such preventative health care.

It is the responsibility of the youth's worker to plan, co-ordinate, and document the administration of such care in his or her file, although this task may be delegated to the group home staff. Authorization is given to the residential staff to administer as required.

2. Medical

This category covers such medicines as anti-bacterial drugs and other medications.

It is most likely under the physician's direction that this type of drug would be prescribed and administered to the youth. The residential staff must monitor and report to the physician and the youth's worker any noticeable reaction of the youth to the medication. Any difficulty with any particular drug should be noted in the youth's file. If the youth is old enough to comprehend any implications of taking a particular drug, the side effects should be explained and discussed with them. Authorization is given to the residential staff to administer as required.

3. Remedial

Remedial drugs are normally administered to correct an imbalance of a chemical functioning in a body such as insulin, seizure controlling drugs, heart pattern stabilization medications, or Ritalin. These prescriptions must be monitored very carefully until the correct balance is achieved. It is the responsibility of the case manager to co-ordinate and document the monitoring process. Appropriate notation must be placed in the youth's file. Authority of

approving administration of such drugs lies with the assigned worker in direct consultation with the physician. The Society will request a consultation note for the file. If the youth is over 12, their consent must also be sought. Both the residential worker and the case manager should also request information about any significant side effects of the particular drug given to the youth.

4. Psychotropic

From time to time, the Group Home is assigned the care of a young person whose symptomology may be alleviated through the use of psychotropic drugs. In accordance with the Health Care Consent Act any person, regardless of age is required to consent to any type of medical treatment including medication. Before a psychotropic drug can be administered, consents must be obtained. In order to protect young peoples' rights, the following steps must be used for approving the administration of psychotropic drugs (C.F.S.A. #126).

See Consent to Administer a Psychotropic Drug (Parent/Guardian).

- a) If their health care practitioner determines that the child does not have the capacity to consent to a specific treatment, consent will be required by a substitute decision maker. The Society can be a substitute decision maker if we are lawfully entitled to give or refuse consent in place of the parent. This is dependent on legal status as defined below.

Temporary Care Agreement

- If their health practitioner determines that a child does not have the capacity to consent, the parents must sign all consents. When signing a Temporary Care Agreement, the parent has the option of retaining all their rights regarding the child's medical care.

Temporary, Interim Order, or Society Ward

- If their health care practitioner determines that the child does not have the capacity to consent to a specific treatment, and the child remains in care through the Order of a Judge, the Society may consent to and authorize medical treatment of a child where the parents consent would otherwise be required. However, the Judge may allow the parent to retain that right. In this situation, the Judge must make this part of the Order (CFSA, Sec. 62).

Crown Ward Status

- Crown Ward status provides the Society the rights and responsibilities of a parent for the purpose of the child's care, custody and control. Therefore, if their health care practitioner determines that a child does not have the capacity to consent to a specific treatment the Society has a right to give or refuse consent to medical treatment (CFSA, Sec. 63). Where ever possible the child's parents should be informed of and involved in this process.

- When a child or youth meets with a health practitioner prescribing treatment, they or their substitute decision-maker should agree to the treatment as provided for in HCCA. It is the responsibility of the health practitioner to explain the course of treatment and to obtain informed consent. Health practitioners are regulated by their Colleges and are subject to disciplinary measures in the event that their standard of practice is unacceptable.
- b) It is important for children and youth to understand the nature of the treatment, risk, benefits, side effects and alternative options and consequences of not receiving treatment. If there are concerns, a call should be made to the health practitioner for follow up and documentation placed in the child or youth's file.
- c) Foster parents and group home workers are not entitled to provide consent.
- d) A child or youth, who is the subject of a treatment, may ask the Consent and Review Board to review a health practitioner's finding that he or she is incapable with respect to the treatment.
- e) Psychotropic drugs can be administered, without consent to a youth who apparently does not have capacity, or where parents or a Society representative are not immediately available, when:
- the service provider believes on reasonable grounds that delay would cause the youth (or another person) serious mental or physical harm, and
 - there is no less restrictive course available.
- Note: Consent must be obtained as soon as possible and within 72 hours of the first administration otherwise the drug will be discontinued.
- f) When any youth in the Society's care is admitted to an external residential centre, or program, a copy of this policy and relevant legislation must be filed at the external residential centre or program at the time of Intake.
- g) Physicians and nurse practitioners regularly attending children in care shall be given a copy of this policy, legislation, and forms.

If it is agreed that the medication will be administered, staff obtains and documents all relevant information about the drug(s) from the treating physician including the following:

- the condition the drug is intended to alleviate
- the range of intended doses

- risks and side effects commonly associated with the use of the drug in the child's age group as well as any further drugs that will be prescribed to control the risks or side effects
- how dosage levels may vary (e.g., during trial period)
- how many times a day the drug is to be administered
- method to be used to administer the drug
- anticipated length of time the drug will be required

The consents are to be placed in the child's file. Copies of the consents may be placed in the family file.

High Risk Situations – Psychotropic Medications

For the purpose of this policy requirement, “high risk” situations involving psychotropic medication include the following:

- Psychotropic medications are prescribed “as needed” (Pro Re Nata or PRN) and/or are used “as needed” more than twice a day or for three or more consecutive days;
- A child or youth is prescribed two or more psychotropic medications at the same time;
- A child under the age of seven is prescribed psychotropic medication;
- A psychotropic medication prescription that has not been reviewed by a health practitioner in more than six months;
- Any psychotropic medication that is stopped suddenly and abruptly by a child or youth without discussion with a health practitioner; or
- Any other situation which causes concern in the opinion of the Child Protection worker or alternate caregiver.

All high risk situations involving medication will be reviewed at the time of the Plan of Care. The medication regime will be reviewed, including the documentation of the regime and the plan for medication administration during access or respite. Consideration for seeking consultation with the prescribing health practitioner will be reviewed, as well as consideration whether to seek a second opinion would be of benefit to the child/youth.

Where a high risk medication situation, as outlined above, emerges for a child or youth in care, staff will notify the children's services worker as soon as possible.

Youth frequently require different types of medication. The Group Home staff have the responsibility as caregivers of not only participating in the decision process regarding administration of prescription drugs, but also taking responsibility for planning, monitoring, and documenting usage.

Administration, Storage and Disposal of Medication

All prescription and non-prescription medications (including personal medication for employees) shall be kept locked at all times in an area inaccessible to children and youth and sufficiently large enough to ensure no product damage. Keys shall be accessible to staff members only. If the medication requires refrigeration, storage will be in a locked container and segregated from food products. Medications that children or youth are authorized to self-administer must be stored in a secure setting and provided by an adult.

All prescription medication in original labelled containers and/or blister packs. If required, additional labelled containers can be obtained from a local pharmacy.

Prior to dispensing medication, adequate orientation and first aid training will be provided to staff.

All staff will hand wash prior to administering medication. Youth who administer their own medications, will also hand wash prior to taking the medication. This is in accordance with infection prevention and control procedures and hand hygiene practices based on the Ministry of Health and Long-Term Care's guidelines.

Preparation of medications for administration will occur in a location where there is adequate space and lighting.

Staff will dispose of unused or expired medication, including sharp containers for needles and syringes, by dropping these items off at a pharmacy for proper disposal. Unused medications are not to be disposed of in the group home, or in inappropriate areas (such as the garbage, toilet, sink). Unused or expired medication shall be maintained in a locked storage area for until it can be disposed of properly.

Medication Safety and Monitoring

1. Prescription Medication

In order to track the administration of medication and ensure its proper supervision, medication records should include the following:

- a) the name of the youth receiving medication;

- b) the type of medication;
- c) the period of time and dose to be given;
- d) date and time administered;
- e) who administered the medication;
- f) reason for medication schedule being missed

All medication will be dispensed in the staff office unless the medication is being administered during a time when the resident is out of the home (e.g., outing, vacation, school hours, family visit).

Prior to administering medication, staff will ensure:

- a) they are administering the right medication, in the right dosage, to the right resident, and
- b) they will **confirm with their partner that it has not already occurred.**

Staff will sign off on the medication record **immediately** following dispensing. If a resident is not present to take their medication, or refuses, staff will indicate this on the medication chart and initial it (see [Medication Record](#)).

A physician or nurse practitioner can determine if a youth is capable of administering their own medication. They must provide written consent for self-medication to be kept in the youth's file.

Staff will monitor potential side effects of the medication, and document observed changes in the child's weight, behaviour, emotions and physical state.

Staff will advise the children's services worker of all new prescription medication, and any potential emerging side effects. The children's services worker will document the prescription medication and administration regime in the next Plan of Care on the child's file.

Where the child is demonstrating possible side effects, staff will consult with a doctor or nurse practitioner as soon as possible depending on the severity of the side effects.

Staff will inform the children's services worker of possible side effects and medical recommendations stemming from the medical consult. In those situations deemed of serious in nature, staff will contact the Society immediately.

When a child or youth wants to stop taking medication and they have been deemed capable of making decisions pertaining to treatment (as determined by a health care practitioner), the treatment should be discontinued and the child or youth's health practitioner should be informed about his/her decision as soon as possible. The worker who is informed of this

decision will discuss the ramifications associated with discontinuing treatment, as identified by the health practitioner, if appropriate. The child or youth's health practitioner must also be contacted to discuss health or other implications of not continuing treatment and a follow up appointment should be arranged.

If the child or youth has been deemed incapable of making decisions pertaining to treatment, the course of treatment cannot be stopped without the consent of the substitute decision-maker. If a child or youth is refusing to follow the course of treatment, the substitute decision-maker must be contacted and a follow up appointment with the health practitioner should be made.

Where a child or youth refuses to take the medication prescribed by a medical practitioner, an *individualized response plan* will be completed by Churchill staff, children's services worker and child/youth, and include consultation with the medical practitioner. The Plan will be documented in the child's Plan of Care.

Staff will follow up by phone on any completed medical tests or lab work ordered by a health practitioner where the health practitioner has not notified the foster parent of the results.

Where a child or youth is prescribed medication, staff will ask the health practitioner at the time of writing of the prescription to discuss any medication concerns the child/youth may have in language suitable to their age and understanding. It is important for children and youth to understand the nature of the treatment, risk, benefits, side effects and alternative options and consequences of not receiving treatment.

It is the responsibility of the health practitioner to explain the course of treatment and to obtain informed consent. Where a child has additional concerns or questions after commencing a medication regime, staff will address these concerns with the child directly. Where the child's questions require medical advice, staff will consult with the health practitioner who prescribed the medication.

Youth who are prescribed medication will be advised by the staff of the dangers of mixing medication with other medications, substances, or non-prescription medications, including herbal remedies.

Staff will be provided with a contact information list for a local pharmacy, walk-in clinic, tele-health and poison control centre or similar body to be used to address questions or concerns as needed.

Staff will seek medical advice from a health practitioner as needed, and the children's services worker will document any actions taken regarding the administration of medication in the child or youth's case record.

2. Medication Administration Incidents

If an error is made in dispensing medications:

- a) The Manager of Churchill Group Home or designate shall be notified immediately.
- b) Staff involved shall complete an [Incident Report](#) and/or [Serious Occurrence Report](#) prior to completion of the shift.
- c) Staff will seek medical attention, if necessary, and will consult with the pharmacy or poison control.
- d) If medical attention is not necessary, staff will monitor the resident for any side effects, until the end of their shift and document this.
- e) Staff involved will update and pass on information at shift change, if further monitoring is needed.

If an error is made in dispensing medications, the Manager of Churchill Group Home will conduct an **internal agency review**. The findings of the review will be documented in a report and the report will be reviewed and signed off by the Director of Children & Residential Service or designate **within 5 days of the incident**. The report will include recommendations to prevent future medication errors and any action to be taken.

A medication error is defined as: *Any medication inadvertently missed by staff or dispensing the wrong medication or dosage to a youth.(e.g., double dosing).*

An incident report will be completed at the end of every month, indicating any missed medication and the reasons for it. This will be attached to the resident's monthly medication log and will be kept in the resident's file.

3. Non-Prescription Medications

Only staff responsible for the care of the child may provide non-prescription medication to a child for temporary relief of symptoms related to mild illnesses that do not require medical attention.

Staff will only provide non-prescription medication on a short term basis, unless directed otherwise, in writing, by a licensed medical practitioner.

Staff will ensure that non-prescription drugs are provided in full accordance with the directions for usage found on the label. This will include strict adherence to dosage levels, frequency of use etc.

Staff will cease using any non-prescription medication if the child displays any adverse reaction or is not experiencing symptom relief. In these circumstances the foster parent will seek appropriate medical treatment.

Standard 18

Improved Communication and Transfer of Medication Information

Preamble

Children in care will be prescribed medications as necessary to address mental and physical health needs. The provision of clear requirements for the communication and transfer of medication information enhances safety and protection for vulnerable children.

The Society will maintain and monitor the requirements for the communication and transfer of medication information to enhance the protection of vulnerable children and youth who take psychotropic and other medications.

All Group Home staff will receive orientation to these procedures at the time of hire and at least annually thereafter. This policy will be reviewed at least every five years.

PROCEDURES

1. Admission to Care: Health Records

When a child is admitted to care of the Society, the admitting child protection worker or the worker deemed in the best position will obtain medical information within seventy-two hours of a child/youth's admission. The information obtained will be placed on the child's case record, and will be provided to the foster parent. It will include:

- Provincial health card number, date of birth, current height and weight;
- Name, dosage, frequency, duration and purpose of medication;
- Medical history including medical and psychological assessments and medication history;
- Any special instructions and/or monitoring procedures (e.g., blood tests);
- Allergies;
- Contact information for child or youth's physician and other involved health practitioners; and
- Record of previously observed adverse behavioural, emotional and physical reactions to medication or other medical treatments.

Where any of the above information cannot be obtained, the children's services worker will place an explanatory case note on the child or youth's file. The note should include documentation of the plan to obtain as much outstanding information as possible and from other sources such as the family physician, public health unit, school the child attends, extended family members and, where applicable, the youth/child.

2. Obtaining and Communicating Medication Information

It is the responsibility of the health practitioner to explain the course of treatment and to obtain informed consent. Where a youth is prescribed medication, the attending children's services worker or foster parent will ask the health practitioner, at the time of writing of the prescription and dispensing of the prescription to discuss any medication concerns the youth may have in language suitable to their age and understanding. It is important for youth to understand the nature of the treatment, risk, benefits, side effects and alternative options and consequences of not receiving treatment. If there are concerns, a call should be made to the health care practitioner for follow up and documentation placed in the youth's file.

Where a youth has additional concerns or questions after commencing a medication regime, staff will address these concerns with the youth directly. Where the youth's questions

require medical advice, staff will consult with the health practitioner who prescribed the medication.

When there is a change in the youth's medication, staff will ensure that the attending health practitioner and/or pharmacist communicates directly with the youth the reason for the medication change.

The reason for medication change will be documented and placed on the child or youth's file.

The children services worker will maintain a copy of medication information including possible side effects and administration instructions in the child or youth's file.

3. Short-Term Absences

Staff will provide the necessary medical information and enough medication for the short-term absence in the original containers (as applicable), and any other relevant medication administration instructions to the receiving person or agency **by completing the Medication Administration Instruction Form.**

Where the youth attends regular planned absences, including extended family access, staff will develop a written plan for the steps required to ensure continued medication administration and monitoring of potential side effects that is shared with the receiving person or agency **which is included on the Medication Administration Instruction Form, as well as safe storage of the medication, and documented in the youth's file. If it is determined that there is not safe storage for the medication, a lock box will be provided. The lock box will be inspected upon return to ensure it is in working order for the next absence and will be replaced if needed.**

Where youth attend occasional planned absences including camp, extended access, or travel, and where there are significant safety considerations associated with a medication(s) or medical condition, staff will obtain and document written or verbal support from the prescribing health practitioner.

4. Attendance at Scheduled Medical Appointments

All youth in the Group Home will be accompanied to scheduled medical appointments. Accompaniment into the examination room must be in accordance with the youth's wishes unless legal status (such as in circumstances of custody or detention) requires staff presence.

If a youth under 16 years of age attends for a medical appointment without a worker on an exceptional basis, staff will document the reasons for not attending and other pertinent information (e.g., treatment and diagnosis) and place on the child or youth's file.

Where youth are over the age of 16 years, the children's services worker or staff will attend medical appointments in accordance with the child's wishes or when deemed necessary to mitigate risk to the youth.

5. Emergency Admission to a Hospital

Staff will notify the children's services worker, covering worker, or Emergency Duty worker as soon as possible of a youth's emergency hospital admission.

The society will notify the child's parent of the emergency hospitalization unless the child is a Crown Ward with no access to their parents. This will be documented in the youth's file.

Staff will contact the hospital directly to provide relevant contact and medical information and obtain information about the diagnosis and treatment of the medical issue and anticipated length of admission.

Staff will document their absence and or the reasons for not attending, and other pertinent information (e.g., treatment and diagnosis) in the next Plan of Care on the youth's file.

6. Transfer and Discharge: Transfer of Medication / Medical Records

When a youth is discharged from Churchill or is replaced to another facility or foster home, staff will develop a discharge/transfer/admission plan regarding medical information that includes:

- Providing a copy of the medical information contained in the case record, medications in original containers (as applicable), a plan for medication to continue (as applicable), and any other relevant information to the receiving person or agency; and
- If no medication or less than a seven day supply is provided, documenting and communicating the reason(s) to the receiving person or agency.
- All relevant documentation that was accumulated during the child's placement at the original resource.

Staff will document the discharge/transfer/admission plan regarding prescription medication in a case note and place on the youth's file.

Standard 19

Education and Learning

All youth admitted to residential care will have their educational needs met within the requirements of Ministry Regulations and Standards.

- **An educational plan is prepared for each youth in care, as part of the Plan of Care;**
- **The youth receives an education which corresponds to his/her aptitudes and abilities;**
- **The youth's teacher and other school personnel are contacted at least quarterly, but more often if necessary to assess the youth's adjustment and progress in school;**
- **Staff shall consult, at least annually, with the school boards in the area for the purposes of identifying and utilizing the educational resources available for the residents.**

C.F.S.A. Subsection #105 (2)(e) R.R.O. 1990, Reg. 70 Subsection 86 (2)(d), 87

PROCEDURES

1. Upon admission to the Group Home, staff will identify and record the youth's current educational plan.
2. The Group Home staff will immediately consult with the case manager on the following:
 - school history
 - current school placement and progress made
 - education needs and possibility of a transfer to a school closer to the residence
 - arrangements for transportation
 - names of significant people involved with school placement; i.e., teachers, principal, guidance counsellor.
3. The youth's case manager will advise the school as soon as possible of the following:
 - the youth's admission to the Group Home
 - the expected length of time the youth will be in residential care
 - the Group Home address, phone number, and contact person/people
 - arrangements for transportation
 - access at school by the parent.
4. If the youth is in the Society's care by Order of the Court (Interim, Society or Crown), the Group Home staff may sign all school forms that require the signature of the guardian. If the youth is in the Society's care, but there is no Order, the parents retain the right to sign. It is suggested that, regardless of the youth's status, the parents are requested to sign. This may encourage the parents to remain involved.
5. Group Home staff will monitor the youth's progress, update the case manager weekly (verbally), and quarterly (in writing).
6. When school attendance problems are identified, the Group Home staff will check regularly on the youth's attendance in the school program. (see [School Attendance Record](#))
7. The youth's education plan will form part of the youth's Plan of Care.
8. Should the youth require a change in school, the case manager will advise the present school

of the change and give them the name and address of the new school so the youth's records may be forwarded.

9. The Group Home staff will receive a yearly allowance, usually in late August, to be used to purchase school supplies. The cheque will be made out to the staff unless the youth's worker requests otherwise.

Standard 20 Recreation

All youth admitted to residential care have the right to participate in recreational and athletic activities that are appropriate for the youth's aptitudes and interests, in a community setting where possible.

C.F.S.A. Subsection #105 (2)(f)

PROCEDURES

1. Upon admission to the Group Home, the staff will identify and record the youth's current involvement in any recreational and athletic activities, in order to ensure continued involvement with those activities.
2. During their residence at the Group Home, all youth will be encouraged to participate in an individual recreational activity, as well as group programs involving recreational activity.
3. The Group Home staff will monitor the youth's progress, update the case manager weekly (verbally) and quarterly (in writing).
4. The youth's involvement in recreational and athletic activities, or their unwillingness to participate, will form part of the youth's Plan of Care.
5. All recreation participation by youth will be documented in a [Recreation Log](#).

Standard 21

Computer Electronic Mail

Youth residing in the group home have the right to receive and send correspondence. However, it is a privilege to send and receive electronic mail on the Group Home's computer. In the event there is suspicion that correspondence being received or sent is potentially harmful to the emotional well-being of the youth, the correspondence may be temporarily withheld and use of the computer removed pending further review.

The youth shall also have unrestricted access and complete confidentiality in corresponding with his/her lawyer, the Provincial Ombudsman, or any member of the Federal or Provincial legislatures.

C.F.S.A. #103(1)(c)(3)

PROCEDURES

1. Electronic mail is any typed mail sent or received by the computer. It is the responsibility of the staff to ensure that:
 - a) the youth is allowed to send and receive electronic mail that is not read, examined or censored;
 - b) electronic mail from the youth's lawyer is not to be opened.
2. Opening electronic mail is permitted only in the following instances:
 - a) where the communication is not from the youth's lawyer;
 - b) If the staff believes that the contents may cause the youth emotional harm;
 - c) Staff may open electronic mail in the youth's presence and inspect for articles prohibited by the Group Home. It is the responsibility of the staff to inform the youth and family about what articles are prohibited. Such articles may be removed and withheld from the youth. Group Home staff must document when a letter is opened, and the reason for such an opening/or removal of any material, in the youth's case record.
3. Every youth must be permitted to send and receive correspondence from his solicitor, the Ombudsman, and Members of Parliament. This provides the youth with an avenue to voice grievances and concerns and concerns regarding their placement without intervention by the residence or Society.
4. Any planned criminal acts should be reported to the police, and the youth should be told that such a plan is being reported. Illegal material should be turned over to the police and the youth should be told what action is being taken.

Section 3

Programming

Policy Statement

The residential program of the Children's Aid Society will strive to ensure that every youth in residential care has their educational, emotional, physical, social, and developmental needs met. This will occur through the provision of individualized, holistic programming within a structured setting.

