

Youth Justice Licensing and Compliance Checklist

Release: March 2026

Preamble

This checklist guides licensing and compliance inspections at youth justice facilities. It is intended to support licensees to understand and prepare for the inspection process.

Note: This document does not constitute legal advice and must be read in conjunction with the [Child, Youth, and Family Services Act, 2017 \(CYFSA\)](#), [Ontario Regulation 155/18 \(O. Reg. 155/18\)](#), [Ontario Regulation 156/18 \(O. Reg. 156/18\)](#), and the [Youth Justice Services Manual \(YJSM, password mccss-yj\)](#).

Standards in the [Contents Applicable to All Service Providers](#) section of the YJSM are denoted in the checklist with an "a" following the reference number. For example, the reporting abuse standard is referenced in the checklist as Standard 4.2a.

A separate checklist is used to review policies and procedures. A copy of the Excel-based youth justice policy and procedure checklist can be obtained by contacting your licensing inspector.

How To Use This Document

This checklist is organized by the components of a licensing and compliance inspection. Each section includes a range of requirements, grouped together by topic. Use the Table of Contents or Navigation pane to quickly locate a specific section. To search for a specific requirement or topic, use the search function by selecting "CTRL" + "F" and searching for key words.

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Legislative and Regulatory References

[Child and Youth Family Services Act, 2017](#)

[Ontario Regulation 155/18](#)

[Ontario Regulation 156/18](#)

YJSM References

[Youth Justice Services Manual](#) (password: mccss-yj)

Serious Occurrence Reporting and Residential Licensing System (SOR-RL) References

[SOR-RL training portal and resources](#)

Checklist

Pre-Site Inspection

Pre-Site Inspection

1.1 Fee for Licence/Renewal

The fee payable by the applicant, as applicable, on application for a licence or renewal of a licence has been received by the Director.

O. Reg. 155/18, s.114(2), (3), (4), (5)

1.2 Application for Licence/Renewal - Documentation of Services

The licence application includes documentation of:

- Services that are or will be provided for young person
- A description of how such services can or will be accessed by young persons and how they are appropriate for young persons
- Consultation with service providers that will or do provide services to young person

CYFSA s. 254 (b.1.) (b.2)

2.1 Insurance - Fire/Extended Coverage/Theft

The licensee has in effect an insurance policy for each residence operated by the licensee that covers fire and extended coverage including coverage for the theft of the physical assets of the residence and the property of the young persons.

O. Reg. 156/18, s.116(1), (2)(a)

2.2 Insurance - General Liability/Personal Injury

The licensee has in effect an insurance policy for each residence operated by the licensee that covers comprehensive general liability coverage and personal injury coverage, including coverage for the employees, students, and volunteers in the residence.

O. Reg. 156/18, s.116(1), (2)(b)

Standard 2.8(1)(K)

Pre-Site Inspection

2.3 Insurance - Liability Form Contract/Agreement

The licensee has an insurance policy in effect for each residence operated by the licensee that includes a clause concerning liability arising out of any contract or agreement.

O. Reg. 156/18, s.116(1), (2)(c)

2.4 Auto Vehicle Coverage

The licensee has motor vehicle coverage in effect for all vehicles owned and used by employees and volunteers.

O. Reg. 156/18, s.116(1), (2)(d)

Standard 1.6(1)(E)

2.5 Vehicle Safety Certificate

There is an annual safety certificate on file from a mechanic (licensed to do so by the Ministry of Transportation) for each vehicle used to transport young persons, staff and volunteers.

Standard 1.6(1)(A)

2.6 Wilderness Trips Liability Insurance

The licensees offering wilderness-based programs will have on file, a liability insurance package that covers this type of activity.

Key Components:

Wilderness Trips includes any outdoor recreational activity that presents unique safety concerns due to the skill level demanded by the activity and/or location, which isolates a group from prompt emergency support. This includes both daytime and overnight excursions, extended hiking or isolated camping trips, canoeing, skiing, rock climbing or any other wilderness-based activity.

Standard 7.5(4)

Pre-Site Inspection

3.1 Laws, Rules and Regulations

There is written evidence that the residence is in compliance with the following requirements and any other applicable law:

- a) the laws respecting the health of inhabitants of the area in which the premises is located;
- b) a rule, regulation, direction or order of the local board of health and any direction or order of the local medical officer of health;
- c) any law for the protection of persons from fire hazards including the fire code and any by-law of a municipality in which the premises is located respecting the protection of persons from fire hazards;
- d) a zoning by-law passed pursuant to the Planning Act, or any predecessor of that Act, by a municipality in which the premises that is being or will be used as a children's residence is located; and
- e) the building code made under the Building Code Act, 1992.

O. Reg. 156/18, s.80(1), paragraph 3, (2) (a), (b), (c), (d), (e)

3.2 Site and Floor Plan

A copy of the site plan of the facility is on file and includes a drawing to scale that sets out the floor plan of the residence, showing windows, doors, exits and stairways and the proposed uses of each room in the facility. If there was a change to the facility, there is an updated site plan and drawing.

Key Components:

A site plan includes the entire property, including outdoor space. A floor plan includes the interior layout of the facility.

O. Reg. 156/18, s.80(1), paragraph 1 and 2

Pre-Site Inspection

4.1 Sanitary and Adequate Drinking Water

There is a document demonstrating that the local medical officer of health confirmed there is a sanitary and adequate supply of drinking water for the requirements of the facility.

O. Reg. 156/18, s.97, paragraph 12(i)

Standard 5.2

4.2 Compliance with Safe Drinking Water Act, 2002

For facilities that are not connected to a municipal water system:

- the owner of the water treatment or distribution system submits a drinking water systems annual report to the Director (from the Minister of the Environment) and MCCSS for each designated facility served by the system.
- any adverse water quality test results are reported to MCCSS in writing within 24 hours of the occurrence. The licensee completed an SOR about the water problem, interim measures in place, and how the problem is being corrected.
- if a treatment or distribution system is established, altered, extended or replaced, the owner of the system submitted documentation from an engineer to the Director (from the Minister of the Environment) and MCCSS no later than 30 days after the system first commences operation.

For new facilities that are not connected to a municipal water system, there is documentation (engineer's inspection report) that the facility's water system and water quality meets regulation requirements.

Licensees can be referred to the Ministry of the Environment if they have questions about these requirements.

SDWA (2002)

Pre-Site Inspection

5.1 Annual Budget For Each Residence

There is a written budget for each residence that covers a twelve-month period and contains the following:

- the anticipated revenues of the residence;
- the projected expenditures to be incurred with respect to the day to day operation of the residence; and
- the projected expenditures to be incurred with respect to physical, emotional, developmental and educational needs of young persons including professional services and non-recurring costs.

O. Reg. 156/18, s.115(1)(a), (b), (c)

5.2 Separate Budget for Each Residence

If a licensee operates two or more residences, a separate annual budget shall be prepared for each residence that shows the individual costs for each residence and any costs that are shared between the residences.

O. Reg. 156/18, s.115(2)

5.3 Record of Revenues and Expenditures

The licensee shall, in respect of each residence operated by the licensee, keep a complete record of revenues and expenditures associated with the operation of the residence.

O. Reg. 156/18, s.115(3)

6.1 Electronic Surveillance - Director's Approval

There is written approval from the Director/designate for the use of electronic surveillance equipment within the facility, for purposes of monitoring areas other than the perimeter.

Standard 3.4

Pre-Site Inspection

6.2 Secure De-escalation - Director's Approval

There is written approval from the Director for the use of a secure de-escalation room, if applicable.

CYFSA s.173(1)

Standard 9.1

6.3 Six Month Review - Need for Secure De-Escalation Room

There is written evidence of review of the need for the secure de-escalation room(s) and the prescribed matters every six months from the date on which the secure de-escalation room(s) were approved by the Director. Reports of each review are submitted to the Director, as well as any additional reports as are prescribed.

CYFSA Subsection 175(a), (b)

Standard 9.1

6.4 Outdoor Recreation Area Space - Director's Approval

There is written approval from the Director if an alternate arrangement is made for outdoor play space.

Key Components:

The facility must have an outdoor play space with a minimum area of at least 9 square metres multiplied by the maximum number of young persons permitted by the licence.

O. Reg. 156/18, s.97, paragraph 10

Pre-Site Inspection

6.5 Wilderness Trip - Director's Approval

There is written approval from the Director/designate for wilderness trips, if applicable.

Key Components:

Wilderness trips include any outdoor recreational activity that presents unique safety concerns due to the skill level demanded by the activity and/or location, which isolates a group from prompt emergency support. This includes, but is not limited to, daytime and overnight excursions, extended hiking or isolated camping trips, canoeing, skiing, rock climbing.

Standard 7.5

6.6 Over Capacity - Director's Approval

There is written approval from the Director if the facility had to be over-capacity for a specific period of time.

CYFSA s.259(3)

6.7 Share a Bedroom - Director's Approval

There is written approval from the Director if, at any time, a young person had to share a bedroom with another young person of the opposite sex.

O. Reg. 156/18, s.97, paragraph 6

6.8 No Part of a Basement to be Used as A Bedroom - Director's Approval

There is written approval from the Director if a part of a basement was used for sleeping accommodation.

O. Reg. 156/18, s.97, paragraph 1

Standard 5.2

6.9 Inventory of Mechanical Restraints

There is a recorded inventory of the mechanical restraints that have been approved by a provincial director.

O. Reg. 155/18, s.60, paragraph 1

Standard 8.4

Pre-Site Inspection

7.1 Annual Review and Update - Crisis Management and Contingency Plans

The facility's Crisis Management Plan and Contingency Plan meet all minimum requirements, are reviewed annually, and updated as required.

Standard 2.2a, 2.3a

8.1 Secure De-Escalation - Monthly Summary

A monthly summary or nil report was submitted to the provincial director on or before the fifth day of the following month. The summary shall include each instance of the use of a secure de-escalation room in respect of a young person for that month and shall detail the following:

1. The name and age of the young person.
2. The dates and duration of the use of the secure de-escalation room.
3. The reasons for the service provider's opinion that the criteria set out in subclauses 174 (3) (a) (i) and (ii) of the Act were met.

O. Reg. 155/18, s.89(1)(b), (2) paragraphs 1, 2, 3, (3)(b)

Standard 9.1

9.1 Physical Restraint - Monthly Summary

For every month, there is a written record that summarizes every instance of the use of physical restraint on a young person, including:

1. The name and age of each young person who was physically restrained.
2. The dates and time periods during which the physical restraint was used in respect of each young person.
3. A description of the risk referred to in paragraph 1 of subsection 10 (1) that existed before the physical restraint was used.

O. Reg. 155/18, s.15(1), (2), (3)(b)

Standard 8.2(4)(Y)

Pre-Site Inspection

9.2 Physical Restraint - Monthly Analysis

For every month, there is a written analysis of every instance of the use of physical restraint in order to ensure that the physical restraint was used in accordance with the Regulation.

O. Reg. 155/18, s.15(4), (5)(b)
Standard 8.2(4)(Z)

9.3 Physical Restraint - Annual Evaluation

At least once every calendar year, there is a written evaluation conducted respecting the effectiveness of the service providers physical restraint policies and whether changes or improvements to the policies are required, particularly with respect to whether changes are required to minimize the use of physical restraint.

O. Reg. 155/18, s.15(6)(a), (b)
Standard 8.2(4)(AA)

10.1 Mechanical Restraint - Monthly Summary

For secure facilities, there is a written record that summarizes every instance of the use of mechanical restraints on a young person at the place for that month and the record shall include the following in respect of each instance:

1. The name and age of each young person who was restrained by the use of mechanical restraints.
2. The dates and the duration of time that the mechanical restraints were used in respect of each young person.
3. A description of the circumstances and the imminent risk referred to in paragraph 1 of subsection 156 (2) of the Act that existed before the mechanical restraints were used.
4. This record is provided to the provincial director on or before the fifth day of the following month.

O. Reg. 155/18, s.63(1), paragraphs 1-3, Standard 8.4(3)(C)

Site Inspection

Site Inspection

1.1 Menus are Posted

Weekly menus are posted where they can be clearly seen by young persons and staff.

Standard 10.2

1.2 All Posting in French and English (if applicable)

Where services are provided in French, signs are posted in both English and French.

Standard 1.13(1)(C)

1.3 WSIB (Form 82) Posted

Inspection of the facility confirms WSIB form 82 is posted in a conspicuous space that states that all accidents must be reported and injuries treated.

Standard 11.5(3)(C)

1.4 Posted Information Protects Identity of Young Person

Inspection of the facility indicates the identity of the young persons is protected by removal of their names and pictures in areas accessed by such individuals as visitors and contractors.

Standard 3.2a

1.5 Notification of Electronic Surveillance

Signs are posted at the main entrance of the property advising of the use of video surveillance equipment.

Standard 3.4(2)(D)

Site Inspection

1.6 Searches - Notices Posted

There are conspicuous notices posted stating that all persons, vehicles and items entering or exiting the place may be searched in accordance with the Act and the regulations.

O. Reg. 155/18, s.69(2), paragraph 1

Standard 3.7

2.1 Policies and Procedures

A copy of the current written policies and procedures is kept in the residence and is made accessible to each person employed in the residence.

O. Reg. 156/18, s.82(2)

2.2 First Aid Kit/Manual

The residence is equipped with a first aid kit and a first aid manual, both of which are kept in a location that is known and accessible to staff of the facility. First aid stations and boxes are in compliance with the First Aid Regulation 1101 of the Workplace Safety and Insurance Act, 1997. The first aid box is a sufficient size to provide clear view and easy access to the contents.

O. Reg. 156/18, s.103(a), (b)

Standard 11.4(1)(A), (B), (C), (D), (E)

2.3 First Aid Trained Staff

A trained staff with valid first aid certificate is on site at all times (minimum two per site recommended).

Standard 11.4

Site Inspection

2.4 Continued Compliance with Authorities

Inspection of the facility indicates continued compliance with authorities regarding health and safety, including:

- b) a rule, regulation, direction or order of the local board of health and any direction or order of the local medical officer of health;
- c) any law for the protection of persons from fire hazards including the fire code and any by-law of a municipality in which the premises is located respecting the protection of persons from fire hazards; and
- e) the building code made under the Building Code Act, 1992.

Key Components:

Review inspection documents for recommendations from local authorities.

O. Reg. 156/18, s.80(2)(b), (c), (e)

2.5 Licence on Premises

The licence is kept on the premises of the residence and is available for public inspection.

CYFSA s.248(1), paragraph 1

3.1 Exits from Residence

There is at least one exit that meets the requirements of the fire code from the first storey of the residence and where there is a third storey that provides sleeping accommodations, there is at least one exit that meets the requirements of the fire code or two means of egress.

Key Components:

To ensure the provision of mechanisms that will provide some protection against the injury or death of young persons due to smoke and fire.

O. Reg. 156/18, s.112(2)(a), (b)

Site Inspection

3.2 Smoke Alarms

Inspection of the facility ensures that in each bedroom and sleeping area and on each storey, there is one or more smoke alarms that meet the requirements of the fire code.

O. Reg. 156/18, s.112(3)(b)

3.3 Fire and Emergency Procedures

A copy of the fire and emergency procedures plan is kept in the residence.

O. Reg. 156/18, s.111(2)

3.4 Fire Extinguisher

There is a fire extinguisher rated at least 2A:10BC and listed by an organization accredited by the Standards Council of Canada installed in the kitchen and maintained in accordance with the manufacturer's instructions.

O. Reg. 156/18, s.112(3)(a)

3.5 Procedures to be Followed for Fire Emergency

The procedures to be followed when a fire alarm is activated or a fire is discovered, including young persons' and staff roles and responsibilities, are posted in a conspicuous place.

O. Reg. 156/18, s.112(3)(e), (i)

3.6 Storage of Flammable Liquids

Any flammable liquids, including paint supplies, that are kept in the residence are stored in lockable containers and not stored near any appliance.

O. Reg. 156/18, s.112(3)(h)

3.7 Fire Safety and Prevention Posted

Fire safety and prevention information is posted.

Standard 2.3a(1)(G)(c)

Site Inspection

3.8 Secure Storage of Poisonous/Hazardous Material

Any harmful substance or object, including a substance or object that is poisonous or hazardous, shall only be kept in the residence if it is essential to the operation of the residence, and be kept in a locked container if it is in the residence.

Key Components:

Definition of terms: "poisonous and hazardous substances" include substances that are marked as being "poisonous", and/or those that the manufacturer indicates should be kept out of the reach of children, and flammable substances (e.g., gasoline)

O. Reg. 156/18, s.97, paragraph 13(i)(ii)

Standard 2.3a(1)(H)

3.9 Firearms and Weapons

Unless responding to an emergency or 911 call, law enforcement personnel are not in possession of a baton, firearm, ammunition, chemical weapon, inflammatory irritant spray such as pepper spray, or other weapon while in the facility. If the facility has weapons storage boxes, the boxes are mounted in a secure manner outside the security area, where access can be monitored.

O. Reg. 156/18, s.114

Standard 3.10(1)

Site Inspection

3.10 Control Panel/Security

Observation of a self-contained control centre supports the facility's integrated internal and external communication, security monitoring and control networks.

Key Components:

A Control Centre is a self-contained unit within the custody/detention facility where security activities are monitored and controlled. The construction of the control centre is appropriate to the security level of the facility.

Security activities are monitored and controlled:

- Control panel security
- Emergency response and procedures
- Daily alarm, door and radio tests
- Phone and computer systems
- Young person counts
- Issuing radios and batteries
- Security door operation and monitoring
- Key control
- Any use of closed circuit television monitoring
- Monitoring of visitors
- Public address system

Standard 3.2(1)(A), (B), (C), (D), (E), (F), (G), (H), (I), (J), (K)

3.11 Distribution and Inventory Keys, Tools and Security Control Equipment

Keys, personal security devices, tools and equipment are accounted for and securely stored. All security control equipment is stored in a secure, locked location and inaccessible to young persons.

Standard 3.3(1)(A), (D)

Site Inspection

3.12 Safety Equipment in Vehicles

Inspection of the vehicles confirms there is safety equipment which includes a first aid kit, fire extinguisher, emergency communication device (e.g. cell phone, radio), and emergency reflectors.

Standard 1.6(1)(C)(a), (b), (c), (d)

3.13 Emergency Rescue Knife is in secure location

There is an emergency rescue knife securely located and inaccessible to young persons.

Standard 3.3(2)(B)

3.14 Automated External Defibrillator

There is an Automated External Defibrillator (AED) on site, secured in an alarmed and wall mounted metal cabinet that is easily accessible and clearly marked with approved AED signs

Standard 3.3.1(1), (3)(A)

4.1 Sinks/Toilets

There is a minimum of one sink with hot and cold water, one flush toilet for every five young persons or fewer, and one bath or shower with hot and cold water for every eight young persons or fewer. Where there is more than one toilet in any one room, each toilet shall be located in a separate stall.

O. Reg. 156/18, s.97, paragraph 7 (i)(ii)(iii), paragraph 8

Standard 5.2(1)(H), (I)

Site Inspection

4.2 Outdoor Recreation Area

The facility has an outdoor recreation area that has a minimum area of 9 square metres for each young person based on licensed capacity, except where an alternative arrangement is approved by the Director, in writing.

Key Components:

Where an alternative arrangement is being used, check to ensure that there is written Director approval.

O. Reg. 156/18, s.97, paragraph 10
Standard 5.2(1)(K)

4.3 Smoke Free Environment

Physical site inspection indicates there are designated areas for staff or visitors to smoke or vape outside the facility, located at least nine metres from the building entrance. Government authorized 'no smoking' signs are posted.

Standard 1.10

4.4 Bedrooms

All bedrooms have windows. No basement area or room is used for sleeping accommodations unless such use has been approved by the Director. Each youth has their own bed with a clean, suitable mattress with bedding that is appropriate for the weather and climate and they do not share the room with a member of the opposite sex.

(Note: On January 1, 2025, s.97 will be amended and the following will also apply:

All bedrooms have doors that provide reasonable privacy and are kept clear of obstructions or anything that is likely to interfere with their operation.)

O. Reg. 156/18, s.97, paragraphs 1, 2, 3, 5, 6
Standard 5.2

Site Inspection

4.5 Floor space - Under 16

Each bedroom has a minimum floor space of five square metres for each young person under 16 years of age who occupies the bedroom.

Key Components:

Definition: "floor space refers to the measurement of the internal area from wall to wall"

O. Reg. 156/18, s.97, paragraph (3)(i)
Standard 5.2

4.6 Floor space – Over 16

Each bedroom has a minimum floor space of seven square metres for each young person sixteen years of age or older who occupies the bedroom.

Key Components:

Definition: "floor space refers to the measurement of the internal area from wall to wall"

O. Reg. 156/18, s.97, paragraph (3)(ii)
Standard 5.2

4.7 Condition of Bedrooms

Prior to occupancy by a young person, each area where a young person is left alone for a period of time (e.g., bedroom, secure de-escalation room, medical isolation/observation room, intake and assessment room) and its contents have been inspected and cleaned/repaired.

All graffiti or other markings/drawings, or other substances that may be on the walls, furniture or fixtures, are removed.

Graffiti is defined as any design, writing or drawing that is scribbled, scratched, etched or otherwise marked on a wall or other permanent fixture and/or on any facility issued item.

Standard 5.2

Site Inspection

4.8 Secure Custody/Detention Single Room

Each young person in a secure custody/detention facility is provided a single room accommodation, except where written approval has been given by the Director/designate.

Standard 5.2(5)

4.9 Suitable Clothing

There is sufficient clothing for each young person that is suitable in quality and size for the their age, activities and local weather conditions.

Key Components:

- During the on site inspection, the clothing worn by the young persons is suitable to their age, activities and current weather conditions.
- Each of the young persons' rooms inspected has evidence of good quality clothing suitable to their age, activities and current weather conditions.

CYFSA s.13(2)(c)

O. Reg. 156/18, s.110(1)

Standard 5.6

4.10 Laundry Services

Young persons have access to laundry facilities or are provided with clean clothing/linens in facilities without laundry access.

Standard 5.6

4.11 Personal Possessions and Privacy

The young person has a reasonable amount of privacy and possession of their own personal property. Basic personal hygiene and grooming products and services are available to young persons and items such as razors are safely and securely stored.

CYFSA s.12(a)

Standard 5.4, Standard 5.7

Site Inspection

4.12 Video/Audio Court Room

An adequate video suite is available and maintained for video court proceedings.