(This Policy Statement was approved by the Board of Directors of the Children's Aid Society of the District of Thunder Bay on May 22, 1997.)

Standard 22

Expectations in the Program

In order to ensure a safe, organized environment for youth, clear expectations regarding rules, routines, and behaviour are communicated to the residents by staff. Failure by the youth to follow these expectations will result in disciplinary action, as per Standard #23.

PROCEDURES

1. The following are **Routine Expectations** at the Group Home:

- a) Everyone shares the responsibility of maintaining the house and yard by completing daily and weekly chores;
- b) Residents may decorate their rooms in consultation with staff and are held accountable for day-to-day cleanliness and maintenance;
- c) Everyone is responsible for their hygiene, personal belongings and cleaning up after themselves.
- d) Everyone needs to respect the privacy and property of others. Youth will be held financially responsible for damage done to the residence and/or property of others.
- e) Youth are to respect that wake-up times, bedtimes, quiet times, and program times are to be determined by adults.
- f) Residents need to ask adults permission to use or answer the phone except in case of emergency (911).
- g) No illegal drugs or alcohol will be permitted on Group Home property.
- h) All residents are expected to participate fully in the Group Home Program.

2. Program Participation

It is during program participation that the youth has an opportunity to begin developing new skills and competencies. This process is achieved through the program's use of a Task Centred Approach. This Approach stresses the importance of the youth being an active participant in the development of goals, planned actions, tasks and evaluation.

The Residential program also encourages the family of the youth to be key participants in the programming wherever possible. The program format enables the youth's family to be more "in tune" with the programming dimensions that the youth is working through. These dimensions are covered in the Plan of Care format. Plans of Care are held approximately every four to six weeks. In the discussions held at the Plans of Care, all seven dimensions are discussed and therein the youth's progress within the program is reviewed. This is important as it encourages, on the part of the youth's family, to witness positive growth by the youth.

Successful program participation leads to graduation and discharge.

3. The Task-Centred Approach

The Task-Centred Approach is based on the idea that improvement for the adolescent comes through successful completion of purposeful action steps. It emphasizes taking action and the completion of agreed upon tasks. The Task-Centred Approach can be very beneficial to the youth in two ways. First, the Task-Centred Approach helps the youth resolve immediate pressing issue with which they may be struggling. Secondly, the Task-Centred Approach helps the youth develop strengths and skills that they can take with them into their future placements and as they move towards adulthood.

The Task-Centred Approach can be used with a variety of dimensions including:

- Interpersonal Conflict (Conflict Resolution)
 - problems interacting with others
- Dissatisfaction with Social Relations (Relationships; Social Skills)
 - problems of loneliness, over-dependence, under assertiveness
- Problems with Formal Organization (Social Skills)
 - difficulties with organization such as social agencies, hospitals, schools
- Difficulty in Role Performance (Education/Vocational; Self-Care)
 - inability to carry out a social role such as student, resident, child
- Problems of Social Transition (Social Skills)
 - dealing with changes in social situations such as leaving the program, starting high
 - school or coming out of, or going into, custody.
- Reactive Emotional Distress (Emotional Management)
 - difficulties with emotions that are prompted by some incident or event
- Inadequate Resources (Recreation/Leisure; Independence)
 - lack of money, housing, food, or job

4. Programming Structure

Programming within the Residential Program should always change and develop.

Programming is not intended to "rehabilitate" the youth by focusing extensively on the negative behaviours and their root causes and impact. Rather, the program seeks to help the youth look at the behaviours that got them into trouble and then develop positive new behaviours which are in themselves rewarding, satisfying and worth pursuing. The goal is not to cure old behaviour patterns but rather to establish new behaviour patterns. The youth is helped to be able to decide to leave behind old problematic behaviours that have been

negatively impacting his or her life in favour of new positive behaviours which will assist the youth to engage in satisfying pursuits, conduct themselves appropriately and competently in the home and community and establish satisfying relationships with others.

Programming focuses on development of skills that will be immediately applicable by the youth but which also will be needed in the youth's growth towards adulthood.

Learning is done through doing; programming therefore has a definite experiential component to it. The motto "Just Do It!" is very much applicable to the Residential Program. Task Centred approach (TCA) can also be interpreted to mean Taking Conscientious Action (TCA).

Programs are constantly being altered, adjusted and updated to meet the unique and individual needs of the youth within the program and to accommodate new developments in interventions and information.

Programming is scheduled primarily during weekday evenings. Youth are expected to participate in programming based on their current situation, immediate issues and topics that may benefit the youth in their growth and development.

Individual programming is assigned early in the week with the youth having until Friday to complete the assigned work. As well, group programming is offered at least one evening a week.

5. Programming Focus Areas

The Residential Program has seven program focus areas which correspond with the seven dimensions of ONLAC. As part of a youth's stay at Churchill, they will participate in programs and learning exercises both in individual and group format covering all seven areas. The seven focus areas covered in the residential program are:

1. Education
2. Health
3. Identity
4. Social Presentation
5. Self Care/ Independence
6. Emotional and Behavioural Development
7. Family and Social Relationships (including recreation)

The first four program focus areas (education, health, identity and social presentation) can be implemented with the youth immediately upon admission into the Residential Program. These focus areas are task and skill oriented, intended to help the youth with taking care of themselves and being able to use skills in the home, in the school, and in the community.

The final three focus areas (self care/ independence, emotional and behaviour development and family and social relationships) may need to be delayed in implementation until the

youth has developed a trusting relationship with staff.

6. Computer Usage

It is a privilege for the youth residing at the Group Home to have access to the computer for homework assignments, educational and recreational programs (including the Internet), according to the level they have achieved. It is the responsibility of the staff to ensure:

- a) youth are not contacting any inappropriate sites (pornographic, chat lines or violent material) on the Internet;
- b) youth are not eating or drinking around the computer.

Standard 23

Prohibitive Practices in Child Management

In order to protect the emotional and physical well-being of every youth, staff of the Group Home are prohibited from engaging in discipline prohibited practices as outlined below:

- harsh or degrading responses that could result in humiliation of a youth or the undermining of a youth's self-respect (R.R.O. 1990, Reg. 70, s. 96(a))
-
- deprivation of basic needs including food, shelter, clothing, or bedding (R.R.O. 1990, Reg. 70, s. 96(b))
- use of food as a bribe, punishment, for coaxing or reward
- corporal punishment by staff, another resident or a group of residents
- Corporal punishment includes, but is not limited to, the following:
 - striking a youth with or without assistance of an object
 - shaking, shoving, spanking, or any other forms of physical aggression against a youth
 - punishment of a youth by another youth or group of children that is condoned or instigated by staff
 - requiring or forcing a youth to assume an uncomfortable position (e.g., squatting, bending, or standing against the wall)
 - requiring or forcing a youth to repeat physical movements as a method of punishment
 - interference with, or interruption of, a youth's sleep as a method of punishment

R.R.O. 1990, Reg 70 Section 73(1)(f)(r)

The Society has procedures in place for the handling of staff actions that contravene permitted and prohibited disciplinary practices outlined below

R.R.O. 1990, Reg 70 Section 97(1)(2)

PROCEDURES

1. The Society recognizes that there is a need to identify and assess circumstances, which are classified as inappropriate child management techniques.
2. Any staff who observe another staff engaging in discipline prohibited practices, shall notify the Manager immediately.
3. The Manager shall undertake an immediate investigation to substantiate allegations. At this point, the Manager has the authority to relieve the staff of their duties.
4. Staff involved shall complete an Incident Report prior to completion of their shift. If appropriate, a Serious Occurrence should also be completed.
5. The incident shall be reviewed at the earliest opportunity by the Manager of Churchill Group Home, the Director of Children & Residential Services, and/or the Manager of Human Resources. At this time, the need for further disciplinary action will be determined and implemented according to the Collective Agreement. (See also Human Resources Society Standard #39 and Child Abuse Society Standard #7)
6. The following forms of discipline are viewed as punitive and under no means are they to be used at the Group Home:
 - any use of physical or emotional response that deprives the youth of basic needs (food, shelter and clothing);
 - denying the youth an opportunity to belong in a family or a group in a residential setting;
 - any use of physical force, except restraint when essential to prevent harm to the youth or others, or damage to property;
 - punishment by striking directly or with any physical object;
 - shaking, shoving, spanking or any form of aggressive physical contact;
 - punishment of a youth by another youth or group of youths condoned by or at the instigation of staff;
 - punishment of a youth to take an uncomfortable position such as squatting, bending or standing against a wall;
 - requiring or forcing the youth to repeat physical movements;
 - harsh, humiliating, belittling or degrading responses of any form including verbal,

emotional and physical;

- deprivation of what the youth is entitled to or what is necessary for proper development, care or treatment, including but not limited to (family visits, food, shelter, clothing, and bedding);
- extensive withholding of emotional response or stimulation;
- placing or keeping a youth in a locked room;
- requiring the youth to remain silent for long periods of time;
- mechanical or excessive physical restraints, including face down with arms across chest
- exclusion of the youth from entry to the home or residence;
- assignment of unduly physically strenuous or harsh work;
- prolonged confinement to bed;
- interfering with or interrupting a youth's sleep.

Guidelines for completing an internal review of inappropriate discipline

The following information may be considered/utilized by the Society in an internal investigation:

1. Injury

- medical verification
- eyewitness incident/injury
- own observations
- photographs
- youth's description

2. Witnesses

- ask youth and alleged offender
- written reports

3. Opportunity

- check schedule
- check location
- check with witnesses
- look for staff temporary absence

4. Institutes policies and procedures

- history of allegations
- adequacy and appropriateness of staff training re: alleged offender
- staffing patterns and their affect on the adequacy of supervision for the youth
- licensing conditions/status
- shift patterns
- number of children in residence
- admission criteria
- check for new program, policies or procedures
- hiring/screening procedures
- review log books, incident reports, etc.

5. Alleged Offender's credibility, demeanour, and background

- current employment status
- access to children
- prior history of inappropriate behaviour, poor judgment
- admission
- precipitating factors
- contradictions, inconsistencies
- experience with children/facility

6. Victim's credibility, demeanour, and background

- length of stay in residence
- placement status
- review location, sequence, etc.
- youth's history of retaliation, fabrication, manipulation
- youth's reality orientation
- precipitating factors/behaviours
- contradictions, inconsistencies
- youth's parents have issues that could result in retaliation
- does the youth want to leave facility and angry enough to lie in order to do so
- description of disclosure circumstances.

Standard 24

Appropriate Child Management Practices

When implementing disciplinary practices, the Group Home will ensure that:

- **the behaviour of the youth that will result in the administering of disciplinary measures must be known to both staff and youths;**
- **the form or forms of discipline employed must have been previously approved by the Director of Children & Residential Services and made known to all staff;**
- **program staff who carry out any disciplinary procedures shall have been trained in the methods of discipline approved by the Director of Children & Residential Services**
- **a youth placed in isolation from other youth must be supervised by a staff member, and must be permitted to return as soon as he/she has regained self-control;**
- **any punishment or other intervention given that is intended to reduce or eliminate a behaviour of a youth must be recorded by the program staff involved and reviewed with the Manager or his/her designate.**

R.R.O. 1990, Reg. 70, Subsection 95 (2)(3)(4)(5)

PROCEDURES

1. The Group Home will create a structured environment, **where choices result in natural and logical consequences**, which fit into the treatment approach used by the home and the individualized Plans of Care of the client. In the Group Home, the Plan of Care for each youth is individualized and it is important the consequences support this Plan of Care.
2. If a youth puts himself/herself or other youths of the Group Home in an unsafe situation, it will result in disciplinary action to make the home safe for both youths and staff.
3. Physical restraints will be used if no other measures taken can de-escalate the youth and he/she is at imminent risk of hurting themselves or others. All staff will be regularly trained in Prevention and Management of Aggressive Behaviours. (See [Standard 26](#) – Crisis Management in this Manual)
4. The Group Home goal setting system will be designed to hold the youth accountable for their behaviours through a system of rewards and consequences.
5. Violent behaviour will not be tolerated in the Group Home and, if necessary, police will be called and charges laid.
6. Staff will be aware of and inform youth of disciplinary measures that may be taken.
7. If more than one resident has been consequence at the same time, resulting in the loss of privileges, the consequences will be reviewed during every shift change. Residents have the opportunity to regain privileges on an individual basis.
8. Disciplinary practices used at the group home will be:
 - a) reviewed annually with all staff;
 - b) recorded in the House Communication Log, Individual Updates, [Discipline-Intervention Record](#) and [Incident Report](#) (if required).
9. Child management strategies used are:
 - 1) Logical Consequences
 - loss of privileges (T.V., stereo, telephone to friends, free time, etc.)
 - earlier curfew
 - early bedtime
 - financial reparation through chores
 - 2) Natural Consequences

- 3) Time outs
- 4) Stating Clear Expectations
- 5) Distraction
- 6) Planned Ignoring
- 7) Use of Humour
- 8) Reviewing options, choices and outcomes
- 9) Positive and intermittent reinforcement (including behaviour modification)
- 10) Negotiation and Contracting
- 11) Goal setting
- 12) Interactive journaling

Standard 25

Death of a Child

If a youth has died while in residence at the Group Home:

- **a Manager, Director of Children & Residential Services, and the local Director shall be advised immediately of the death by staff;**
- **the Society shall make immediate contact with the police to obtain details regarding the death, possible charges and the conduct of an investigation into the death, including notification of the coroner and a request to have an autopsy performed;**
- **where the coroner notifies the Society of the death, the Society shall follow the above procedure, including the request for an autopsy.**

The Society shall advise the Ministry of Community, Family and Children's Services of the death of the youth as soon as possible within 24 hours of the receipt of the information.

If an inquest is to be held into the death of the youth, the Society will consider:

- **seeking standing at the inquest;**
- **being represent at the inquest by legal counsel.**

R.R.O. 1990, Reg. 70 Subsection 71

PROCEDURES

1. In the event of a resident's death, the following steps must be followed immediately:
 - a) call the police/ambulance by dialling "911";
 - b) notify the Director of Children & Residential Services, Director of Family & District Services, and the Executive Director;
 - c) secure and separate (if necessary) the other youths from the situation;
 - d) call emergency duty and/or placement support worker for back-up after hours;
 - e) a Serious Occurrence Report must be written and submitted to the Director of Children & Residential Services as soon as possible following the death of a resident.
2. In any case of a death of a resident, the Society will offer counselling services to both staff and residents.

Standard 26

Crisis Management

The staff at the Group Homes will be regularly trained in a professionally recognized model of crisis prevention management in order to prevent violence and safely intervene when a youth's disruptive behaviour has gone too far.

PROCEDURES

1. Staff Training

- a) All staff will be trained in the "Prevention and Management of Aggressive Behaviour" model of non-violent crisis intervention (P.M.A.B.)

The training teaches staff:

- to define and recognize aggression and its cycles;
 - how to use non-verbal techniques for controlling disruptive behaviour;
 - how to use verbal communication more effectively when resolving a crisis;
 - why verbal communication becomes physical;
 - how to use physical intervention techniques appropriately and ethically;
 - how to be more aware of personal responses to aggression and personal safety;
 - how to debrief a child/staff following a physical restraint.(see module II-34 in the P.M.A.B. manual)
- b) Staff will be required to participate in re-certification of P.M.A.B. or other designated behaviour management intervention every year. Completion of the training program will be noted in the Human Resource files.
- c) A Serious Occurrence report must be completed within 24 hours in all instances of a physical restraint and submitted to the Manager within the next working day. A copy is kept in the child file and a copy sent to the case manager. The Manager will review all Serious Occurrences related to restraints. **R.R.O 1990, Reg 70 Section 102.(1)(d.1)**

2. Physical restraint of a resident may be carried out only:

- for the purpose of preventing the resident from physically injuring or further physically injuring himself or herself or others

Physical restraint of a resident may be carried out only after it is determined that less intrusive interventions are or would be ineffective in preventing the resident from physically injuring or further physically injuring himself or herself or others.

Physical restraint of a resident may be carried out by a member of the residence's staff, if he or she has obtained the training and education described in **R.R.O. 1990, Reg. 70 Section 109.1(2)i**

When physical restraint of a resident is carried out; it must be carried out using the least amount of force that is necessary to restrict the resident's ability to move freely.

Physical restraint of a resident must be stopped upon the earlier of the following:

- When there is no longer a clear and imminent risk that the resident will physically injure or further physically injure himself or herself or others
- When there is a risk that the physical restraint itself will endanger the health or safety of the resident.

Special consideration will be given to:

- pre-existing health conditions
- medications taken and possible complications
- child's age and developmental level
- social history

During a physical restraint of a resident, the resident's condition must be continually monitored and assessed. It is a best practice that a staff member who is not involved directly with the restraint be identified as the lead staff member who shall be responsible to monitor the resident's condition for the duration of the restraint. In situations where this is not possible and/or another staff member is not available to monitor the resident's condition, the staff member who made the decision to administer the restraint will be identified as the lead staff member who shall ensure that the resident's condition is continually monitored and assessed for the duration for the restraint. All staff members who carry out physical restraints shall be formally trained to ensure that the resident's condition is continually monitored and assessed for the duration for the restraint.

All staff trained in Prevention & Management of Aggressive Behaviour (PMAB), are tested on their knowledge of the signs and symptoms of Excited Delirium and the risk factors associated with Positional Asphyxia.

Warning signs related to Positional Asphyxia in an individual are:

- struggling to breathe
- complaints of being unable to breathe
- evidence or report of feeling sick or vomiting
- swelling, redness or bloodspots to the face or neck
- marked expansion of the veins in the neck
- becoming limp or unresponsive
- changes in behaviour (both escalative or de-escalative)
- loss of or reduced levels of consciousness
- respiratory or cardiac arrest

If at any time during the physical restraint, the resident's health and safety appears to be at

risk or the resident is injured, the restraint shall be stopped immediately and the staff member shall initiate appropriate first aid procedures and/or seek professional medical attention immediately. R.R.O. 1990, Reg 70 section 109.1(3)(c)

3. Physical restraints will only be used as a response to immediate safety concerns and not:
 - as a therapeutic holding
 - as punishment
 - before less intrusive behavioural interventions have been considered and/or
 - attempted
4. Whenever possible, individual staff using physical intervention techniques should enlist the assistance of another staff person for the purpose of assisting and of avoiding injury to the resident or oneself during the use of a specific technique. The presence of another staff person will also ensure professionalism. The amount of physical force applied during a physical restraint is limited to the amount of force necessary to protect people (see Module III of PMAB Manual).
5. The Group Home will not restrain a youth in a face down manner. Should a resident resist, and place themselves in a face down position, staff will use the Maintenance Position, sanctioned by the Ministry of Children and Youth Services.
6. Debriefing following a physical restraint will occur according to the following guidelines:
 - i. One debriefing process must be conducted among the members of the residence's staff who were involved in the physical restraint;
 - ii. Another debriefing process must be conducted among the persons mentioned in paragraph (i) and the resident who was physically restrained, and this process must be structured to accommodate the resident's psychological and emotional needs and cognitive capacity;
 - iii. The debriefing processes referred to in paragraphs (i) and (ii) must be conducted within 48 hours after the physical restraint was carried out;
 - iv. If circumstances do not permit the debriefing process to occur within 48 hours of the restraint, the debriefing process must occur as soon as possible after the 48 hour period and a record must be kept of the circumstances which prevented the debriefing process from being conducted within the 48 hour period.
7. **All staff must pass a written test annually that demonstrates their understanding and application of physical restraints. This will be reviewed and recorded during annual**

evaluations.

Standard 27

High Risk Youth

The Residential Program recognizes that many residents will present with significantly high-risk behaviours. Possible behaviours which are deemed high-risk may be: alcohol and/or drug use, self harm, suicide gestures and/or attempts, and any behaviour that poses a significant risk to one's health and safety. The Churchill Program is committed to providing the best possible care to ensure the safety of all residents, and to address and try to mitigate these behaviours.

PROCEDURES

1. The staff will gather as much information during the admission process to assess the resident's level of risk.
2. A [*Youth Suicide Screening Tool*](#) will be implemented upon admission, to determine possible suicide risk.
3. If a resident is deemed high-risk, a safety plan will be developed and documented at the resident's initial Plan of Care.
4. All safety plans will be reviewed monthly.
5. All high-risk behaviours will be documented in a resident's individual file, the Group Home communication log, incident reports, and will be communicated to the appropriate people (parent, case manager, manager).

Standard 28 Safety Protocol

To ensure resident's well-being and safety in the Residential Program, a safety protocol for residents will be implemented if a resident has:

- A) Made threats to harm self, verbally and or/ written; has attempted to harm self and/or has made gestures; has made threats and/or attempts of suicide; or, is believed, through observation and assessment, to be high risk for any of the above at a given time.**
- B) Demonstrated through their behaviour or by their own admission to be under the influence of a controlled substance or alcohol.**

Run Protocols will be implemented if a resident has run from the Group Home for a period of time exceeding 12 hours.

The Residential staff recognizes that self harming behaviour differs from suicidal ideation but must be responded to similarly.

The Residential Program will follow the principle of least intrusive to most intrusive measures based on an assessment of each situation.

The implementation of "p.j.'s", whereby a resident's clothing is taken and the resident is asked to wear pajamas, is used as a last resort to keep a resident safe in the Group Home. It is never used as a disciplinary measure.

The safety of all residents is the paramount concern.

PROCEDURES

Safety Protocol A

1. If a resident has expressed a desire to self harm or has threatened self harm, residential staff will immediately implement a [Safety Protocol](#) (see also: [Safety Protocol A - form](#)).
2. Staff, on shift, will complete a [Youth Suicide Screening Tool](#) to determine if the situation is self harm or suicide risk.
3. Resident will be informed when placed on protocol and the reasons for it.
4. Emergency medical and/or psychiatric treatment will be sought when appropriate.
5. A third staff will be brought in, depending on the situation and in consultation with the Manager of Churchill Group Home.
6. The resident will be placed on site and his/her bedroom will be searched and cleared of any objects that may be used to self harm or attempt suicide.
7. Safety planning and debriefing will be done with the resident to determine future risk and triggers. This is an opportunity to teach the resident positive alternatives to their self harming behaviour.
8. Parents/ guardian will be informed of the incident and of the safety protocol.
9. Staff will update the case manager and Manager of Churchill Group Home of the incident and safety protocol.
10. Other residents, who may have witnessed an incident will be debriefed by staff.
11. The Canadian Mental Health Association Crisis Mobile Response Team will be consulted when deemed appropriate.
12. Serious Occurrence or incident report will be filed, in consultation with the Manager of Churchill Group Home.
13. If a youth is assessed as no longer at risk, staff will consult with the Director of Children & Residential Services and a determination will be made to continue or discontinue the protocol. If the risk is assessed after 12:00 A.M. or, the Director is unavailable for consultation, the protocol will continue until the following morning and discontinued at shift change.
14. The Director of Children & Residential Services or designate will review and sign off of protocol within 48 hours of the incident occurring.