Key Components:

"Video Court" is the specific use of videoconferencing to facilitate court appearances of remanded young persons through the use of video and audio technology.

Standard 5.8(2)(B)

4.13 Designated Areas

Areas of the facility are designated for activities such as food preparation and dining, laundry, study, recreation, informal living, group activities and/or visits. Some areas may be multi-functional.

Key Components:

Check to see that the current usage of space is the same as identified in the floor plan on file.

Standard 5.2(3)

4.14 Residence Temperature

The temperature of the residence is maintained at not less than 17 degrees Celsius.

O. Reg. 156/18, s.97, paragraph 11

Standard 5.2(1)(L)

4.15 Water Temperature

The water temperature in the facility must be capable of reaching a temperature of at least 40 degrees Celsius (104 degrees Fahrenheit) and does not exceed 49 degrees Celsius (120 degrees Fahrenheit).

O. Reg. 156/18, s.97, paragraph 9)

Standard 5.2(1)(J)

Site Inspection

4.16 Private Meeting Space

Space is available for the young person and their counsel or advocacy agent to meet privately and confidentially.

Standard 5.9(1)(B)

4.17 Education - Space for Studies

Suitable space is available for the young person to complete their studies, including homework and other assignments, that is responsive to the young person's individual needs given their age and maturity.

O. Reg. 156/18, s.80.1(1)

4.18 Maintenance of Premises

The facility is maintained in a manner that supports the safety and well-being of young persons and the premises, including the grounds, is kept safe and clean and any materials, equipment or furnishings in the premises are clean and in good working order.

O. Reg. 156/18, s.96(1), (2)

Standard 5.2(6)

5.1 Secure Storage – Medication

All medication is kept in locked containers and only persons authorized by the licensee have access to the medication.

Key Components:

"Locked containers" refers to lockable filing cabinets, lockable closets, or rooms, lockable cupboards, lockable desk drawers and safes.

"Authorized persons" are persons specifically designated by the licensee as having access to medication.

O. Reg. 156/18, s.105(1)(a), (b)

Site Inspection

5.2 Secure Storage - Self Medication for 16 or Older

The licensee has provided lockable storage in the facility for storage of medication that is self-administered by a young person.

Key Components:

Note: "locked containers" refers to lockable filing cabinets, lockable closets or rooms, lockable cupboards, lockable desk drawers and safes.

O. Reg. 156/18, s.105(2)

5.3 Safe Administration, Storage and Disposal of Medication

Physical inspection demonstrates that medication is prepared in a location where there is adequate space and lighting.

Medication is stored in the original labelled containers and/or blister packages in locked containers in a secure area, and that unused or expired medications are kept in a separate and secure storage area until it can be disposed of following the procedures for safe disposal of medications. Sharps containers are used for needles and syringes and disposal is prohibited in inappropriate areas (such as the garbage, toilet, sink).

Standard 11.8.1(1)(F), (I), (K), (L), (M)

5.4 Secure Storage – Records

All records are kept in locked containers and only persons authorized by the licensee have access to the records.

Key Components:

"Locked containers" refers to lockable filing cabinets, lockable closets, or rooms, lockable cupboards, lockable desk drawers and safes.

"Authorized persons" are persons specifically designated by the licensee as having access to records.

O. Reg. 156/18, s.137

Site Inspection

5.5 Daily Log Accessible to Staff

The daily log is kept in a secure place that is accessible to staff who the licensee has authorized to access it.

O. Reg. 156/18, s.95(4)

6.1 Meal Times

Meals are served at a set time and are to be a time for conversation and group interaction with staff. Young persons are encouraged to practice positive social behaviour skills at meal times and there is an eating or dining area identified for meal times where social interaction can take place.

Policy Food and Nutrition (2008-1a)(4)(A), (B)

Standard 10.2(1)(G), (I)

6.2 Menus and Canada Food Guide

Physical inspection of food cupboards, storage areas and refrigerator revealed a variety of foods consistent with the most current Canada's Food Guide and that the food available is reflective of current menus. Copies of the most current Canada's Food Guide are seen.

Policy Food and Nutrition (2008-1a)(1)(A)

6.3 Access to Food and Facilities Not Restricted

Young persons' reasonable access to food and kitchen facilities are not restricted to meal or snack times unless specifically provided for in their CMRP

O. Reg. 156/18, s.102(c)

Site Inspection

7.1 No Inappropriate Behaviour of Staff Towards Young Persons

Young persons were not deprived of basic needs including food, drink, shelter, sleep, access to and use of a toilet, clothing, footwear or bedding and personal property is not removed or threatened to be removed, unless necessary to prevent immediate harm to them.

There is no evidence that young persons were subject to harsh or degrading measures to humiliate, shame, or frighten them or undermine their self-respect, dignity, or self-worth.

O. Reg. 156/18, s.80.4(1), paragraphs 1, 2, and 3

8.1 Secure De-Escalation Room

The secure de-escalation room(s):

- contains a window that is unbreakable or some other means of observing the young person;
- has lighting that is adequate to ensure compliance with observation;
- has no objects that could be used by a young person as instruments of injury or damage;
- is adequately ventilated and maintained at not less than 17 degrees Celsius;
- maintained in a sanitary condition; and
- is not used as a bedroom for any young person, unless the young person is held in a facility that is a place of secure temporary detention or secure custody.

O. Reg. 155/18, s.85(1), paragraphs 1, 3, 4, 5, 6, 7, (2)

Standard 9.1(2)(A), (B), (C), (D), (E), (G)

Logs and Records

Logs and Records

1.1 Records of Meals and Menus

Records show the young persons receive well balanced meals and snacks that are nutritionally adequate for their physical growth and development. There is a variety of meals that are planned according to the requirements of the current Canada's Food Guide. Any changes to the menu are indicated when they are made.

All menus, regular or modified, are retained for at least 30 days from the last day they were applicable.

O. Reg. 156/18, s.102(a)

Standard 10.2

2.1 Food Services Records and Administration

Log books reflect:

- the number and types of meals served
- equipment maintenance
- health and safety compliance
- young person activities

There are records for inventory control and tracking and accounting for food services costs.

Standard 10.6

3.1 Administering Medication

The facility has a record of all medication administered to or by each young person, including: the name and description of the medication administered, when and how each dose is required to be administered in accordance with the prescription (where applicable), and when and how each dose is actually administered.

O. Reg. 156/18, s.106(1)(c)(i), (ii), (iii), (iv)

Standard 11.8.1

Logs and Records

4.1 How Log Books are to be Maintained

A daily log is maintained in each facility operated by the licensee, which sets out:

- the general daily activities that occur in the facility;
- any visitors to the facility;
- when young persons leave from and return to the facility;
- the staff on duty in the facility;
- any event that occurs in the facility that affects the health, safety or well-being of a staff member or young person or may, in the opinion of the licensee, affect the staff member or young person's health, safety or well-being in the future;
- any other information required under this Regulation to be included in the daily log; and

population count; movement of youth; intakes, releases, and re-integration leaves; meal service; medication rounds; security checks; issue and return of equipment; searches; emergency and fire alarms; testing of equipment; and monthly fire drills.

Intent: Each facility keeps a record of significant events that affect the health, safety or well being of the staff and young persons. The daily log may also serve as a means to cross reference with other documentation. If the daily log indicates a serious occurrence, a corresponding serious occurrence report should also be found in the appropriate file.

O. Reg. 156/18, s.95(1), (2)(a), (b), (c), (d), (e), (f)
Standard 1.3(2)

Logs and Records

4.2 Log Book Entry Requirements

A review of the daily log books shows the entries are complete, accurate, legible, and professional, written in plain language, free of jargon and contain only commonly understood abbreviations, entries are made in black ink with no spaces between entries, each entry is initialled or signed and dated by the person making the entry, errors are corrected in a manner that allows for the original text to remain legible and are initialled by the person making the correction, entries are in chronological sequence and are made immediately following the circumstances requiring reporting, inadvertent omissions may be written later by recording the date and time of entry and indicating that it is a late entry. The actual time the activity or event occurred shall be included, entries shall not be altered, backdated or revised, annotations or marginal entries are not permitted.

Standard 1.3(1)

4.3 Bound with Non-Removable Pages

Log books are bound with non-removable, numbered pages and no page or part of a page has been removed.

Standard 1.3(1)(B), (C)

4.4 Logs Are Reviewed and Signed by Manager/Supervisor

Log books are reviewed by management/supervisory staff for professionalism and completeness at least once per shift. All entries subsequent to the last manager/supervisor sign off shall be reviewed. The manager/ supervisor shall indicate that the entries have been reviewed, initial or sign and date the entry,

Standard 1.3(1)(F)

5.1 Incoming/Outgoing Communication

Log books show all incoming and outgoing written communication for young persons.

Standard 5.10(1)(F)

Logs and Records

5.2 Visitor Log Prevents Young Persons Identification

Inspection of the facility's system of logging visitors confirms that young persons are not identified.

Standard 3.2a(1)(E)

5.3 Agenda/Programming Recreation/Athletic Activities

Log book entries reflect the frequency of all recreational, athletic, and creative activities that are appropriate for the young persons' aptitudes and interests, in a community setting whenever possible.

CYFSA s.13(2)(f)

Standard 7.5(1)(C)

5.4 Security Patrols

Daily logs show the details and the frequency of patrols of all occupied and unoccupied areas of the residence, including bedrooms, the perimeter, grounds and outbuildings, the frequency of nightly patrols of all areas, and the location of checkpoints. The logbook contains the status of all locks, bars, windows, doors and other equipment and security safeguards.

Standard 3.6(1)(A), (B), (C), (D)

5.5 Nightly External Communication

Log books for open custody facilities reflect nightly external communication between on-duty staff and a designated individual at another open custody location or a person assigned as a monitoring person for security check-ins. Communication occurs at least once every three hours, between 2300h and 0700h.

Standard 3.6(2)

Logs and Records

5.6 Record of Internal Complaints

There is a record of all internal complaints made by a young person with respect to alleged violations of the rights of the child in care under Part II of the Act, as well as complaints from a parent or any other person representing the youth, and/or an individual affected by conditions or limitations on visitors. This record explains how the complaint was resolved, within required timelines.

CYFSA s.18(1)(a), (b)

O. Reg. 155/18, s.22(3)(a), (b), (c)

5.7 Complaints Procedure - Monthly Written Analysis

There is a written analysis of every complaint received pursuant to the complaints procedure, including the results of the review to determine if changes are required to the manner in which the service provider respects the rights of young persons when providing a service. The written analysis has been provided to the provincial director on or before the fifth day of every month.

O. Reg. 155/18, s.23.2(2)

5.8 Complaints Procedure - Yearly Written Evaluation

There is a written evaluation, conducted at least once every 12 months, of the service provider's written complaints procedure that assesses the effectiveness of the written complaints procedure and the need for any changes to the procedures to improve their effectiveness.

O. Reg. 155/18, s.23.2(1)

6.0 Cannabis and/or Cannabis Derived Product(s) and/or Accessories

All activity related to cannabis and/or cannabis derived product(s) and/or accessories is documented in facility logs.

Standard 3.8.1(4)(G)

Logs and Records

6.1 Disposal of Cannabis

When local police services will not collect/retrieve cannabis and/or cannabis derived products, the cannabis is photographed, weighed and documented, including the disposal date. There is evidence of all other appropriate/relevant documentation and records.

Standard 3.8.1(5)(A)(B)

6.2 SOR for Cannabis

When cannabis and/or cannabis derived products (or other restricted drug/narcotics) and/or accessories (e.g., rolling papers, lighters/matches, holders, pipes, vials, etc.) are discovered within the facility, an SOR is submitted. SORs include (but are not limited to) the amount/weight (if possible), where it was discovered, whether it was linked to an individual, how it was documented, secured and disposed of and local police service contact/direction.

Standard 3.8.1(6)

7.0 Register of Young Persons

There is a register of young persons in each residence operated by the licensee, which contains:

- the full name, sex, and birth date of each young person;
- the name, address, and phone number of the parents of each young person;
- if applicable, the fact that the young person has been placed in interim society care or extended society care;
- the date of admission of the young person; and
- where the young person is transferred or discharged from the residence, the date of the transfer or discharge and the name of the person or agency to whom they were transferred or discharged to.

O. Reg. 156/18, s.92(a), (b), (c), (d), (e)

Logs and Records

7.1 Occupancy Within Capacity

The register does not show over licensed capacity unless the admission is approved by a Director for a specific period of time.

CYFSA s.259(3)

7.2 8:1 Ratio Minimum

Records show the staff ratio to young persons is 8:1 minimum, over a twenty four hour period.

O. Reg. 156/18, s.98(1)

7.3 Designated to be in Charge

Scheduling records show that when more than one program staff is on duty per shift, one program staff is designated to be in charge of the shift.

O. Reg. 156/18, s.98(3)

7.4 TPR Secure Ratio 1:5

The facility records show that during every shift other than the overnight shift, a minimum of one youth worker is on duty for every five young persons in each secure custody/detention unit exclusive of supervisory staff or other staff on specialized duties. The functions of the youth worker are to be performed within the ratio. The ratio of 1:5 applies to the overall shift, rather than to each individual situation.

Records show no staff is left alone with young persons in the facility.

Standard 2.5

7.5 TPR Open Minimum 2 Staff All Shifts

Records show during all shifts, there are at least two youth workers on duty and no staff is left alone with a young person in the facility.

Standard 2.5

Logs and Records

8.1 Maintenance of Appliances, Facility, and Equipment

Any appliance in the facility is maintained in a good state of repair and there is a record that it has been inspected at least once every 12 months by a qualified individual. Records show that the facility and specialized equipment receive regular maintenance and a safety inspection.

O. Reg. 156/18, s.112(1)(a), (b)
Standard 2.3a

9.1 Monthly Fire Drill and Evacuation

The residence has a record of fire drills, practiced at least once a month and with the use of the fire alarm to initiate the evacuation drills, in accordance with the procedures to be followed when a fire alarm is activated or a fire is discovered.

O. Reg. 156/18, s.112(3)(e)(ii), (f), (g)

9.2 Fire and Emergency Procedures Plan

The licensee shall develop, and keep a copy in the facility, a written fire and emergency procedures plan for the facility that:

- sets out the roles and responsibilities of staff in the event of a fire or other emergency;
- designates a place of short-term shelter for situations in which the facility needs to be evacuated because of fire or other emergency; and
- establishes a procedure for situations in which the facility needs to be evacuated because of a fire or other emergency.

The fire and emergency procedures plan is reviewed by the licensee as often as necessary to ensure the safety of staff and young persons, but at least once every 12 months and is revised if there are any changes to the nature of the setting or the young persons to whom care is provided.

O. Reg. 156/18, s.111(1)(a), (b), (c), 2, 3(a), (b)
Standard 2.3a

Logs and Records

9.3 Nightly Inspections

The residence keeps a daily log of the nightly inspection of the residence, including equipment in the kitchen and laundry rooms, to ensure there is no danger of fire and that all fire doors to stairwells, fire doors and smoke barrier doors are closed.

O. Reg. 156/18, s.113, paragraphs 1, 2
Standard 3.6(1)(B)

9.4 Drone Intrusion

If a drone intruded the facility's airspace and/or was discovered on the facility's property, logbooks include all details witnessed by staff (e.g., colour and size of the drone, direction of flight, if anything appeared to be attached to the drone, if anyone was seen who could have been operating the drone, etc.

Standard 3.12

10.1 Secure De-escalation - One Young Person in Room

Records show the number of young persons placed in one secure de-escalation room never exceeds one.

O. Reg. 155/18, s.85(1), paragraph 2
Standard 9.2(1)(D)

11.1 Inventory of Keys, Personal Security Devices, Tools and Equipment

There is a recorded inventory of the distribution, return and control of keys, personal security devices, tools and equipment.

Standard 3.3(1)(A), (D)

11.2 Emergency Rescue Knife Record

Records show there is a schedule for inspecting and maintaining the emergency rescue knife at least monthly and sharpened as required. The record indicates the serial number, location, dates of inspection/ sharpening of the knife and the signature of the staff member.

Standard 3.3(2)(C), (D)

Logs and Records

12.1 Visual Inspection of Facility and Grounds

There is a logbook or visual inspection sheet that includes details of the weekly (at minimum) inspection of all indoor areas (e.g., bedrooms, washrooms, program rooms, etc.), including all walls, ceiling, furniture/fixtures, and behind doors. This includes the date, name(s) of staff who completed the inspection, and if concerns were noted. If there are concerns related to cleanliness and/or security a supervisor/manager was notified and determined next steps.

Key Components:

The visual inspection is not intended as a search or to replace inspections of the physical condition of the workplace by the Joint Health and Safety Committee.

Standard 5.2

12.2 Graffiti

If graffiti was found, an internal facility incident report or tracking sheet was completed, which notes when and where the graffiti was found and who found it. Digital image(s) of the graffiti were taken. An email was sent to the YJD Investigation and Security Unit (ISU) as soon as operationally feasible and minimally within three calendar days, copying the program supervisor. The email includes a copy of the incident report or tracking sheet and digital image(s).

Graffiti is defined as any design, writing or drawing that is scribbled, scratched, etched or otherwise marked on a wall or other permanent fixture and/or on any facility issued item.

Standard 5.2

13.1 Searches - Person, Property, and Facility

There is a written record of all searches of a person or of a person's property, including:

- the name of the person who was searched or who is identified as the owner of the property that was searched.
- the sex of the young person who was strip searched
- a description of the type of search that was conducted
- the name(s) of the staff who conducted the search and who witnessed the search (if applicable)
- for transgender young persons, whether they requested an alternate sex staff member to conduct the search
- for non-routine strip searches, the name and title of who authorized the search
- the date and time of the search
- a description of the area or part of the physical plant that was searched, or the area where the young person was searched
- the young person's views about how a search of their person, property, or bedroom (if the search involves their property) is conducted, including medical concerns and what was done in response to those views
- the reason for the search
- action taken if a young person refused, resisted or failed to co-operate with a search
- action taken if there is a reasonable cause to believe a young person is concealing an item in a body cavity, and the basis for the belief
- a description of any property seized, discarded, broken or misplaced during the search
- action taken as a result of the search
- whether any contraband was uncovered during the search.

Strip searches are documented on a Strip Search Record form. If applicable, staff have recorded young persons' concerns/complaints and the actions taken to address the concerns/complaints (e.g. follow up with medical or social worker, completion of an occurrence report, initiation of a Serious Occurrence Report).]

O. Reg. 155/18, s. 68, paragraph 3, s.70(1)

Logs and Records

Standard 3.7

13.2 Searches - Physical Contact or Removal of Clothes

Records show that, for searches that could involve physical contact between the staff member and the person being searched or the removal of some or all clothes, at least two staff were present and searches were not conducted by a person of the opposite sex unless the person who authorized the search had reasonable cause to believe that an immediate search was necessary because the young person was concealing contraband that posed an immediate threat to the safety of young persons, staff members or any other person, or to the safety or security of the facility. If the young person is transgender, they were provided options as listed in subsection 4 of section 68.

O. Reg. 155/18, s.68, paragraph 4
Standard 3.7(4)(C), (F), (5)

13.3 Strip Searches - Monthly Summary

The Facility Director/designate has prepared, for every month, a written summary of every instance of a strip search conducted during that month. The summary includes:

1. Information identifying each young person subject to a strip search.
2. The date and time of the strip search.
3. The reason for the strip search.

The written summary for the previous month is provided to the provincial director on or before the fifth day of each month.

O. Reg. 155 s.70(3)
Standard 3.7

Logs and Records

13.4 Searches - Vehicles

There is a written record of all searches of a vehicle entering or on the premises of the place of open custody, of secure custody or of temporary detention, including a description of the vehicle and the area of the vehicle or the part of the vehicle that was searched.

O. Reg. 155/18, s.70, paragraph 4

13.7 Searches - Prohibited Search Involving Body Cavity Search

In no circumstance shall a search involve a body cavity search. If there is reasonable cause to believe that a young person is concealing an item in a body cavity, the basis for that belief and the action taken as a result of that belief is recorded.

O. Reg. 155/18, s.68 paragraph 1, s.70 paragraph 7
Standard 3.7(6)(A)

13.8 Contraband - Seized

When contraband is seized during a search, records include the name of the young person who was searched or whose property or bedroom was searched; the number and description of items seized, including any identifying marks; the location where the item was seized; the reason the item was seized; and the date, time, and name of the person who seized the item.

O. Reg. 155/18, s.72(1), paragraphs 1, 2, 3, 4, 5, 6, 7
Standard 3.8(1)(E)

13.9 Contraband - Rules for Seized Items, Owner Known

Records show, if the owner of the item is known or becomes known, the contraband is not suspected to be connected to a crime, and keeping the item would not, in the opinion of the person in charge, pose a threat to the safety and security of the place, it is placed with the young person's personal property and returned to the young person upon their release or, if the young person does not wish it to be returned, details of the item's disposal are recorded in the young person's file.

O. Reg. 155/18, s.72(2), paragraph 3
Standard 3.8(1)(C)(c)

Logs and Records

14.1 Wilderness Trips - Pre-Trip Checklist For Equipment/Procedures

For wilderness trips, records are maintained for safety precautions, including a pre-trip checklist for equipment and procedures, and nutritional and equipment standards.

Standard 7.5(2)(l)

15.1 Suicide Watch

Logbooks include a description of young persons' behaviour, including changes in behaviour, and the rationale for initiating and/or modifying the level(s) of observation and intervention(s). Decisions on modifying, changing or cancelling a Suicide Watch are also documented in logbooks. This is also documented on the Suicide Watch Notice form as soon as possible.

Standard 6.7(5)(E), (9)

Interview with Licensee

Interview with Licensee
<p>1.1 Policies and Procedures</p> <p>The licensee states the residence's policies and procedures:</p> <ul style="list-style-type: none">- reflect current practices and are accessible to all staff- are consistent with requirements of the CYFSA, its regulations, and any other applicable law- staff and those who provide direct care or supervision to young persons comply with the policies and procedures that apply to them. <p>Any changes to policies and procedures are submitted to the ministry.</p> <p>O. Reg. 156/18, s.82(2)(3)(4) Policy Review of Policy and Procedures</p>
<p>1.2 Contravention of Policies and Procedures</p> <p>The licensee describes situations where staff do not comply with policies and procedures or requirements pertaining to corporal punishment or discipline and intervention and how they manage non-compliance.</p> <p>O. Reg. 156/18, s.82(1)(r)</p>
<p>1.3 Change in Board Members</p> <p>The licensee states if there is a change in officers or directors of the corporation, the Director is notified in writing within fifteen days of the change and the role of the new director or officer.</p> <p>O. Reg. 156/18, s.139</p>

Interview with Licensee

1.4 Free of Discrimination/Harassment

The licensee explains how the facility and work environment is free of discrimination and harassment and how allegations of discrimination and/or harassment of young persons, staff, volunteers, students, visitors, or other persons are addressed, including:

- all allegations are addressed, regardless of how the licensee is made aware of the allegation
- steps to address the allegation are initiated within 5 business days, or immediately if there are significant safety concerns
- who receives and responds to complaints
- what the timelines are to respond, considering the nature of the allegation
- how perceived safety concerns are addressed
- how the individuals involved will be supported during the process
- reporting of allegations is consistent with Serious Occurrence Reporting
- police are contacted in all cases of alleged criminal activity

Standard 1.19

1.5 Record Retention

The licensee states young persons' case records are retained for a total of 49 years. Case records will be held in on site storage for the remainder of the calendar year in which the young person's sentence was terminated plus an additional two years.

When a record is "sealed" pursuant to s.119 (2) of the YCJA, it cannot be used for any purpose that would identify the young person, unless a youth justice court orders the disclosure. A young person or their counsel always have access.

Key Component:

The YJ Standard is longer than the CYFSA requirement of twenty years.

O. Reg. 156/18, s.93(2)

Standard 1.4

Interview with Licensee

1.6 Record Retention - Following On-Site Retention Period

The licensee confirms that, at the end of the on-site retention period, the facility:

- deletes electronic documents only after printing hard copies and placing them in the appropriate youth file
- retains hard copy closed files at the facility or arranges for storage at another location.
- identifies staff to be responsible for file retention management
- prohibits the destruction of hard copy files
- if closed hard copy files are transferred to off-site storage, they must contain all documents pertaining to the young person including hard copies of electronic documents
- accesses young person files only until the access period identified by the Youth Criminal Justice Act (YCJA) has expired (119(2) (YCJA))

Standard 1.4(2)(A)

1.7 Publication, Disclosure, Access to Information

The licensee confirms their understanding of access periods and circumstances when non-disclosure of young persons' records applies.

Standard 3.9a

Interview with Licensee

1.8 DNA Sample/Evidence Collection by Police

The licensee describes the process for collection of DNA and/or other biological samples from young persons by police services, including:

- young persons are made available to police when required documents are presented and a copy of the document authorizing the sample collection is placed in the young person's file
- a private area is provided for collecting samples
- staff do not assist in restraining a young person or removing biological samples from a young person

If police ask a young person to voluntarily submit a biological sample, the young person is only made available to police if they (or their substitute decision-maker) consent to the collection after being provided an opportunity to speak with their parent/guardian and lawyer about the request. If they do not consent, this is documented in the young person's file.

Standard 1.16

2.1 Crisis Management and Contingency Plans

The licensee describes how the crisis management and contingency plans support staff, young persons, families, and others during and after a crisis and emergency situation.

Standard 2.2a, Standard 2.3a

2.2 Fire and Emergency Procedures Plan

The licensee states that the fire and emergency procedures plan is reviewed as often as necessary to ensure the safety of staff and young persons but at least once every 12 months; and is revised to take into account any changes to the nature of the facility or the young persons to whom care is provided.

O. Reg. 156/18, s.111(3)(a), (b)

Interview with Licensee

3.1 French Language Services or Interpretive Services

The licensee states that French language services and programming are available to young persons and their families, where required. When a young person has limited or no language skills in English or French, or has difficulty communicating because of physical or mental impairments, they have access to interpretive services and/or devices.

CYFSA s.16,
Standard 1.13

4.1 Police Record Check - Broad Record Checks and Offence Declarations

The licensee confirms that a broad record check (BRC) and offence declaration is received from all employees, volunteers, and students, including those who provide direct care to young persons, pursuant to the PRC-related requirements in O. Reg. 155/18, including:

- timing and frequency of requesting and providing BRCs
- validity of the BRC (i.e. BRC is an original copy, prepared by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015, and issued within the last six months)
- rights of persons to submit a written statement of relevance with their BRC
- when offence declarations must be provided and what they must contain
- when a notice of charge or conviction must be provided
- their policies and procedures for:
 - o keeping BRCs and offence declarations confidential and secure
 - o how they may consider and use BRCs, offence declarations, and statements of relevance
 - o measures to protect young persons who interact with a person required to provide a BRC until the BRC is received

Note: An update is pending to Standard 2.3 Police Record Checks. Please check the YJSM for updates.

O. Reg. 155/18, s.121, item 7, 10, 34, s.122(1)(9), s.125, s.127, s.131(2)

Interview with Licensee

4.2 Staff Training - Site-Specific Training

The licensee confirms all employees who provide direct care to young persons successfully complete site-specific training related to:

- Workplace Hazardous Materials Information Systems (WHMIS)
- Communicable Disease Prevention
- fire evacuation, completed annually
- proper use of fire safety equipment and evacuation procedures, including the actual use of a fire extinguisher (virtual use is acceptable), completed annually
- health and safety-related work practices and procedures

O. Reg. 156/18, s.99, 111(1)(c), 112(3)(c)

Standard 2.4

4.3 Education to Physical Restraint Policy Within 30 Days and Annual Training

The licensee confirms that all persons who provide direct care to young persons (including themselves, if applicable) completed:

1. a Minister-approved physical restraints training program, including training in a particular holding technique that may be used
2. all required refresher courses
3. training on the use of less intrusive intervention measures
4. education on the provisions of the Act, the Regulation, ministry and divisional policies, and the service provider's policies concerning the use of physical restraint.

The licensee should identify who is responsible for confirming that training is completed, how this is recorded, and how records are monitored and updated.

O. Reg. 155/18, s.16(3), (4)

Standard 8.2

Interview with Licensee

4.4 Training in Physical Interventions/Restraints for Community Escorts

The licensee states that, prior to conducting any escorts, staff are fully trained in the use of physical interventions, including physical restraint and mechanical restraints as permitted by the CYFSA, regulations, and the facility's policies and procedures. Other individuals who may "accompany" a young person (e.g., volunteers, probation officer, teacher, facility staff who are not trained) shall receive orientation to the facility's escort policies and procedures.

Standard 12.3

4.5 Student Placements

The licensee describes the role of students and confirms they do not take the place of scheduled, on duty, front-line staff and do not engage in any behavioural intervention which involves physical contact. Students do not work alone with a young person without direct supervision.

Students receive training/orientation and supervision/evaluation.

Standard 2.8(1)

4.6 Community Groups and Volunteers

The licensee describes the role of community groups and volunteers within the case management/reintegration plan and/or program. They confirm community groups and volunteers do not take the place of scheduled, on duty, front-line staff and do not engage in any direct supervision, de-escalation or behavioural interventions, including non-physical/physical interventions.

Community groups and volunteers receive training and orientation and comply with policy and procedures related to the management and use of information and information technology.

Standard 2.9(1)

4.7 At Least One Trained Staff On Duty

The licensee confirms that, if physical restraints are permitted or used, at all times, there is at least one staff person on duty who has completed the training and education required for physical restraints.

O. Reg. 156/18, s.98(3.1)

Interview with Licensee

4.8 Assigning AED Responsibilities

The licensee states they have identified a staff person with responsibility for: acting as a contact person with the AED vendor, inspecting and maintaining the equipment and records as well as obtaining replacement components as needed.

Standard 3.3.1(3)(C)(g)

5.1 Staff in Charge and Management Practices

The licensee employs a sufficient number of program staff in each facility operated by the licensee, to ensure a minimum ratio of one program staff to every eight young persons in the facility averaged over a 24 hour period. Where more than one program staff is on duty per shift, they shall ensure that one program staff is designated to be in charge of the shift.

O. Reg. 156/18, s.98(1), (3), (4)(a)

5.2 YJ Staff Levels - Transfer Payment Recipient (Secure)

The licensee explains that in their transfer payment secure custody/detention facility, no staff is left alone with young persons and during every shift other than the overnight shift, a minimum of one youth worker is on duty for every five young persons in each unit exclusive of supervisory staff. On the overnight shift, one youth worker is awake and on duty in each unit and one additional youth worker is awake and on duty as float on site.

Standard 2.5(2)(A), (B), (C)

5.3 YJ Staff Levels - Transfer Payment Recipient (Open)

The licensee confirms that in their transfer payment open custody/detention facility; there are at least two youth workers on duty during each shift. On the overnight shift, one youth worker is awake and on duty in each unit and one additional youth worker is awake and on duty as a float on site.

Standard 2.5(3)(B), (C)

Interview with Licensee

6.1 CMRP - Timelines and Reviews

The licensee explains the timeline for the initial CMRP is within 30 days after admission and a review is completed 90 days after admission, 180 days after admission, and every 180 days after that. They also describe the reasons that would prompt a review, including: a material change in the young person's circumstances; new information is learned about the young person's needs, behaviours or any diagnosis; the young person or their parent requests a review.

O. Reg. 156/18, s.94(1), (2)

6.2 CMRP - Accessible, Used, and Shared

The licensee confirms that all persons who provide direct care have ready access to and review the most recent version of young persons' CMRPs. A copy of the initial CMRP and amendments are provided to the young person's parent(s). Those who provide direct care do so in accordance with the CMRP.

O. Reg. 156/18, s.94.3, 94.4

Interview with Licensee

6.3 Case Management of Youth in Detention

The licensee describes case management for detention youth to minimally include the following:

1. coordinating exchange of information and documentation between the probation office and facility
2. forwarding the young person's detention order/remand warrant and completed YAIT to the appropriate probation office as soon as possible or by the end of the shift
3. reviewing the Alerts Checklist and/or Critical Information Exchange and updating it, if required
4. designating a facility contact person to collaborate with the Probation Officer to address info sharing; coordination of services; development of the Immediate Community Release Plan, including addressing the needs identified in the YAIT; and development and participation in CMRP, which is to be completed within 30 days of admission
5. arranging required appointments and services, either in the community or the facility
6. providing information and reports to the Youth Justice Court, as required
7. establishing and maintaining contact with the young person's family

Standard 6.2

6.4 Case Management of Youth in Custody

The licensee states the case management of young persons in custody involves coordination with the broader children's services network, working in collaboration with the Probation Officer in the development and implementation of a CMRP for each young person, being compliant with the CYFSA and its regulations, and being consistent with the principles in the YCJA and Youth Justice's mission and principles.

Standard 6.3

Interview with Licensee

6.5 People Involved in the Case Management Team

The licensee states that the Case Management Team includes: the Probation Officer, a supervisor/manager, a primary worker, a social worker/other clinical or program staff, and parents/legal guardians, if applicable. Information provided by a Resource Person is considered, if one is named by the young person and/or their parents/guardians.

Standard 6.3

6.6 Parental Involvement

The licensee states the procedure to include a parent, who has a right to involvement in directing the young person's education and upbringing, in accordance with their creed, community identity and cultural identity and consent to treatment on behalf of an incapable young person, if the parent is the young person's substitute decision-maker.

The licensee informs the parent of information about educational resources available in the area and the name and contact information of persons who may be contacted by the school/educational program about the young person's education or in emergency situations where the parent is unavailable.

CYFSA s.14(a), (b)

O.Reg 156/18 80.1(4)

Interview with Licensee

6.7 Right to be Informed

The licensee states that each young person upon admission, 30 days after admission, 90 days after admission, 180 days after admission, and every 180 days after that, is informed of:

1. their rights under Part II of the CYFSA
2. the internal complaints procedure including their ability to ask the Minister (in writing) for a further review of their complaint
3. how they may apply to the Custody Review Board for a review
4. their own responsibilities
5. the rules governing day to day operation, including disciplinary procedures.
6. This is provided in a language suitable for the young person's level of understanding and both verbally and in writing, in a format that is understandable and accessible to them.

The licensee and staff consider available information about the young person to identify what supports, if any, may assist the young person in understanding the information provided.

CYFSA s.9

O. Reg. 155/18, s.5(1), (2), (3), paragraph 3, s. 9

Standard 1.11

6.8 Right to be Consulted and Express Views

The licensee states that the young person is consulted and provided an opportunity to express their views, whenever significant decisions concerning the youth are made, including decisions with respect to treatment, education, training, work programs, creed (including religion), community and cultural identity, and decisions with respect to their discharge from the placement or transfer to another facility. The licensee takes the young person's views and wishes into account, given their age and maturity. This is documented in the young person's case record, including, if they did participate, a description of how they participated and any views they expressed.

CYFSA s.8(1)(a)(b)(c),(2)

O. Reg. 155/18, s.7, paragraph 1,2

Interview with Licensee

6.9 Efforts to Assist YP to Exercise or Receive Benefits of Their Rights

The licensee states that reasonable efforts are made to assist young persons to exercise or receive the benefit of their rights under Part II of the Act, including considering available information about the young person to identify what supports, if any, may assist them in exercising or receiving the benefit of their rights and asking them to identify what, if any, supports may assist in enabling them to exercise or receive the benefit of the rights. This is documented in the young person's case record.

O. Reg. 155/18, s.6(1) paragraphs 1, 2

6.10 Right for Privacy and Possessions

The licensee states the young persons have reasonable privacy and possession of their own personal property.

CYFSA s.12(a)

6.11 Privacy in Bathrooms and Bedrooms

The licensee states that video monitoring and/or video recording equipment is not used where it invades the personal privacy of the young person and young persons are not electronically monitored in their bedrooms or in the washroom or bathing/change room areas.

Standard 3.4

6.12 Reasonable Privacy for Telephone Conversation

The licensee states there are procedures to ensure the youth has reasonable privacy during a telephone use.

Standard 5.12

Interview with Licensee

6.13 Rights Related to Creed, Community and Cultural Identity

The licensee states the provision of spiritual instruction and activities related to a young person's creed, community and cultural identity include:

1. collecting and maintaining information about their creed, community, cultural identity, and the name of their spiritual advisor, including as part of the overall admission and assessment process
2. informing the young person of their right to receive instruction and participate in activities of their choice (subject to applicable parental rights)
3. addressing the young person's preferences during their CMRP
4. addressing requests for visits from a spiritual leader and informing them about clearance protocols so they can visit young persons; information them that they must follow legislative requirements when collecting, updating, using, and disclosing information about young persons
5. a written description of community resources available to respond to preferences
6. approving and handling of sacred items, literature, worship, and study materials; observing diets and fasts of recognized creeds

Actively seeking conversions, proselytizing, or criticizing other creeds is not permitted.

Note: On January 1, 2025, s.80.4 will be in effect. The following will apply:

Access to services, supports, or objects relating to the creed, community identity or cultural identity of young persons is not removed or threatened to be removed, unless necessary for their immediate safety.

CYFSA s.12(b)

O. Reg. 156/18, s.80.4(1), paragraph 4

Standard 7.6

Interview with Licensee

6.14 Services to Young Persons - Identity Needs

The licensee states that reasonable efforts are made to determine whether there are services, programs or activities that would relate to the race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression or cultural or linguistic needs of young persons; or regional differences that may affect young persons. If such a service, program or activity is available and would assist the child or young person, they ask the young person if they wish to receive the service or participate in the program or activity, and, if so, facilitate the young person receiving the service or participating in the program or activity in addition to continuing to receive the service from the service provider.

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

6.15 Resource Person

The licensee states the young person is offered a resource person whose role, on a voluntary basis, is to assist the service provider in taking into account one or more identity characteristics of the child or regional differences when making a decision that will materially affect or may materially affect the child's interests.

O. Reg. 156/18, 4(5)(e), 5(1)(a), (b)

6.16 Resource Person - Contact

The licensee states that, as soon as practicable, the resource person is contacted to inform of decisions, if any, that the service provider reasonably anticipates needing to make with respect to the child that would or would be likely to materially affect the child's interests. The licensee also receives any information the resource person wishes to provide and is available when the resource person contacts the service provider.

O. Reg. 156/18, s. 5(2) paragraphs 1, 2, 3

Interview with Licensee

6.17 Resource Person - Termination

The licensee states, if the child or parent subsequently indicates they no longer wish for that resource person to be contacted, or if a resource person declines to act or to continue acting in that role, the service provider ceases contacting the resource person and asks the child or parent whether they wish to name another resource person. The licensee determines the times, places and methods of communicating with a resource person, as appropriate.

Key Components:

The purpose of the resource person is to provide information and, consequently, the service provider is to accept information and make reasonable efforts to be available.

O. Reg. 156/18, s.5(3), (4)

6.18 Training for Identity Characteristics, Regional Differences, and for First Nations, Inuit and Métis Children

The licensee states that training is provided to all staff who make decisions that may materially affect a child's interests on matters related to identity characteristics, regional differences, and First Nations, Inuit and Métis cultures, heritages, traditions, connection to community and the concept of the extended family. New staff must receive the training within eight months after beginning to make decisions that may materially affect a child's interests or being involved in providing services to a First Nations, Inuk or Métis child.

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

6.19 Placement of Trans Young Persons

The licensee confirms: trans young persons gender rights are recognized and protected; they are treated with dignity, respect, and given an opportunity to express their views, opinions, and concerns about decisions made about them; their personal information is treated with discretion and confidentiality, only made available to staff directly involved in their care or as directed by the young person (i.e., the young person can consent to this information being provided to other persons). They are referred to by their preferred name and pronoun during conversations/daily interactions.

Standard 1.11.2(1), (3), (5), (6)(B)

Interview with Licensee

6.20 Placement of Trans Young Persons - Undue Hardship

The licensee states that any decision to restrict or disallow a request from a trans young person based on their gender expression or gender identity has clear evidence of why the request would result in undue hardship to the service provider. The appropriate Ministry Director is also consulted.

Standard 1.11.2(2)(6)(G)

6.21 Placement of Trans Young Persons - Admission

The licensee states that they advise Intake and Assessment staff of the young person's self-identified needs, if known. During intake, the young person's preferred name, gender pronoun, preference for search, placement, clothing, and underwear within facility and community (reintegration leave, etc.) are obtained.

Standard 1.11.2(6)(B)

6.22 Personal Care Items

The licensee confirms trans young persons are allowed to retain personal care items to express their gender (e.g. hair pieces, binders, bras and make up) unless legitimate extenuating circumstances or undue hardships prohibit their use (e.g. safety and security considerations). Decisions about retention of personal care items are made on a case-by-case basis.

Standard 1.11.2(6)(D)

Interview with Licensee

7.1 Licensee's Roles and Responsibilities for Youth Turning 20

The licensee explains the process for a request, review and decision to order a young person who has attained the age of 20 to remain in a youth facility which includes:

- providing the young person with the handout What to Know If You Will Be Turning 20 While Serving A Custody Sentence three months prior to their 20th birthday
- providing the young person the opportunity to submit an application to remain in a youth facility within six months prior to their 20th birthday.
- notifying the Case Management Team of the Provincial Director's decision and rationale. Where the young person is to remain in the youth system, the facility director will advise the AIS Superintendent who received the classification request and notify them that the draft LSI/OR classification is to be deleted.
- if no application is made, or the decision is, for the young person to be transferred, the AIS Superintendent who received the request for classification is notified; the Transfer of 20-year-old Young Person to an Adult Provincial Correctional Facility form and all required documents are sent to the Provincial Correctional Facility; transfer arrangements are made; and parent(s)/legal guardian(s) are notified of the transfer, as required

Standard 6.4(11)(K), (M)

8.1 Youth Aware of Transfer/Discharge

The licensee states that prior to the young person being transferred or discharged, the young person is informed and understands the reasons for the transfer or discharge and the licensee takes the young person's views and wishes into account, given their age and maturity. In the case of a young person being transferred, the young person is informed of their right to a review by the Custody Review Board.

CYFSA s.8(1)(c), (2), 152(1)

Standard 1.11.1(1)(M), 1.15(1)(C)

Interview with Licensee

8.2 Escapes

The licensee explains the procedures for responding to escapes, including:

1. notifying staff, confirming resident count, facility and grounds search, and police contact
2. notifying parent/guardian, probation officer, provincial director, and the appropriate ministry director/designate
3. if appropriate, notifying the community (schools, local residents)
4. young persons who escaped the property are not pursued
5. situations where a young person returns voluntarily consequences/outcomes following an escape, including roles and responsibilities of staff and management
6. recording the escape in the young person's file

Standard 3.9

Interview with Licensee

8.3 Erroneous Release Notification Protocol

The licensee describes procedures to be followed when a young person is improperly released from the facility, including the initiation of the Erroneous Release Notification Protocol. The following are notified of the erroneous release:

- appropriate Provincial Director (PD) on call
- Provincial Coordination Unit (PCU)
- young person's assigned Probation Officer
- if the youth is unlawfully at large, the police
- if there is a Victim Notification on file, the victim
- Managers of Court Operations and VWAP and the head crown attorney for the court where the matters are being or have been dealt with
- Police of the city where the charges were laid

A Level One (immediate notification) SOR is completed by the Facility Director/designate. If facility staff contributed to the erroneous release, the Facility Director/designate takes steps to identify where in the process the error(s) occurred; where applicable, works with relevant areas to correct the documentation and distribute accordingly; and reports the findings to the Regional Director/designate.

Standard 1.15

8.4 Placement Concerns

The licensee states that, upon receiving a young person in their facility, the staff will review the youth population in the facility (e.g. gang involvement, co-accused, etc.) to address any placement and safety concerns of the young person.

Standard 1.11.1(1)(C)

Interview with Licensee

8.5 Return to Facility Interview

If the licensee is a manager/supervisor, they:

- review the completed Return to Facility Interview Tool form, giving priority to concerns about emotional and/or physical state
- complete Part D of the form
- determine appropriate intervention strategies to immediately assist young persons, if required.
- if there are concerns about suicide or self-harm, they direct the assessment and management in accordance with the Suicide Prevention and Intervention standard
- communicate special instructions for supervising the young person
- confirm the Alerts Checklist is updated, if required
- makes arrangements for clinical intervention/support to be offered as soon as possible, if necessary
- document concerns in the log book about emotional and/or physical state and the intervention strategy.

Standard 6.10

Interview with Licensee

9.1 Criteria for Secure Detention

The licensee explains the procedure for assessing whether or not the young person will remain in secure detention or be transferred to open detention.

Key Components:

The Provincial Director must be satisfied that the grounds for placement in secure detention under the CYFSA are met if the young person remains in secure detention.