Safety Protocol B

1. If a resident returns to the Home and appears to be under the influence, states he/she is under the influence or is reported by others to be under the influence, Residential staff will attempt to isolate said resident from the others (e.g., suggest they enter the office or attend to their rooms). If the resident is agitated or aggressive, the police will be called immediately. Extra staffing will be used, with the discretion of the Manager of Churchill Group Home (see [Safety Protocol B](#) and [Safety Protocol B - form](#)).
2. Staff will ask the resident to remove all objects from their pockets upon initial suspicion.
3. Any resident who is suspected of using a controlled substance, or has been found to have a controlled substance on his/her possession, or is reported to have a controlled substance on his/her possession will be subject to room searches at staff's discretion.
4. Any resident who is found to be in possession of a controlled substance will be reported to the police and probation when appropriate.
5. Staff will supervise any resident who appears under the influence, or has admitted to being under the influence, or is reported to being under the influence. Checks will occur every 15-30 minutes for the remainder of the shift and will be further evaluated during shift change. Their behaviours, and physiological symptoms will be closely monitored and noted.
6. If the resident appears to be having difficulties as a result of the intoxication, staff will seek medical attention immediately.
7. All intervention will be documented in the daily log. An incident report will be completed and forwarded to the Manager of Churchill Group Home and the case manager.
8. The Director of Children & Residential Services or designate will review and sign off of protocol within 48 hours of the incident occurring.

Run Protocol

1. Staff will complete a [Run Protocol](#) with a resident upon their return, if they have been absent without permission for more than twelve hours (see also: [Run Protocol form](#)).
2. Staff will inform case manager, Manager, and parents.
3. Consequences for running will be clearly laid out to the resident.
4. In cases where a resident is a habitual runner and is at extreme risk of harm, or has run and is considered at high risk due to age or circumstance, the Group Home staff, in consultation with the Team Leader and/or Manager, may choose to remove their clothes and have the resident placed in pajamas. Staff will clearly explain to the resident that this is a safety

measure and not a consequence. This safety measure will be reviewed at every shift change (every 12 hours).

5. Staff will document all run protocol measures in the individual's discipline and intervention log.

Standard 29

Parental Involvement

The Residential Program provides counselling and support services to residents and their families as needed.

Parents/guardians of residents who are not in care of a Children's Aid Society must be informed of their youth's rights and responsibilities, as well as the Group Homes' complaint procedure within seven days of the youth's admission.

All residents in the Group Home will have the right to speak in private with, visit, and receive visits from members of their family on a regular basis. A youth in care who is a Crown Ward may not be entitled to regular communication with their family unless the youth has an order for access.

C.F.S.A. Subsection 103 (1)(a)(2)

PROCEDURES

1. All relevant information regarding a youth's family will be kept in their case file and recorded on their intake file card.
2. Involved parents or significant family members are encouraged to participate in the youth's programming and are encouraged to stay involved with the youth (by phone and visits).
3. Group Home staff, in consultation with the case manager, will evaluate and assess the type of family involvement that would most benefit the youth. This plan would be discussed at the youth's Plan of Care with the youth and parents/guardian (if present) and would help formulate family goals on the Plan of Care.
4. Parents will be informed of serious occurrences and absences ("runs") immediately, unless the youth is a Crown Ward without Access.
5. Although Group Home staff may participate in day-to-day crisis counselling with residents and their families, longer, more intensive counselling should be referred to a children's mental health agency through the youth's case manager. At times, staff may be expected to work with a family or mental health counsellor in order to work toward re-integration of the youth to their family.
6. All requests for information made by parents or guardians of youths are to be given careful consideration. Staff needs to consider if the information could cause serious physical or mental harm to the youth or violate the privacy of another party. Information gathered during counselling sessions will not be released if the youth is over 12 years and does not wish the information shared.
7. Staff is to record all family contact and forward the information to the case worker quarterly.

Standard 30

Discharge and Aftercare

The Residential Program shall ensure that prior to the transfer or discharge of a youth, the youth is made aware of and understands the reasons for the transfer or discharge.

R.R.O. 1990, Reg. 70, s. 73(1)

DISCHARGE CRITERIA

Consideration for discharge may be based on the following:

- youth has completed the program and is ready to move on to another living situation
- youth has completed open custody time
- youth is disruptive and not "buying into" the program, and treatment strategies implemented in the Group Home are unsuccessful
- Care by Agreement is terminated by any party (in accordance with notice terms)
- youth's aggressive, acting out behaviour is putting others at risk (including sexual acting out)

PROCEDURES

1. The Group Home staff will discuss a youth's discharge plans with their case manager, family, and the youth within the first 2 weeks of placement. The plan is further re-assessed and updated at every Plan of Care review.
2. A discharge summary report is to be completed by Group Home staff, signed by the Manager of Churchill Group Home, forwarded to the youth's case manager, and sent to the youth's place of discharge within 30 days after the youth has been discharged from the residence.
3. All recording (programming, medicals, school reports, etc.) in the youth's Group Home file is forwarded to the case manager for inclusion in the child file at the Children's Aid Society's head office.
4. The [Discharge Report](#) includes the particulars of where the youth is discharged to and a summary of:
 - progress made during placement
 - areas for continued work
 - reasons for discharge
 - Group Home follow-up plan.
5. Within 30 days following a discharge, the Director of Children & Residential Services or designate will complete an [Exit Interview](#) with the discharged youth. Exit interviews will be

used for ongoing feedback with staff and filed in the Manager's office.

6. Although the Residential Program does not offer a formal aftercare program to discharged residents, the staff will continue to support the youth and their families on an informal basis, i.e., crisis counselling, phone contact, providing lunch. Case notes will continue to be written on residents and distributed to workers if a youth remains in care after their discharge from the residential program.

Standard 31 Cultural Competency

The Churchill Group Home recognizes that residents come from various racial, ethnic, social, economic, linguistic and religious backgrounds, and sexual orientations. As such, it is imperative that the Group Home offers an understanding, inclusive, safe, and aware environment.

All programming and interventions within the Group Home milieu will ensure alignment with rights found in the Canadian Charter of Rights and Freedoms and Ontario Human Rights Code.

PROCEDURES

1. All residents will be informed of their cultural rights and will be offered an overview of the Group Home cultural competency program at the time of admission. All rights, including a child's right to practice their culture will be reviewed every six months thereafter.
2. As part of a resident's intake process, staff will gather information regarding the individual's identity needs, including racial, ethnic, religion and sexual orientation, to ensure the provision of inclusive services that are non-discriminatory and in an environment that takes into account ethno-cultural, racial, linguistic and ancestral diversity, as well as accommodation of the gender-specific needs of children and youth. This includes the provision of services under the French Languages Services Act.
3. Staff will ensure that any racial, ethnic, or religious affiliations will be noted in each resident's Plan of Care. All efforts to gather this information through family, case managers and the resident will be undertaken. This information will also be included in any transition plans for the resident.
4. Where a resident and/or their family have identified a community spiritual/religious care provider, staff will ensure the information is documented.
5. Staff will ensure that all residents have access to religious or cultural activities and will make accommodations to ensure their ability to participate.
6. Staff will provide residents with the opportunity to refuse participation in any programs that are examining different religious and cultural activities as part of the Identity program. Any participation in these programs is voluntary.
7. All accommodations for religious diets and fasts will be made. Staff will consult with community leaders and multicultural groups to ensure that religions and cultures are honoured.
8. Staff, students and volunteers are not allowed to impose their own religious beliefs on residents. Any criticisms of another's faith, including world faiths not practiced by residents (e.g., as portrayed in the media) will not be tolerated
9. Any residents that have identified themselves as Lesbian, Gay, Bisexual or Transgendered (LGBT) will be supported and protected from any forms of persecution or discrimination. This will include protecting their right of privacy.
10. Staff will ensure that LGBT issues are discussed openly and without prejudice to all residents who wish to be informed, as part of the Identity program area.
11. Youth in the Group Home will be provided with opportunities for participation in leisure and recreational activities that promote physical, social and cultural benefits.

12. Aboriginal residents will be encouraged to participate in culturally relevant activities to assist in maintaining and preserving their unique cultural heritage. All activities will be documented in the resident's plan of care.
13. Aboriginal culture and heritage will be incorporated into the Identity program for all residents who wish to participate.
14. The Group Home will ensure the provision of tailored support to residents and families with unique needs, including interpreters.
15. All staff will review the program description related to cultural competency and the policies and procedures related to the rights of children and youth within 30 days of commencement of employment in the residence and at least annually thereafter.

Standard 32

Cultural and Geographic Isolation

The Churchill Group Home will recognize the special needs of residents who are isolated by virtue of language, culture, or distance from their homes.

R.R.O 1990, Reg. 70, 1.9; **Policy Cultural and Geographic Isolation (1995)**

The Churchill Group Home will make all attempts to address issues of isolation in relation to language, culture and regional differences.

PROCEDURES

1. The initial Plan of Care will address unique and cultural issues for each resident. Where cultural and language issues are identified, goals and outcomes will be set to address these needs.
2. Churchill staff will complete programs with individual residents, identifying their culture and heritage.
3. Where a resident has re-located from the outlining region, or has significant relationships with others who live out of town, regular telephone contact will be encouraged.
4. Residents will be provided opportunities to travel for visits with family or significant others from outside the city.
5. The Group Home will incorporate programs and celebrations to honour individual cultures and to teach diversity.
6. Where possible, residents will be encouraged to become involved with community organizations and activities to promote their culture.

Section 4

Human Resources

Policy Statement

Human Resources in the Residential Program are managed according to the Human Resources policies and standards of the Children's Aid Society of the District of Thunder Bay, the Collective Agreement, and the Ministry of Children and Youth Services Residential Licensing Regulations and the Licensed Residential Settings Policy Requirements 2008.

(This Policy Statement was approved by the Board of Directors of the Children's Aid Society of the District of Thunder Bay on March 24, 2009.)

Standard 33 Management Responsibilities

The Children's Aid Society of the District of Thunder Bay will ensure that a single person will have clear authority over and responsibility for the day to day operation and management of the Group Home. The Society will assume responsibility for administration of finances and personnel decisions. The Society will ensure that when the person who is responsible for operations at the Group Home is absent, a designate is appointed and assumes management duties.

R.R.O. 1990, Reg. 70, **Section 73(1)(k)**

PROCEDURES

1. The Manager of Churchill Group Home will assume responsibility for the day-to-day operation and management of the Group Home. This position will carry out their duties in a way that:
 - ensures a high quality of service to children;
 - provides good value for what is budgeted;
 - involves community development and resourcing;
 - focuses on strengths of the program and the evolution of the service;
 - stays compatible with the Child and Family Services Act, as well as the Society mission, values, and goals;
 - ensures that all residential staff know what they are expected to achieve, the constraints on their behaviour and activities, and the authority assigned to them.
2. The Manager of Churchill Group Home will assist in all case planning decisions on residents at the Group Home. This will include:
 - ensuring that Plans of Care and quarterly assessments are developed and reviewed in a timely manner;
 - providing input at staff meetings, case conferences, and supervision meetings or as needed;
 - assisting in assessing parental capacities in relation to long term planning for youth;
 - regularly reviewing Group Home procedures, programming, and routines in relation to how they meet the best interests of the youth;
 - receiving and acting on youth's complaints;
 - providing the authority to consent to medical treatment;
 - providing after hour consultation and support.
3. The Manager of Churchill Group Home will ensure that the best qualified staff will be retained in permanent, contract, and casual position and that:
 - plans for professional development of staff be developed;

- job descriptions are provided to staff detailing the necessary qualifications, the performance expectations of each position, the constraints, accountability, and authority;
 - annual evaluations are provided;
 - regular supervision occurs;
 - staff are treated fairly and humanely;
 - scheduling is planned and posted at least 6 weeks in advance.
4. In the process of managing the staff and residential program, the Manager of Churchill Group Home will not:
- contravene the Society Collective Agreement;
 - contravene legislation, related regulations, standards or guidelines that apply to this Society and its operations;
 - place themselves in a position that would create a conflict of interest with the Society;
 - deviate from the Service Plan, its associated budget, and make major program changes without prior approval of the Director of Children & Residential Services.
5. The Manager of Churchill Group Home has the authority to:
- recommend hiring, transfers, promotions, leave of absences, and firings to the Director of Children & Residential Services;
 - approve expenses up to \$500 or make recommendations to the Director of Children & Residential Services for expenses over \$500;
 - approve Plans of Care, quarterly assessments, and discharge report summaries;
 - make recommendations to the Director of Children & Residential Services about Serious Occurrences as related to cases in the Group Home and make the initial verbal response to the Ministry on the approval of the Director of Children & Residential Services.
6. When the Manager of Churchill Group Home is absent, a designate will be appointed by the Director of Children & Residential Services and will assume all management duties. Generally, this role will be assumed by another Manager.

Standard 34

Staff Orientation

The Children's Aid Society of the District of Thunder Bay will ensure that each person employed to work in the Residential Program will receive an orientation with respect to the policies and procedures of the program, within 30 days of commencement of employment.

R.R.O. 1990, Reg. 70, Section 76

PROCEDURES

1. In order to ensure that staff understand the policies and practices of the Group Home, as well as how their specific responsibilities fit into the overall program, all staff and students will read the Group Home Policy Manual within 30 days of commencing their employment/placement. Staff will review all relevant policy manuals annually.
2. The standards and procedures with respect to discipline, punishment, and isolation will be reviewed with each staff person and student when receiving their orientation to the residence and at least annually thereafter. These procedures provide acceptable limits for staff when disciplining youth at the Group Home, and help staff translate program goals into actions. The annual review ensures regular updates on disciplinary policy and practice.
3. All staff and students will be informed and instructed in the emergency procedures of the Group Home at the time of their orientation and at least annually thereafter. These procedures ensure that staff are aware of the actions to be taken in the following areas:
 - a) fire (see [Standard 58: Fire Safety](#))
 - b) serious injury (see [Standard 54: Serious Occurrence](#))
 - c) death of a child (see [Standard 25: Death of a Child](#))
 - d) unknown whereabouts of a child (see [Standard 52: Missing Persons](#))
 - e) anything else that causes danger to the youth.
4. Additional procedures in place for orientation to the Children's Aid Society are located in the Human Resource Manual(see excerpts #1.0 and 28.0 below), which includes a written code of conduct, disciplinary policy for staff and speaks to the Collective Agreement. R.R.O 1990, Reg. 70 Section 73(3)

1.0 Formalized Human Resources Policies and Procedure Standard

Classification: Personnel – Effective Date: 11NOV13 Supersedes: 15JUL97

All Employees
Student Internships,
Volunteers

POLICY

- 1.00 The Children's Aid Society of the District of Thunder Bay hereinafter referred to as the "Society", will have formalized human resources policies and procedures to guide in matters relating to employment. These will be consistent with all relevant legislation and the Collective Agreement.
- 2.00 These policies and procedures and/or collective agreement language will be consistently applied to all employees to guide it in matters relating to:

- Human resource practices (e.g. hiring procedures, employment categories, probationary period, progressive discipline and termination practices)
- Working conditions (e.g. hours of work, overtime policy, vacation, holidays.)
- Wages and benefits (e.g. salary ranges and incremental steps, benefits, reimbursable expenses, reclassification)
- Training and development (e.g. training policy re time off, expenses)
- Employee rights and responsibilities (e.g. grievance procedures, probationary period)
- Employment equity (e.g. hiring practices)

3.00 It is expected that all employees will have a working knowledge of this manual to guide in all aspects of Human Resources that is relevant to their level or position.

4.00 The Human Resources Manual will be posted on the Society Intranet, and on the Society Website, in the secure log-in area for casual employees. An original hard copy will be filed in the Manager of Human Resources office.

5.00 The Manual may be changed as required with the following authorization:

Policy changes: Approved by the Director of Corporate and Human Resources

Procedures: Approved by the Manager of Human Resources

When a change is provided and approved by the appropriate authority, the Manager of Human Resources is responsible for ensuring that the change is made in all manual locations.

On an annual basis and by January 31st of each year the Manager of Human Resources is responsible for reviewing and updating the Human Resources Manual. The Manual will be signed and dated by the Human Resources Manager and CFO indicating that the manual meets the following requirements:

- a) Child and Family Services Act;
- b) Collective Agreement;
- c) All relevant legislation relating to Human Resource activity including Employment Standards Act, The Occupational Health and Safety Act, Ontario Human Rights Code, Ontario Labour Relations Act, Accessibility for Ontarians with Disabilities Act, Personal Information Protection and Electronic Documents Act (PIPEDA), Personal Health Information Protection Act (PHIA), Social Work and Social Service Work Act, Workplace Safety and Insurance Act

28.0 Professional and Behavioural Expectations

Classification: Personnel – Effective Date: 11NOV13 Supersedes: 15JULY97
All Employees,
Volunteers, and
Students

POLICY

1.0 The Society shall communicate to all employees, directives regarding the expectations of employees in meeting the agency's professional obligation and ability to serve children and their families. These directives shall include both professional and behavioural expectations.

2.00 The principals as outlined in the Society's Mission, Vision and Values Statement are to be upheld by all employees.

3.00 The Society shall ensure all employees are sensitive to and promote services to reflect cultural, racial, language, religious and individual differences and that staff are without prejudice in providing services and responding to needs of children, families and other individuals requesting or requiring assistance.

PROCEDURES

4.00 All employees, foster parents, volunteers (including Board Members) and students will be provided with a copy of the Society's Mission, Vision and Values Statement. A Declaration of Support shall be signed indicating understanding of the content and the agreement to support these values.

5.00 Employees providing direct service to families and children are expected to carry out all personal contacts with clients and members of the public in a clearly professional manner. These contacts must be characterized by sensitivity, courtesy and appropriate concern for the recipients of service. No areas of personal deportment should detract from this professional role.

6.00 Conflicts of interest:

6.01 All employees, volunteers (including Board Members) and students must remain free of any interests or relationships which are harmful to the best interest of the Society.

6.02 As private practice in social work becomes more prominent, it is expected that professional staff, either in undertaking private practice outside of office hours or in referral of clients to persons in private practice, will maintain a high standard of professionalism and avoid any potential conflict of interest.

- 7.00 All employees and students will be provided with an Agency identification card which introduces them as an official representative of the Society.
- 7.01 Foster parents will be provided with an Agency identification card at the request of the Resources Unit.
- 7.02 The identification cards will indicate the role or position the individual possesses, including if the individual is an authorized Child Protection Worker for the purpose of the Child and Family Services Act. An expiry date will be included if appropriate.
- 7.03 All identification cards will carry the electronic authorization of the Executive Director.
- 7.04 Employees must make every effort to ensure the card is not lost or misused. Any loss must be reported immediately to one's Manager.
- 7.05 Identification cards are not to be used by anyone other than the employee to whom it has been issued. These cards are only to be used for the purpose of Society work. Any use of this card for reasons other than the intended purpose may result in disciplinary measures.
- 7.06 Identification card must be returned to the Society on termination of employment, placement or retirement.

Standard 35 Staffing

The Society shall employ a sufficient number of program staff at the Group Home to ensure a minimum ratio of one program staff person to every eight residents, averaged over a 24 hour period.

The Group Home shall ensure that one staff person is designated to be in charge of the shift when two or more staff persons are on duty.

The Group Home shall ensure that they have made reasonable provisions for the supervision, care, and safety of the residents and that an additional adult is on call when only one staff is on the premises.

R.R.O. 1990, Reg. 70, Subsection 104(1)(3)(4)

PROCEDURES

Scheduling

1. Two staff will be scheduled at all times over a 24 hour period, 365 days a year.
2. Staff will work 40 hours per week, averaged over a 6 week period.
3. The Manager of Churchill Group Home will ensure that adequate staff is scheduled and posted three months in advance (minimum).
4. The staff will arrange and schedule relief coverage for shift absences; however the Manager of Churchill Group Home will authorize all holidays and track the staff attendance (see Human Resource Manual, Standard #37).
5. When taking time off due to illness, staff are to call their Manager (or designate) directly within one hour of the time that they were due to report to work. If the Manager is not available, staff may leave a voice mail and the Manager will call the worker back as soon as possible. The worker is also responsible for calling the Group Home directly and notifying them in order to find shift coverage (see Human Resources Manual).
6. Although all permanent staff have equal and similar duties while on shift together, the staff member with seniority is designated to be in charge of the shift. When working with relief staff, permanent or contract staff shall always have designated charge of the shift.

On occasions where two relief staff work on shift together, one will be designated by the Manager of Churchill Group Home to have charge of the shift. All shifts or partial shifts that require coverage by two relief staff working together are to be discussed with and pre-approved by the Manager of Churchill Group Home.

7. Although two staff are scheduled to be on shift together at all times, when one staff is left alone to cover the house due to outside meetings or appointments, Group Home workers will take precautions. . A) Worker leaving the home will ensure they have their cell ringer or vibration on (not silent). B) Worker at the home will inform partner immediately if there is a change in dynamics of the home (youth having behavioural issues, youth returns home unexpectedly, etc) C) If Worker at the home is to be supervising more than 2 youth while alone, they are required to wear the panic button and /or carry the cordless phone in case of emergency, unless otherwise specified by Manager. (ie: safety plan re: a specific youth) D) In extreme circumstances where the partner is unable to return to the home immediately in the event of a crisis, and the safety of staff and youth is in question, worker should call 911 immediately or press panic button. E) In the event that dynamics are such that it is not safe for staff to be alone on the floor (ie: a youth is unstable and safety of staff and other youth would be at risk), appointments would be rescheduled or 3rd staffing would be put in place to ensure safety for all.

Supervision

1. All permanent staff at the Group Home will receive supervision on a regular basis, as needed. Supervision may occur individually or within a team context.
2. All newly hired probationary employees shall receive supervision on a weekly basis by the Manager of Churchill Group Home.
3. Relief staff shall receive on-going feedback on their work performance from permanent staff and the Manager on a regular basis.
4. Students on placement at the Group Home will be supervised regularly by permanent staff at the Group Home, as well as, a designated college placement Manager.
5. When the Manager of Churchill Group Home is unavailable, staff shall consult with one of the other designated Managers.

Staff Meetings

1. Group Home staff meetings will be scheduled three months in advance and will occur twice monthly. Attendance at the first monthly meeting is mandatory and staff is required to notify the Manager of Churchill Group Home if unable to attend. Attendance at the second scheduled monthly meeting is not mandatory; however, all staff is encouraged to attend.
2. Relief staff is encouraged to attend staff meetings in order to stay current with Group Home activity.
3. Staff will receive time and a half compensation for the first staff meeting of the month and straight time for attendance at the second staff meeting of the month.
4. Staff will not be generally compensated for attendance at Society staff meetings, unless otherwise authorized by the Manager of Churchill Group Home.

Shift Change

1. When residential staff go off shift and are relieved by additional staff (generally at 7:00 am or 7:00 pm), the following should occur between at least one staff of each shift:
 - a) assess the current climate of the house;
 - b) describe youths' behaviour during previous shift and any significant events that have occurred;
 - c) talk about family visits or upcoming appointments;
 - d) secure the shift keys;
 - e) balance all money.

2. Prior to going off shift, staff should ensure that all pertinent information is logged, activities/errands on the things to do list are crossed or transferred, money in petty cash box is balanced, and residence is free from crisis.

Cell Phone and Personal Calls Expectations

1. Cell phones need to be put away on shift (on vibrate or silent) which means not on the desk, filing cabinet, etc.
2. Cell phones may only be used during your break (when you are not on the floor or in the office). In certain circumstances you may be allowed to have your cell phone in cases of emergency and with prior approval from the Manager
3. Cell phones and texting are not permitted to be out at meetings or trainings unless in cases of emergency and approved by the Manager
4. Personal calls on the office line are not permitted unless an emergency arises. Personal calls can be made during your break.

Relief Staff

1. The Residential Program will keep an ongoing list of trained relief workers for the purposes of covering shifts for permanent staff due to holidays, illness, compensation time, etc.
2. The Manager of Churchill Group Home will be responsible for hiring relief workers on a regular basis, ensure that they have proper training, and orient them to the Children's Aid Society. Generally, only child and youth worker graduates or students of the Child and Child Worker Program will be considered for relief work at the Group Home.
3. Permanent staff are delegated the authority to schedule relief staff; however, the Manager of Churchill Group Home is ultimately responsible for the schedule at the Group Home. Staff will notify the Manager if difficulty arises when scheduling relief or staff wish to schedule two relief together.
4. The list of relief workers will be posted in the office.
5. A record (time sheet) of relief coverage is to be completed by staff bi-weekly and submitted to the Manager of Churchill Group Home for signature.
6. When scheduling relief, staff will attempt to offer shifts to part-time permanent staff or contract staff prior to randomly calling regular relief staff. There is no seniority given to relief contract workers.

7. Contracts for relief staff are renewed annually and, prior to renewal, the Manager of Churchill Group Home will meet with relief workers individually for supervision and complete work evaluations on relief.

Placement Students

1. Churchill offers up to 4 student placements during a semester (September to December or January to April) for the Child and Youth Worker Program at Confederation College.
2. The Manager of Churchill will conduct an interview with potential students prior to placement to assess whether this will be an appropriate fit for the student as well as the home with regards to the student's learning goals and objectives.
3. Once the decision has been made to accept the student for placement, the student will be matched with their placement supervisors; the full time CYW's in the home. The student will follow their supervisor's schedule with the exception of when they have classes at the college. The full time CYW's will be responsible for orientation and evaluation of the student's goals and learning objectives.
4. PMAB (Prevention and Management of Aggressive Behaviour): All students will receive training in PMAB, and will become fully certified, however will not be permitted, in any circumstances to physically restrain or escort youth.
5. DRIVING: Students coming to Churchill are not required to possess a driver's license, nor do they need to have their own vehicle. Students are **not** permitted to drive the agency vehicle under any circumstances. Any individual (staff included) must have a valid class G driver's licence to transport any youth. No youth is ever permitted to ride in the front seat of the agency vehicle.
Student's who possess a valid class G driver's license, and have adequate insurance (a fully insured vehicle, along with million dollar liability coverage) as well as a clear driving record (no more than 3 offences in a 3 year period) may be permitted to transport youth in their personal vehicle in the latter half of their placement based on their performance and if this task fits in with their educational learning goals. Students will not transport youth at any time without approval and a safety plan put in place in accordance with their placement supervisors and the Churchill Manager. Please note it is not an expectation that students transport youth, and this task may not be appropriate for all students.
6. MONEY: Students are not allowed to track or count money (petty cash, grocery, allowance) during their placement without direct supervision from staff. Students will be taught how to complete the above tasks however will not be permitted to account for money un attended.
7. MEDICATION: Student will not be permitted to administer **any** medication (prescription or non prescription) at any time throughout their placement. Student's are however able to observe medication being administered by staff.

- 8. SHIFTS:** Students are expected to arrive for all of their scheduled shifts 15 minutes before the start of the shift. Students who are unable to do so will be considered late. Shift change begins promptly at 6:45.

Students are expected to work all of their scheduled shifts. If unable to work a shift you are expected to let your supervisors or group home staffs know a minimum of 3 hours prior to the start of your shift. If you are in need of days off and are aware of these days in advance you are expected to ask your supervisors for approval prior to taking off the shifts. All students will be expected to make up any missed shifts prior to the completion of their placement. An abundance of absences may result in extended placements, academic probation, or loss of placement.
- 9. PROGRAMS:** Programs must be purposeful and meet the individual needs of the group. Take into consideration the goals from the youth's treatment plans.

All programs must be completed on the scheduled date. Dates will be scheduled by your placement supervisor.

Students are expected to complete and implement 2 programs (run one, make one) during your placement. You will also be expected to run 1 recreation program.

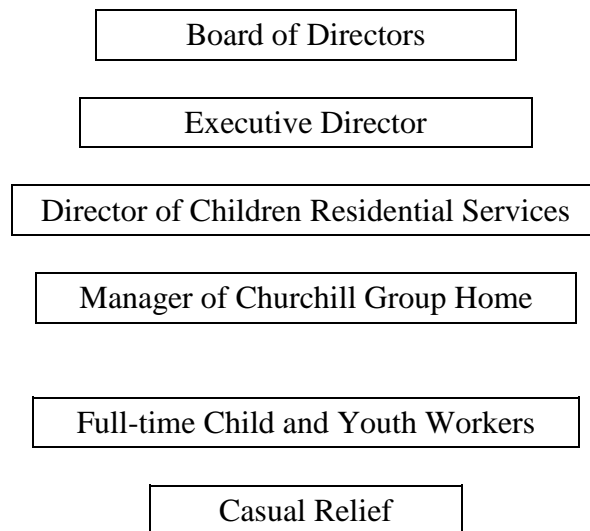
Students will be expected to coordinate March Break or the Halloween party depending on the semester of your placement in conjunction with the other students.
- 10. LOGS:** Logs must be completed and put into your student binder. Students are expected to complete one log for every block of shifts that they work. Logs are expected to be put in the binder at the beginning of your shift the following block. If your logs are not completed and submitted by the start of your following shift you will be asked to leave your placement and will be expected to make up the missed shift. Tardiness on logs may result in academic probation or contract, as well as placement failure or dismal.
- 11. DRESS/APPEARANCE GUIDE:** Students are expected to wear appropriate clothing. Please refer to the dress/appearance guide.
- 12. CELL PHONES:** Students are not to be using their cellular devices while on the floor. Students are entitled to two 15 minute breaks as well as a 30 minute lunch break. All breaks must be taken on property. Cellular phones may be checked while on your scheduled breaks. In case of emergency students may give out the staff line telephone number.
- 13. DAILY EXPECTATIONS:** Students are expected to become familiar with all daily tasks and routines. A Routine check list will be located in your binder. You are expected to complete all the tasks on the check list prior to the end of your placement. By the end of your placement students will be expected to "Run" a shift, which includes designating tasks, and ensuring all routines are completed.
- 14. EVALUATIONS:** Students are expected to come prepared, with the completed forms, to all student evaluations.

- 15. LEARNING OBJECTIVES:** Students are expected to create and review their goals on a weekly basis. It is their responsibility to seek out feedback from their field placement supervisors, and make changes to your learning goals when needed.

On Call System

If an emergency occurs after hours, the Manager of Churchill Group Home can be called. The Society after hours system can also be utilized, including the duty worker and the on call Manager.

Administrative Structure



Standard 36

Scheduling Policy for Shift Absences and Call Backs

One permanent or regular employee must be scheduled for each shift. Two Group Home relief cannot be scheduled together for the same shift. Exceptional circumstances require advance Senior Management approval. In order to ensure the appropriate staffing complement, it may be necessary to implement a staffing call-back for unplanned absences.

PROCEDURES

1. Inform the Manager of Churchill Group Home or designate of the absence, and document the absence on the schedule.
2. Contact relief workers until the shift is filled; note reasons for shift refusal. If no relief workers are available or if a permanent or contract employee is required, call contract and permanent employees as per the posted Group Home seniority list. Call back is done in the order from MOST senior to LEAST senior. Staff with seniority may refuse to attend. The person with the least seniority may be ordered to work. Employees who will have just finished a shift should not be called in to work the next shift. An employee who is scheduled to work the next shift may be called in a shift earlier if his/her call back hours are limited or his/her next shift can be filled. Permanent and contract employees who are called back to work shall be reimbursed at the call back premium.
3. Attempts will be made to limit the number of hours a permanent or contract employee will work on call back, by attempting to fill the remainder of the shift with a relief worker.
4. Until the replacement employee attends to the Group Home, one employee from the previous shift shall remain so that two employees are present.
5. If a replacement employee cannot attend within approximately three hours or cannot be found, a non-bargaining unit employee may fill the shift, as arranged by the Manager.
6. Staff will keep the Manager apprised of any difficulties in filling a shift.

Standard 37

On-Call Crisis Response System

The Society recognizes that situations arise requiring a crisis response. A formal on call system will be based out of the Group Home to support the emergency coverage needs of the Group Home, emergency duty calls, and crisis response to the therapeutic foster homes. This system would have a dedicated casual worker holding a cell phone for a fixed period of time at a flat rate.

PROCEDURES

Circumstances under which on-call can be accessed and procedures to be taken:

1. Churchill

- When there is a critical situation requiring a third staff to attend (medical emergency, situation outside of Group Home requiring staff to leave for extended period).
- When a third staff is required at the Group Home due to in house and no relief are available.
- When there is an unscheduled absence and no one is available (staff is sick or cannot work due to personal/family crisis).

Procedures

- If staff is required to attend a non-scheduled emergency situation outside of the Home, that will take more than one hour, they will call the on-call staff to attend at the Home. Staff will make a decision whether to wait for the on-call staff to arrive before leaving the Home, or attend the emergency immediately, depending on the nature of the emergency. If it is more appropriate, the on-call staff will attend the emergency.
- If there is an unscheduled absence from the Home, staff will try to back fill following the Group Home procedures for coverage. Staff will inform the Manager or designate if they are proceeding to call back and a decision will be made regarding the coverage. If no one is able to cover the absence for the entire shift or can only cover for part of the shift, the on call staff will be asked to attend the Home to cover the shift.
- If the Group Home is experiencing an in-house crisis, due to the dynamics of the residents, staff will call the Manager or designate to request third staff coverage for all or a portion of the shift. The on-call staff will be requested to attend as third staff. If the issue is expected to be on going, permission for third staff coverage will be requested of senior management and it will be scheduled, using the casual staff pool.

2. Therapeutic Foster Care Program

- When there is a crisis in a therapeutic foster home after hours or on weekends that requires intervention, the foster parents can call the on-call staff to assist. This may include: asking for suggestions for de-escalation, attending at the home to de-escalate a crisis situation and/or removing an escalated child from the home for a cooling off period.
- The Therapeutic Foster home is not able to call to transport or care for a child due to non-critical reasons.

Procedures

- Foster parents will call the on call worker when a crisis in their home has arisen.
- On call staff will attend if deemed necessary by the foster parent.
- On call staff will have a list of foster homes and addresses and profiles of all residents in the program will be available through Churchill.
- On call staff will complete a case note for the SPRING Program and worker.
- On call staff will not attend if they are already at a call out.
- On call staff will record their hours at the Group Home.

3. Emergency Duty

- When the emergency duty worker has attended to a call, assessed the situation and determined it to require intervention but not be of a protection nature.
- When the situation requires supervision of a child in care for a period of time exceeding two hours and foster parents/caregivers are unable to attend.
- This is not to be used in the capacity of resolving all issues occurring in foster homes, after hours.
- It is not to be used for transporting children in care after hours.

Note: Child and Youth Worker back up must be a secondary response to an Emergency Duty call.

Procedures

- Emergency Duty will respond to the initial call and assess the situation. This system is not designed to respond to all in-coming calls; therefore, the duty worker must use discretion in their use of the on-call system.
- A call will be placed to the on call worker to respond if deemed appropriate for intervention.
- The on call worker will update the duty worker and Manager of the situation and possible interventions.
- A case note will be completed for the worker.

- The on call staff will record the hours worked at the Group Home.

Standard 38

Content of Personnel Record

The Society shall maintain a personnel record for all permanent and contract employees. The record shall contain: identifying information, resume, evidence of reference checks, verification of qualifications, evidence of police checks, terms of employment, performance evaluations, awards and recognitions, documents pertaining to disciplining actions, and a signed oath of confidentiality.

In addition to the above, residential staff personnel files shall contain: a health assessment prior to commencement of employment, an updated immunization record (as recommended by the local medical officer of health), certificate of valid First Aid and CPR training, current crisis management training certificate(PMAB)and date of orientation.

All records shall be managed by the Manager of Human Resources and kept confidential and maintained in a physically secure setting.

R.R.O. 1990, Reg. 70, Section 75

PROCEDURES

1. A personnel record will be opened for all new employees by the Manager of Human Resources and the Human Resources Department.
2. Information as outlined above will be kept on file.
3. The employee must have a copy of all information on their personnel record, with the exception of reference material.
4. All files will be kept in a secured filing cabinet in the Human Resources Department.
5. Only employees of the Human Resources Department will have access to this file cabinet.
6. Employees will be asked to provide a contact name in the event of an Emergency which will be stored in their personnel file.
7. All Residential staffs' personnel files will be audited by the Ministry every year.
8. Personnel files will be checked annually for updated immunization records. Staff is required to be currently immunized for the following:
 - basic immunization series for tetanus, diphtheria, and polio
 - Hepatitis B series
 - Tuberculosis skin test
9. Staff is also required to have a health assessment prior to commencement of employment. This assessment or statement of health can be from a physician or an individual approved by the local Medical Officer of Health.
10. Personnel files will also contain a valid Standard First Aid and CPR training certificate and a current crisis management training certificate(PMAB).
11. Annually staff will be trained in fire extinguisher training and the certificate will be kept in the personnel file.

Standard 39 Hiring Process

Before a decision is made regarding the hiring of any applicants, the Society will complete the following:

- **conduct a personal interview;**
- **obtain a minimum of two employment reference checks;**
- **a criminal records check;**
- **a Society file check;**
- **verification of academic credentials;**
- **verification of valid driver's licence and clear driving record for employees who transport children.**

PROCEDURES

The Human Resources Department will schedule interviews for the short-listed applicants and prepare packages of information for the interview team.

The packages of information will include resume, interview questions, job description, criminal records check, internal cross-reference, academic credentials check and reference check forms. The Manager of Human Resources will ensure all the appropriate signatures are obtained on the required forms.

The interview process will consist of:

- a) Introduction;
- b) Clarification and/or questions regarding the job description;
- c) Review of resume;
- d) Specific questions as agreed to in advance by the interview team;
- e) Time for the applicant to ask questions.

The interview process will conclude with the candidate being informed of the length of time in which they will be personally contacted to let them know the outcome of the interview process.

Testing for clerical skills will be conducted by the Human Resources Department. This will be set up in advance to take place either before or after the scheduled interview time.

The interview team will decide whether written case studies will be used for service positions. If these are to be used, arrangements will be made for time following the interview.

Once all the interviews are complete, the interview team will meet to discuss the candidates and rate as per Interview Guide. Preferred candidates will have further checks completed.

Prior to a hiring decision being made, the Manager responsible for hiring will complete a minimum of two reference checks for all external candidates. Current Managers will be used as a reference for all internal candidates (see [HRDOC-5](#)).

The Human Resources Department will conduct a police check, records check and academic verification. The procedures for Criminal Records Check must be adhered to (see [HRDOC-6](#)).

Once all the information is gathered, the interview team will re-convene to confirm the successful candidate.

Any hiring decisions that involve hiring without proper qualifications or decisions that might be

viewed as controversial in nature must be discussed with the appropriate Manager.

The Manager responsible for hiring will contact the successful candidate to offer the position. If this is accepted, the Manager of Human Resources will contact the remaining candidates to inform them of the outcome.

A Recommendation for Hire Form must be completed once a successful candidate is chosen. This shall be submitted to the appropriate manager for signature, who will forward to the Human Resources Department to generate the appropriate hiring documentation (see HRDOC-7).

Candidates for all positions will have to indicate on the internal cross-reference form whether they are related to anyone currently employed at the Society.

Standard 40

Criminal Reference Checks for the Vulnerable (Vulnerable Sector Screening)

*new Policy Standard effective November 1, 2008

All new employees, students and volunteers* who commence employment/ placement (probationary or otherwise) and who will, or may work directly with children and youth in a residential setting, must provide a Criminal Reference Check that meets the conditions as outlined in the “Licensed Residential Settings Policy Requirement 2008-3, Police Records Check, Ministry of Children and Youth Services, Child and Youth Residential Services.”

The Society shall have policies and procedures in place to ensure the safety of children and youth for any length of time where the Society has not received the results of a Vulnerable Sector Screen, particularly with respect to conditional offers and probationary periods.

The Society shall employ a standard adjudication process should a Criminal Reference Check, Vulnerable Sector reveal charges and/or convictions.

The Society shall have policies and procedures for the termination of the employee, student, board, or volunteer with those individuals who have commenced a relationship with the Society prior to receipt of the Check, and whose adjudication outcome recommends termination.

All Criminal Reference Checks shall be kept in secure storage.

**Board Members are included in the volunteer category*

PROCEDURES

1. Criminal Reference Check Conditions

The Criminal Reference Check provided by the individual must:

- be a combined Criminal Reference Check and Vulnerable Sector Screen
- have been completed and received by the Society as soon as possible and no more than 30 days after the commencement of employment/placement

If the Criminal Reference Check for the Vulnerable Sector provided was completed for another organization, the Check may be accepted by the Society if:

- it has been conducted within 30 days of submission to the service provider, and
- has specified similar responsibilities of the position

If the individual is moving from one position within the Society to another, the initial Criminal Reference Check provided to the Society will be deemed acceptable if:

- it includes the Vulnerable Sector Screen, and
- the individual has held the Society position in “good standing” from date of the Check with no break in service more than 90 days (with the exception of approved sick, pregnancy, or parental leaves)

An uncertified copy of a Criminal Reference Check may be accepted for the file only if the original copy has been viewed by a Manager, Manager of Volunteer Programs, or the Manager of Human Resources.

2. Commencement of the Individual Prior to Receipt of Criminal Reference Check

If the student, volunteer, or employee cannot submit a Criminal Reference Check, Vulnerable Sector which meets the aforementioned conditions, and the individual is commencing employment/placement, the following measures will be taken to ensure the safety of children and youth, and to ensure the completion of the screening process as soon as possible.

Volunteers: The volunteer must submit proof that a request for a Criminal Reference Check, Vulnerable Sector has been submitted to the appropriate local police agency.

The volunteer may be assigned positions that do not include direct work with clients, (if available and appropriate), if all other screening has been satisfactory, and the volunteer submits a Criminal Reference Check, Vulnerable Sector dated within the last 12 months which does not reveal any criminal or concerning activity

The Volunteer contract will include a statement that the Volunteer Position offer is conditional upon receipt of a satisfactory Criminal Reference Check, Vulnerable Sector.

Students: The student must submit proof that a request for a Criminal Reference Check, Vulnerable Sector has been submitted to the appropriate local police agency.

A Criminal Reference Check, Vulnerable Sector dated within the last 12 months which does not reveal any criminal or concerning activity, may be accepted on an interim basis, in combination with two positive references, one of which must be a character reference.

The student must be informed in writing that the student internship is conditional upon receipt of a satisfactory Criminal Reference Check, Vulnerable Sector.

Senior Management approval is required.

Employees: The employee must submit proof that a request for a Criminal Reference Check, Vulnerable Sector has been submitted to the appropriate local police agency.

A Criminal Reference Check, Vulnerable Sector dated within the last 12 months which does not reveal any criminal or concerning activity, may be accepted on an interim basis, in combination with three positive references, one of which must be a character reference.

The employee contract must include a statement indicating that employment is conditional upon receipt of a satisfactory Criminal Reference Check, Vulnerable Sector.

Senior Management approval is required.

In each scenario, the assigned Manager or the Manager of Volunteer Programs must contact the Human Resources Department to initiate a “Bring Forward” schedule to ensure the completion status of the Criminal Reference Check is reviewed at regular intervals. This review may include contacting the local police agency for an estimate of completion date, and/or to verify that the check is still outstanding.

3. Refusal to provide a Criminal Reference Check, Vulnerable Sector

If the individual refuses to consent to, or provide a Criminal Reference Check, Vulnerable Sector, the senior manager responsible and the Manager of Human Resources must be informed immediately, as the offer of employment/placement may be withdrawn.

4. Records Storage

All Criminal Reference Checks will be securely filed (locked) in the Human Resources Department (for students, employees, and closed volunteers); or in the Manager of Volunteer Programs office (open volunteers). Following completion of the hiring or approval process the police check will be enclosed in a sealed envelope in the file. Access is

controlled via the Manager of Human Resources, or for volunteer files, the Manager of Volunteer Programs.