This is assessed by a review of the following information:

1. The young person's personal history, including family/social history
2. Current and past charges and/or court appearances
3. Behaviour upon arrest and/or admission
4. Attitude towards current situation and authority figures
5. Information provided by the young person's case manager
6. Information provided by any other involved professionals (e.g. social services agency, CAS)
7. Availability of supports to an open detention facility (i.e. family, mental health resources, community resources)

Standard 1.12(3)

Interview with Licensee

10.1 Complaints/ Concerns to Violation of Child's Rights

The licensee recalls the procedures that have been established in accordance with the CYFSA and regulations for hearing and resolving complaints regarding alleged violations of the young person's rights and complaints by a young person or other persons affected by conditions or limitations imposed on visitors or suspensions of visits, specifically:

- the methods by which a young person, parent, or other representative of a young person may make a complaint, either verbally or in writing, to the licensee or designate
- how an individual affected by conditions, limitations, or suspensions of visits may make a complaint, either verbally or in writing, to the licensee or designate
- procedures and timelines for responding to complaints, determining what supports may be required, and providing updates
- the requirement to document details of the complaint and the results of the review in the young person's file
- preventing further violations of the young person's rights, if required
- preparing a version of the written procedure in language suitable to those who are entitled to make these types of complaint and making it available to the public

CYFSA s.18(1)(a), (b)

O. Reg. 155/18, s.22(1), (2), (3), (4), (5)

10.2 Internal Complaints and Reviews

The licensee describes the internal complaint and review process including the methods by which a parent/other representative may express concerns about a service difficulty or alleged violations of the young person's rights under the CYFSA; procedures for addressing complaints about the facility's Director, managers, staff and, where appropriate, member of a Board of Directors; the internal system of advocacy; procedures and timelines for responding to complaints; and methods used to conduct unbiased and transparent investigations.

Standard 4.3

Interview with Licensee

10.3 Debriefing for Complaints

The licensee confirms a debrief is conducted, minimally as follows:

- one with the persons to whom the complaint relates, without young persons present
- another with the young person who filed, or is the subject of, the complaint, without the presence of the persons to whom the complaint relates (an adult support person is included, if requested by the young person)
- another offered to young persons who witnessed any conduct that gave rise to the complaint
- the debrief is structured to accommodate young persons' psychological, communication and emotional needs, and cognitive capacity
- focus is on understanding the experiences of the young person
- debriefs are conducted within seven days after the complaint has been reviewed, or as soon as possible after and circumstances of the delay are documented

O. Reg. 155/18, s.23.1, paragraphs 1-6

10.4 External Complaint Mechanisms

The licensee describes how young persons can access external complaint mechanisms including methods by which a young person, their parent/other representative of the young person, may express concerns with respect to alleged violations of the young person's rights under the Child, Youth and Family Services Act, 2017 (CYFSA) or of a service difficulty; where a copy of the complaints procedures, relevant sections of related legislation, literature and forms shall be readily available; and times when the complaint process is explained to the young person, their parent/other representative.

Standard 4.4(2), (3), (4)

Interview with Licensee

10.5 Young Person Can Express Complaints/Concerns Without Fear of Reprisal

The licensee states, young persons can raise concerns or recommend changes with respect to the services provided or to be provided to them without interference or fear of coercion, discrimination or reprisal and to receive a response to their concerns or recommended changes.

CYFSA s.3(4)

Standard 4.3(1)(A), 4.4(1)(A)

Interview with Licensee

10.6 Young Person's Orientation to Facility and Subsequent Review of Information

The licensee states that upon admission, every young person receives an orientation in language suitable to their understanding, age, and maturity. The orientation is of:

- the residence and the programs provided
- the fire and emergency procedures plan
- the physical restraint policy
- if applicable, when physical restraints may be used, including: what constitutes a physical restraint and the rules governing the use of physical restraints (circumstances when they may be used and procedures that must be followed after their use)
- if applicable, when mechanical restraints may be used, including: what constitutes a mechanical restraint and the rules governing the use of mechanical restraints (circumstances when they may be used and procedures that must be followed after their use)
- their right to speak in private with and receive visits from the Ombudsman and members of the Ombudsman's staff, including about concerns with use of a physical or mechanical restraint

This information is reviewed again 7 days after admission, as soon as possible after the young person requests review of the information, and any time the information should be reviewed, in the opinion of the licensee.

Note: On January 1, 2025, s.90(1) (a) will be amended and the following will also apply to young persons' orientation:

- the methods of discipline that may and may not be used in the residence, including the methods of discipline and intervention prohibited under section 80.4

O. Reg. 156/18, s.90(1)(a), (2)

Standard 1.11(6)(A)

Interview with Licensee

10.7 Cultural Competence - Program Description

The licensee states that their program description includes the provision of inclusive services that are non-discriminatory, in an environment that takes into account:

- ethno-cultural, racial, linguistic and ancestral diversity, including provision of French services, when applicable.
- gender and LGBT-needs
- opportunities for participation in leisure and recreational activities that promote
- physical, social and cultural benefits
- preserving Indigenous identity, including maintaining positive contact, involvement and participation with their Indigenous community
- unique needs of young persons.

Policy Cultural Competency (2008-2)(1)

11.1 Annual Consultation and Contracts with School Boards

The licensee states that they consult at least once in a year with the local school boards for the purposes of identifying and utilizing the educational resources available, including provision of teachers, education materials, curricula, access to board assessments and diagnostic services; provision of instructional space; provision of youth workers; teacher to pupil ratios; the role of teachers on case management teams; conflict resolution mechanisms; and a description of lines of communication and accountability. The licensee also consults with any entity that operates a school in the area, including any band (or council of the band) within the meaning of the Indian Act (Canada), the Crown in right of Canada, or any education authority within the meaning of the Education Act.

O. Reg. 156/18, s.80.1(2), (3)

Standard 7.3(2)(D)

Interview with Licensee

11.2 Communication Between Staff and Appropriate School Board Staff

The licensee confirms that all young persons are supported with their education, training and/or employment goals while in custody/detention, in consultation with appropriate school board staff, as a part of the young person's Case Management/ Reintegration Plan, including supporting the young person's transition to a community school, appropriate learning program, training program, and/or employment upon the young person's release.

Standard 7.3(1)(D)

11.3 Educational Absences

The licensee states that they inform young persons' parents/guardians of an educational absence and the reason for the absence in advance of it occurring. If unable to before the absence occurs, they do so within 24 hours of learning of the absence. Actions taken to inform the young person's parent/guardian are documented.

O. Reg. 156/18, s.80.1(6), (7), (8)

11.4 Education Information, Training/Programming - Collected Regularly

The licensee confirms that updates to the young person's education information or training/programming (e.g. certifications, awards, and/or post-secondary education) are collected at regular intervals (e.g. monthly).

For TPR facilities, the mandatory Education and Skills Training Change form is used to record and update changes and sent to the Probation Officer within five business days following the end of the month, or within five business days of the young person's release.

For DO facilities, updates are entered in Youth OTIS within five business days of receiving the information from the school board staff or within five business days of the young person completing the related training/programming.

Standard 7.3

Interview with Licensee

12.1 Suspending Visits in Emergencies

The licensee states they may suspend visits or impose conditions and limitations upon persons who are visiting a young person in the facility to ensure the safety of staff and other young persons in the facility. However, visits are not withheld from the Ombudsman, members of the Ombudsman's staff, a member of the Legislative Assembly of Ontario, or of the Parliament of Canada, unless the provincial director determines that suspension is necessary to ensure public safety or the safety of staff or young persons in the facility.

Key Components:

This will include emergency circumstances within the facility or community that impose a risk to staff and young persons

Suspension of a visit may be necessary to ensure public safety or safety of staff and young persons

(Note: On January 1, 2025, s.80.4 will be in effect. The following will apply:

The licensee confirms that visits from the young person's family or extended family are not withheld or threatened to be withheld. They may only suspend visits or impose conditions and limitations, per s. 11 of the CYFSA.)

CYFSA s. 11(1), (2), (3)(b), (c)

O. Reg. 156/18, s.80.4(1), paragraph 7

Standard 5.11(4)

13.1 Managing and Handling Young Person's Money

The licensee explains the manner in which a young person is supported in relation to any work done and money earned by the young person both inside and outside of the facility including provisions for access to and possession of their money; restrictions on the amount or ability to access their money; procedures for keeping and managing money in trust through an internal accounting ledger; handling money received by the young person; and transfer or return of money to young persons transferred or discharged, including releases at court.

O. Reg. 156/18, s.82(1)(q2)

Standard 5.5

Interview with Licensee

14.1 Regional Differences

The licensee states how they accommodate regional differences that may affect young persons (for example, if the young person is from a region that is different from the region in which the facility is located). The licensee confirms they determine if there are services, programs or activities that may complement the services being provided and support the objectives of those services, programs or activities.

O. Reg. 155/18, s.8(1)(b)

15.1 Health Services and Program

The licensee states that young persons have access to community health programs. A physician or registered nurse in the extended class and a dentist are available on an ongoing basis to advise the licensee about medical and dental care required by young persons. Assessments and monitoring of young persons' health status are completed by a qualified health care practitioner(s) when unusual situations occur (e.g. hunger strike, under the influence of a substance). Specialized services are provided for young persons with developmental or physical disabilities and health care services are appropriate to the age, gender, and health needs of the young person. Young persons receive assessments of general health, vision, hearing and oral health, at least once every 13 months.

O. Reg. 156/18, s.82(1)(g), (i), (ii), (iii), (iv), (v), (vi)

Standard 11.2

Interview with Licensee

15.2 Communicable diseases

The licensee describes the facility's health care program for the detection and management of communicable diseases including requirements to follow directives and guidelines issued by the local Medical Officer of Health; measures to prevent, control and contain communicable disease to decrease the possibility of infection and/or death; procedures for providing all persons working in, or visiting the facility with accurate information regarding communicable diseases; staff orientation for methods of prevention and self protection (with a focus on HIV/AIDS, Hepatitis A, B, C & D, Tuberculosis, and those alerted by the Medical Officer of Health); education plans for young persons with information on prevention of communicable diseases); the use of "universal precautions" and other measures or precautions used to prevent the transmission of infectious agents; safe disposal of contaminated blood and blood products, sharps, dental refuse and pharmaceuticals; a program for preventing sexually transmitted diseases; the identification and management of young persons suspected of, or diagnosed with, a communicable disease; and medical isolation, when considered necessary by a physician or registered nurse in the extended class.

O. Reg. 156/18, s.107

Standard 11.9(1)

15.3 Recommendations of the Local Medical Officer of Health - Health, Safety, Nutrition

The licensee states that, if applicable, recommendations made by the local medical officer of health or a person designated by the local medical officer of health concerning the health, safety or nutrition of any young person in the residence has been carried out.

(Note: On January 1, 2025, s.108 will be amended and the following will also apply:

If a recommendation of the local medical officer of health or their designate conflicts with a requirement under O. Reg. 156/18, the recommendation prevails.)

O. Reg. 156/18, s.108

Interview with Licensee

15.4 Psychotropic Medication

The licensee confirms that psychotropic drugs are not administered or permitted to be administered to a young person without consent in accordance with the Health Care Consent Act, 1996.

CYFSA s.176

16.1 Written Communication - Right to Send and Receive

The licensee states that young persons have the right to send and receive written communication that are not read, examined or censored by another person, under certain conditions.

CYFSA s.10(1)(c)

16.2 Written Communication - Examined or Read

The licensee explains that written communications may be opened and inspected for prohibited articles, or when it is believed on reasonable grounds that the contents may cause the young person physical or emotional harm, or may be prejudicial to the best interests of the young person, the public safety or the safety or security of the place of detention or custody, or may contain communications that are prohibited under the YCJA or by court order. Written communications are not examined or read if it is from the young person's lawyer; and the written communication is not opened and inspected or examined if it is to or from the Ombudsman and or a member of the Legislative Assembly of Ontario or the Parliament of Canada.

CYFSA s.10(3)(b), (4)

17.1 No Corporal Punishment

The licensee confirms that no corporal punishment is inflicted or permitted to be inflicted on a young person.

CYFSA s.4

17.2 Discipline and Intervention - Prohibited Methods of Discipline and P&P

The licensee describes the methods of discipline and intervention that may be used and may not be used in the facility, including the methods of discipline or intervention prohibited under section 80.4. They confirm that the policies and procedures for discipline and intervention are reviewed with staff within 30 days of commencing employment and least annually thereafter.

Key Components under s.80.4:

- Basic needs, including food, drink, shelter, sleep, access to and use of a toilet, clothing, footwear, or bedding, are not deprived, or threatened to be deprived, unless necessary to prevent immediate harm to young persons
- Personal property is not removed, or threatened to be removed, unless necessary to prevent immediate harm to young persons
- There are no harsh or degrading measures used or threatened to be used to humiliate, shame, or frighten young persons or undermine their self-respect, dignity, or self-worth.
- Derogatory or racist language is never directed at or used in the presence of young persons.
- Access to services, supports or objects relating to the creed, community identity or cultural identity of young persons is never removed or threatened to be removed, unless removing access to objects is necessary for young persons' safety.
- Emotional, physical, or sexual abuse or harm is never inflicted, threatened to be inflicted, or permitted to be inflicted on young persons.
- Modifications are not made to bedroom doors, unless they are necessary to prevent immediate harm to the young person.
- Visits from family members or extended family members of young persons are not withheld or threatened to be withheld (see s. 11 of the CYFSA for conditions and limitations on visitors and suspending visits in emergencies).
- Young persons are not threatened to be discharged
- All persons providing care and all young persons are informed of the type of behaviour that may result in the administration of a method of discipline or intervention.)

{[O. Reg. 156/18, s.80.4, s.82(1)(f)]}

Interview with Licensee

17.3 Discipline and Intervention - Informed Of Use

The licensee states that all staff and young persons are informed of the type of behaviour that will result in the use of disciplinary measures on a young person. The licensee confirms they are informed of any method of discipline or other intervention administered on a young person.

O. Reg. 156/18, s.80.4(3)

17.4 Discipline and Intervention - Reporting Requirement to Director

The licensee confirms that, if they have reasonable grounds to suspect that a method of discipline or an intervention prohibited under section 80.4 has been administered to a child or young person, they immediately report the suspicion and the information on which it is based to a Director.

O. Reg. 156/18, s.80.5

18.1 Firearms and Weapons

The licensee states that law enforcement personnel are not in possession of a baton, firearm, ammunition, chemical weapon, inflammatory irritant spray such as pepper spray, or other weapon while in the facility, unless they are responding to an emergency or 911 call.

Firearms and weapons are placed in vehicles or secure weapons units provided by the facility prior to entry.

Staff never handle the firearms or weapons of law enforcement personnel.

If a police officer refuses to surrender their firearm when entering the facility, a Police Refusal to Surrender Firearms Notification form is completed and sent to the Provincial Coordination Unit and Information Management Unit.

O. Reg. 156/18, s.114

Standard 3.10(1)

Interview with Licensee

18.2 Residence is Safe and Clean, Visual Inspection

The licensee details how the facility, including the grounds, are kept safe and clean. This includes:

- inspecting materials, equipment, or furnishings at prescribed intervals to ensure they are clean and in good working order
- on a weekly basis at minimum, inspecting all indoor areas (e.g., bedrooms, washrooms, program rooms, etc.), including all walls, ceiling, furniture/fixtures, and behind doors.

O. Reg. 156/18, s.82(1)(h1)

Standard 5.2

18.3 Drone Intrusion

The licensee confirms that any drone-related intrusion within the facility's airspace and/or discovered on the property, must be reported immediately to the manager /supervisor and local police service. The regional office is also notified and a SOR is submitted.

Standard 3.12

18.4 Equipment Maintenance - Recreation

The licensee explains how recreational equipment is maintained and used, including:

- identification of proper safety and protective equipment to be used by staff and young persons
- the requirement to use regulation equipment for athletic activities
- how equipment is maintained and cleaned
- how equipment is stored safely when not in use
- identification of equipment not to be used by young persons

Standard 7.5

Interview with Licensee

18.5 Equipment Maintenance - Kitchen

The licensee states the provisions for preventative and general maintenance of kitchen equipment to ensure safety for staff and young persons. Staff and young persons are trained in the safe operation and use of the equipment.

O. Reg. 156/18, s.96(2)

Standard 10.5

18.6 Security Control Equipment

The licensee confirms that the type and amount of security control equipment used in the facility is reasonable and not excessive, having regard to the nature of the threat or potential risk posed. They can describe the procedures for purchasing, appropriate use, inspection, maintenance, storage, inventory, audits, instances when security control equipment is used, reporting, cleaning and sanitizing, and disposal and replacement. The licensee confirms that, prior to purchasing new security control equipment, the regional office is consulted.

Unauthorized and/or inappropriate possession, use, or alteration of security control equipment is strictly prohibited. Any incident or suspected incident is reported upon discovery to the facility director/designate and written reports are completed. If the instance involved a young person, a SOR was submitted.

They also describe the process for returning/ retrieval of issued security control equipment from staff who will no longer work at the facility, prior to that person leaving the facility.

Standard 3.3.3

Interview with Licensee

19.1 Duty to Report

The licensee is familiar with their professional duty to report, including the requirement to report directly to the local CAS.

They confirm that, although the information reported may be confidential or privileged, no action is instituted against a person for making the report, unless the person acts maliciously or without reasonable grounds for the suspicion.

They have established protocols with their local CAS for the investigation and reporting of allegations of abuse, including peer-on-peer abuse.

All allegations of abuse made by or about young persons, regardless of age, are reported to the local police service.

CYFSA s.125(1) paragraphs 1-11, (10)

Standard 4.2a

Policy Protocols for Abuse Investigation (1994)

Interview with Licensee

19.2 Duty to Report - Allegations of Abuse by Staff

The licensee describes the policies and procedures when it is suspected that a young person is or may be in need of protection from a staff member. This includes:

- Any form of suspected physical/sexual/emotional abuse or neglect is reported to the CAS as soon as possible for young persons 17 or younger
- Staff immediately advise their manager/supervisor (unless their notification is contraindicated, then they notify the next available manager/supervisor), who will advise the local police of the allegation/information regardless of the age of the young person.
- The manager/supervisor notifies the appropriate ministry director/designate of the allegation/information and provides updates as soon as possible upon becoming aware of any new information
- Procedures for protecting and supporting the young person(s) and staff involved
- The staff alleged to have abused or neglected the young person is not allowed any unsupervised access to any young persons, pending the outcome of any internal investigation and/or investigation initiated by police and/or CAS
- Any internal investigation by the ministry and/or service provider does not precede an investigation by the CAS or police
- The facility director/supervisor and probation officer are informed, if applicable
- A SOR is submitted

Standard 4.2a(5)

Interview with Licensee

19.3 Allegations Against Police

The licensee describes the policies and procedures for allegations/complaints of physical/sexual/emotional abuse and/or neglect involving a police officer and/or First Nation police constable(s). This includes:

For police:

- The Law Enforcement Complaints Agency (LECA, formerly the Office of the Independent Police Review Director) is notified when allegations are made against a police officer.
- Young persons are provided with information about the LECA if they want to make a complaint and staff facilitate the young person's correspondence with LECA.
- Young persons are informed of restricted timelines when filing a complaint with LECA (normally complaints must be filed within six months of the incident which led to the complaint, with limited exceptions).
- If required, a SOR is submitted.

For First Nation Constables (FNC):

- Complaints against a FNC within a Self-Administered Police Service are directed to the respective police service (e.g. APS, NAPS, Treaty Three).
- Complaints against a FNC from an OPP-Administered Ontario First Nations Policing Agreement (OFNPA) police service are directed to the FN police supervisor, if there is an OFNPA Supervisor in the community. If there is no supervisor, or if the prospective complaint is against the supervisor, it is directed to the Chief and Counsel as the employer.
- Criminal complaints against a FNC are directed to the local police service of the jurisdiction.
- Staff facilitate the process and provide the young person with the means to do so (e.g. support a written complaint letter/write the letter with/for the young person).

Standard 4.2a

Interview with Licensee

20.1 Serious Occurrence - Immediate Telephone Notification

The licensee states those (level one) serious occurrences that require immediate notification by telephone and written report within one hour of becoming aware of the SO or deeming the incident to be a SO.

Key Components:

Level One SORs include:

- Death
- Serious Injury
- Serious Illness
- Serious Individual Action
- Restrictive Intervention
- Abuse
- Error or Omission
- Serious Complaint
- Disturbance, service disruption, emergency or disaster

O. Reg. 156/18, s.84(2)

Standard 4.1a(5)

20.2 Serious Occurrence - Within 24 Hours

The licensee states those serious occurrences that must be reported as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be a SO.

Key Components:

Level 2 SOs generally do not constitute an immediate threat to the health, safety or well-being of the young person(s) or others, however, still require action and the requirement to document the SO as well as to support the YJD oversight role.

O. Reg. 156/18, s.84(1)

Standard 4.1a(6)

Interview with Licensee

21.1 Notification of Death

The licensee states that they notify the coroner in the event of the death of a young person (except when the coroner is the attending physician in which case another coroner must be notified).

O. Reg. 156/18, s.140(1)

21.2 Suicide Watch

The licensee describes the procedures to be followed when it is determined that a young person may be at risk of suicide, including a description of levels of observation (Enhanced Supervision, Close Observation, Continuous Observation) and procedures for assigning, assessing, and modifying observation levels. They identify the staff who may authorize a Suicide Watch, the designated professionals who can modify/change the interventions/strategies used to manage a young person on a Suicide Watch, or to cancel a Suicide Watch in consultation with the Case Management Team.

There are alternative plans in place when management staff and/or a designated professional are not available.

Standard 6.7

21.3 Suicide Watch - Daily Assessment (Or More)

The licensee confirms how daily assessment (or more frequent, as appropriate) by a designated professional will occur. If not possible within these timeframes, the circumstances are documented in the young person's file.

Standard 6.7(5)(K)

21.4 Risk of Suicide - Court Appearance, Discharge, Transfer of Young Person on Suicide Watch

The licensee explains procedures for

- court attendance for young persons on a Suicide Watch, including when police services and facility staff escort the young person
- return or conclusion from any court appearance (including video court), discharge or transfer of a young person

Standard 6.7

Interview with Licensee

21.5 Modification/Cancellation of Suicide Watch

The licensee explains how decisions are made for modifying, changing or cancelling a Suicide Watch and who is responsible for communicating this immediately or as soon as possible to the staff member(s) responsible for monitoring the young person and other facility staff. Parents/ guardians/ Probation Officers are informed of cancellation of a Suicide Watch. The CMRP is revised

Key Components:

- assessment by a designated professional
- consultation with available Case Management Team members, including the Probation Officer
- Processes to share critical information between designated professional, Case Management Team, and Probation Officer.
- ongoing communication of the safety plan to the young person using approaches that recognize they may be in crisis (youth friendly language, trauma-informed), giving the youth opportunity for input when possible
- reviewing available documentation.