5. Adjudication Process

A record of charges and/or convictions does not necessarily preclude employment or participation in the Society's activities. The Society will follow an adjudication process to determine risk. Factors that will be considered may include: length of time since the offence(s); the nature of the offence (e.g., whether the offence(s) involved children and/or sexual activity and/or violence and/or acts of dishonesty); employment history; counselling or other services received since the offence and other steps taken by the candidate since the time of the offence(s); the likelihood that the offence will be repeated; whether the offence(s) are relevant to the prospective duties; and other mitigating factors.

The Society Adjudication Policy and Procedures Guidelines, Appendix C, Human Resources Manual, will be followed (see following)

Appendix C

Criminal Reference Checks – Adjudication Guidelines for Employees, Students, and Volunteers Draft Policy – Human Resources Manual

(supersedes draft policy Appendix C September 2007)

Children's Aid Society – Thunder Bay

Where evidence is received of a criminal conviction, or extensive or concerning criminal investigation or police involvement, some investigation is required to determine whether or not the conditional offer of employment/placement will be withdrawn and/or terminated. The nature and extent of the investigation will depend on the circumstances of each case. The basic principle is that the Society must gather sufficient information to make an informed assessment of risk.

In most cases, a letter of explanation should be obtained from the individual and/or an interview with the Society should be held (see Schedule "A" and "B" for request letter, and interview question suggestions).

NOTE:

- Prior to any adjudication activities, a meeting will be held with the designated Manager to determine the course of action and participants. In most cases the Human Resources Coordinator will be included in this meeting.
- The Manager will be kept apprised throughout all adjudication processes.
- The Manager will approve final assessment of risk and outcomes to the adjudication process.
- The Executive Director and Senior Management will determine the advisability of legal consultation at any time during the adjudication process.
- All documentation received, and Society notes and decisions shall be kept in the employee, volunteer or student file.

In conducting this assessment of risk, a number of areas of inquiry should be pursued to determine the

likelihood of offence(s) being repeated. These include:

- Full circumstances of the charge(s) in question, including their disposition in the courts, any penalty imposed and impact on any victims;
- A personal history of the employee including family, social and professional matters and age when offence(s) committed;
- If more than one conviction or repeated convictions, the length of time between convictions and whether a pattern of behaviour is evident;
- Steps taken by the employee to rehabilitate including any medical, psycho-psychiatric treatment and any other relevant treatment obtained;
- A determination whether the offence(s) involved or could have involved children or adversely affected children;
- If drugs and/or alcohol were involved during the commission of the offence(s) and what, if any, treatment the employee has received for such;
- The employee's attitude to the offence(s), including the degree of remorse shown, understanding of circumstances giving rise to the offence;
- "Relevance" of the offence(s) to the duties of the employee; and
- Any other information that may be relevant to the particular circumstances of the offence(s) and the information shared by the employee either directly or indirectly.

If after receiving the letter of explanation and/or interviewing the individual, the Society is still unable to determine whether or not the individual poses a risk to the Society and clientele, further investigation may include obtaining information from the individual directly when possible and/or obtaining his/her consent to the release of information from third parties such as:

- The court registrar's file where the conviction and sentencing occurred;
- The police division where the offence was investigated, including working files of officers in charge;
- The Crown Attorney who conducted the prosecution;
- The victim, provided such an approach can be made appropriately and without adversely affecting the "healing process" and/or victim impact statements, particularly if the offences are of a violent and/or sexual nature. In no case should the employee, student or volunteer be asked to contact a victim for this information;
- Any health care institutions where the new hire has received treatment/counselling/rehabilitation or similar services;
- Letters of reference from specified people including, but not limited to doctors, practitioners, parole officers, professors, lawyers, superiors; and
- Other individuals identified by the individual.

Threshold Test

When all of the information is received, the Society shall apply the test of whether in all of the circumstances, on a balance of probabilities, the individual under consideration represents a risk to the well-being of any of the Society's clientele or staff. If that test is met, then a decision that either a) imposes appropriate conditions on the employment/placement of the individual; or b) withdraws the conditional offer of employment/placement, must be made.

Failure to make any decision creates too many unacceptable legal risks for the Society. In determining whether the Threshold Test has been met, the Society should consider at least the following factors:

- Number of offences and length of time since offence(s);
- Did the offence(s) involve children and/or sexual activity and/or violence and/or acts of dishonesty;
- Employment history;
- Individual's attitude towards offence(s);
- Treatment, counselling or other services received since offence(a);
- Other steps taken to rehabilitate;
- Likelihood offence(s) will be repeated;
- Was alcohol or illegal drugs a factor in commission of offence(s)?;
- Degree of co-operation with this investigation;
- Was offence(s) committed while employed by the Society?

Schedule A

Example of Written Request for Further Information

Dear _____ (*employee, student, or volunteer candidate*)

Re: Request for Further Information

As you are aware The Children's Aid Society of the District of Thunder Bay is required to obtain and review criminal background information of all individuals upon employment/placement offers. The Society has obtained information from you that you have been convicted of the following *Criminal Code (Canada)* offence(s):

The Society is required to consider the particulars of the above offence(s), and consequently, the Society requests that you kindly provide to

_____ at _____, a
letter which outlines the details of the conviction(s) set out above within 7

WORKING DAYS of the date of this letter.

Kindly provide information explaining details of the infraction(s) and why you feel that the circumstances of the conviction(s) do not affect your ability to perform your duties and that you do not pose a safety risk to Society clientele.

We will review your response carefully. It may be necessary to request that you attend a personal interview with following review of your response.

Please contact me if you have any questions regarding the above.

Schedule B

Suggested Questions – Adjudication Interview

In respect of each offence in question, have the individual describe the full circumstances of the offence, including its disposition, penalty imposed, and identify any potential victims.

Did the offence involve children? If so, how?

Did the offence involve sexual activity and/or violence and/or dishonesty?

Were drugs and alcohol involved in respect of the offence(s)? If so, has any treatment been obtained in this regard?

Do you understand the circumstances arising in respect of the offence(s), and do you feel remorse in this regard?

Please provide a description of any personal (including your age) and professional matters that you consider relevant to the criminal activity under discussion.

What steps have you taken to rehabilitate, including medical, psycho-psychiatric treatment or other relevant treatment?

Please give reasons why you believe the circumstances of your conviction(s) and sentence(s) do not pose a risk to Society and do not affect your ability to perform your employment/placement responsibilities.

Please explain why you feel that based on your present circumstances, you should be hired/continue employment/placement (where individual has begun employment on a conditional employment contract).

Please explain why you believe that you will not commit another offence in the future.

Do you have any further information you believe is relevant and which you feel is important for you to share?

Standard 41 Emergency Procedures

The Residential Program shall ensure that all staff employed at the Group Home are instructed in all the emergency procedures of the residence at the time of commencing work in the residence and at least annually thereafter.

R.R.O. 1990, Reg. 70, **Section 73(1)(m)**

PROCEDURES

1. "Emergency" shall be defined by the Residential Program to include:
 - a) fire;
 - b) serious injury;
 - c) death of a child;
 - d) unknown whereabouts of a child for a set period of time;
 - e) anything else that causes danger to the children.
2. Staff will be instructed in the individual procedures on each of the above emergencies prior to commencement of work at the Group Home. Students will be advised on these procedures during their orientation. A review of the procedures will be held annually for all staff and students.
3. All of the above emergency procedures are found as separate standards in other parts of this manual.
4. In time of crisis, where additional help is required by any staff, the following persons should be contacted:
 - a) Manager of Churchill Group Home
 - b) Placement Support Worker
 - c) Manager on-call (if Manager of Churchill Group Home is unavailable)
 - d) Police
5. The existing alarm (fire and security) and panic button systems at Churchill are monitored by Apex. In the event of an alarm sounding, Apex will call back to confirm the emergency. If they do not receive confirmation of a false alarm, emergency services will be dispatched. If the panic button is activated, Apex will alert the police immediately.
6. The fire alarm, security alarm, and panic button will be tested monthly and recorded in a log book.

Standard 42

Reporting Child Abuse

Any staff at the Group Home who believe, on reasonable grounds, that a child is or may be in need of protection shall report the belief/suspicion and the information to a Society.

CFSA, Subsection 72(1)(2)(3)

CFSA, Subsection 85 (1)

PROCEDURES

1. Definition of Child Abuse

The legislated definition for abuse is located in the Society Intake and Family Services Manual.

For the purpose of this manual, child abuse is divided into four categories: physical, sexual, emotional and child neglect.

Physical Abuse: any form of injury or physical harm inflicted on a child

This includes, but is not necessarily restricted to: physical beating or excessive corporal punishment that leads to injury or bruising; wounding, burning, kicking, shoving, or throwing the child; use of a closed fist or instrument; poisoning or drugging the child, or any circumstance leading to the death of a child.

Sexual Abuse: sexual molestation or exploitation of a child

This includes but is not necessarily restricted to: the use of a child for sexual or erotic gratification performed with or without resistance on the part of the child and with or without accompanying physical abuse. Sexual abuse can range from permitting or exposing a child to sexual acts such as sexual interference, invitation to sexual touching and prostitution to actual molestation including exposure, fondling, masturbation and intercourse (including incest and sexual assault).

It also includes exploitation of children for pornographic purposes (i.e., posing children for photographs which are sexual or erotic in content). Sexual interference and invitation to sexual touching are included as is the act of anal intercourse committed by persons under the age of 18 years as well as bestiality - compelling another person to commit bestiality, committing bestiality in the present of a child under the age of 14, or inciting a child under the age of 14 to commit bestiality.

Children of both sexes (under the age of 18 years) are also protected against parents/guardians who procure for sexual activity a person other than the parent or guardian, and every owner, occupier or manager of premises or other person who knowingly permits prohibited sexual activity can be charged under Section 171 of the Criminal Code. A charge can be initiated against a person found loitering in or near a school ground, playground, public park or bathing area if the person has been previously convicted of a sexual offence.

Emotional Abuse: a child's psychological development is at substantial risk because of a parent's, staff's, or foster parent's actions or failure to act

These actions include but are not necessarily restricted to: ignoring or passively rejecting the child, overtly rejecting or "disowning" of the child, scapegoating, criticizing and making

excessive or unreasonable demands of performance and competence for a child's age and ability; severe verbal abuse, threatening, constant yelling, withholding of comfort from an upset child; psychological terrorism (i.e., locking a child in a dark cellar or threat of mutilation).

Child Neglect: a child's growth and development are at substantial risk as a result of a staff/caregiver's act of omission

These actions include: failure to provide for a child's basic needs and appropriate level of care with respect of food, clothing, shelter, medical attention, sleep, hygiene, safety, supervision and education.

2. What to Report

In the course of his or her professional duties, all caregivers shall report the following abuse to a society:

- Physical Maltreatment - an injury which is a result of the actions or omission of a caretaker.
- Sexual Abuse - any sexual contact or sexual exploitation by the caretaker.
- Failure to Provide - clothes, food, shelter, medical care necessary for child's growth and development.
- Failure to Supervise - monitoring, guidance, restraint, discipline needed to protect child(ren) from harm.
- Emotional Maltreatment - acts of omissions which could retard, damage a child's emotional development or aggravate existing conditions.
- Harmful restraint and/or control - inappropriate use, restraint, isolation or medication which could harm or endanger child(ren).

Procedures

- Staff will ensure the safety of the resident, by suspending visits with the alleged perpetrator.
- Staff will report the alleged abuse to the Manager of Churchill Group Home and case manager.
- The case manager, in consultation with the residential staff and Managers, will activate an investigation with an intake worker, giving consideration to the emotional needs and well-being of the resident. If the case manager is unavailable, the residential staff, in consultation with a Manager, will call the intake unit.

- An incident report will be written and a serious occurrence will be reported.

Failure to report could result in conviction of an offence, and on conviction, payment of a fine and/or imprisonment.

3. When the Alleged Perpetrator is Another Resident

Some cases of abuse may involve the physical or sexual abuse of one youth by another who is a resident in the setting. Such cases can be the result of inadequate supervision and responsible staff, as well as the suspected aggressor, will need to be questioned by the investigators. If the alleged perpetrator is 12 or over, there is the possibility of charges being laid. If the alleged perpetrator is under 12, he/she is not deemed capable of committing an offence and no charges will be laid.

Standard 43

Allegations of Abuse Against Residential Staff

The Children's Aid Society of the District of Thunder Bay shall, as in all allegations of child abuse, ensure a thorough investigation of any allegations made against employees, Board members, volunteers or foster parents. (See Intake and Family Services Manual, Standard 7).

When a report of child abuse is received and the youth is in a residential care setting, procedures outlined in the Intake and Family Services Manual must be followed as with any other report. The local Society shall investigate to determine whether the youth's safety is or has been abused, to ensure the safety of the youth, and to determine whether other children are at risk of abuse.

PROCEDURES

1. When an allegation is received that involves and/or implicates a Group Home employee, the Manager of Churchill Group Home will be notified who will in turn notify the Director of Children & Residential Services. Such an allegation may involve abuse of the alleged offender's own children or abuse of children receiving services from the Society.
2. The Manager of Churchill Group Home and the Director of Children & Residential Services will develop a plan of intervention which will ensure the case will be assigned to a qualified child protection worker who would not be considered in conflict of interest with the parties involved. Consideration may be given to requesting an agency from outside our jurisdiction to complete the investigation. Each case would need to be reviewed on its own merits.
3. When the decision is made that the investigation will be completed by a qualified worker from within this Society, that worker and their Manager will keep the Director of Children & Residential Services informed of the progress on the case to ensure that a conflict of interest does not develop.
4. Any allegation of abuse concerning a child in the Group Home is considered a Serious Occurrence (see [Standard 54](#) in this Manual).
5. The Society recognizes that there is a need to identify and investigate circumstances that are not classified as child abuse but are moderate situations or inappropriate child management. Therefore, investigation procedures to deal with these special circumstances are not included here and the separate procedure on "inappropriate child management" should be considered for such matters (see [Standard 23: Prohibitive Practices in Child Management](#) in this Manual)
6. The minimum steps in the investigation of an allegation against a staff member, volunteer, or student are outlined in the Intake and Family Services Manual, section 2.01 (c) – Investigation of Child Protection Reports – Investigation of Staff, Board Members, and Volunteers.
7. Residential staff, students, and volunteers shall be made aware of the steps that occur during an investigation of abuse and the possibility of immediate suspension of their duties until after the investigation is completed.
8. The Children's Aid Society of the District of Thunder Bay is committed to complying with all applicable laws and maintaining the highest standard of integrity. Staff members are encouraged and expected to report protection concerns, assault, or inappropriate practices occurring during the provision of the residential care. These employees will be supported and protected from harassment or other adverse action.
9. All staff will be made aware of these practices at the time of their orientation.

Group Home Response to Allegations of Resident Mistreatment/Abuse

1. Ensure safety of the child or children.
2. Report to Manager or Designate.
3. Internal Conference to determine suspected abuse or inappropriate child management.
4. Report to: Director of Children & Residential Services
Manager of Intake Services
Manager of Human Resources
Any other relevant Manager
5. Complete Incident Report and/or Serious Occurrence Report.
6. Investigation Internal Review.

Section 5

Recording Requirements

Policy Statement

In order to ensure the ongoing excellent care of children in a residential program, the Society will maintain ongoing documentation on child file required recordings, communications, assessments, and any other reporting documents as set out by the Family and Children's Services Act, Ministry of Children and Youth Services Residential Licensing Regulations, and this Society's records management system.

(This Policy Statement was approved by the Board of Directors of the Children's Aid Society of the District of Thunder Bay on May 22, 1997).

Standard 44 Comprehensive Register

The Group Home shall maintain a register of all residents that includes,

- **the name, sex, and birth date and wardship status of each youth;**
- **the name and address of the parents of each youth or other person placing the youth;**
- **the date of admission of the youth; and**
- **where the youth is discharged from the residence, the date of discharge of the youth and the name of the person or agency to whom the youth is discharged.**

R.R.O. 1990, Reg. 70, Section 100

PROCEDURES

1. In order to ensure that basic information about children in the Group Home is readily obtainable by the staff, a file card box will be kept in a designated place in the office, containing file cards on each youth in the residence. Cards will be removed from the box six months after discharge from the residence, and information will be transferred to stats book and kept on file.
2. Each card will contain the following:
 - name, birth date, age, wardship status, name of youth's case manager
 - brief description of the youth including height, weight, etc.
 - parent/family names, addresses, phone numbers
 - physician/dental information including health care number and allergy list
 - admission date, discharge date/location
 - school information and other agency involvement including names of contact people
 - picture
3. File cards are to be completed by staff within twenty-four hours of the youth's admission to the group home
4. File cards and stats book are to be kept in the office at all times.

Standard 45

Case Records and Recordings

Group Home staff shall maintain a written case record for each resident that includes:

- a) the child's full name, sex, and birth date;**
- b) the name, address, and telephone number of the child's parents or the Society or other person placing the youth;**
- c) any personal, family, and social history and assessment that has been prepared by the case manager;**
- d) the reason for the admission of the youth;**
- e) reports of all medical examination and treatment given to the youth upon admission and while in the residence;**
- f) where obtainable, any legal document that is concerned with the youth's admission to and stay in the residence including any consent to admission, treatment, and release of information;**
- g) a copy of the agreement for service with respect to the youth including any revisions to the agreement and particulars of any reviews of the agreement;**
- h) school records and reports concerning the youth;**
- i) the Plan of Care developed for the resident and particulars of any review of the Plan of Care or of the youth's status;**
- j) reports of any Serious Occurrence involving the youth;**
- k) where applicable, documentation of the circumstances of transfer or discharge of the child, the name, address, and relationship of the person to whom the child is transferred or discharged, and the summary report;**
- l) where an incident occurs, the time of the occurrence, the name of the person reporting it, and the person to whom the report was made; and**
- m) such other information or documents with respect to the youth in addition to those referred to in clauses (a) to (l) as are considered appropriate by the Group Home staff.**
- n) quarterly reports that reflect changes in information and changes in the youth's circumstances including: information on the resident's personality**

and behaviour; information on the resident's experience or involvement with court; information on the resident's experiences of separation from individuals who are or have been significant in their life; and information on the resident's aptitudes and abilities.

R.R.O. 1990 . Reg. 70 s. 73(1)(e)

PROCEDURES

1. Child Care files are to be maintained by all staff. However, responsibility for a youth's file lies with that youth's individual worker.
2. Youth's files are to be kept as orderly as possible, separating documents with file folders in order to access information easier.
3. All case records are to be kept in a locked filing cabinet in the office of the Group Home.
4. Youth may have supervised access to their file; however, staff may exclude any sensitive documentation from being read by the youth.
6. After a youth is discharged, their child care file will be closed and given to the Manager of Churchill Group Home. The Manager of Churchill Group Home will check the file for any missing documentation and distribute to the case manager for filing in the child file at head office.

Standard 46

Daily Logs

All staff shall ensure that a daily log is maintained at each Group Home for the purposes of communication and recording information.

Each incident that affects or that in the opinion of the staff may affect the health, safety, or well-being of a staff person in the residence or a youth shall be included in the daily log.

R.R.O. 1990, Reg. 70, Section 74

PROCEDURES

There are two types of logs: house communication and individual logs. The daily house communication log ensures the accurate exchange of information amongst staff as well as the recording of any events affecting the operation of the residence or the management of children. Individual updates help centralize pertinent information on individual youths, assisting staff in better communication and written reports.

1. House Communication Log

- All messages, memos, etc., between staff are recorded here.
- Staff will read the house log within one hour of coming on shift.
- The residents do not have access to or the right to read the house log.
- All log entries are to be completed before going off shift.
- House Communication Logs will be collected annually and stored at head office.
- The staff will ensure they are recording meals served, health and safety compliance and concerns associated with meal preparation or meal time, in the daily communication book.
- Staff will record in the communication log at the beginning of each shift what shift keys they are using (identified by coloured carabiners). Staff will ensure they return their shift keys at the end of their shift. Keys for the home will be counted by staff at the beginning and end of each shift to ensure accountability and awareness of any missing keys.
-
-

2. Individual Logs/Updates

- All personal appointments, family contacts, school attendance records, and daily record of behaviour are recorded in the youth's contact logs.
- School attendance is checked daily and recorded.
- Children have access to their logs but not the logs of others.
- Food charts are also completed to document what food each child is consuming at each meal.

Individual Logs will remain in the Churchill child files and will be brought to head office upon youth's discharge.

Standard 47

General Program Data

In order to ensure the proper maintenance in the daily operation of the Group Home's program, staff will keep ongoing documentation up-to-date and comprehensive. All pertinent statistical information necessary for the regulation of children's residential services will be provided to the Ministry of Children and Youth Services as the Director may require.

R.R.O. 1990, Reg. 70. Subsection 101 (4)

PROCEDURES

1. All files and forms are to be maintained by staff and completed on computer, where possible. Responsibility for any new forms lies with the Manager of Churchill Group Home.
2. Records and files are to be kept orderly and free from access by youths.
3. Program recording will be reviewed on an annual basis.
4. Monthly statistics on the residents will be submitted at the end of each month to the Director of Children & Residential Services and the Finance Department (see [Monthly Statistics form](#)).

Standard 48

Annual Budget

The Children's Aid Society of the District of Thunder Bay shall prepare and maintain an annual budget for the Group Home that sets out:

- **anticipated revenue of the residence;**
- **projected basic care expenditures and special care expenditures for the youth.**

Reg. 70, Subsection 77(i)

PROCEDURES

1. In order to ensure the proper allocation of public funds, the Group Home will have an annual budget prepared by the Finance Unit of the Children's Aid Society in consultation with the Director of Children & Residential Services.
2. The budget must be written and cover a twelve month period.
3. The annual budget should include the following:
 - a) projected revenue from all sources including government funding, fees, per diems, charitable contributions, and other revenue;
 - b) shelter costs such as: mortgage/rent, electricity, fuel, water, property insurance, home equipment and supplies, maintenance and repairs, furnishings, and grounds;
 - c) salaries and benefits of staff;
 - d) food, clothing;
 - e) transportation;
 - f) administration costs such as office expenses, staff training and development, and purchased services;
 - g) special care expenditures such as assessments, therapy, eyeglasses, and crutches.