Standard 6.7(8)(10)(11)

Interview with Licensee

21.6 Risk of Suicide - Reintegration Leaves, Community Escorts and Escapes

The licensee describes how communication occurs when there is suspicion that a young person may be at risk of suicide and/or self injury prior to and upon return to facility, including:

- reviewing the youth's status (e.g. RNA)
- communicating this prior to and upon return from any reintegration leave or community escort
- observations from staff or information shared by the young person that will assist staff to identify concerns, interventions, and/or responses that may be necessary prior to or upon return from a reintegration leave or community escort
- interviewing the young person upon their return following an escape to assess their risk in relation to suicide/self harm.

Standard 6.7(12)

21.7 Suicide Attempt

The licensee describes what must occur in response to a suicide attempt, regardless of whether or not the young person was already on a Suicide Watch, including responsibilities of staff (immediate phone notification to ministry); notification to parent/ guardian ASAP and until confirmed notification is made; notifying PO within 24 hrs; informing the youth, affected youth, and staff of clinical interventions/ supports; offering debriefing to the youth at the earliest opportunity; conducting a review of the suicide attempt; sealing the immediate area and retaining physical evidence for police and ministry inspector; and submitting an SOR.

Standard 6.7(15)

Interview with Licensee

21.8 Confirmed Suicide

The licensee describes what must occur in response to a confirmed (completed) suicide, including responsibilities of staff (immediate phone notification to ministry); notification to parent/ guardian ASAP and until confirmed notification is made; notifying PO within 24 hrs; informing affected youth and staff of clinical interventions/ supports; sealing the immediate area and retaining physical evidence for police and ministry inspector; and submitting an SOR.

Standard 6.7(16)

21.9 Notifying the Ombudsman

The licensee confirms the Ombudsman is notified in writing (submitted through the Ombudsman website) as soon as possible and without unreasonable delay of the death of or serious injury/serious bodily harm to a young person who has sought or received a children's aid society service within 12 months before the death or the day on which the harm occurred. The Office of the Ombudsman is contacted as soon as possible and at least within 14 days of the occurrence.

Standard 6.7(17)

21.10 Suicide Attempt/Confirmed Suicide Review

Following a suicide attempt or confirmed suicide, the licensee identifies appropriate staff and includes clinical expertise to conduct a review of a suspected suicide attempt or completed suicide.

Standard 6.7(18)

Interview with Licensee

22.1 When a Physical Restraint May Be Carried Out

The licensee states the definition of a physical restraint and explains the rules when a physical restraint on a young person can be carried out, including:

- For the purpose of preventing, reducing, or eliminating a risk that the young person will physically injure or further physically injure themselves or others; or
- For the purpose of preventing the young person from escaping or causing significant property damage where there is also an imminent risk that the property damage will cause personal harm to a person, including the young person.
- A less intrusive intervention is or would be ineffective in preventing, reducing or eliminating a risk, as noted above;
- The person who will use the physical restraint has successfully completed the training required, including training in the particular holding technique that will be used;
- The person who will use the physical restraint has completed the education required;
- In each circumstance in which the person was required to complete education requirements, the person has been assessed as required with respect to the education requirements and has received a satisfactory assessment in the most recent assessment

NOTE: "physical restraint" means a holding technique to restrict a person's ability to move freely, but for greater certainty, does not include restricting movement, physical redirection or physical prompting, if the restriction of movement, redirection or prompting is brief, gentle and part of a behaviour teaching program, or the use of helmets, protective mitts or other equipment to prevent a person from physically injuring or further physically injuring themselves.

O. Reg. 155/18, s.10(1), paragraphs 1, 2, 3, 4, 5, 6
Standard 8.2

Interview with Licensee

22.2 How Physical Restraint Shall Be Used

The licensee explains the circumstances under which physical restraint can be used (manner of use is restricted).

Key Components:

- The least amount of force that is necessary in the circumstances was be used;
- The young person's condition was continually monitored and assessed by a responsible person;
- The type of physical restraint used was the least intrusive that was necessary in the circumstances, having regard to the risks referred above;
- The use of the physical restraint was stopped immediately upon the earliest of the following:
 - i. When there is a risk that the use of the physical restraint itself will endanger the health or safety of the child or young person.
 - ii. When the risk referred to in paragraph 1 of subsection (1) is no longer present.
 - iii. When the physical restraint is determined to be ineffective in reducing or eliminating the risk referred to in paragraph 1 of subsection (1).

O. Reg. 155/18, s.10(4), paragraphs 1, 2, 3, 4
Standard 8.2(4)(I), (J), (K), (L)

22.3 Debriefing Process

The licensee describes the physical restraint de-briefing process, ensuring that:

- The debrief must be conducted among the persons who were involved in the use of the physical restraint, in the absence of any young persons.
- Second debriefing process must be conducted among the persons mentioned in paragraph 1 and the young person on whom the physical restraint was used.
- Third debriefing process must be offered to be conducted among any young persons who witnessed the use of the physical restraint and must be conducted if any such children or young persons wish to participate in the debriefing process.
- The debriefing processes referred to in paragraphs 2 and 3 must be structured to accommodate any child or young person's psychological and emotional needs and cognitive capacity.
- Subject to paragraph 6, the debriefing processes referred to in paragraphs 1 to 3 must be conducted within 48 hours after the use of the physical restraint.
- If the circumstances do not permit a debriefing process to take place within 48 hours after the physical restraint is used, the debriefing process must be conducted as soon as possible after the 48-hour period referred to in paragraph 5, and a record must be kept of the circumstances which prevented the debriefing process from being conducted within the 48-hour period.

O. Reg. 155/18, s.12(1), (2), (3), (4), (5), (6)

Standard 8.2(4)(M-S)

Interview with Licensee

23.1 Use of Mechanical Restraints

The licensee of a secure facility confirms young persons are not restrained as a means of punishment. Mechanical restraints are authorized for use only when:

- there is imminent risk that, if mechanical restraints were not used, the young person or another person would suffer physical injury, would escape the facility, or cause significant property damage; and
- alternatives to the use of mechanical restraints would not be, or have not been effective, and are reasonably necessary to reduce or eliminate the risk noted above.

CYFSA s.156(1), (2),
O. Reg. 155/18, s.58
Standard 8.4(1)(B)

23.2 Use of Mechanical Restraints - Transportation (1)

The licensee confirms mechanical restraints are used during transportation only when the following rules apply:

- They are approved by a provincial director;
- Staff are authorized to apply a mechanical restraint;
- They are the least intrusive mechanical restraint that is necessary in the circumstances, having regard to the health and safety of the young person or any other person and the risk that the young person would escape if the mechanical restraint was not used;
- The use of more than one mechanical restraint on a young person at the same time is permitted only if the person applying the mechanical restraint determines that a single restraint is insufficient in the circumstances.

CYFSA s.156 (3)
O. Reg. 155/18, s.66 paragraphs 1-4

Interview with Licensee

23.3 Use of Mechanical Restraints - Transportation (2)

The licensee states that:

- Staff are required to check the young person regularly to ensure that the mechanical restraint is secure and is as comfortable as possible;
- The mechanical restraints is removed immediately if there is a risk that the mechanical restraint will endanger the health or safety of the young person;
- The young person's hands are secured in front of their body;
- A young person must never be secured by mechanical restraint to any part of a vehicle or to any fixed object whether inside or outside the vehicle or to any other person. However, a staff member may use a mechanical restraint to secure a young person by a single limb to a hospital bed.

O. Reg. 155/18, s.66 paragraphs 5-8

23.4 Staff Training and Education

The licensee states that staff receive training in the use of mechanical restraints that were approved by a provincial director. Staff also receive education about:

- the provisions of the Act and Regulation related to the use of mechanical restraints
- the policies and standards established by the Ministry related to the use of mechanical restraints
- the policies of the facility.

O. Reg. 155/18, s.64(1), paragraphs 1 and 2

Interview with Licensee

23.5 Mechanical Restraints - Plan of Treatment and Plan of Use

The licensee states that, when a mechanical restraint is authorized by a plan of treatment or a plan for a PASD, use is authorized by and complies with O. Reg. 155/18, s.21, 21.1 and 21.2, including that:

- the young person is not restrained as a means of punishment or solely for the convenience of the service provider or staff member
- only the least intrusive type of mechanical restraint that is necessary in the circumstances is used
- mechanical restraints are applied using the least amount of force that is necessary in the circumstances
- the young person is not secured by a mechanical restraint to a fixed object or another person
- the young person is monitored on a regular basis and in accordance with any instructions or recommendations provided in their plan of treatment or plan for the use of a PASD
- mechanical restraints are removed immediately upon the earliest of the following:
 - i. When there is a risk that their use will endanger the health or safety of the young person.
 - ii. When the continued use of the mechanical restraints would no longer be authorized by the plan of treatment or plan for the use of a PASD including when the length of time set out in the plan has expired and no approval has been given.
 - iii. the young person or their substitute decision-maker, withdraws consent to the use of the mechanical restraint.

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

Interview with Licensee

23.6 Mechanical Restraints Maintained - Plan of Treatment and Plan of Use

The licensee states that mechanical restraints that authorized by a plan of treatment or a plan for a PASD

Are applied in accordance with the manufacturer's instructions, if any;

- Are maintained in good condition in accordance with the manufacturer's instructions, if any; and
- Are not altered except for adjustments made in accordance with the manufacturer's instructions, if any.

O. Reg. 155/18, s.21(6)(a), (b), (c)

23.7 Mechanical Restraints - Serious Occurrences

The licensee states that a Serious Occurrence Report is submitted for each use of mechanical restraint, indicating the nature of the risk.

If mechanical restraints are applied after the young person and escorting staff have left the secure facility, their use was reported as per the Serious Occurrence Reporting standards.

O. Reg. 156/18, s.84(1) paragraph 6

Standard 8.4(3), 12.6(1)(l)

23.8 Notification of Ombudsman - Serious Injury/Bodily Harm During Restraint

The licensee confirms the Ombudsman is notified as soon as possible and without unreasonable delay of the death of or serious injury/serious bodily harm to a young person who has sought or received a children's aid society service within 12 months before the death or the day on which the harm occurred. This includes serious soft tissue damage including bruising, swelling and/or complaints of pain sustained during a physical or mechanical restraint.

Standard 1.17(4), 4.2a, 8.2, 8.3(2), 8.4(2)

Interview with Licensee

24.1 Secure de-escalation: Training and Education for Staff

The licensee states that training and education plans are implemented for staff who use secure de-escalation rooms, which include:

- de-escalation techniques that must be considered to minimize the use of secure de-escalation
- releasing a young person from a secure de-escalation room as soon as possible
- the provisions of the CYFSA and regulations governing secure de-escalation rooms.

Policies and procedures are reviewed by staff upon their initial orientation and at least annually thereafter.

O. Reg. 155/18, s.87(2)

Standard 9.1

24.2 Secure de-escalation: Under 16 - Review the Continued Need

The licensee states when a young person who is under 16 is kept in a secure de-escalation room for more than one hour, the person in charge of the premise reviews the continued need for the secure de-escalation of that young person at the end of the hour and at least every 30 minutes thereafter.

O. Reg. 155/18, s.86(1), paragraph 1

24.3 Secure de-escalation: 16 or Older - Review the Continued Need

The licensee states, when a young person who is 16 years of age or older is kept in a secure de-escalation room in a place of secure custody or of secure temporary detention for more than one hour, the person in charge of the premises in which the secure de-escalation room is located shall review the continued need to keep the young person in the room at the end of the hour and at least every 60 minutes thereafter.

O. Reg. 155/18, s.86(1), paragraph 2

Interview with Licensee

24.4 Secure de-escalation: Maximum Period with Approvals

The licensee states the time limits for young persons to be kept in secure de-escalation.

Key Components:

- A young person shall not be kept in a secure de-escalation room for a period that exceeds 8 hours in a given 24 hour period or an aggregate of 24 hours in a given week. However, if the young person is 16 or older and being held in a place of secure custody or secure temporary detention, the young person must not be kept in a secure de-escalation room for a continuous period in excess of 24 hours or a period of time that exceeds an aggregate of 24 hours in a week.
- The provincial director may approve the extension beyond 24 hours for young persons 16 or older in places of secure custody or secure temporary detention, if they have reasonable and probable grounds to believe that the young person's continued placement in secure de-escalation is necessary for the safety of staff or young persons in the facility

CYFSA s.174(8), (9), paragraphs 3, 4, 5
Standard 9.3(2)

24.5 Secure de-escalation: Internal Review Of All Secure De-Escalation Placements

The licensee explains the procedures for conducting an internal review of all secure de-escalation placements to identify alternatives considered, less restrictive methods that might have been used/considered, procedures used, and where appropriate, any necessary follow-up action.

Standard 9.4(1)(E)

24.6 Secure de-escalation: Used as a Bedroom

The licensee understands that the secure de-escalation room may be used as a bedroom if the young person is held in a facility that is a place of secure temporary detention or a place of secure custody, despite LGIC Reg 85(1).

O. Reg. 155/18, s.85(2)

Interview with Licensee

25.1 Searches May be Authorized

If the licensee/designate is the person in charge of the facility, they are aware that they can authorize staff to conduct searches of visitors in accordance with s.68.1 of O. Reg. 155/18 and staff members, in accordance with s.68.2 of O. Reg. 155/18.

O. Reg. 155/18, s.68.1, 68.2

25.2 Rules for Strip Searches

If the licensee/designate is the person in charge of the facility and they determine that a less intrusive search method would not be effective at locating contraband or is not operationally feasible, they may authorize staff member to conduct a strip search of a young person when a young person is admitted into the facility or re-enters the facility, except if they were directly observed by staff at all times while not on the premises. They may also authorize a strip search of a young person if they believe on reasonable grounds that the young person is carrying contraband; the young person refuses, resists or fails to co-operate with a staff's request to turn over contraband; they are satisfied that a less intrusive search method would not be effective in confirming the existence of contraband or is not operationally feasible; and there is an immediate risk of harm to the young person or another person.

O. Reg. 155/18, s.68.3(1)(2)

26.1 General Information for Wilderness Trips

The licensee of a facility that offers wilderness trips explains the policies and procedures for wilderness trips.

Standard 7.5(2)(4)

26.2 Wilderness Trips - In The Event Of An Emergency

The licensee of a facility that offers wilderness trips explains the policies and procedures to address emergency situations on wilderness trips.

Standard 7.5(3)

Interview with Staff

Interview with Staff

1.1 Training on Policies and Procedures (Within 30 Days and Once Every 12 Months)

The staff states they:

- received training on the facility's policies and procedures including those respecting emergency situations and fire evacuation, within 30 days of commencement of employment and at least once every 12 months following the year they began employment
- reviewed any changes to the policies and procedures before they took effect.

O. Reg. 156/18, s.83(1)

Standard 2.4(1)(A), (5)(D)

1.2 Contravention of Policies and Procedures, Requirements for Corporal Punishment, Discipline, and Intervention

The staff describes how non-compliance with policies and procedures or requirements pertaining to corporal punishment or discipline and intervention is managed.

O. Reg. 156/18, s.82(1)(r)

1.3 Trained In the Use Of Fire Extinguishing Equipment

The staff states they are trained annually, in the proper use of a fire extinguisher. There is a record kept of each training session.

Key Component:

Training should include the actual use of a fire extinguishing for them to be familiar with the application.

O. Reg. 156/18, s. 99

Standard 2.4(4)(E)(iii)

Interview with Staff

1.4 Education of Physical Restraint Policy (Within 30 Days and Refreshers)

The staff states they received an orientation and education on Ministry Policies and Procedures, and Provisions of the Act and Regulation regarding physical restraints, within 30 days after they started employment. They have also completed a training program that is approved by the Ministry and all refresher courses, including training on the use of less intrusive intervention measures.

O. Reg. 155/18, s.16(3), (4)
Standard 8.2(4)(CC), (DD)

1.5 Assessment - Physical Restraint Reviews

The staff states that during their assessment, following every training on the use of physical restraint, they demonstrate their understanding and application of physical restraints and complete additional training, if required.

O. Reg. 155/18, s.20(2), (3)

1.6 Training in Physical Interventions/Restraint for Community Escorts

The staff states that, prior to conducting any escorts, they were fully trained in the use of physical interventions, including physical restraint and mechanical restraints as permitted by the CYFSA and its supporting regulations and the facility's escort policies and procedures.

Standard 12.3(3)

1.7 Training in Suicide Prevention and Intervention

The staff states they received training on suicide prevention and intervention prior to beginning to work with young persons and every two years thereafter or as required by the ministry.

Standard 6.7(19)

Interview with Staff

1.8 No Corporal Punishment or Inappropriate Behaviour of Staff toward Young Person

Young persons are not deprived of basic needs including food, drink, shelter, sleep, access to and use of a toilet, clothing, footwear or bedding and personal property is not removed or threatened to be removed, unless necessary to prevent immediate harm to them.

There are no harsh or degrading measures used or threatened to be used to humiliate, shame, or frighten young persons or undermine their self-respect, dignity, or self-worth. Derogatory or racist language is never directed at or used in the presence of young persons.

Emotional, physical, or sexual abuse or harm is never inflicted, threatened to be inflicted, or permitted to be inflicted on young persons.

If staff have reasonable grounds to suspect that a method of discipline or an intervention prohibited under section 80.4 has been administered to a child or young person, they immediately report the suspicion and the information on which it is based to a Director.)

CYFSA s.4

O. Reg. 156/18, s.80.4(1), paragraphs 1, 2, 3, and 5, s.80.5

1.9 Deprivation of Food is Prohibited

The staff states food is not used to bribe, punish, reward or coax. Deprivation of food is prohibited (Deprivation is distinguished from food-related limits, routines and token reinforcement that are part of an individualized and documented treatment approach that is administered under the guidance of a health care professional or rehabilitation professional. 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 10.2

1.10 Code of Conduct

The staff states that they are aware of the written statements of policies and procedures regarding the code of conduct and discipline of persons employed in the residence or a collective agreement specifying a code of conduct and discipline for staff.

O. Reg. 156/18, s.82(1)(l)

Standard 2.7(1)(D)

Interview with Staff

1.11 Policies and Procedures are Accessible and Current

The staff states the facility's policies and procedures are accessible to all staff and are kept up to date to reflect practices.

O. Reg. 156/18, s.82(2)

1.12 Police Record Check - Broad Record Checks, Offence Declarations, and Notice of Charge or Conviction

The staff is aware that, when providing a Broad Record Check (BRC) and Offence Declaration, they have the right to submit a written statement of relevance with their BRC.

They are aware of their responsibility to provide notice to the licensee if they have been charged with or convicted of an offence under the Criminal Code (Canada).

Note: An update is pending to Standard 2.3 Police Record Checks. Please check the YJSM for updates.

O. Reg. 155/18, s. 121, 122(1)(9), 126, 128, 129

Interview with Staff

2.1 Crisis Management Plans

The staff is familiar with the Crisis Management Plan, which includes:

- staff roles and responsibilities
- crisis prevention measures
- consultation with local police, fire and other emergency authorities
- identifying which incidents require outside support and providing them with access to the site
- procedures for safety of all staff, young persons and the community, restoring order, protecting property,
- responding to young persons identified as initiating/engaging in a disturbance
- responding to media
- support offered to staff, young persons, families and others during and after a crisis
- documenting and reporting incidents
- staff instruction in emergency procedures at the time of hiring and at least annually thereafter

Standard 2.2a

Interview with Staff

2.2 Contingency Plans

The staff is familiar with the Contingency Plan, which includes:

- staff roles and responsibilities
- procedures for when a young person, staff, or other person are seriously injured; health and safety work refusals; for fire safety and prevention (including instructions to young persons and staff and posting safety and prevention information), emergency evacuations, utility/equipment disruptions, communicable disease prevention/management, food service or labour disruptions, hunger strikes
- identifying which incidents require outside support
- designated place of short term shelter
- safe use and storage of hazardous materials
- safety inspection and maintenance of specialized equipment
- first aid kits and instruction, biohazard kits
- support offered to staff, young persons, families and others during and after an emergency
- staff instruction in emergency procedures at the time of hiring and at least annually thereafter

O. Reg. 156/18, s.97, paragraph 13)(i), (ii), 103(b), 111(1)(a), (b) (c), 112(3)(h)

Standard 2.3a

2.3 Critical Incident Stress Management Program (CISM)

Staff are aware of the critical incident activation criteria and that they may request CISM activation from their manager.

Standard 2.4a

3.1 Designated In Charge

The staff states that where more than one program staff is on duty per shift, they shall ensure that one program staff is designated to be in charge of the shift.

O. Reg. 156/18, s.98(3)

Interview with Staff

3.2 Youth Justice Staffing Levels - Transfer Payment Recipient (Secure)

The staff explains that in their transfer payment secure custody/detention facility, no staff is left alone with young persons and during every shift other than the overnight shift, a minimum of one youth worker is on duty for every five young persons in each unit exclusive of supervisory staff. On the overnight shift, one youth worker is awake and on duty in each unit and one additional youth worker is awake and on duty as float on site.

Standard 2.5(2)(A), (B), (C)

3.3 Youth Justice Staffing Levels - TPR (Open)

The staff confirms that in their transfer payment open custody/detention facility, there are at least two youth workers on duty during each shift. On the overnight shift, one youth worker is awake and on duty in each unit and one additional youth worker is awake and on duty as a float on site.

Standard 2.5(3)(B), (C)

4.1 Student Placements

The staff states that student placements do not take the place of scheduled, on duty, front-line staff and that students are not allowed to engage in any behavioural interventions which involves physical contact with the young persons.

Staff are able to identify specific situations where students may work alone with a young person without direct supervision.

Staff confirm that the role of the student is described in the Case Management /Reintegration Plan when they are working on a one-to-one basis with young persons.

Standard 2.8(1)(B), (F), (H), (I)

Interview with Staff

4.2 Community Groups and Volunteers

The staff states that community groups and volunteers do not take the place of scheduled, on duty, front-line staff and are not allowed to engage in any direct supervision, de-escalation or behavioural interventions, including non-physical/physical interventions.

Staff are able to describe the role of community groups and volunteers within the case management/ reintegration plan and/or program and confirm they only work with young persons in areas that are observable by staff.

Standard 2.9(1)(A), (B), (G), (H)

5.1 Instructed in Fire Procedures and Give Verbal Account

The staff indicates that fire evacuation procedures are posted in conspicuous places in the residence and that all staff and young persons are instructed in a manner suitable for their age and maturity on the procedures to be followed when a fire alarm is activated or a fire is discovered. The fire alarm is used to initiate fire drills and are practiced at least once a month. A record is kept of each practice.

O. Reg. 156/18, s.112(3)(c), (d), (e)(i), (ii), (f), (g)

6.1 No Smoking in Presence of Young Person

The staff confirms that staff, visitors, and service providers do not smoke or vape in the presence of young persons, when performing transfers or community escorts, or while in facility buildings, yards, courtyards, outbuildings, any enclosed area on the facility premises or vehicles used for business purposes. Young persons do not smoke or vape, with the exception of tobacco use directly associated with Indigenous spirituality and practices.

Standard 1.10

Interview with Staff

7.1 Duty to Report

The staff states that it is their professional duty, under the CYFSA, to make a report directly to the local Children's Aid Society when there are reasonable grounds to believe a child or young person may be in need of protection. They describe the procedures for doing so, including the requirement for a serious occurrence report, and provide examples for when a child would be in need of protection.

Key Components:

Staff do not need to be sure that a child is or may be in need of protection to make a report to a children's aid society.

"Reasonable Grounds" refers to the information that an average person, using normal and honest judgement would need in order to decide to report.

It places strong responsibility on those people who work with children to report abuse or protection concerns, and to err on the side of caution in cases of doubt

Those who fail to report a suspicion that a child is or may be in need of protection, where the information on which that suspicion is based was obtained in the course of their professional or official duties, is liable on conviction to a fine of up to \$1,000

CYFSA s.125(1), (3)

Standard 4.2a(1),(2)

7.2 Situations That Must be Reported to Police

The staff states that all allegations of abuse made by or about young persons, regardless of age, are reported to the local police service. They report the type of alleged or suspected abuse or neglect, the reason for the belief and, where applicable, details of the situation including: name, address and telephone number of the alleged victim and the young person's parent(s)/guardian(s); nature and extent of visible injuries (if applicable); a description of allegation; and any other information related to the circumstances. The report is documented in the young person's file/case notes as soon as possible and no later than two business days.

Standard 4.2a

Interview with Staff

7.3 Young Person's Protection from Staff and Police

The staff explains the policies and procedures governing circumstances where it is suspected that a young person is or may be in need of protection from a current staff member, another person working with a child/young person (e.g. volunteers, students, etc.), a former staff member or a police officer.

Key Components:

These will include:

- The requirement for staff to report suspected and/or alleged abuse or neglect of a child/young person by a current staff member or another person working with a child/young person (e.g. volunteers, students, etc.), a former staff member or a police officer
- Steps for protecting and supporting the child/young person who is being dealt with under the YCJA
- The requirement to provide a young person who requests to register a complaint regarding the conduct of a police officer with the information needed, opportunity and support to register a complaint and/or request a review of a decision

Standard 4.2a(5)

7.4 Allegations Discrimination/Harassment Addressed/Police Contacted

The staff states the facility and work environment is free of discrimination and harassment for staff, youth, students, volunteers, visitors and all others. Any allegations of discrimination and harassment are addressed, regardless of how the service provider is made aware of the allegations; and that the police shall be contacted in all cases of alleged criminal activity.

Standard 1.19(1)(A) (H)

8.1 Young Person's Orientation to Facility

The staff states that upon admission, every young person receives an orientation in language suitable to their understanding, age, and maturity. The orientation is of:

- the facility, including introductions to staff and other young persons, and a tour, where possible
- programs, services and educational opportunities
- the fire and emergency procedures plan
- the physical restraint policy
- if applicable, when physical restraints may be used, including: what constitutes a physical restraint and the rules governing the use of physical restraints (circumstances when they may be used and procedures that must be followed after their use)
- if applicable, when mechanical restraints may be used, including: what constitutes a mechanical restraint and the rules governing the use of mechanical restraints (circumstances when they may be used and procedures that must be followed after their use)
- their right to speak in private with and receive visits from the Ombudsman and members of the Ombudsman's staff, including about concerns with use of a physical or mechanical restraint

This information is reviewed again 7 days after admission, as soon as possible after the young person requests review of the information, and any time the information should be reviewed, in the opinion of the licensee.

The young person is provided a copy of the pamphlet explaining their rights and responsibilities.

(Note: On January 1, 2025, s.90(1)(a) will be amended and the following will also apply to young persons' orientation:

- the methods of discipline that may and may not be used in the residence, including the methods of discipline and intervention prohibited under section 80.4)

O. Reg. 156/18, s.90(1)(a), (2)
Standard 1.11

Interview with Staff

8.2 Youth Admission Interview

The staff states how the young person's self-reported information from the Youth Admission Interview Tool will be used to identify potential risks, meet the immediate needs of the young person, supervision and programming decisions and maintain a safe environment for other young persons and staff.

Standard 1.11

8.3 Young Person Is Informed - Rights, Responsibilities, Complaints, and Daily Operations

The staff states that each young person, upon admission, is informed of their rights under Part II of the CYFSA; the internal complaints procedure including their ability to ask for a further review of their complaint; their right to receive services in French (if applicable); the Custody Review Board; their own responsibilities; and the day to day operation including disciplinary procedures.

This is provided verbally in a language suitable for the young person's level of understanding and in writing, in a format that is understandable and accessible to them. It is reviewed at admission, 30 days after their admission, 90 days after admission, 180 days after admission, and every 180 days after that. Staff consider available information about the young person to identify what supports, if any, may assist the young person in understanding the information provided.

CYFSA s.9, 16

O. Reg. 155/18, s.5(1), (2), (3), paragraph 3, s.9

O. Reg. 156/18, s.90(b)

Standard 1.11

8.4 Internal Complaint Procedures

The staff states the facility's procedures for hearing and dealing with complaints regarding a service difficulty, alleged violation of the young person's rights and complaints by young persons or other persons affected by conditions or limitations imposed on visitors or the suspension of visits, specifically:

- the methods by which a young person, parent, or other representative of a young person may make a complaint, either verbally or in writing, to the licensee or designate
- how an individual affected by conditions, limitations, or suspensions of visits may make a complaint, either verbally or in writing, to the licensee or designate
- the young person does not experience interference or fear of coercion, discrimination or reprisal and receives a response to their concerns or recommended changes
- procedures for addressing complaints about the facility's Director, managers, staff and, where appropriate, member of a Board of Directors
- the service provider's internal system of advocacy
- procedures and timelines for responding to complaints, determining what supports may be required, and providing updates
- methods used to conduct unbiased and transparent investigations
- the requirement to document details of the complaint and the results of the review in the young person's file
- preventing further violations of the young person's rights, if required

CYFSA s.18(1)(a), (b)

O. Reg. 155/18, s.22(1), (2), (3), (4)

Standard 4.3

8.5 Debriefing for Complaints

The staff confirms a debrief is conducted, minimally as follows:

- one with the persons to whom the complaint relates, without young persons present
- another with the young person who filed, or is the subject of, the complaint, without the presence of the persons to whom the complaint relates (an adult support person is included, if requested by the young person)
- another offered to young persons who witnessed any conduct that gave rise to the complaint
- the debrief is structured to accommodate young persons' psychological, communication and emotional needs, and cognitive capacity
- focus is on understanding the experiences of the young person
- debriefs are conducted within seven days after the complaint has been reviewed, or as soon as possible after and circumstances of the delay are documented

O. Reg. 155/18, s.23.1, paragraphs 1-6

8.6 External Complaint Procedures

The staff states the procedures for a young person who wishes to file an external complaint, has access to the Ombudsman of Ontario, a member of the Legislative Assembly of Ontario (MPP or minister of MCCSS), MP, a lawyer, Law Enforcement Complaints Agency, (formerly the Office of the Independent Police Review Director), a specific police service, and the Ontario Human Rights Tribunal.

Key Components:

Staff is able to discuss the following:

- The young person will not experience reprisals or duress as a result of a decision to access an external complaints procedure
- Methods that a young person, parent/guardian or other representative may express concerns with respect to alleged violations of the young person's rights
- Where in the facility young persons can access a copy of the complaints procedure, legislation, literature, and forms
- Young persons, their parent or other representative are provided with information on how to access the external complaint mechanisms during orientation at the facility, CMRP meetings, and upon request
- Assistance is provided to obtain, complete, and submit documentation (e.g. complaint form), if requested

Standard 4.4

Interview with Staff

8.7 Return to Facility Interview

The staff confirms that young persons are interviewed when they return to the facility following any absence where they have not been directly supervised/escorted at all times by facility staff or following a video court appearance. The interview is conducted within one hour or as soon as possible thereafter, in a private environment. It is structured to accommodate the young person's psychological and emotional needs and cognitive capacity (e.g. using plain language, not rushing the process, etc.) and conducted to encourage and support discussion about what happened during their absence/video court appearance, and express their feelings and reactions to the events.

The staff is aware of the follow up procedures to address any identified emotional and/or physical concerns, and how information is communicated to other staff, including if they talk about suicide or self-harm. A Return to Facility Interview Tool form is completed.

If the staff is a manager/supervisor, they:

- review the completed form, giving priority to concerns about emotional and/or physical state
- complete Part D of the form
- determine appropriate intervention strategies to immediately assist young persons, if required.
- if there are concerns about suicide or self-harm, they direct the assessment and management in accordance with the Suicide Prevention and Intervention standard
- communicate special instructions for supervising the young person
- confirm the Alerts Checklist is updated, if required
- makes arrangements for clinical intervention/support to be offered as soon as possible, if necessary
- document concerns in the log book about emotional and/or physical state and the intervention strategy.

Standard 6.10

Interview with Staff

8.8 Young Person Received Without Notice

The staff states that when a young person is received at their facility without notice (e.g. unplanned transfer from court), staff at the receiving facility notify the originating facility of the young person's transfer as soon as possible, but no later than eight hours after admission in order to determine if the young person has any urgent health care or other specialized needs to be addressed. Staff also arrange for transfer of file information, and young person's property, personal effects, money and medication.

Standard 1.11.1

9.1 Behavioural Interventions and Record of Measures Used

The staff states they were informed of the type of behaviour that may result in the administration of a method of discipline or intervention and completed a training program about methods of discipline and intervention. They reviewed related policies and procedures within 30 days of employment and at least annually thereafter.

Any method of discipline or other administered intervention used on a young person is recorded in their file and the staff informs the licensee/designate of the administration of discipline or other intervention.)

O. Reg. 156/18, s.80.4(2)(3)

Standard 2.4

Interview with Staff

9.2 Debriefing

The staff confirms a debrief is offered following:

- a serious incident of peer-on-peer violence
- a suspected suicide attempt or incident of self-harm
- a young person's release from a Secure De-escalation Room,
- an incident that a young person has witnessed, and/or been affected by (e.g. witness to a physical restraint, serious assault, attempted suicide)
- a situation where a young person is received from another custody/detention facility following an incident listed above and a debriefing has not been conducted at the sending facility.

Debriefs are offered within 48 hours of the incident (or as soon as possible after) and accommodate young persons' psychological and emotional needs and cognitive capacity; a manager/supervisor who was not directly involved in the incident leads the debrief; debriefs are conducted in a safe, private, and respectful environment. The young person's Case Management Team is notified when a debriefing takes place and of any recommendations for modifications to the young person's CMRP.

Standard 6.9

10.1 Right to a Plan of Care (Case Management/Reintegration Plan)

The staff states that every young person has a right to participate in the development of their individual CMRP and in any changes made to it. Meetings are held at a time that is convenient for the young person and in a manner that encourages the young person's participation.

CYFSA s.13(2)(a)

O. Reg. 156/18, s.94.1(7)(b)(c)

Standard 6.3(3)(D)

10.2 Young Person's Understanding and Role in CMRP

The staff confirms, before developing or reviewing a CMRP, the following are explained to the young persons:

- The purpose of the development or review of the CMRP
- The type of information that will be discussed and included during the development or review of the CMRP
- The role of the young person

After completing the CMRP, before the young person signs it, it is explained them in language suitable to their age and maturity and a written or electronic copy is offered to them. If they requested a copy, it was provided within seven days after it was developed or reviewed.

O. Reg. 156/18, s.94.1(1), (13), (14)

10.3 Parties Consulted and Involved in Development of CMRP

The staff can identify those people who are consulted and involved in the development and review of the young person's CMRP, including the young person's parent, probation officer, supervisor/manager, primary worker, and social worker/other clinical or program staff and the following if they have supporting information or were recommended by the young person or parent:

- School Representative
- Resource person, if applicable
- In the case of a review, the adult ally identified in the CMRP, if applicable

At least one meeting should occur with the licensee/designate, young person, and their parent(s)

O. Reg. 156/18, s.94.1(5), (6), (7), (8), (9)

Interview with Staff

10.4 Timelines for CMRP and Reviews

The staff states a CMRP is developed for each young person within 30 days of admission and a review of the CMRP is completed 90 days after admission, 180 days after admission, and every 180 days after that. They also describe the reasons that would prompt a review, including: a material change in the young person's circumstances; new information is learned about the young person's needs, behaviours or any diagnosis; the young person or their parent requests a review.

O. Reg. 156/18, s.94(1), (2)

10.5 CMRP Accessible, Used, and Shared

Staff who provide direct care confirm they have ready access to and review the most recent version of young persons' CMRPs. A copy of the initial CMRP and amendments are provided to the young person's parent(s). Services and care are provided in accordance with the CMRP.

O. Reg. 156/18, s.94.3, 94.4

10.6 Educational Needs

The staff explains that a young person receives an education that corresponds with their aptitudes and abilities.

Key Components:

This is one of the young person's rights while in care.

This is also to ensure that information regarding the young person's education is available in the youth's case record. This is valuable information in assessing the youth's needs and in future planning.

CYFSA s.13(2)(e)

10.7 Educational Absences

The staff states that the young persons' parents/guardians are informed of an educational absence and the reason for the absence in advance of it occurring. If unable to inform them before the absence occurs, they do so within 24 hours of learning of the absence. Actions taken to inform the young person's parent/guardian are documented.

O. Reg. 156/18, s.80.1(6), (7), (8)

10.8 Services to Young Persons - Identity Needs

Staff confirms that reasonable efforts are made to determine whether there are services, programs or activities that would relate to the race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression or cultural or linguistic needs of young persons; or regional differences that may affect young persons. If such a service, program or activity is available and would assist the child or young person, they ask the young person if they wish to receive the service or participate in the program or activity, and, if so, facilitate the young person receiving the service or participating in the program or activity in addition to continuing to receive the service from the service provider.

(Note: On January 1, 2025, s.80.4 will be in effect. The following will apply:

The staff confirms that access to services, supports, or objects relating to young persons' creed, community identity, or cultural identity is not removed or threatened to be removed, unless necessary for their immediate safety.)

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

O. Reg. 156/18, s.3(1), s.80.4(1), paragraph 4

Interview with Staff

10.9 Services to Young Persons - Identity Needs, Obligation to Inform YP and Parent

The staff states that they inform the child and their parent about their obligation to take into account the identity characteristics of the child and regional differences. This occurs at admission, as part of making a decision respecting a service provided to the child if the decision materially affects or is likely to materially affect the child's interests; and when the service provider becomes aware of new information that suggests that a child has an identity characteristic previously unknown to the service provider or that an identity characteristic of the child may have changed.

Key Components:

Parent refers to –

- In the case of a child who is not in the care of a society, a parent of the child.
- In the case of a child who is in the care of a society, except for extended society care, a person who was the child's parent immediately before the child was placed in the care of the society.
- In the case of a child who is being cared for under customary care, the person who, immediately before the child was placed in customary care, was the child's parent.

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

10.10 Efforts to Obtain Information

The staff states, if the child is unable to communicate whether or not there is any information in relation to their identity characteristics and regional differences and there is no parent, reasonable efforts are made to determine if this information is otherwise available in:

The case record;

If applicable, another service provider's file, if any, that transferred the child; or

A relative or sibling of the child who can be contacted after making reasonable efforts to do so, who is aware of the young person's placement, and who may reasonably be expected to have such information.

O. Reg. 156/18, s.4(6)(a), (b), (c), (7)(a), (b)

Interview with Staff

10.11 Resource Person

The staff states young persons are offered a resource person whose role, on a voluntary basis, is to assist in taking into account one or more identity characteristics of the child or regional differences when making a decision that will materially affect or may materially affect the child's interests.

O. Reg. 156/18, 4(5)(e), 5(1)(a)

10.12 Training for Identity Characteristics and Regional Differences

Training is provided to staff within eight months of making decisions that may materially affect a child's interests and providing services to a First Nations, Inuk or Métis child on matters related to identity characteristics, regional differences, and First Nations, Inuit and Métis cultures, heritages, traditions, connection to community and the concept of the extended family.

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

10.13 Needs of Trans Young Persons

The staff states that, during intake, the young person's preferred name, gender pronoun, preference for search, placement, clothing, and underwear within facility and community (reintegration leave, etc.) are obtained. The self-identified needs of a trans young person are communicated to staff who have direct care of the young person.

Standard 1.11.2(6)(B)

10.14 Personal Property

The staff describes the procedures for safekeeping personal property not kept by young persons, circumstances where young persons may access the property, and procedures and circumstances for examining personal property for dangerous or perishable goods.

Standard 5.4

Interview with Staff

11.1 Case Management Team - Custody

The staff states that, for young persons in custody, the Case Management Team (CMT) minimally includes the probation officer (PO), a supervisor/manager, primary worker, and social worker/other clinical or program staff.

If applicable, they confirm their role in the CMRP is to:

- initiate, organize and chair/leading CMRP meetings
- collect information to facilitate implementation of the CMRP
- collaborate with the CMT to develop, review, and update the CMRP
- encourage/support the young person to attend and participate in the CMRP meeting
- assist in the identification of the young person's goals and maintain a close working relationship them
- provide input to the PO during reintegration leave planning and for court reports
- provide the PO with sentencing documents within two business days of sentencing
- distribute documents and reports, including risk/need indicators, that may affect the case management of the young person
- keep the Alerts Checklist/CIE and custody file updated

Standard 6.3

11.2 Case Management - Detention

The staff describes case management for detention youth to minimally include the following:

- coordinating exchange of information and documentation between the probation office and facility
- forwarding the young person's detention order/remand warrant and completed YAIT to the appropriate probation office as soon as possible or by the end of the shift
- reviewing the Alerts Checklist and/or Critical Information Exchange and updating it, if required
- designating a facility contact person to collaborate with the Probation Officer to address info sharing; coordination of services; development of the Immediate Community Release Plan, including addressing the needs identified in the YAIT; and development and participation in CMRP, which is to be completed within 30 days of admission
- arranging required appointments and services, either in the community or the facility
- providing information and reports to the Youth Justice Court, as required
- establishing and maintaining contact with the young person's family

Standard 6.2

Interview with Staff

11.3 Informed of Transfer/Discharge

The staff states that upon transfer or discharge each young person is informed of and helped to understand the reasons for the transfer or discharge and their views and wishes are taken into account, given their age and maturity. In the case of a young person being transferred, the young person is informed of their right to a review by the Custody Review Board.

If the young person was transferred from another facility following an incident that they witnessed and/or were affected by, a debriefing was offered if one was not conducted at the sending facility.

The young person's parent/legal guardian, legal counsel, and Probation Officer are also informed that the transfer has taken place.

CYFSA s.22(6), 66(1), 152(1)

Standard 1.11.1, Standard 6.9

11.4 Transfer/ Discharge Summary

The staff states that when a young person is transferred to another facility or discharged, as soon as possible and no later than seven days after the transfer or discharge, the following is forwarded to the facility, person, or agency the young person is transferred or discharged to:

- a copy of the most recent version of the young person's Case Management/ Reintegration Plan
- an assessment of the young person's needs at the time of transfer or discharge
- and any other information that, in the opinion of the licensee, is relevant to the provision of care to the young person at the time of the transfer or discharge

O. Reg. 156/18, s.80.2, 93(1)(n)

Interview with Staff

11.5 Information Faxed Prior to Transfer

The staff states that prior to transferring young persons, the following information is sent to the receiving facility by facsimile; a completed Critical Information Exchange or Alerts Checklist form, Level of Detention Assessment, copies of any assessments or reports, including psychiatric or psychological summaries (Pre-sentence Report, Risk/Need Assessment) and any other documents that may assist the receiving facility to prepare for the young person's arrival.

Standard 1.11.1

11.6 Young Person Urgent Dental Medical Requirement

The staff states that prior to transferring young persons to another facility, all urgent medical or dental requirements are addressed.

Standard 1.11.1

11.7 Medication Accompanies Young Persons Transferred Between Facilities

The staff states that a seven-day supply of medication(s) in original container and any relevant medication administration instructions shall accompany the young person. If required, originating facility's Primary Care Physician/Nurse Practitioner will be asked to provide a prescription to the receiving facility's pharmacy. If no medication or less than seven-day supply is provided, reason(s) shall be documented in the young person's file at the originating facility and communicated at the receiving facility.

Standard 1.11.1

Interview with Staff

11.8 Youth Person Health Care Needs are Transmitted by Phone

The staff states the receiving facility is contacted by telephone prior to the young person's departure from the originating facility if the young person experiences any of the following health care needs: recent placement or removal from suicide watch, active or recent episodes of psychosis, increased treatment/medication needs, medical isolation required, methadone treatment.

Key Components:

- Currently on a suicide watch or recently removed from suicide watch
- Actively psychotic or recent psychotic episodes
- Has increased medical/treatment needs
- Requires separation/isolation for medical reasons
- On Methadone Maintenance Treatment
- Is prescribed medication(s) (e.g. HIV medications)
- Any other medical conditions that may require unique or specialized health care services/treatment that may not normally be provided

Standard 1.11.1

11.9 Contact Receiving Facility to Address Medication Needs

The staff states the procedures for contacting the young person or the receiving person/facility/agency as soon as possible and no later than 24 hours of a young person's unexpected discharge to assist in addressing the young person's medication needs (e.g. providing medication, providing information to the young person's community health care practitioner).

Standard 11.8.2

Interview with Staff

11.10 CIE Form Accompanies Young Person to Court or Psychiatric Centre

The staff states when a young person attends court or a psychiatric facility with a chance of not returning and there is a need to share critical information, a copy of the Critical Information Exchange form (CIE) was attached to the court documents accompanying the young person to court or a psychiatric facility. If a CIE is not available, an Alerts Check List form is completed to accompany the young person.