Standard 49 Financial Reporting

The Group Home shall keep a complete record of revenues and expenditures and submit prepared financial reports when required by the Director including reports by a public accountant licensed under the Public Accountancy Act.

R.R.O. Reg. 70, **Subsection 73(1)(n)**

PROCEDURES

1. In order to ensure that public funds are properly allocated and spent, Group Home staff will be accountable for tracking and recording the expenses at the Group Home including: clothing, petty cash, grocery expenses, maintenance, home supplies, and transportation costs.
2. All expenses under \$500.00 will be approved by the Manager of Churchill Group Home before being submitted to the accounting department. Expenses over \$500.00 must be approved by the Director of Children & Residential Services or a senior manager.
3. Some expenses are handled directly through the accounting department, e.g., mortgage, utilities, and property insurance (see Finance Manual, Standard #17).

Standard 50 Insurance Coverage

The Society shall ensure that a policy of insurance for the Group Home is obtained and maintained at all times.

R.R.O. 1990, Reg. 70, Section 79

PROCEDURES

1. A policy of insurance with respect to the Group Home will be renewed annually by the Director of Corporate & Human Resources and kept on file in the Administration Unit.
2. The policy of insurance shall include
 - fire and extended coverage including coverage for theft of physical assets at the group home and the property of the residents;
 - comprehensive general liability coverage and personal injury coverage, including coverage for the employees and volunteers;
 - a clause concerning liability arising out of any contract or agreement;
 - motor vehicle coverage for all vehicles owned or used by staff or volunteers at Churchill.

For further reference on insurance coverage, see the Finance and Administration Manual.

Standard 51 Fleet Management

The Society will analyze its transportation needs, and when applicable, purchase, lease, or otherwise acquire a vehicle(s) for use by staff. The analysis will include a review of miles driven, and the need for vehicles to accommodate special needs of the Society.

The process of acquiring or disposing of a vehicle will be as determined in the Purchasing and Procurement Policy.

Since the Society is responsible for all liability arising from the use of the vehicle, it is to be used for business purposes only.

Society vehicles are to be used in accordance with the Society Travel Policy.

PROCEDURES

1. Acquisition and disposal of vehicles

Annually, the Director of Corporate & Human Resources will conduct a review of the Society's transportation needs specific to programs that require Society-provided vehicles (e.g., Group Home(s) and school). The review will include usage rate of vehicles and the purchase/lease rationale (e.g., required as per the collective agreement). The review will take place prior to budget deliberations in order to accommodate any changes.

When acquiring a vehicle, justification must be made for the type of vehicle and any additional options requested.

The analysis of needs and all associated purchase criteria must be maintained for subsequent audit.

2. Operations and Maintenance

In developing a process for the operation and maintenance of the vehicles, the following objectives are to be considered:

- a) Health and safety,
- b) Proper maintenance for the purpose of ensuring the proper running of the vehicle, and to maintain the expected useful life and efficient operation of the vehicle,
- c) Maintaining a record of the usage of the vehicle.

The Society will ensure that the vehicle is maintained in accordance with the vehicle recommended vehicle maintenance schedule. A maintenance log will be kept current and secured with Head Office's Purchasing Clerk.

In preparation for the winter driving season, the Society vehicles will be equipped with snow tires. At all times, Society vehicles will also be equipped with an emergency kit including first aid. The Society will retain the services of an emergency/towing service, and the number to call will be displayed in the vehicle.

Daily, Society vehicles, when used, will be inspected by the operator of the vehicle. The operator will be expected to complete the [Mechanical Performance Checklist](#) that is kept in the vehicle's locked glove box. Once a month this log is forwarded to the Society's Manager responsible for the assigned vehicle for review and recording keeping. Necessary repairs will be scheduled through the Purchasing Clerk.

In case of a collision, the driver of the vehicle must follow the [Collision/Accident Instructions](#) kept in the vehicle's locked glove box. All damages to the Society vehicle will

be the responsibility of the Society. However, any fines or other charges accruing to the driver are the responsibility of the driver

All staff driving the vehicle must have a valid driver's licence, of which the Society must have a record. Each driver is responsible to complete the [Vehicle Mileage Record](#) that is kept in the locked glove box every time the vehicle is driven off the Society's premises.

There is to be no smoking in the vehicle.

Drivers are expected to leave the vehicles clean after using them.

The Society will keep a purchasing card for fuel purchases, at each site where Society vehicle is kept. All receipts relating to these purchases are to be turned in by the driver and maintained by the Society. The following procedures will apply for fuel purchases:

- Worker is to document date, odometer reading, purchase amount, and worker name on the [Gas Purchasing Card Receipts Log](#).
- Receipts are to be kept in the log envelope and secured in the vehicle's locked glove box.
- Monthly, this log envelope is forwarded to the Manager of Churchill Group Home for review, approval, and payment processing (forwarded to Accounting for credit card statement reconciliation and payment).

Standard 52 Missing Persons

When:

- **a youth is absent from the Group Home without permission for 24 hours or more; or**
- **a youth is absent from the Group Home without permission for a period of less than 24 hours and the absence is considered by the caregiver (in consultation with the Manager) to be a serious matter;**

the Group Home staff shall report the absence to:

- **a parent of the youth;**
- **where applicable, the person who placed the youth and who has been involved in the plan of care for the youth;**
- **where applicable, the Society that placed the youth;**
- **the local police having jurisdiction in the area where the Group Home is located; and**
- **the Ministry as a Serious Occurrence, within the Society's discretion.**

R.R.O. 1990, Reg. 70, Subsection 102(2)

PROCEDURES

Missing Persons Reports are filed with the local police department on all youth who leave the residence without permission and whose whereabouts are unknown. When to file such a report may depend on the history, age, and vulnerability of the youth. If Group Home staff suspect that the youth has run away, the clothing worn when he/she left the residence must be documented.

2. During office hours, the youth's case manager and Manager of Churchill Group Home must be notified. After office hours, Group Home staff may notify the Emergency Duty Worker or the Manager of Churchill Group Home, and the case manager is notified the following working day.
3. Parents of Non-Wards and Society Wards must be informed the same day the youth is missing. It is the responsibility of the Group Home staff to contact parents.
4. When a youth is absent/missing from their placement, staff will attempt to locate the youth by calling the youth's family and friends and driving to locations where the youth is known to frequent.
5. If staff are unable to locate the youth, staff are to refer to the protocol that has been created in conjunction with the Thunder Bay Police. Staff are to use the Process Map and Guidelines when considering reporting the youth missing to the police. (See Process Map and Guidelines documents)
6. In all cases where a youth is on a current legal undertaking issued by the court, or on a community supervision order and curfew is a condition, the staff would report the youth missing automatically at this time.
5. When a missing youth returns to the residence, the case manager, Manager of Churchill Group Home, and parents shall be notified immediately.
6. Upon the youth's return, the Missing Person Report must be cancelled.
7. In the case of a habitual runner or a resident who is deemed in significant risk due to running, the Group Home staff will implement a [Run Protocol](#).
8. Police officer's name, badge #, and occurrence # must be recorded on all missing reports and when the report is cancelled.
9. Serious Occurrence Reports must be documented to the Ministry if the youth is missing for more than 24 hours and up to 72 hours (at Society discretion) or is considered at great risk (see [Standard 54: Reporting Serious Occurrences](#)).

In 2003, the Ministry circulated a memorandum to Children's Aid Societies clarifying the expectations related to Serious Occurrence Reporting Procedures.

REPORTING TO POLICE Children/Youth in Care Who are Absent or Missing GUIDELINES

To be used in conjunction with Process Map

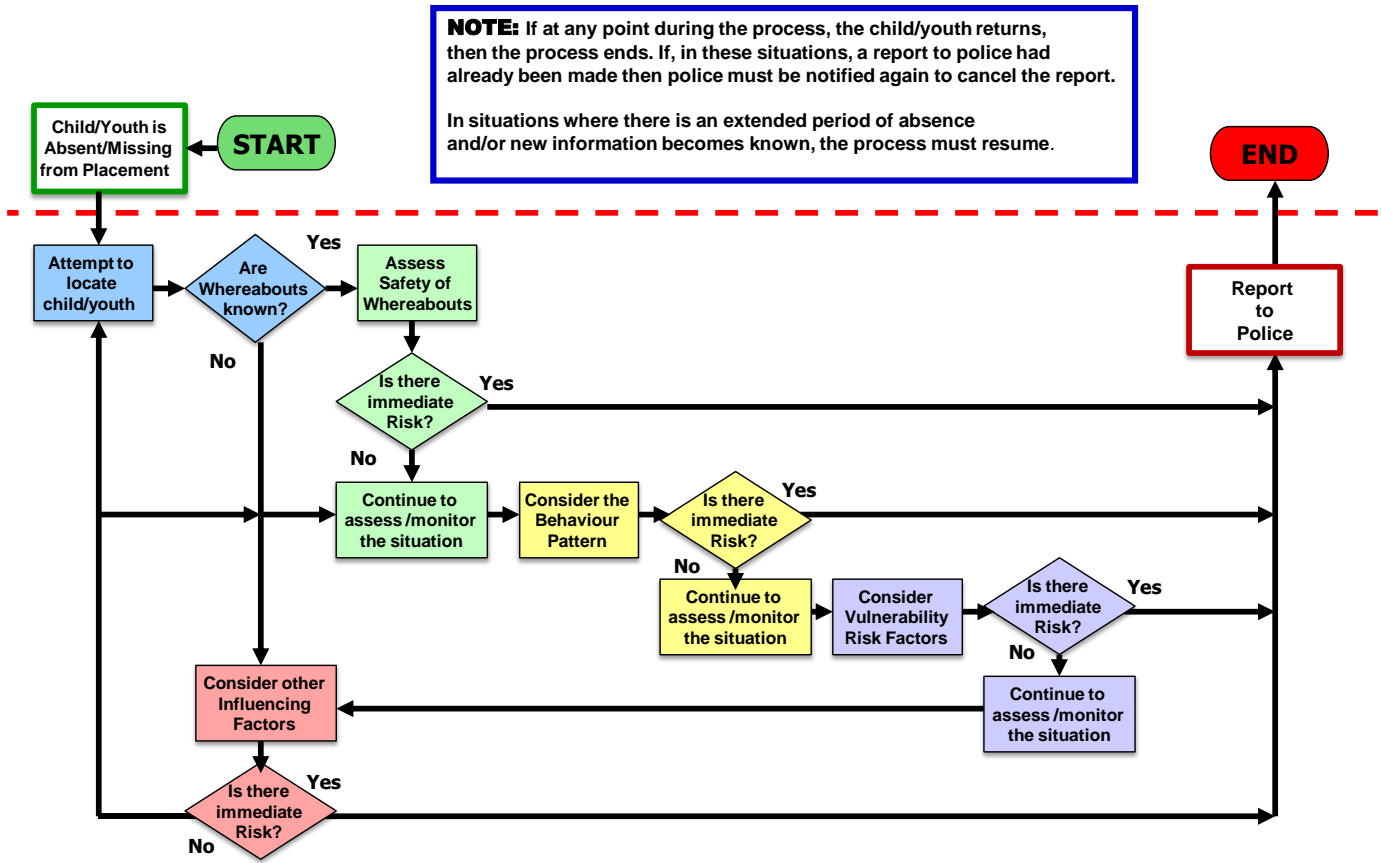
It is understood that all children/youth in care who have failed to return or show up for a significant event and/or commitment such as a meal, curfew and/or bedtime are considered to be absent or missing. There are always concerns for the safety and well-being of all children/youth in care who are considered to be absent or missing

Consider the steps below before making a Report to Police. Continue to assess and monitor the situation as soon as it becomes known that a child/youth in care is absent or missing. If there are any factors, circumstances or information that suggests immediate risk, a report to Police is warranted.

#1) Consider the Child's/Youth's Whereabouts <i>Have the whereabouts been established?</i>	
WHEREABOUTS ARE UNKNOWN	WHEREABOUTS ARE KNOWN
<p><i>Efforts have been made to determine the child's/youth's whereabouts and:</i></p> <p><input type="checkbox"/> Child/youth could not be located in the last known location</p> <p><input type="checkbox"/> Child/youth could not be located in familiar locations</p> <p><input type="checkbox"/> No contact has been made with the child/youth</p> <p><input type="checkbox"/> Child/youth refuses to identify their location</p> <p><input type="checkbox"/> No information exists to suggest the child's/youth's location</p>	<p><i>Efforts have been made to determine the child's/youth's whereabouts and:</i></p> <p><input type="checkbox"/> The child's/youth's location has been established</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> It is reasonable to assume the whereabouts of the child/youth based on the evidence and circumstances of the situation</p>
#2) Consider the safety of the Child's/Youth's Whereabouts <i>If there are factors to suggest that the whereabouts are unsafe, is there immediate risk?</i>	
FACTORS TO SUGGEST THAT WHEREABOUTS ARE UNSAFE	
<p><i>Whereabouts are known and the following factors exist:</i></p> <p><input type="checkbox"/> No adult supervision</p> <p><input type="checkbox"/> Substances are being used by individuals present</p> <p><input type="checkbox"/> Unknown individuals are present</p> <p><input type="checkbox"/> Physical living conditions may be hazardous</p> <p><input type="checkbox"/> Individuals who are present may pose risk to others</p> <p><input type="checkbox"/> Violent/aggressive behaviour of individuals present</p> <p><input type="checkbox"/> Unstable psychiatric/mental health of individuals present</p> <p><input type="checkbox"/> Criminal behaviour or suspicions of such</p> <p><input type="checkbox"/> Court order prohibits known activities</p> <p><input type="checkbox"/> There are known child protection concerns within the environment and the child/youth is prohibited to be there</p> <p><input type="checkbox"/> Other factors that may compromise health and safety</p>	
#3) Consider the Child's/Youth's Behaviour Pattern <i>Have there been previous absences and/or times when missing?</i>	
BEHAVIOUR PATTERN IS UNKNOWN	BEHAVIOUR PATTERN IS KNOWN
<i>These are children/youth who:</i>	<i>These are children/youth who:</i>

<input type="checkbox"/> Rarely/never fail to return or show up as expected <input type="checkbox"/> Are not generally absent without permission <input type="checkbox"/> Do not have a pattern of running behaviour and/or this is out of character AND/OR <input type="checkbox"/> There is no known reasonable explanation for the child/youth's failure to return or show up as expected	<input type="checkbox"/> Repeatedly fail to return or show up as expected <input type="checkbox"/> Have been absent without permission in the past <input type="checkbox"/> Have a pattern of running behaviour and/or this is not out of character
#4) Consider the Child's/Youth's Risk Factors <i>Are there current/recent factors that contribute to vulnerability?</i>	
FACTORS TO SUGGEST INCREASED VULNERABILITY	
<i>These are children/youth who:</i> <input type="checkbox"/> Are 12 years of age and under <input type="checkbox"/> Are developmentally delayed <input type="checkbox"/> Are cognitively compromised <input type="checkbox"/> Exhibit suicidal behaviour/ideation <input type="checkbox"/> Exhibit self-harming/impulsive behaviours <input type="checkbox"/> Have psychiatric/mental health issues <input type="checkbox"/> Have substance misuse <input type="checkbox"/> Are engaged in prostitution <input type="checkbox"/> Are the subject of a serious crime or suspicions of such <input type="checkbox"/> Are the victim of trauma or crisis <input type="checkbox"/> Have physical health issues (illness/condition, reliance on medication, not medically cleared from hospital etc.) <input type="checkbox"/> Exhibit aggressive/threatening behaviour (possession of weapon, risk of harm to others etc.) <input type="checkbox"/> Are not familiar with the community <input type="checkbox"/> Are making attempts to leave the community <input type="checkbox"/> Exhibit other factors that may increase vulnerability	
#5) Consider Other Influencing Factors <i>Are there other factors to consider that may make contribute to risk?</i>	
<input type="checkbox"/> Time of day/night <input type="checkbox"/> Timeframe <input type="checkbox"/> Season/Weather Conditions <input type="checkbox"/> Age <input type="checkbox"/> Other	

Reporting to Police - Children/Youth in Care who are Absent/Missing Process Map



Standard 53

Response to Prolonged Missing Persons (Runs)

If all efforts to locate a missing person have been unsuccessful and the length of the absence is more than 7 days, the residential staff will initiate a review of the absence to ensure that every thing possible has been done to locate the missing person. This review process will be completed every seven days until the child is located.

PROCEDURES

1. When a resident has been reported missing to the police, residential staff will continue to look for the resident at any possible, reported or suspected locations.
2. Residential staff will document and update the Manager of Churchill Group Home, Case Manager, Family Worker, police and parents/guardians of all efforts to locate the resident.
3. On the first Wednesday following the 7 day mark, the Case Manager and/or the residential staff will present the absence to the Child Placement Committee for review and direction. Where possible, the Director of Children & Residential Services will be included in this process.
4. Decisions to use the media, seek warrants for apprehension and further update the Ministry will be made during these reviews. Direction can be further given for increasing searches and police involvement.

Standard 54

Reporting Serious Occurrences

In all situations where it is believed a Serious Occurrence has occurred, the Residential staff will ensure the child's needs are addressed and subsequently will ensure the Ministry is notified as per the Serious Occurrence Reporting Procedures.

R.R.O. 1990, Reg. 70, Subsection 102(1)

PROCEDURES

All Serious Occurrences must be reported to the Ministry as soon as possible or within 24 hours of staff becoming aware of the incident, or the Society deeming the incident a Serious Occurrence, except under specific circumstances (see [Standard 55: Enhanced Serious Occurrence Reporting](#))

Please note that reporting procedures on weekends and after hours are different than procedures during office hours.

Further, there is also an Enhanced Serious Occurrence Procedure for any issues that may be contentious or may get media coverage.

During working hours, staff will report Serious Occurrences to the Director of Children & Residential Services and the Executive Assistant, who will notify the Ministry. Staff will complete an incident report and will fax it to the Administrative Assistant. The Society will complete immediate action as requested by the Ministry. Complete Serious Occurrence Inquiry Report and provide to the Ministry within 7 business days.

On weekends, Holidays and Statutory Holidays staff call the Serious Occurrence After Hours phone number 1 (800) 628-5249. The Initial Notification Report must be faxed to the local Ministry office on or before the first business day following the report. This report will be completed by the Administrative Assistant, upon receiving an incident report from the home. Complete Serious Occurrence Inquiry Report and provide to the Ministry within 7 business days.

Depending on the circumstances regarding the Serious Occurrence, the Society may be required to undertake additional steps to fully address the Serious Occurrence.

Definition of Serious Occurrence

The Ministry definition of a serious occurrence is as follows:

1. **Any death of a client** which occurs while participating in a service, including all clients receiving community- based support services that are funded or licensed by the MCSS/MCYC. As well include:
 - Any child receiving service from a Children’s Aid Society at the time of their death or in the 12 months immediately prior to their death.
2. **Any serious injury** to a client which occurs while participating in a service. A factor to consider in deciding if an injury should be reported as a serious occurrence is whether professional medical treatment (e.g. doctor or dentist) is required, not in-house first aid. Serious injuries include:

- a) An injury caused by the service provider (e.g. lack of or inadequate staff supervision, neglect/unsafe equipment, improper/lack of staff training, medication error resulting in injury).
 - b) A serious accidental injury (e.g. sports injury, fall, burn, etc.).
 - c) A serious non-accidental injury (e.g. suicide attempt, self-inflicted or unexplained injury).
3. **Any alleged abuse or mistreatment** of a client which occurs while participating in a service (e.g., allegation against staff, foster parents or their biological children, volunteers, temporary caregivers, police/court staff while young persons are in custody, drivers providing transportation. This category does not include reports of historical abuse divulged while the client was participating in a service.
 4. Any situation where a **client is missing** and the Service Provider considers the matter to be serious (*CFSA, Regulation 70/90, Section 102 (2) specifies reporting requirements where a child is absent from a residential service*). See [Runaways – Reporting Guidelines](#).

SORs may include clients missing for less than the prescribed ministry requirement where their absence is considered serious by the service provider. A child in the care of a CAS or a residential licensee who has been missing for more than 24 hours must be reported to the police, and the ministry if appropriate. In child care centres, the reporting of a missing child to the police must be immediate.

All SORs should describe whether the client poses a serious risk to themselves or others, any attempts made to locate the client, prior client history of leaving without permission, client's state of mind before leaving, precipitating events, etc.

The service provider must advise the ministry once the client has returned, regardless of the date/time, via telephone or e-mail message.

Note: When the whereabouts of a child/youth who is a ward of a CAS are unknown, the CAS must file a Missing Person Report with the local police. The procedures for filing a Missing Person Report should follow the procedures outlined in the *Provincial Guidelines for the Reporting and Apprehension of Runaways from MCSS Licensed Residential Placements*. In instances where this same child/youth poses a serious risk to self and/or others, the CAS must file a Serious Occurrence Report with the Ministry

5. **Any disaster on the premises** where a service is provided, that interferes with the daily routines (e.g., fire, flood, power outage, gas leak, carbon monoxide, infectious disease (where public health officials are involved), lockdown, etc.
6. Any complaint about the operational, **physical or safety standards** of the service that is considered serious by the service provider including reports of adverse water quality. Other examples include reports of lead exceedence, hazardous/dangerous substances (poisons, flammables), medication error (not resulting in medical treatment), missing or stolen files,

neighbour complaint about noise or physical appearance of the property (only where municipal authorities are involved, etc.

7. Any **complaint** made by or about a client, or any other serious occurrence involving a client that is considered by the service provider to be of a serious nature, and/or may affect the client's plan of care, e.g.
 - Police involvement with a client (client charged by police).
 - Serious assault by the client against staff, peers or community member.
 - Serious assault by non-caregiver against client, e.g., friend, another client, stranger.
 - Hospitalization (excluding regularly occurring doctor visits related to an ongoing medical problem and any medical ailment occurring as part of the aging process), e.g., pneumonia, suicidal ideation, drug or alcohol overdose, medical ailment.
 - Disciplinary techniques, e.g., excessive, non-sanctioned.
 - Complaints arising from sexual contact between clients.