Standard 6.5

12.1 Suicide - Screening and Identification at Admission and Throughout Stay

The staff states that young persons are screened for the potential of suicidal ideation/behaviour at admission and throughout their stay. This includes taking into account their culture, ethnicity, gender, race, religion and other appropriate considerations.

Standard 6.7(1)

12.2 Assessment After Initial Identification of Suicidal Behaviour/Ideation

The staff states young persons are assessed as soon as possible and no later than 24 hours of initial identification of suicidal behaviour/ideation. Subsequent assessments are completed as required, including initiation, modification and cancellation of suicide watch.

Standard 6.7(2)(A)

12.3 Suicidal Behaviour - Staff Responsibility

The staff confirms all staff members are responsible for responding to and managing suicidal behaviour.

Standard 6.7(2)(B)

Interview with Staff

12.4 Suicide - Procedures to be Followed

The staff explain the procedures to be followed (including who to contact) when:

- a young person exhibits suicidal ideation or behaviour/other behaviour(s) that could indicate increased risk of suicide (e.g. self-isolation, self-injurious behaviour)
- staff become concerned or receive information that a young person may be at risk for suicide (e.g. from observations, interactions and/or information from other youth, parent/guardian, support person/staff, nurse or designated professional).

They confirm, if a young person continues to present a significant risk of suicide despite an increase in intervention strategies, they are transported to the hospital as soon as possible for assessment and/or treatment.

Standard 6.7(2)(C)

12.5 Suicide Watch - Procedures to be Followed - One-on-One Supervision

The staff describes procedures for staff providing one-on-one supervision of young persons on a Suicide Watch, including: requirements to visually observe the young person and attempt to converse with them when they are awake (overnight/non-waking hours); documenting all observations, behaviour, interactions, and comments (e.g. relaxed and engaging in conversation, reading, talking to self, verbalizing suicidal thoughts, argumentative); communication of intervention strategies that can be used, including when the observation level and/or interventions have been changed.

Standard 6.7

12.6 Suicide Watch - Procedures to be Followed - Relief Staff

The staff describes procedures for relief of staff providing continuous observation during suicide watches, including: check-in once every two hours to ensure their alertness, and engagement with the young person; relief if fatigued or otherwise needed; during evening/non-waking hours, staff are minimally relieved once every two hours or sooner if required, to limit fatigue and ensure alertness.

Standard 6.7(5)

Interview with Staff

12.7 Suicide Watch - Personal Property

The staff explains the personal property that a young person is permitted to retain while on a Suicide Watch and confirms young persons cannot wear or have access to shoes with laces, clothing with drawstrings, or similar items including but not limited to belts, string, hair ties, ribbons, etc., that could be used to tie or bind in their possession, including when they are outside the facility (e.g. attending court, at hospital).

Standard 6.7(5)(I)

12.8 Suicide Watch - Basic Rights

The staff describes how basic rights are maintained and privileges are supported (e.g. telephone calls, mail, visits).

Standard 6.7(5)(J)

12.9 Suicide Watch - Meals

The staff explains meals are provided that can be consumed without utensils, if required. Modified meals are only provided: as a last resort (e.g. when the young person's behaviour is considered to be immediately life threatening); when options such as a higher observation level have been determined to be insufficient or inappropriate; when identified by a designated professional. Efforts are made to provide a meal that is similar to those provided to other young persons, and can be consumed without utensils.

Standard 6.7(7)

12.10 Suicide Watch - Suicide-Resistant Clothing

In facilities where suicide-resistant clothing is available for use, it is not used routinely; it is used for the shortest possible timeframe when used as a last resort, when options such as higher observation levels are insufficient/inappropriate; when determined appropriate by a designated professional in consultation with the case management team. Young persons are not left in suicide-resistant clothing during any activities that may bring them into contact with other young persons (e.g. potential for increased stigma, risk of ridicule and bullying, etc.) or while in public (i.e. transportation to court, transfers, etc.) and one-to-one observation is used to minimize suicide risk.

Standard 6.7(6)

Interview with Staff

12.11 Suicide Watch - Considerations

The staff confirms the least intrusive intervention possible is used to safely and adequately manage a young person who presents as a suicide risk, considering their culture, identity factors and/or trauma history when developing a safety plan (e.g. Indigenous youth, Black youth, LGBTQI2S youth. Young persons are informed of proposed safety plans, the rationale, and are given an opportunity to express their opinion and concerns (though consent is not required).

Standard 6.7

12.12 Suicide Watch - Physical Environment

The staff confirms the location(s) that may be used to safely accommodate a young person on a Suicide Watch and describes how a safe physical environment is provided for young persons and staff (e.g. removal of potentially harmful items from the young person's bedroom).

Standard 6.7

13.1 Clothing

The staff states that all young persons in the residence have sufficient clothing of a suitable quality in relation to their age, size, activities and local weather conditions. If the licensee is unable to ensure suitable clothing, efforts are made to obtain the clothing.

CYFSA s.13(2)(c)

O. Reg. 156/18, s.110(1), (2)

Standard 5.6(1)(B)

13.2 Laundry Services

The staff states there are provisions for accessing laundry services to ensure clean clothing and linens for young person.

Standard 5.6(2)(A), (B), (C)

Interview with Staff

14.1 Appropriate Recreational/Activities/Creative Activities

The staff states that young persons are provided opportunities to participate in recreational, athletic and creative activities, in a community setting whenever possible, that promote physical, social and cultural benefits. Staff states how these activities are selected to respond to the individual needs, aptitudes and interests of young persons.

CYFSA s.13(2)(f)

Standard 7.5(1)(A), (B)

14.2 Safety Precautions and Staffing Requirements For Leisure and Recreation

The staff describes the safety precautions governing all leisure and recreational activities, including:

- safety instruction for participants
- regular equipment inspection and maintenance
- activities chosen are appropriate for the skill and fitness level of participants
- warm-up exercises prior to strenuous activity
- safety rules and behavioural expectations
- adequate supervision and staff participation
- skills taught in progression, from simple to complex
- Staffing requirements include:
 - selection of experienced staff to supervise active recreational activities
 - at least one staff supervising any active recreational activity has a current first aid certificate
 - for any swimming or boating activity in locations where lifeguards are not provided, at least one staff supervising water activity holds a current bronze cross life guarding certificate

Standard 7.5

Interview with Staff

14.3 Money Earned

The staff explains the manner in which young persons are supported in relation to any work done and money earned by the young persons both inside and outside of the facility.

O. Reg. 156/18, s.82(1)(q2)

15.1 Well Balanced Meals and Special Diets

The staff states that young persons receive well balanced meals and snacks that are of good quality and nutritionally adequate to their physical growth and development. Special food and diets are also provided as recommended by a doctor or nurse in the extended class.

CYFSA s.13(2)(b)

O. Reg. 156/18, 102(a), (b)

15.2 Portion Size

The staff confirms the portion sizes are appropriate based on the most current Canada's Food Guide and extra food is provided if required by the youth or parent/guardian.

Key Components:

- Portion sizes based on the most current Canada's Food Guide which are adequate for the physical growth and development of youth.
- Provision of additional portions if requested by the youth or guardian/parent.

Standard 10.2

15.3 Meals Set/Social Time

The staff identifies set meal times and how they are used as a social time.

Policy Food and Nutrition (2008-1a)(4)(A), (B)

Standard 10.2(1)(G), (I)

Interview with Staff

15.4 Dietary Requirements

The staff states that accommodations are made for special dietary requirements and modified meal schedules including medical diets, religious diets and lifestyles diets and requirements for youth with unique needs, as indicated in the case management plan and documented in the young person's file.

Standard 10.2(1)(P)(a), (b), (c), (d), (e)

15.5 Medical and Behaviour Advice

The staff states how medical/behavioural advice is obtained and any staff training related to allergies/eating disorders.

Key Components:

- Staff explain they are knowledgeable in how to identify and respond to food allergies, including anaphylactic reactions.
- What medical advice is provided for those youth who refuse to eat, overeat or have possible eating disorders and notification of the placing agency and/or guardian/parent.
- How they can provide advice and support for youth with unique needs related to food, feeding and nutrition.
- How they provide advice for dealing with challenging eating behaviours that may not be medical in nature.

Policy Food and Nutrition (2008-1a)(5)(A), (B), (C), (D)

15.6 Health Education

The staff identifies what information/educational material about food handling, nutrition and food preparation is provided to youth.

Key Components:

- Youth are provided educational material about proper nutrition
- Information is provided to youth about food handling and food preparation, where the youth has an active role in these activities

Policy Food and Nutrition (2008-1a)(6)(A), (B)

Standard 10.2(1)(T)(a), (b), (c)

Interview with Staff

15.7 Access to Food/Kitchen Facilities

The staff states a young person's reasonable access to food and kitchen facilities is not restricted to meal or snack times unless specifically provided for in their CMRP.

O. Reg. 156/18, s.102(c)
Standard 10.2(1)(J)

15.8 Cultural Diverse and Traditional Foods

The staff states the facility respects the food preferences, culture, traditions and creed of the young persons.

Key Components:

- Menus to reflect the cultural diversity of youth in the facility.
- Mechanisms to support preparation of traditional and cultural foods and/or celebrations involving food.

O. Reg. 156/18, s.102(a)
Policy Food and Nutrition (2008-1a)(7)(A), (B)
Standard 10.2

15.9 Young Person Absent

The staff states that young persons who are absent during the day are provided a meal when they return to the facility.

Standard 10.2(1)(U)

16.1 Right to Receive Medical and Dental

The staff states every young person has a right to receive medical and dental care, at regular intervals and whenever required, in a community setting whenever possible.

CYFSA s.13(2)(d)
O. Reg. 156/18, s.104(1)
Standard 11.2(1)(A)

Interview with Staff

16.2 Admission Medical

The staff states each young person admitted to a facility has had a general medical examination by a physician or registered nurse in the extended class within 30 days prior to admission or has such an examination within 72 hours after admission. Where a medical examination or treatment is urgently required for a young person who has been admitted, the examination or treatment will be arranged immediately or as soon as possible in the circumstances.

O. Reg. 156/18, s.89(1)(a), (2)(a)

16.3 Delay Noted - Medical Examination

The staff states where a young person who has been admitted to the facility has not had a general medical examination, the reason for the delay is noted in the young person's case record. Staff will then arrange for an examination as soon as possible in the circumstances after the 72 hour period has elapsed.

O. Reg. 156/18, s.89(1)(b)(i), (ii)

16.4 Current Medication/Treatment and Allergies Noted

The staff states during the young person's admission, it is determined if the young person is receiving medical treatment or medication and/or is suffering from any allergy or physical ailment. The treatment or medication is continued, as necessary, to ensure the health and safety of the young person.

O. Reg. 156/18, s.89(4), (5)

Standard 11.8.1(3)(A)

16.5 Delay Noted - Urgent Examination/Treatment

The staff states, if there are specific indications upon the admission of a young person that suggest a medical examination or treatment is urgently needed, if it is not possible in the circumstances to immediately arrange for the examination or treatment, it is noted in their case record the reasons for which the examination or treatment could not be immediately arranged, and arrangements were made for the examination or treatment as soon as possible in the circumstances.

O. Reg. 156/18, s.89(2)(b)(i), (ii)

Interview with Staff

16.6 Treatment Explained in Suitable Language

The staff states that, where it is proposed that a young person receive medical or dental treatment, the treatment is explained to them, to the extent possible based on their age and maturity.

O. Reg. 156/18, s.104(2)

16.7 Admission Dental

The staff states that each young person receives a dental examination conducted by a dentist within six months prior to admission to the facility or within 90 days after admission.

O. Reg. 156/18, s.89(3)(a)

16.8 Delay Noted - Dental Examination

The staff states where a young person has not had a dental examination in the required time period, the reason for the delay is noted in the young person's case record. Staff will then arrange for an examination as soon as possible in the circumstances after the 90 day period has elapsed.

O. Reg. 156/18, s.89(3)(b)(i), (ii)

16.9 Staff Accompany YP at Scheduled Medical Appointments

The staff confirms they accompany young persons to scheduled medical appointments, as appropriate. They accompany young persons into an examination room only if the young person wishes, unless the young person's legal status requires staff presence, including for security measures.

Standard 11.2

Interview with Staff

17.1 Health Program

The staff states that the facility has a health care program which includes access by young persons to community health programs, a doctor or registered nurse in the extended class who advises staff on an ongoing basis on the medical and dental care required by the young persons; an assessment of health, vision, oral health, and hearing conditions of young persons at least once every 13 months; health education; and, education in prevention and control of disease.

O. Reg. 156/18, s.82(1)(g)(i), (ii), (iii), (iv), (v), (vi)

17.2 Prevention And Management of Communicable Diseases

The staff states how the facility's health care program uses measures to prevent, control and contain communicable disease to decrease the possibility of infection and/or death.

Key Components:

- Measures to prevent, control and contain communicable disease to decrease the possibility of infection and/or death
- The use of "universal precautions" and other measures or precautions
- Safe disposal of contaminated blood and blood products, sharps, dental refuse and pharmaceuticals
- The identification and management of young persons suspected of, or diagnosed with, a communicable disease
- Medical isolation, when considered necessary by a physician or registered nurse in the extended class.

O. Reg. 156/18, s.107

Standard 11.9(1)(B), (F), (G), (I)

Interview with Staff

17.3 Staff Education On Communicable Diseases

The staff states there are procedures in place for all persons working in the facility with accurate information regarding communicable diseases as well an orientation to methods of prevention and self protection from such diseases with a focus on HIV/AIDS, Hepatitis A,B,C & D and Tuberculosis.

Key Components:

Definition: Universal precautions are infection control guidelines designed to protect individuals from exposure to diseases spread by blood and certain body fluids. They are designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other blood borne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other blood pathogens

Standard 11.9(1)(C), (D)

18.1 High Risk Situations for Psychotropic Medication

The staff describes "high risk" situations involving psychotropic medications:

- psychotropic medications are prescribed "as needed" (Pro Re Nata (PRN)) and/or are used "as needed" more than twice a day for three or more consecutive days
- a young person is prescribed two or more psychotropic medications at the same time
- a psychotropic medication prescription that has not been reviewed by a health care practitioner in more than six months
- any psychotropic medication that is stopped suddenly and abruptly by the young person without being supported by a treatment plan developed by a health care practitioner
- any psychotropic medication that is stopped suddenly and abruptly (e.g. due to transfer) without being supported by a treatment plan developed by a health care practitioner
- any other situation which causes concern in the opinion of the service provider

Standard 11.8.1

Interview with Staff

18.2 Actions Taken for High-Risk Situations for Psychotropic Medication

The staff explains that the parent or legal guardian is notified of "high risk" situations involving psychotropic medication; there is a regular, scheduled assessment by the prescribing Physician; and they are contacted for direction, when appropriate. All actions are documented in the health care section of the young person's file.

Standard 11.8.1

18.3 Administration of Medication - Prescribed

The staff states prescription medicines are administered to young persons only if prescribed by a physician or registered nurse in the extended class and under the general supervision of staff.

O. Reg. 156/18, s.106(1)(a)(i), (ii), (c)(i), (ii), (iii), (iv)

Standard 11.8.1

18.4 Self-Administered Medication

The staff states medication is self-administered only if, in the case of prescription medication, a physician or a registered nurse in the extended class is of the opinion that the young person is capable of administering their own medication and has provided a written self-medication plan for the young person to the licensee, or, in the case of non-prescription medication, the young person wishes to assume the responsibility of administering their own medication and the licensee is of the opinion that they are capable of assuming that responsibility.

O. Reg. 156/18, s.106(1)(b)(i), (ii), (c)(i), (ii), (iii), (iv)

Standard 11.8.1

18.5 Self-Administered Medication - Locked Storage

The staff states those young persons who assume responsibility in administering their own medication, a locked storage is used to secure their medication.

O. Reg. 156/18, s.105(2)

Interview with Staff

18.6 Storage and Disposal

Staff confirm that medication is stored in original labelled containers and/or blister packages in locked containers in a secure area, and that unused or expired medications are kept in a separate and secure storage area until it can be disposed of following the procedures for safe disposal of medications. Sharps containers are used for needles and syringes and disposal is prohibited in inappropriate areas (such as the garbage, toilet, sink).

Standard 11.8.1

18.7 Medication Records to be Made Available

The staff states the medical records are available to a prescribing physician or registered nurse in extended class upon request.

O. Reg. 156/18, s.106(2)

Standard 11.8.1(1)(E)

18.8 Training and How Medication is Administered

The staff confirms that staff who are responsible for administering medication receive orientation training approved by the Facility Director/designate about safe administration, storage and disposal, at the time of hiring and annual refresher training thereafter.

Medication is prepared in a location where there is adequate space and lighting, infection prevention and control procedures are in place, including the use of proper hand hygiene practices based on the Ministry of Health guidelines (e.g. hand washing prior to administering or self-administering medication), and prescription medication is administered only to the young person for whom it is prescribed.

Standard 11.8.1

18.9 Medication Incidents/Near Misses

The staff describes processes for identifying, monitoring, and responding to medication incidents and near misses, including seeking emergency medical attention as required, notifying the young person and their parent or legal guardian, completing an SOR, and documenting any actions taken to address medication incidents and near misses in the health care section of the young person's file.

Standard 11.8.1(4)(A), (B), (C), (E)

Interview with Staff

19.1 Obtaining and Communicating Medication Information

If they are responsible for obtaining and communicating medication information, the staff received an orientation training of the facility's procedures at the time of hiring and a refresher training at least annually thereafter.

The staff states that they obtain information about prescribed medications and possible side effects and share this information with the youth in a language suitable to their age and understanding. Youth are provided an opportunity to speak to a health care practitioner or pharmacist directly. New information is communicated with the youth and staff when there is a change in medication.

Standard 11.8.2

20.1 Permitted To Send & Receive Written Communication

The staff states that a young person has a right to send and receive written communications that is not read, examined or censored by another person and there is no limit on the amount of written communication a young person may send or receive.

Key Components:

Written communication includes mail and electronic communications in any form.

CYFSA s.10(1)(c)

Standard 5.10

20.2 Communication May Be Opened

The staff states that written communications to and from young persons may be opened by the staff in the young person's presence and may be inspected for articles prohibited by the service provider.

CYFSA s.10(4)(a)

Standard 5.10(1)(C)

Interview with Staff

20.3 Communication May Be Examined, Read, and Withheld

The staff states that written communication may be withheld from the young person in whole or in part if staff believe on reasonable grounds that the contents of the written communications may be prejudicial to the best interests of the young person, the public safety or the safety or security of facility (e.g. contains articles prohibited by the service provider) and/or may contain communications that are prohibited under the YCJA or by court order.

CYFSA s.10(4)(b)

Standard 5.10(1)(D)

20.4 Communication Withheld - Contact Police

The staff states if there are reasonable grounds for them to believe the contents of a young person's outgoing written communications may involve criminal activity, they are required to contact the local police service, and withhold the correspondence pending police response. This is documented in the young person's file.

Standard 5.10

20.5 Communication Withheld - Complaints Procedure

The staff states that where written communication is withheld, young person is informed of both internal and external complaints procedures.

Standard 5.10

20.6 Communication Withheld - Reason Documented

The staff states they document in the young person's file if the young person's incoming written communications is read, examined or censored and the reasons for reading, examining or censoring the young person's written communications; when articles are removed from a young person's written communications and the reasons for removing the articles; situations where staff have reasonable grounds to believe that the contents of a young person's written communications involves criminal activity, the reasons for contacting the police and any outcome.

O. Reg. 156/18, s.93(1)(l)

Standard 5.10

Interview with Staff

20.7 When Mail Cannot be Opened or Inspected

The staff states that under no circumstances will written communications be examined or read if it is to or from the young person's lawyer. Written communication to or from the Ombudsman of Ontario or members of their staff, a member of the Legislative Assembly of Ontario or the Parliament of Canada will not be opened, inspected, examined or read.

CYFSA s.10(4)(c)(d)

Standard 5.10

20.8 Outgoing Insignia

The staff states that outgoing written communication is posted in plain envelopes which do not bear the name or insignia of the service provider or the custody/detention facility.

Key Components:

Definition: Written Communication includes mail and electronic communications in any form.

Standard 5.10(1)(l)

21.1 Video Court/Lawyer Confidentially

The staff states young persons using Video Court are offered an opportunity to speak with their lawyer confidentially prior to video court taking place, and have access to a private telephone for that purpose. When young persons have specialized needs (e.g., language, physical, mental, cultural), services are accessed to support them.

The staff confirms that they carry out instructions of the court and acquire the original documents (e.g., release orders, remand warrants, warrants of committal) from the court in an effective, efficient, and timely manner. They describe the process of accepting and securing cash sureties for subsequent transfer to the proper authority.

All young persons are interviewed at the conclusion of their video court appearance in accordance with the 'Return to Facility Interview' requirements.

Key Components:

Definition: Video Court is the specific use of videoconferencing as a medium for court appearances of remanded young persons through the use of video and audio technology

Standard 5.8.2

21.2 Court Attendance

The staff describes how court attendance is overseen, including:

- monitoring the dates when a young person is required to be at court
- having the appropriate court paperwork (e.g. subpoena, appearance order, remand warrant, etc.)
- when a young person is required to attend court at times other than those ordered on a Remand Warrant, they verify that the facility has the appropriate signed Judge's Order (original or scanned copy) and will not release the young person on a verbal statement that the Judge's Order exists at another facility
- verifying the young persons' identity
- making transportation arrangements, including liaising with local police or other agencies to facilitate the transportation, if applicable, and informing them if the young person has a medical condition (including providing medication and instructions), dietary needs, or is on suicide watch (including providing the CIE),
- young persons are searched to determine that they are not taking contraband (e.g. weapons, devices to open restraints, messages) to or from court
- young persons dress in their own clothing to attend court, whenever possible (when not possible, they dress in clothing provided by a family member, friend, volunteer agency, or the facility)
- making arrangements for a young person to be assessed by a medical practitioner if they are unfit to attend court due to medical reasons and to inform the court accordingly.

Standard 5.8.1

Interview with Staff

22.1 Criteria For Use of Secure De-escalation Room and Verification of Age

The staff states a young person may only be placed in a secure de-escalation room if the young person's conduct indicates that they are likely, in the immediate future, to cause serious property damage or to cause another person serious bodily harm and no less restrictive method of restraining the young person is practicable.

Staff describe the process for verifying the age of the young person at the time of admission into secure de-escalation and confirm they are continuously observed by a responsible person until it is confirmed that the young person is 16 years of age or older, in which case observation will then continue at 15 minute intervals or less if need be.