8. Any use of a **physical restraint** of a client in a residence licensed as a children's residence under the Child and Family Services Act or in a residential program funded under the Developmental Services Act that provides group living supports to adults with developmental disabilities that result in: a) no injury, b) injury, c) allegation of abuse. **The use of physical restraints is not permitted in programs covered under the Day Nurseries Act.**

The SOR must describe the type of physical restraint used, use of less intrusive intervention before physical restraint, client and staff debriefing, legal status of the client, duration of the physical restraint, names of all parties notified, if the use of the restraint resulted in a) no injury, b) injury, c) allegation of abuse. (see also: CFSA Regulation 70, 1990)

When more than one physical restraint is used with a client in a 24-hour period, one SO may be submitted describing the physical restraints used in the 24-hour period. Likewise, when physical restraint is used on more than one day in a 7-day period, one IR may be submitted, describing all incidents.

GLOSSARY OF TERMS

The following terms and definitions are provided to facilitate serious occurrence reporting.

24 Hours

- Clock starts when any of the Society's staff becomes aware of an incident or when the Society deems the incident to be serious.

Children (non-child welfare)

- Ages 0-18 years

- Residential refers to a child receiving service 24/7 from the service provider, including out of home respite care, residential services for children with developmental disabilities, or a child residing with his mother in a Violence Against Women shelter, etc.
- Non-residential refers to a child receiving community serve at the time of the incident, including children attending day cares, Ontario Early Years Centres/Parent Resources Centres, and counselling services, etc.

Children (child welfare)

- Ages 0-21 years
- Child must be in CAS care (with the exception of category #1- death) or receiving services pursuant to an ECM agreement.
- Does not include children on home access visits with parents or guardians.
- Includes client on Extended Care and Maintenance (ECM) or Independent Living (IL)

Adults

- Ages 18 + years (with the exception of child welfare client on ECM/IL).
- Residential includes client receiving service through Interpreter/Intervener Services, Group Living Supports (a group home), Innovative Residential, Supportive Individual Living (SIL) supports, Associative Living Supports, or women living in VAW shelters, etc.
- Non-residential includes client receiving community participation supports and /or vocational alternative supports such as a day program, respite, support from an adult Protective Service Worker (APSW), and parents attending Ontario Early Years Centres/Parent Resource Centres, etc.

Serious

- An occurrence is serious if it falls within the definitions in these guidelines and has important or possibly dangerous consequences.

Participating in a service

- client is in direct receipt of service from a funded service provider and /or under the direct care of staff, volunteers, caregivers, etc
(**Note:** Clients receiving residential care are considered to be always participating in a service.)

Physical Restraint

- Using a holding technique learned from a Ministry-approved training program to restrict the resident's ability to move freely.
- Does not include the restriction of movement, physical redirection or physical prompting, if the restriction of movement is brief, gentle and a part of a behaviour teaching program, or the use of helmets, protective mitts or other equipment to prevent a resident from physically injuring or further physically injuring himself or herself.

- Child care programs are not permitted to use physical restraints under this definition.
- See CFSA R.R.O. 1990, Regulation 70, Section 109.1-3 for further information on the use of restraints.

Responding to Serious Occurrences

Where a serious occurrence has occurred or is suspected the following actions will occur:

- a) The client shall be provided with immediate medical attention when warranted.
- b) Appropriate steps shall be taken to address any continuing risks to the client's health or safety, other clients and/or others present.
- c) Ensure the Regional Coroner is notified immediately in all cases involving death, regardless of location (e.g., hospital) or circumstances (e.g., 'Do Not Resuscitate' order was in effect, or death not considered questionable). The Regional Coroner's contact number is 343-7663. Address is 189 Red River Road, Thunder Bay, Ontario.
- d) The staff or any other person witnessing or having knowledge of a possible Serious Occurrence shall discuss the matter with their Manager or designate to determine if the occurrence falls within the eight definitions of serious occurrences and has important or possibly dangerous consequences. If it is determined that a serious occurrence has occurred or if clarification is required the staff or Manager should seek clarification from the Director of Children & Residential Services or Executive Assistant. If the Serious Occurrence involves the child as the client, it is the responsibility of the Children's Services Worker to submit the serious occurrence.
- e) Within 24 hours inform the parent/guardian, and if applicable, the person or agency who placed the client, unless notification is contraindicated, e.g., the person is alleged to have abused the child.
- f) The staff person or Manager involved shall report the information regarding the Serious Occurrence to the Executive Assistance and/or Director of Children & Residential Services explaining who was affected, what, when and where it happened.

Reporting a Serious Occurrence

1. Inform the regional office within 24 hours.
 - a) If the incident occurs on *weekends or statutory holidays*, the duty worker or Churchill staff shall call the Ministry's Serious Occurrence After Hours Phone Number at 1-800-628-5249 or 705-897-1313 to report the incident. Please note that clients should be identified only by their first name and the first initial of their last name. Refer to others

involved in non-identifying terms, e.g., first and last initials only, staff ‘A’/staff ‘B’ etc. Note: there is no phone number available to report Serious Occurrences which occur *after hours during weekdays*. Serious Occurrences must be forwarded to the Executive Assistant immediately the following morning for faxing to the Ministry.

- b) The duty worker shall complete the Initial Notification Report and use this as a guide for providing the information to the Ministry. This Initial Notification Report shall be forwarded to the Executive Assistant or designate at the beginning of the next working day.
 - c) Churchill staff shall complete an Incident/Disclosure report and e-mail it to the Executive Assistant or designate as soon as possible.
2. For all incidents (including weekends, holidays, after hours and weekdays), the Executive Assistant or designate shall:
- a) Complete the Notification Report (INR) for review by the Director of Children & Residential Services
 - b) Where applicable, within 24 hours, complete the Inquiry Report (IR) in lieu of the INR for review and sign off by the Director of Children & Residential Services.
 - c) Where an INR has been filed with the Ministry, within seven business days of submitting the INR, complete the IR for review by the Director of Children & Residential Services.
 - d) Fax the INR and/or IR to the Ministry at:
weekdays and evenings: 1-705-564-9557
weekends and statutory holidays: 1-866-262-8881
 - e) Complete and submit to the Ministry at 1-705-564-9557 any required follow up reports.
 - f) Enter the serious occurrence as an Event on Frontline in the applicable child or family file. If a child in a foster home is involved in a serious occurrence a copy of the serious occurrence shall also be filed in the foster family or linked on Frontline.
 - g) Maintain the original serious occurrence in the administrative office.

3. Ministry Guidelines for Reporting the Return of a Missing Client *IMPORTANT*

When client is missing and a Serious Occurrence has been reported, upon the return of the missing client, the Ministry SHALL BE notified immediately. The Ministry has established a dedicated phone number and email address for this purpose:

Phone Number: 1-800-265-1222 ext 3218 or 705-564-8153

Please note that after normal business hours, the telephone message will indicate that the Ministry's offices are closed. You need only to press extension 218 for your call to be put through.

When reporting the return of a missing client, please indicate the client's name; date that the client was reported missing; date and time the client returned; the agency's name as well as our contact information: Executive Assistant or Designate 807-343-6114.

The following procedures shall apply:

- a) During regular business hours, the worker shall notify the Executive Assistant or designate immediately upon being notified that the client has returned.

Foster parents have been advised to contact their worker or on-call worker immediately when a missing client has returned. Foster parents are to ensure that they speak directly with a worker to report the return.

- b) In the case of Churchill Group Home, the worker at the group home shall notify the Ministry immediately upon the client returning and then notify the Executive Assistant and/or designate by email.

- c) After hours and on weekends/statutory holidays, the Emergency Duty Worker shall notify the Ministry immediately upon the client returning and then notify the Executive Assistant and/or designate and appropriate workers by voice mail.

Foster parents have been advised to immediately contact Emergency Duty when a missing client has returned after hours and on weekends/statutory holidays.

Refer to the [Serious Occurrence Report](#); and [Serious Occurrence Update Report](#).

Refer to [Serious Occurrence Questions & Answers](#).

Executive Director's Responsibilities

Where a Serious Occurrence has taken place, the Director of Children & Residential Services (as designated by the Executive Director) shall ensure that:

- a) Where applicable, the Coroner, Police, and/or CAS have been informed of the occurrence.
- b) Within 24 hours, the Ministry and the Board/Owner are informed. When the assigned Ministry person is not available, the "on-call" person shall be notified. Receipt of the information is to be documented by the Ministry.
- c) Within 24 hours the parent, guardian, advocate and, where applicable, the person or agency who placed the client, are informed unless the person to be notified is alleged to

have abused the client.

- d) If, on the basis of the initial information, there is reason to suspect that a client has been abused, the Director of Children & Residential Services will immediately review the allegations with the appropriate manager to ensure an investigation plan has been developed.
- e) Where abuse by a staff member is alleged, the possible suspension of the staff is to be determined. The Ministry is to be informed of the outcome of the review.
- f) All required documentation has been submitted to the Ministry.

Further Reviews

When the Ministry requires a further review on a case the Executive Director or Director of Children & Residential Services will be responsible for conducting the review of our Society's involvement.

The Executive Assistant (as designated by the Director of Services) shall keep a file which will include:

- all Ministry directions, procedures and protocols on serious occurrence reporting;
- all copies of serious occurrences reports, including all follow up reports;
- copies of all prescribed Ministry Reporting Forms.

The Ministry requirements of informing the Board of Directors are the responsibility of the Executive Director and/or Director of Children & Residential Services. The Board President may be contacted immediately at the discretion of the Executive Director.

A summary of Serious Occurrence Reports is provided to the Board.

On-Call Procedures for the Ministry – District of Thunder Bay

In the event of a Serious Occurrence, the **Ministry must be contacted within 24 hours of the incident**. In the event of an Enhanced Serious Occurrence, the Ministry early alert system must be notified **within one hour** of becoming aware of the incident.

If the Serious Occurrence happens on the weekend, the agency/program should follow the weekend on-call procedures listed below.

Weekend On-Call Procedures

Please call the following number: 1-800-628-5249 toll-free or 705-897-1313. This will connect the caller with Northern Business Consulting. The person calling should give the following information:

- caller's name
- Society name
- name of their program Manager/advisor
- location of Society
- phone number
- nature of Serious Occurrence

Northern Business Consulting will contact the program Manager/advisor or designated on-call person. A Ministry representative will contact the Society as soon as he/she is contacted.

In the event of an Enhanced Serious Occurrence, the following numbers should be contacted:

Weekdays/Evenings/Overnight – Monday to Friday, 6:30 am to 6:00 pm
475-1183 or 705-564-8153, ext. 3275 during business hours or Fax 1-800-263-3347

Weekends and government holidays – from 6:00 pm Friday to 6:30 am Monday
1-877-444-0424 or Fax 1-866-262-8881

Refer to the [Serious Occurrence Report](#).

When providing a report by telephone, ensure the headings are answered. If faxing the report, contact the above telephone number and leave a voicemail message, the time and date of the fax, and the name and telephone number of the designated authority calling.

Standard 55

Enhanced Serious Occurrence Reporting

In addition to regular Serious Occurrence Reporting requirements, Enhanced Serious Occurrence Reporting for significant incidents must occur within one hour of the occurrence when: “emergency services (i.e., police, fire, and/or ambulance) are used in response to a significant incident involving a client and/or the incident is likely to result in significant public or media attention.”

PROCEDURES

1. If an incident occurs that may fall in this category, staff is to call the Manager of Churchill Group Home immediately. The Manager will call Senior Management who will determine if it is an Enhanced Serious Occurrence.
2. If it is after hours, a weekend, or a holiday, staff will call the on-call Manager who will notify the Senior Manager on call in order to determine the need to follow this procedure.
3. In these situations the Executive Director or Director of Children & Residential Services or designate will ensure that the Ministry's early alert system is notified **within 3 hours** of becoming aware that an Enhanced Serious Occurrence has occurred.
4. When providing a Enhanced Serious Occurrence Report by telephone, ensure the following information is given:
 - Callers name and contact number
 - Service provider name and site location
 - Client's first name and last initial
 - Date of birth and age
 - Date and time of the incident
 - Brief description of what happened.

Enhanced Serious Occurrence reporting applies when:

Emergency services, e.g. police, fire and/or ambulance services are used in response to a significant incident involving a Ministry of Children and Youth Services client and/or the incident is likely to result in significant public or media attention. The Ministry's Enhanced Serious Occurrence Identification Tool (see below) shall be used to assist with determining if the incident meets the criteria to be an Enhanced Serious Occurrence.

Refer to the [Enhanced Serious Occurrence Report](#).

ENHANCED SERIOUS OCCURRENCE IDENTIFICATION TOOL

Enhanced serious occurrence reporting procedures will be followed when a serious occurrence affects clients and/or staff, involves emergency services, and/or significant media or public attention is likely or has already occurred. An enhanced serious occurrence must be reported within 3 hours.

Serious Occurrence Category For a complete definition, please refer to the SO Procedures for Service Providers	The incident may be enhanced if...
1. Death of a client	- Suspicious circumstances or negligence could be perceived to have contributed to the death.
2. A serious injury to a client a) An injury caused by the service provider. b) A serious accidental injury. c) A serious non-accidental injury.	- The injury is currently life-threatening . - Suspicious circumstances or negligence could be perceived to have contributed to the cause of the injury.
3. Any alleged abuse or mistreatment of a client	- The incident is an allegation of sexual or physical abuse against staff by a client where the media has become involved.
4. Missing Client	- The client's age or mental capacity makes him/her especially vulnerable. - A crime is suspected to have occurred in conjunction with the client going missing (i.e. abduction, stolen vehicle, assault on staff). - The service provider contacted the police and an amber alert or a similar public awareness tactic is planned. Note: Do not report incidents in this category as enhanced if the incident has already been resolved (e.g. missing client has returned).

Serious Occurrence Category For a complete definition, please refer to the SO Procedures for Service Providers	The incident may be enhanced if...
5. Disaster/Disease	<ul style="list-style-type: none"> - The incident is a lockdown relating to a serious incident occurring in your service provider location - The incident is an outbreak of a serious contagious disease or virus, such as C. Difficile or SARS. - The incident caused major damage to a service provider's location and will significantly disrupt the delivery of services. <p>Note: Do not report incidents in this category as enhanced if the incident has already been resolved (e.g. lockdown has been lifted).</p>
6. A complaint about the service provider.	<ul style="list-style-type: none"> - The individual or group who complained has contacted the media. - A staff member has been arrested for a serious crime that may have affected clients. - The complaint is about a topic that is often covered in the media.
7. A complaint made by or about a client and any other serious occurrences.	<ul style="list-style-type: none"> - The incident involves serious criminal activity on the part of the client.
8. Physical restraints	<ul style="list-style-type: none"> - Service provider staff applied a physical restraint and resulted in a life-threatening injury.

In the case of an Enhanced Serious Occurrence, the Executive Director or Director of Children & Residential Services will be contacted immediately. **Should an Enhanced Serious Occurrence take place after hours, a member of the Senior Management Team, available on call through the “Backup Supervision Schedule” will be contacted immediately.**

In these situations the Executive Director or Director of Children & Residential Services or designate will ensure that the Ministry's early alert system is notified **within 3 hours** of becoming aware that an Enhanced Serious Occurrence has occurred.

When providing a Enhanced Serious Occurrence Report by telephone, ensure the following information is given:

- Callers name and contact number
- Service provider name and site location
- Client's first name and last initial
- Date of birth and age

- Date and time of the incident
- Brief description of what happened.

Notification will be by facsimile, or telephone if facsimile is not available at the numbers listed in the following chart.

Weekdays/Evenings/Overnight	Facsimile	Voice
From Sunday 0:00 PM To Friday 5:00 PM	1-800-263-3347	During business hours, your Program Manager/ Advisor at 475-1183 OR 1-705-564-8153, ext. 3275, or 1-800-268-6119
<p>The Society will report the occurrence to the regional office's SOR fax line using the Enhanced Serious Occurrence Reporting (ESOR) Form. The Society should contact their program Manager/advisor by phone if we are unable to fax the form. If the Program Manager is not available, the Society will contact Suzanne Copes at 705-564-8153, ext. 3275 or 1-800-268-6119.</p> <p>Regional office staff will review the ESOR Form, and will contact the Society the same business day, where possible, to confirm that the occurrence requires enhanced reporting. If the occurrence does not meet the enhanced reporting requirements, regional office staff will contact the Society to explain the decision and will treat the incident as a Serious Occurrence.</p>		
Weekends and Government Holidays	Facsimile	Voice
From 5:00 PM Friday, To Sunday 9:00 PM	1- 866- 262-8881	1- 877- 444-0424
<p>The Society will report the occurrence to the weekend early alert system by fax using the Enhanced Serious Occurrence Reporting (ESOR) Form. The Society should contact the weekend early alert system by phone if we are unable to fax the form.</p> <p>Weekend early alert staff will review the ESOR Form, and will contact the Society the same business day, where possible, to confirm that the occurrence requires enhanced reporting. If the occurrence does not meet the enhanced reporting requirements, staff will contact the Society to explain the decision and will treat the incident as a Serious Occurrence.</p>		

The Society must then follow regular SO reporting procedures, i.e., submit an INR and IR to our regional office.

Standard 56

Reporting Serious Incidents

In any situation where Group Home staff deems an incident serious in nature, but not a serious occurrence, the appropriate documentation of the incident will be recorded and kept in the youth's file.

R.R.O. 1990, Reg. 70, Section 99

The Children's Aid Society of the District of Thunder Bay acknowledges and abides by Bill 117, which amends the *Provincial Advocate for Children and Youth Act, 2007*. The Agency will inform the Provincial Advocate for Children and Youth (PACY) on every occasion of becoming aware of:

- The death of a child or youth that has received services from the Agency within the last twelve (12) months
- The serious bodily harm incurred by a child or youth that has received services from the Agency within the last twelve (12) months

Bill 117 Provincial Advocate for Children and Youth Amendment Act

PROCEDURES

1. Definition of Serious Incidents

- Injury to any staff member or volunteer by a resident.
- Any injury to a resident that does not require medical attention.
- Any interaction between residents that causes concern to staff.
- Any matter that requires police involvement
- Any matter that is deemed of a serious nature in relation to the Group Home or a resident, i.e., car accident, disclosure of abuse.
- Any restraint involving a resident.
- Medication error resulting in missed medication by staff or overdose of medication to resident by staff

2. Response to Serious Incidents

Staff will discuss the nature of the incident with team members and the Manager. If the incident is deemed serious as per above, the involved caregiver will complete an [Incident/Disclosure Report](#).

The report should include the following:

- name of the worker
 - name of youth involved
 - date of incident/disclosure
 - description of the incident
3. All reports will be submitted to the Manager of Churchill Group Home for review, copied to case manager, and filed in the youth's file at Churchill.



POLICY

The Children's Aid Society of the District of Thunder Bay acknowledges and abides by Bill 117, which amends the *Provincial Advocate for Children and Youth Act, 2007*. The Agency will inform the Provincial Advocate for Children and Youth (PACY) on every occasion of becoming aware of:

- The death of a child or youth that has received services from the Agency within the last twelve (12) months
- The serious bodily harm incurred by a child or youth that has received services from the Agency within the last twelve (12) months

In the event of a child/youth death or incurrence of serious bodily harm, the Agency is obligated to provide the contact information for the Advocate Office to the child involved in the occurrence, as well as to their parent(s). Parent(s) will be informed of such incidents in a timely manner.

DEFINITIONS

1. Serious Bodily Harm: Physical or psychological harm/injury that is considered more than momentary or trifling in nature, which results in the requirement of attention and services from a licensed medical professional. Serious bodily harm is considered to substantially interfere with the health, comfort and general well-being of the child or youth, such as:

- All fractures to any bone including fracture of the nasal structure
- All burns excluding those that can be treated with basic First Aid
- All incidents of self-harm that require emergency care
- Ingestion of medication(s) or other noxious substance(s) that requires medical care
- Serious soft tissue damage including bruising, swelling and complaints of pain sustained proximal to a physical restraint or physical altercation
- Serious head injuries, including concussions or symptoms that might indicate a concussion
- All allegations of sexual assault, sexual abuse and sexual exploitation

2. Psychological Harm: A component of serious bodily harm, which can be reasonably suspected when a child or youth witnesses or experiences an extraordinary acute event that is likely to result in psychological harm, such as:

- A house fire
- Violent events (ex. domestic violence)
- Serious accidents

Each of these events will be considered to result in serious bodily harm. According to the *Child and Family Services Act*, emotional and psychological harm is typically indicated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, and delayed development.

3. Parent: The *Ontario Association of Children's Aid Societies* defines a parent as:

- a) Where the child is in the care of the agency or service provider by court order without access, "parents" means the caregiver of the child;
- b) Where the child is in the care of the agency or service provider by court order with access, "parents" (means any adult over age 18) who has a right of access to the child;
- c) Where the child is in the care of the agency or service provider pursuant to a Temporary Care Agreement under s 29 of the *Child and Family Services Act*, "parents" means any adult (over the age of 18) who is a signatory to the Temporary Care Agreement and any adult (over the age of 18) who has a right of access to the child.
- d) Where the child is not in the care of the agency or service provider, "parents" means any adult (over the age of 18) who has a right of custody of the child or who has *de facto* custody of the child at the time of the death or incidence of harm.

4. Receiving Services: The *Child and Family Services Act* defines 'receiving services' as:

- A residential or non-residential service provided, including prevention service
- A service provided under Part III (Child Protection) of the *Child and Family Services Act*, including Extended Care and Maintenance
- A service provided under Part VII (Adoption) of the *Child and Family Services Act*

PROCEDURE

In the event of a child death or incurrance of serious bodily harm:

- 1. Within forty-eight (48) hours of the event:** A CAS staff member that works with and is familiar with the child or youth must consult with a Manager to determine if the event meets the criteria to be considered an instance of serious bodily harm. If the event is deemed to satisfy the criteria, a summary of the circumstances surrounding the

death or incurrance of serious bodily harm must be submitted to the Advocate's Office via the following online form:

[PACY: Notification of Death or Serious Bodily Harm](#)

The online form must be printed and approved by a Manager prior to its submission to PACY. To print the form, select the blue button at the bottom of the page labelled "Print Form." Following the approval of a Manager, the file number must also be written on the printed copy for scanning into the Frontline Database.

Once submitted to PACY, an electronic copy of the form must be sent to the Executive Assistant for tracking purposes.

2. Within forty-eight (48) hours of the event: A CAS staff member that works with and is familiar with the child or youth must inform the affected child and their parent(s) of the existence of the Provincial Advocate for Children and Youth Office. In order to maintain simplicity and consistency, the worker contacting the child and parent(s) should use the script card provided when introducing the Provincial Advocate for Children and Youth Office. Script cards are available in the brochure display case across from Records. Families may also be directed to the following:

- Website: <https://provincialadvocate.on.ca>
- Email: advocacy@provincialadvocate.on.ca
- Telephone – Toronto Office: (416) 325-5669
- Toll Free – Thunder Bay Office: 1-888-342-1380

Standard 57 Confidentiality

Children's records are confidential and, as such, information from them will not be released except in accordance with the Society's policies and procedures on confidentiality and information disclosure. (See Human Resources Manual - Standard 10 and Children's Services Manual - Standard 55)

Children's records will be stored and protected according to the guidelines in the Finance and Administration Manual.

PROCEDURES

1. All staff, volunteers, and students will be made aware of the Society's Confidentiality Policy. (See Human Resource Manual, Standard 10)
2. A signed Oath of Confidentiality will be kept on each employee's file at the main office.
3. Staff must ensure that the privacy of information is protected both inside and outside of the Group Home.
4. Client information and residence files are to be kept in a secure area that is not accessible by the youth in the Group Home.
5. After discharge all youth files and documents are returned to the youth's case manager.
6. Staff must ensure that all paper with youth information/names is put into the shredding box.

Section 6

Health and Safety

Policy Statement

The Society will at all times maintain a suitable and safe physical environment that appropriately meets the needs of both residents and staff. This will be done in accordance to the Society Health and Safety Manual, Ministry Health and Safety Standards, and the Ministry of Children and Youth Services Residential Licensing Regulations.

(This Policy Statement was approved by the Board of Directors of the Children's Aid Society of the District of Thunder Bay).

Standard 58 Fire Safety

The Residential Program shall ensure the residence will have:

- a) at least one acceptable exit from the first story of the residence;**
- b) one or more single station smoke alarms listed by Underwriter's Laboratories of Canada located in sleeping areas and in each story at interior stairways;**
- c) a fire-resistant partition between any fuel-fired central heating appliance and the remainder of the building where there is a bedroom on the same floor;**
- d) a 2A 10 B.C.-rated fire extinguisher for the kitchen that is listed by Underwriter's Laboratories of Canada;**
- e) staff and residents who are fully instructed in the procedures to be followed when a fire alarm is activated;**
- f) procedures that are posted in conspicuous places in the Group Home and practiced at least once a month, keeping a written record;**
- g) a fire alarm system that is used to initiate all fire drills;**
- h) lockable containers to keep flammable liquids and paint supplies;**
- i) sprinkler heads and fire detector heads that are not painted.**
- j) staff persons who are trained in the proper use of fire extinguishing equipment with a written record kept of training sessions;**
- k) an inspection of the premises or the residence, including equipment in the kitchen, is made each night to ensure there is no danger of fire and that all doors to stairwells, fire doors, and smoke barrier doors are closed.**

The Residential Program shall also comply with the following provisions found in the Ontario Fire Code:

- a) the fire protection equipment in the residence, including any sprinkler system, fire extinguishers, hose and stand pipe equipment is inspected at least once a month and that a record is kept of each inspection;**
- b) each piece of fire equipment referred to above is serviced at least once a**

year by a person who is qualified to service the particular piece of equipment and a record is kept of each servicing;

- c) the fire alarm or electrically inter-connected smoke detector system is inspected at least once a year by qualified maintenance personnel and a record is kept of each inspection.**

R.R.O. 1990, Reg. 70, Section 108, Subsection 109

PROCEDURES

1. Staff and youth are not expected to put themselves at risk. The Society shall have emergency evacuation plans in place to deal with either fire or fire drills in all locations of the Group Home.
2. All staff shall be trained in the proper use of fire extinguishing equipment and be made aware of the fire plan, location of fire equipment and safety procedures. Records shall be kept of each training session as a certificate in all staff personnel files at the main office.
3. An official fire inspection shall be conducted by the Fire Department annually, shortly before the Ministry licensing reviews.
4. Fire drills shall occur monthly. Emergency lights will be tested at this time and an inspection of the battery and unit will done. Fire extinguishers will be inspected on the day of the fire drill. The home has 13 smoke alarms and a different smoke alarm is tested monthly with the exception of the 2 alarms located in the main floor landings going up to the 2nd floor. Drill information shall be documented in a [Fire Drill Report](#).
5. The following information shall be posted by the telephone and also located in the Emergency Procedures binder in the staff office:
 - Emergency phone number (911, fire, police, doctor)
 - Manager's home phone number
 - Residence street name and number
 - After Hours telephone number
 - Fire drill procedures
6. The following items shall be checked daily and documented in the Nightly Log:
 - Fire extinguishers (pressure gauge)
 - Emergency flashlights
 - Exits (clear at all times)
 - Smoke detectors
 - Equipment in kitchen and laundry area (appliances turned off, cords not frayed)
 - Breaker panel (switches for smoke detectors)
 - Fire doors are all closed
7. There shall be two flashlights located in a consistent area, which is easily accessible to be used in the event of power failure. Candles and candle holders shall be kept in lock up.
8. Paint thinner, enamel based paint, aerosol containers shall not be kept in the day treatment program. All flammable and hazardous substances shall be locked up.
9. If there is an odour of gas, caregiver and children shall evacuate and call the Fire Department

immediately. **DO NOT LIGHT MATCHES OR TURN ON ELECTRICAL SWITCHES.**

10. All hallways, doorways, heating outlets, and exit routes must be kept clear.
11. Furnace areas must be kept clear of any storage.
12. All paper or signs that are posted around the residence need to be laminated.
13. In the event of a fire or drill, the following fire evacuation plan will be implemented. This plan shall be posted throughout the residence, both in the kitchen and in a consistent area on each floor:
 - a) Upon discovery or alert of a fire, all staff and residents should evacuate the residence to the street by the closest exit
 - b) Senior staff on shift should ensure that all occupants have left the residence, and ensure that all doors are closed behind them.
 - c) Senior staff on shift is responsible to bring the emergency procedures binder and file card box out of the residence during a fire.
 - d) Staff to call the Fire Department at 911 from a safe location.
 - e) All staff and youth shall be accounted for. Missing persons shall be reported to managerial personnel;
 - f) All staff and youth shall remain in the designated evacuation area until a signal is received that it is safe to return. If it is unsafe to return to the residence, staff will contact Senior Management and the Manager of Churchill Group Home as well as alerting the Main Office of CAS using the 24 hour emergency line.
 - g) An incident report will be completed with all details and reported to the Ministry as a Serious Occurrence.
 - h) A debriefing will be conducted with all staff and youth involved.

Standard 59 Health Safety

In order to safeguard the physical health and well-being of the residents, the Residential Program shall ensure that:

- a) all poisonous and hazardous substances are kept in lockable containers;**
- b) harmful substances and objects, not essential to the operation of the residences, are not kept in the residences;**
- c) firearms are not kept on the premises of the residences;**

Note: This regulation does not apply to police. Police use of firearms is governed by their own regulations. For security reasons, you might wish to advise police of any situation which might indicate a firearm would be a risk factor inside the children's residence. The police will then evaluate whether or not the firearm will be brought onto the premises.

- d) all prohibited weapons shall be removed from any resident and forwarded to the police;**
- e) any other weapon that may be used to inflict harm on another person or to the youth will be confiscated from the youth;**
- f) a supply of drinking water is provided that is, in the opinion of the local Medical Officer of Health, sanitary and adequate for the requirements of the residents and water temperature is set at 49° Celsius;**
- g) residents are properly buckled up when transported in a vehicle;**
- h) residents at the Group Home receive well-balanced meals that are nutritionally adequate for physical growth and development (see Standard #14 in this Manual);**
- i) residents with communicable diseases will be isolated from other residents who have not been infected, if such isolation is considered necessary by a physician or nurse practitioner;**
- j) there is 9 square metres of play space per resident at the Group Home, and the space is maintained in a safe and sanitary condition.**

PROCEDURES

Harmful Substances

1. All cleaning supplies, solvents, glue, and other poisonous substances are to be kept in a locked area. Keys to this area are to remain in staff's possession at all times.
2. Residents must have staff permission to remove hazardous products from lock up. Staff will keep track of such products and ensure that they are returned to lock-up after use.
3. Hazardous gardening products, gas cans, and barbecue fuel will be kept locked in the shed at all times. Residents must have staff permission to gain entrance to the shed.
4. Staff will annually conduct an inventory on any hazardous products in lock up and shed in order to ensure their essential use in the program.

Weapons

1. No weapons will be allowed on group home property. Definition of weapons include: guns of any kind (including B.B. guns), knives (including pocket or hunting knives), razors, devil sticks, ceramic tools, anything deemed dangerous by staff. The above definition does not include kitchen knives, scissors, exacto knife, disposable razors, water guns, or pocket knife; however, these items will be monitored daily and kept in lock up.
2. All prohibited weapons will be confiscated and may be forwarded to the police at staff's discretion. Depending on the weapon taken, charges may be laid.
3. When staff suspect possession of any weapon-like material (e.g., bat, wood sharpened to a point), they may call a room search in order to ensure residents' safety.
4. Some personal possessions confiscated may be held for the youth until discharge from the group home (e.g., pocket knife, project made in shop class, etc.)

Health Inspection

1. Health inspections will occur at least thirty days prior to licensing expiration. The Manager of Churchill Group Home will be responsible for notifying the Health Inspection office in order to set up an annual Health Inspection.
2. Residential staff will ensure that, prior to the annual Health Inspection, the following requirements are met:
 - a) Group Home is clean and sanitary;

- b) water temperature on hot water tanks is set no greater than 49° Celsius;
 - c) thermometers are installed in each fridge and ensure that proper refrigeration of food occurs;
 - d) paper towelling is available to dry hands in both kitchen and bathrooms;
 - e) instructions are posted in kitchen and bathroom on proper cleaning methods;
 - f) all food is properly stored in airtight containers;
 - g) the minimum temperature of the residence is at least 17° Celsius (62° Fahrenheit).
3. During the health inspection, the Officer of Health will test a sample of drinking water, ensuring it to be adequate for the purposes of the residence.

Communicable Diseases

1. Group Home staff who suspect that a youth may have a communicable disease should report this information to other staff members (through the log book), the Manager of Churchill Group Home, and to the youth's physician/Health Unit. The physician or nurse practitioner will make a judgment as to whether testing should be recommended.
2. Where it has been determined that a youth suffers from a communicable disease, staff will consult the youth's physician or nurse practitioner before making a decision to isolate the youth from other residents.
3. Group Home staff will ensure that adequate counselling occurs before and after a youth is diagnosed with a communicable disease.
4. Should it be determined that a youth be isolated from other youths, Group Home staff will provide the youth with confidentiality, programming on the particulars of the disease, and a private bedroom.
5. With permission of the infected youth, staff will fully inform and educate the other youths, going over any special precautions that should be taken.
6. Universal precautions should be posted in the staff bathroom and followed at all times.

Play Space

1. Residents and staff must ensure that recreational items are put away after play and not abused during play (e.g., basketball, video games).

2. Staff are to ensure that all play areas are kept safe and sanitary (e.g., gardening tools are put away properly).
3. In order to ensure that residents have a place where they can safely enjoy active play, the Group Homes will have nine square metres of play space available to each resident.
4. All recreational items are to be kept in the downstairs sports cupboard and only used with permission from staff. TV/Computer games are also to be used with staff's permission.

Van

1. Seatbelts will be worn at all times and staff will always check to ensure the youth wear their belts.
2. Smoking, food, or drinks are not allowed in the vehicles.
3. Staff are responsible for their own traffic tickets or parking fines when driving a Society vehicle.
4. The Society vehicle is to be kept locked at all times.
5. Youth will never be left unattended in a running vehicle.
6. Mechanical problems will be logged immediately and the Manager of Churchill Group Home will be notified.
7. Group Home staff are to keep the gas level of the vehicle above 1/4 of a tank.
8. Group Home staff needing to use their own vehicles for work-related purposes may claim mileage after getting managerial approval.
9. Horseplay is not permitted in the vehicle. Staff will stop the vehicle safely until the youths have settled.
10. A first aid kit and manual are kept in the van at all times.
11. A record of the odometer/mileage will be recorded and kept in the van for each trip the van makes and the purpose for the trip (see [Vehicle Mileage Record](#)).
12. Daily circle checks are done on the van and any repairs needed are recorded and will be attended to accordingly (see [Mechanical Performance Checklist](#)).

Footwear Policy

Introduction

The agency expects all employees and students to exercise common sense and good judgment in their choices of footwear. Employees must keep in mind their personal safety and the professional image the agency wishes to convey. Your choice of footwear must be appropriate and must never compromise your safety.

This policy applies to all agency employees while carrying out agency related activities, on or off of agency property.

Policy

1. All employees and students must wear footwear at all times. Stocking or bare feet is prohibited. This includes home visits to clients and foster/kin homes. This is to prevent:
 - acquisition of fungal diseases and blood borne diseases caused by walking on contaminated surfaces with bare feet, or stepping on contaminated sharps
 - other injuries and diseases caused by stepping on sharp, dirty objects
 - ability of worker to leave an unsafe environment quickly and safely
 - prevention of slips and falls

Clients and Foster Parents are to be reassured that the worker who wears shoes inside their home is directed to do so by the Agency's Health and Safety policy, and is not intended as a sign of disrespect of custom or culture, or as an indication the worker feels the home is unclean. The worker should communicate that this is agency policy. The worker should carry clean, non-marking shoes to wear in client, foster and kin homes. Bootie covers are also available (stored in Reception at Head Office).

2. All employees and students must wear adequate and appropriate footwear for the circumstances.

Recommended (to prevent foot injury from punctures/cuts/abrasions, and slips and falls): Footwear with rubber soles thick enough to protect against a puncture; closed toed shoes; closed heel or heel strap; shoes with heels less than 3" high.

***Please note:** at Churchill staff must wear foot wear that is closed toe, closed heel, no heels, good grip on bottoms (ie: running shoes) as they must be prepared to physically intervene with youth when needed.

Prohibited: Bare or stocking feet; slippers; thin rubber soled beach footwear, e.g., rubber flip flops, unless the employee is at a pool, gym change or locker room, or beach.

Standard 60

Water Safety

Residential staff shall ensure that all water activities are conducted in a safe and proper manner.

PROCEDURES

1. Staff shall ensure that child swim within their ability level.
2. Any child in the water must be closely supervised by an adult at all times.
3. The "Buddy System" should be used at all times, i.e., within reach of each other.
4. Canoes will be inspected annually for safety.
5. Boating activities/canoeing shall occur during daylight hours only.
6. All staff and residents shall wear life jackets while boating/canoeing.
7. When recreating near water, staff shall be in possession of a cell phone, a first aid kit, and a rope with a life saving device such as a buoyant ring.
8. Staff must exercise caution when recreating near water recognizing the inherent danger of the environment.

Standard 61

First Aid

Residential Program shall ensure the Group Home is equipped with a first aid kit and manual.

The contents of the first aid kit shall be approved by a physician and the kit and manual shall be maintained by the staff and kept in a location that is known and accessible to all staff of the residence.

R.R.O. 1990, Reg. 70, Section 94

PROCEDURES

1. Staff will check and replenish the first aid kit on a monthly basis.
2. In accordance with Workplace Safety and Insurance Board Guidelines, first aid supplies shall be available and located in a designated area (Churchill – staff washroom). Employees shall be informed as to the supplies available and their location.
3. All staff (permanent, casual, students) working in the residence must be certified in Standard First Aid training and CPR. A copy of the certificate will be kept in the staff's personnel file and needs to be renewed prior to the expiry date. (every 3 years)

Standard 62

Smoking

Staff, volunteers, students, and foster parents will not provide, directly or indirectly, any tobacco product to a child under the age of 19.

PROCEDURES

It is important to recognize that smoking, while not an approved activity, is, for adults, a legal activity. As a Society, we can take a firm philosophical stand but we are limited in how far we can enforce this philosophy with staff, foster parents, and children.

In the interest of client and caregiver health and safety, all facilities of the Children's Aid Society of the District of Thunder Bay shall be smoke free.

1. As the Group Home is a smoke free environment, all smoking is to be kept to those designated areas outside the building. Also, no smoking is permitted in the Society van.
2. Designated smoking areas will have an appropriate fire proof container for the disposal of ashes/butts.
3. Employees, students, clients, and family will be informed of the smoking policy.
4. All residents will not be permitted to smoke on the property without their parents' permission.

Standard 63

Violence in the Group Home

Residential Program staff and residents are entitled to work and live in a healthy and safe environment. Any violence, either real or threatened, is not acceptable and should be reported immediately to the Manager of Churchill Group Home. This includes verbal or written threats, harassment or a physical act of violence.

PROCEDURES

1. If you are the victim of an act of violence, let the aggressor know you do not accept or condone abusive or aggressive language or behaviour.
2. Safety must be the guiding principle with which all Group Home staff operate. Therefore, staff must maintain safety practices such as maintaining an appropriate distance from the aggressor, being aware of the environment, and maintaining communication among coworkers.
3. All workers are expected to read and be familiar with the Healthy and Safety Manual and all relevant standards and policies as they pertain to the Group Home.
4. Staff are to complete all incident reports and report all violence to the Manager of Churchill Group Home and the resident's case manager.
5. The Manager of Churchill Group Home will be available to debrief with staff following critical incidents and at any times that a staff member feels it is necessary.
6. The Society will ensure that information pertaining to the EAP program is posted and available for all staff.
7. All Group Home staff will be trained in the use of PMAB and will use physical restraints when it is necessary.
8. In incidences where staff are unable to de-escalate a situation, or it is deemed in the best interest of the safety of the program, police intervention will be used.

Section 7

Physical Plant

Policy Statement

The Children's Aid Society of the District of Thunder Bay will at all times maintain a suitable and safe physical environment that appropriately meets the needs of both residents and staff. This will be done in accordance to the Ministry of Community, Family, and Children's Services Residential Licensing Regulations.

(This Policy Statement was approved by the Board of Directors of the Children's Aid Society of the District of Thunder Bay on May 22, 1997).

Standard 64

Site Plan

The Residential Program will provide a copy of the Churchill site plan and drawings to scale that set out the floor plans to the Ministry.

R.R.O., Reg 70, Section 105(2)

PROCEDURES

1. In order to ensure that the space in the residence is adequate and appropriate for the number and type of children living at the Group Home, a copy of the residence site plan will be forwarded to the Ministry at the time of licensing.
2. In order to keep the Ministry informed of any alterations to the Group Home, a residence floor plan (showing doors, exits, windows, stairways, and use of each room) will be forwarded to the Ministry at the time of licensing.
3. See Appendix ? for a copy of the site plan for Churchill Group Home.
4. See Appendix ? for a copy of the floor plan for Churchill Group Home.
5. See the [Churchill Inventory List](#) for a complete inventory of items contained at Churchill Group Home. Inventory of all items at the residence will be tracked twice annually.
6. An inventory of lock-up items will be checked daily, through the [Nightly Checklist](#).

Standard 65

Sleeping Accommodations for Residents

The Residential Program shall ensure that the residence at Churchill meet the following requirements:

- a) no room without a window is used as a bedroom;**
- b) no basement area or room is used for sleeping accommodation unless such use is approved by a Director;**
- c) each bedroom has a minimum area of five square metres of floor space for each resident over the age of 18 months and under the age of 16 years;**
- d) each bedroom has a minimum of seven square metres of floor space for each youth 16 years of age or over;**
- e) each youth is provided with his or her own bed and clean mattress suitable for the youth's age and size, together with bedding that is appropriate according to the weather and climate;**
- f) no resident over six years of age shares a bedroom with another resident of the opposite sex unless the sharing is approved by the Director.**

R.R.O. 1990, Reg. 70, Section 106

PROCEDURES

1. In order to ensure that sleeping accommodations for youth at each Group Home will be safe, warm, and provide them with some privacy, staff regularly check on residents with regards to their comfort level.
2. Each bedroom has a minimum floor space area of five square metres per resident.
3. Churchill Group Home has five bedrooms on the second floor of the house.
4. Residents are given some leeway (at staff's discretion) when decorating their bedrooms.
5. All residents have their own bed at the Group Home; however, may have to share a bedroom with one other resident of the same sex.
6. Staff may use their own discretion when deciding upon sleeping accommodations; however, residents can make room requests at house meetings.

Standard 66

Bathing Accommodations for Residents

In order to ensure that facilities for personal hygiene are sufficient for the number of residents, and that the safety and comfort of the residents are being addressed;

- a) the Group Home will have a minimum of one wash basin with hot and cold water;**
- b) one flush toilet for every five residents or fewer;**
- c) one bath or shower with hot or cold water for every eight residents;**
- d) each toilet has a separate compartment;**
- e) the water temperature in a washroom does not exceed 49° Celsius.**

R.R.O. 1990, Reg.70, Section 106

PROCEDURES

1. The Churchill Group Home provides two washrooms available for the residents' use on the second floor. Each washroom contains a toilet, washbasin, shower/bathtub.
2. Bathrooms are to be cleaned daily to ensure cleanliness.
3. The setting of the thermostat on the water heater(s) should be checked regularly to determine that the temperature is not greater than 49° Celsius. Staff will check regularly and ensure that the information is recorded.
4. At Churchill, the staff washroom on the main floor, is prohibited from regular residents use and is to be cleaned weekly.

Standard 67

Mechanical and Heating Systems

The Residential Program will ensure that all fuel-fired appliances in the Homes are serviced at least once a year by a person who is the holder of a certificate issued under Section 14 of the Energy Act.

R.R.O. 1990, Reg. 70, Subsection 107(b)(c)

PROCEDURES

1. The Group Home staff will consistently keep the temperature of the Group Home between 66° and 72° Fahrenheit (except when naturally heated above 72° by the sun).
2. Prior to the annual Fire Inspection, the Manager of Churchill Group Home will arrange to have the furnaces at the Group Homes serviced by a qualified technician, in order to ensure the heating equipment is functioning properly. A record is to be kept of the servicing and cleaning.