CYFSA s.174(3)(a)

Standard 9.2

22.2 Under 16 - Continuous Observation

The staff states young persons under 16 who are kept in a secure de-escalation room are continuously observed by a responsible person.

CYFSA s.174(5)

Standard 9.2(1)(G)(a)

22.3 Under 16 - Review at One Hour and 30 Minutes Thereafter

The staff states young persons under 16 who are placed in a secure de-escalation room will be released within one hour unless the person in charge approves the young person's longer stay in a secure de-escalation room, in writing, and records the reasons for not restraining the young person using a less restrictive method. If the young person is being kept in a secure de-escalation room for more than one hour, there is a review of the continued need to keep the young person in the room at the end of the first hour and at least every 30 minutes thereafter.

CYFSA s.174(4), (6)

Standard 9.3(1)(A), (G)

Interview with Staff

22.4 Under 16 - Maximum Period

The staff states young persons under 16 shall not be kept in a secure de-escalation room for a period or periods that exceed an aggregate of eight hours in a given 24 hour period or an aggregate of 24 hours in a given week.

CYFSA s.174(8)

Standard 9.3(1)(C)

22.5 16 or Older - Observation Minimum Every 15 minutes

The staff states young persons 16 or older who are held in a secure de-escalation room in a place of secure custody or secure temporary detention are observed every 15 minutes by a responsible person. If, given their needs, it is determined that the young person should be observed at regular intervals that are more frequent than every 15 minutes, the young person must be observed by a responsible person at the more frequent intervals. These observations are recorded on the Secure De-escalation Observation/Placement Review which is placed in the young person's case record.

CYFSA s.174(9), paragraphs 1, 2

Standard 9.2(3)

22.6 16 or Older - Review Within One Hour and at Least Every 60 Mins Thereafter

The staff state young persons who are placed in a secure de-escalation room will be released within one hour unless the person in charge approves the young person's longer stay in a secure de-escalation room, in writing, and records the reasons for not restraining the young person using a less restrictive method. If the young person is being kept in a secure de-escalation room for more than one hour, there is a review of the continued need to keep the young person in the room at the end of the first hour and at least every 60 minutes thereafter.

CYFSA s.174(4)

Standard 9.3(1)(A), (C)(b)

Interview with Staff

22.7 16 or Older - Maximum Period

The staff states young persons over 16 shall not be kept in a secure de-escalation room in a place of secure custody or secure temporary detention for a continuous period in excess of 24 hours or for a period or periods that exceed an aggregate of 24 hours in a seven-day period. The licensee may extend their placement if the provincial director approves the extension. This includes a request made to the provincial director for approval for extension of the placement in secure de-escalation for more than 24 hours. This request must be made prior to the young person being in secure de-escalation for more than 24 hours.

CYFSA s.174(9), paragraphs 3, 4
Standard 9.3(2)(A), (B)

22.8 16 or Older - Extended Beyond 24 Hours

The staff states the provincial director may approve the extension of the placement of a young person who is 16 or older in a secure de-escalation room in a place of secure custody or secure temporary detention beyond 24 continuous hours or beyond an aggregate of 24 hours in a given seven-day period if the provincial director has reasonable and probable grounds to believe that the young person's continued placement in a secure de-escalation room is necessary for the safety of staff or young persons in the facility.

CYFSA s.174(9), paragraph 5
Standard 9.3(1)(C)(c)

22.9 Behaviour Interventions

The staff describes the facility's continuum of behavioural interventions to be used or considered, which provides a less restrictive method of managing the young person's behavior and reducing the reliance on the use of secure de-escalation.

Standard 9.2(1)(A)

22.10 Authority To Place In Secure De-escalation Unit

The staff identifies who has the authority to make the decisions to place a young person in a secure de-escalation room.

Standard 9.2(1)(C)

Interview with Staff

22.11 Number of Staff Required

The staff confirms that a minimum of two staff members must be present any time the door to a secure de-escalation room is opened.

Standard 9.2(1)(F)

22.12 Debriefing Procedures

The staff is able to describe the debriefing procedures used when a young person is being released from a secure de-escalation room.

Key Components:

Staff will discuss the following:

- Identification of staff who will conduct the debriefing
- Determination of the young person's physical and emotional well-being
- Structuring the debriefing to accommodate the young person's psychological and emotional needs and cognitive capacity
- Discussion of the circumstances that resulted in the use of secure de-escalation and strategies that could be used to prevent future placements
- Identification of any additional counselling required for individuals involved
- Identification of any revisions that may be required to the young person's Case Management/Reintegration Plan
- Documentation of the debriefing session in the young person's file
- Documentation of the reason for delay if the debriefing does not occur within 48 hours of the young person's release from the secure de-escalation room

Standard 9.4(1)(D)

Interview with Staff

22.13 Authority To Approve Release

The staff identifies who has the authority to approve the release of a young person from a secure de-escalation room. The young person is released from the secure de-escalation room as soon as the person to approve the release is satisfied that young person is not likely to cause serious property damage or serious bodily harm in the immediate future.

CYFSA s.174(4), (7)

Standard 9.4(1)(A), (B)

22.14 Rights and Privileges

The staff describes how a young person in a secure de-escalation room is afforded their basic rights and privileges.

Standard 9.2(1)(I)(d)

22.15 Hazardous Items Removed

The staff confirms that, prior to placement in a secure de-escalation room, all potentially hazardous items have been removed.

O. Reg. 155/18, s.85(1), paragraph 5

Standard 9.2(1)(H)

Interview with Staff

23.1 Serious Occurrence - Immediate Telephone Notification

The staff states those (level one) serious occurrences that require immediate notification by telephone and written report within one hour of becoming aware of the SO or deeming the incident to be a SO.

Key Component:

Level One SORs include:

- Death
- Serious Injury
- Serious Illness
- Serious Individual Action
- Restrictive Intervention
- Abuse
- Error or Omission
- Serious Complaint
- Disturbance, service disruption, emergency or disaster

O. Reg. 156/18, s.84(2)

Standard 4.1a(5)

23.2 Serious Occurrence - Within 24 Hours

The staff states those serious occurrences that must be reported as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be a SO.

Key Components:

Level 2 SOs generally do not constitute an immediate threat to the health, safety or well-being of the young person(s) or others, however, still require action and the requirement to document the SO as well as to support the YJD oversight role.

O. Reg. 156/18, s.84(1)

Standard 4.1a(6)

Interview with Staff

23.3 Notification of Others

The staff states, depending on the serious occurrence, immediately or within 24 hours, the service provider notifies the parent and, as required, a Director or local police. In the event of an escape, the local police are also notified.

O. Reg. 156/18, s.84(3)

Standard 3.9(1)(A)(d)

23.4 Observation Reports

The staff provides examples as to when an Observation Report would be completed, and state what should be included in the report.

Standard 1.4.2(2)(E), (F), (H), (I)

24.1 Non-Physical De-escalation Techniques and Interventions

The staff identifies non-physical de-escalation techniques and interventions, including techniques to reduce the reliance on the physical restraints.

Key Components:

If the young person's behaviour escalates, the following non-physical de-escalation techniques and interventions shall be considered to diffuse the behaviour(s) and avoid the need for more intrusive approaches:

- permit verbal venting by the young person
- clarify the options available to the young person and set reasonable limits (e.g. offer choices and consequences). The young person should be given time to consider the options they have been given.
- verbal de-escalation and defusing
- give time to allow the young person to regain self-control
- brief and gentle physical re-direction
- disengagement in order to allow for:
 - a re-assessment of the situation
 - clarification of options available to staff members and/or the young person
 - consultation with a manager/supervisor
 - consultation with available members of the young person's Case Management Team, if appropriate

Standard 8.2(3)(E)

Interview with Staff

24.2 When a Physical Restraint Can Be Carried Out

The staff states a physical restraint is never carried out for the purpose of punishing the young person or for the convenience of staff. A physical restraint may only be carried out if there is no less intrusive intervention that would be effective, in preventing the young person from physically injuring or further physically injuring themselves or others; the young person will escape from the facility; or the young person will cause significant property damage where there is also an imminent risk that the property damage will cause personal harm to a person, including the young person.

Key Components:

Criteria should include: any physical restraint of a young person is carried out only after it is determined that less intrusive interventions are or would be ineffective.

O. Reg. 155/18, s.10(1), paragraphs 1 (i), (ii), (2), (3)

Standard 8.2(4)(B), (C)

24.3 During the Restraint and When the Restraint is Stopped

The staff states when physical restraint of a young person is carried out, it must be carried out using the least amount of force and be the least intrusive type of restraint that is necessary in the circumstances. The young person is continually monitored and assessed by a responsible person. The physical restraint must be stopped immediately upon the earliest of the following: when there is a risk that the use of the physical restraint itself will endanger the health or safety of the young person; there is no longer a clear and imminent risk that the young person will physically injure or further physically injure themselves or others, will escape from the facility, and/or will cause significant property damage, or when the physical restraint is determined to be ineffective.

O. Reg. 155/18, s.10(4), paragraphs 1, 2, 3, 4(i), (ii), (iii)

Standard 8.2(4)(I), (J), (K), (L)

24.4 Debriefing Process

The staff describes the debriefing process following the use of a physical restraint, ensuring that:

1. A debrief must be conducted among the persons who were involved in the use of the physical restraint, in the absence of any young persons.
2. Second debriefing process must be conducted among the persons mentioned in paragraph 1 and the young person on whom the physical restraint was used, explaining the reasons for the restraint so they understand them and asking if they require any services or supports because of the use of the physical restraint.
3. Third debriefing process must be offered to be conducted among any young persons who witnessed the use of the physical restraint and must be conducted if any such children or young persons wish to participate in the debriefing process.
4. The debriefing processes referred to in paragraphs 2 and 3 must be structured to accommodate any child or young person's psychological and emotional needs and cognitive capacity.
 - 4.1 During the debriefing process referred to in paragraph 2, the service provider shall ensure that,
 - i. the reasons for which the physical restraint was used on the young person is explained to them,
 - ii. the young person understands those reasons, and
 - iii. the young person is asked whether they may require any services or supports because of the use of a physical restraint.
5. Subject to paragraph 6, the debriefing processes referred to in paragraphs 1 to 3 must be conducted within 48 hours after the use of the physical restraint.
6. If the circumstances do not permit a debriefing process to take place within 48 hours after the physical restraint is used, the debriefing process must be conducted as soon as possible after the 48-hour period referred to in paragraph 5, and a record must be kept of the circumstances which prevented the debriefing process from being conducted within the 48-hour period.

O. Reg. 155/18, s.12, paragraphs 1-6
Standard 8.2(4)(M-S)

Interview with Staff

24.5 Allegations Against Staff

The staff states the procedures to be followed if there is an allegation of assault or excessive use of force by staff during a physical restraint.

Key Components:

- Report a young person's allegation of assault (including sexual assault) or excessive force used during a physical restraint, to the police, the Children's Aid Society (where applicable) and the facility's senior administrator
- Inform the young person of their right to contact police, parents, significant others, or lawyer to discuss an alleged incident
- Identification of staff responsible for supporting the young person to make the contacts
- Provide protection and support to the young person and staff involved - notify of the young person's parents/guardian and/or significant others of the allegations
- Report information regarding the allegations to the Ministry
- Medical examination of the young person
- Photographing apparent injuries where the young person requests or consents to this procedure
- Young person and the staff member(s) indicated in the allegation not to have direct contact with each other until all investigations (Children's Aid Society, police, internal program review) are completed
- Documentation and reporting of the outcome of any investigations

Standard 8.3(1)

24.6 Transporting Youth

The staff states the protocols and techniques to be used while transporting a young person in a vehicle, to prevent a young person from physically injuring themselves or others, escaping from the vehicle or causing significant property damage.

Standard 8.2(1)(J), (K)

Interview with Staff

24.7 Staff Do Not Pursue Escapes

The staff states in the event a young person escapes from custody/detention, staff do not pursue a young person who has escaped from the property.

Standard 3.9(1)(E)

24.8 Drone Intrusion

The staff states that, if a drone intrudes the airspace and/or is discovered on the property, a manager/supervisor and local police service are notified immediately. A SOR is submitted.

Staff do not attempt to stop or intercept a drone. All young persons who are outdoors when a drone is observed are returned indoors immediately and their movement outdoors does not occur while an active drone is overhead.

Following any drone activity, a perimeter search and/or search of impacted area(s) is conducted for contraband, this could include young persons.

Minimally, staff:

- make a visual assessment of the condition of the drone (e.g., are the motors moving, is it structurally intact, is the power button glowing green, is the battery connected, etc.)
- capture digital images of the drone in the place and position it was discovered using a facility approved device
- wear gloves if coming into contact with the drone
- if the drone is not moving, rotate the drone a minimum of 90 degrees, to engage the auto shut off, or press the power button to turn off and then remove the battery
- follow procedures for the safe disposal of a drone, where applicable

Standard 3.12

24.9 Security Control Equipment

The staff states that, if they are authorized to use security control equipment, they only use facility-issued equipment and complete all required training prior to use.

All security control equipment is stored in a secure, locked location and inaccessible to young persons.

Damaged security control equipment is never used and damaged/expired or missing security control equipment is reported. Unauthorized and/or inappropriate possession, use, or alteration of security control equipment is strictly prohibited. Any incident or suspected incident is reported upon discovery to the facility director/designate and written reports are completed. If the instance involved a young person, a SOR was submitted.

Standard 3.3.3

25.1 Mechanical Restraints - Plan of Treatment and Plan of Use

The staff states that, when a mechanical restraint is authorized by a plan of treatment or a plan for a PASD, use is authorized by and complies with O. Reg. 155/18, s.21, 21.1 and 21.2, including that:

- the young person is not restrained as a means of punishment or solely for the convenience of the service provider or staff member
- only the least intrusive type of mechanical restraint that is necessary in the circumstances is used
- mechanical restraints are applied using the least amount of force that is necessary in the circumstances
- the young person is not secured by a mechanical restraint to a fixed object or another person
- the young person is monitored on a regular basis and in accordance with any instructions or recommendations provided in their plan of treatment or plan for the use of a PASD
- mechanical restraints are removed immediately upon the earliest of the following:
 - i. When there is a risk that their use will endanger the health or safety of the young person.
 - ii. When the continued use of the mechanical restraints would no longer be authorized by the plan of treatment or plan for the use of a PASD including when the length of time set out in the plan has expired and no approval has been given.
 - iii. the young person or their substitute decision-maker, withdraws consent to the use of the mechanical restraint.

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

25.2 Use of Mechanical Restraints

The staff of a secure facility confirms young persons are not restrained as a means of punishment. Mechanical restraints are authorized for use only when:

- there is imminent risk that, if mechanical restraints were not used, the young person or another person would suffer physical injury, would escape the facility, or cause significant property damage; and
- alternatives to the use of mechanical restraints would not be, or have not been effective, and are reasonably necessary to reduce or eliminate the risk noted above.

CYFSA s.156 (1), (2)

O. Reg. 155/18, s.58, 60, paragraph 10

Standard 8.4(1)(B)

25.3 Mechanical Restraints - Observation and Health Assessment

The staff indicates once mechanical restraints are applied, young persons are continuously observed by a responsible person and observations are recorded in the young person's case record. Mechanical restraints are examined to ensure security and comfort. A health care professional assesses the young person immediately after mechanical restraints are applied, or as soon as possible thereafter, never longer than 8 hours.

If a young person is impaired by drugs, alcohol, illness, and/or physical exhaustion and being restrained, a health care professional is consulted as soon as possible. Signs of excited delirium are treated as a medical emergency.

O. Reg. 155/18, s.60, paragraph 7

Standard 8.4(1)(C)(b), (c), (D)(a), (b), (c)

25.4 Mechanical Restraint - Removal

The staff states mechanical restraints are removed immediately upon the earliest of the following:

- When there is a risk that the mechanical restraint will endanger the health or safety of the young person.
- When an alternative to the use of mechanical restraints would be effective to reduce or eliminate the risk referred to in paragraph 1 of subsection 156 (2) of the Act.
- When the following risks, referred to in paragraph 1 of subsection 156 (2) of the Act, are no longer present:
 - i. the young person or another person would suffer physical injury,
 - ii. the young person would escape the place of secure custody or of secure temporary detention, or
 - iii. the young person would cause significant property damage.
- When the continued use of the mechanical restraint would no longer be authorized by the plan of treatment or plan for the use of a PASD or if the young person, or their substitute decision-maker, withdraws consent to the use of the mechanical restraint.

O. Reg. 155/18, s.21(5), paragraph 4, s.60, paragraph 10

25.5 Application of Equipment and Position of YP

The staff indicates how they are prepared to safely and effectively use mechanical restraint equipment. Every attempt is made to apply mechanical restraints while the young person is in an upright position. If a mechanical restraint is applied while a young person is in the prone position with their hands behind their back, the young person must be placed in a sitting or standing position as soon as possible after the mechanical restraint has been applied.

O. Reg. 155/18, s.60, paragraph 6
Standard 8.4(1)(B)(k)

Interview with Staff

25.6 Mechanical Restraints - Timelines

The staff states the person in charge of the facility reviews the continued need for using the mechanical restraints within 15 minutes after the restraints are applied or as soon as possible after 15 minutes has elapsed and then at regular intervals, not exceeding 30 minutes, thereafter. Mechanical restraints are not used for a continuous period in excess of two hours, unless an extension is authorized, on a case-by-case basis, by a provincial director.

O. Reg. 155/18, s.60, paragraphs 8-9

25.7 Use of Mechanical Restraints - Transportation (1)

The staff confirms mechanical restraints are used during transportation only when the following rules apply:

- They are approved by a provincial director;
- Staff are authorized to apply a mechanical restraint;
- They are the least intrusive mechanical restraint that is necessary in the circumstances, having regard to the health and safety of the young person or any other person and the risk that the young person would escape if the mechanical restraint was not used;
- The use of more than one mechanical restraint on a young person at the same time is permitted only if the person applying the mechanical restraint determines that a single restraint is insufficient in the circumstances.

CYFSA s.156 (3)

O. Reg. 155/18, s.66 paragraphs 1-4

Interview with Staff

25.8 Use of Mechanical Restraints - Transportation (2)

The staff states that:

- Staff are required to check the young person regularly to ensure that the mechanical restraint is secure and is as comfortable as possible;
- The mechanical restraints is removed immediately if there is a risk that the mechanical restraint will endanger the health or safety of the young person;
- The young person's hands are secured in front of their body;
- A young person must never be secured by mechanical restraint to any part of a vehicle or to any fixed object whether inside or outside the vehicle or to any other person. However, a staff member may use a mechanical restraint to secure a young person by a single limb to a hospital bed.

O. Reg. 155/18, s.66 paragraphs 5-8

25.9 Increased Risks On Community Escorts

The staff confirms that during escorts within the community, they have the authority to apply mechanical restraints only where it is reasonably necessary for the transportation of young persons and the use of mechanical restraints is reported as per the Serious Occurrence Reporting Standards.

CYFSA s.156(3)

Standard 8.4(2), 12.6(1)(A)(a)

Interview with Staff

25.10 Mechanical Restraints - Debriefing

The staff describes the debriefing process following the use of a mechanical restraint, ensuring that:

- One debrief must be conducted among the staff who were involved in the use of the mechanical restraints.
- Second debriefing process must be conducted among the persons mentioned in paragraph 1 and the young person who was placed in the mechanical restraint, this process must be structured to accommodate the young person's psychological and emotional needs and cognitive capacity.
- the debriefing processes must be conducted within 48 hours after the mechanical restraints are removed.
- If circumstances do not permit a debriefing process to take place within 48 hours after the mechanical restraints are removed, the debriefing process must be conducted as soon as possible after the 48-hour period. A record must be kept of the circumstances which prevented the debriefing process from being conducted within the 48-hour period.

O. Reg. 155/18, s.61 paragraphs 1-4

25.11 Mechanical Restraints - Staff Training and Education

The staff states they received training in the use of mechanical restraints that have been approved by a provincial director. They also received education respecting the provisions of the Act and Regulation concerning the use of mechanical restraints in a place of secure custody or of secure temporary detention; the policies and standards established by the Ministry concerning the use of mechanical restraints; and the policies of the place of secure custody or secure temporary detention, as required under section 65.

O. Reg. 155/18, s.64(1), paragraphs 1 and 2

25.12 Mechanical Restraints - New Staff Training and Education - Timelines

New staff members state they received training and education related to mechanical restraints within 30 days after they commenced employment.

O. Reg. 155/18, s.64(2)

Interview with Staff

25.13 Current Staff Training and Education - Timelines

The staff states they completed training related to mechanical restraints within the following time periods:

The provisions of the Act and of this Regulation - within 30 days after this section comes into force and within 30 days after any amendment to the Act or this Regulation concerning the use of mechanical restraints comes into force.

The policies and standards established by the Ministry - within 30 days after each new or revised Ministry policy or standard concerning the use of mechanical restraints is received by the licensee.

The policies of the facility - within 30 days after each new or revised policy is established or revised.

O. Reg. 155/18, s.64(3) paragraphs 1-4

26.1 Types of Searches

The staff describes the types of searches that may be authorized in the facility, including:

- Routine (search without individualized suspicion) non-intrusive and/or frisk searches of a young person (1) in order to safeguard the security of the facility or the safety of staff or young persons and (2) when they are admitted to or return to the facility.
- Non-routine (search with individualized suspicion), non-intrusive and/or frisk searches when staff believe on reasonable grounds that a young person is carrying contraband, which must be reported to the person in charge of the facility as soon as possible after the search was conducted.
- Routine strip searches, which may be authorized by the person in charge of the facility if a less intrusive search method would not be effective at locating contraband, in order to safeguard the security of the facility or the safety of staff or young persons:
 - o during admission
 - o when a young person returns to the facility and was not directly observed by facility escort staff at all times
- Non-routine strip searches, which may be authorized only when ALL of the following conditions are met:
 - o a staff believes on reasonable grounds that the young person is carrying contraband, and
 - o the young person refuses, resists or fails to co-operate with the staff member's request to turn over contraband, and
 - o it has been determined that a less intrusive search method is not effective at locating contraband, and
 - o a young person or another person's safety is at immediate risk of harm.

Written authorization is received prior to conducting a non-routine strip search of a young person. Verbal authorization can be obtained when an immediate search is necessary due to an imminent risk of harm to a young person or another person and written authorization is obtained as soon as operationally feasible.

O. Reg. 155/18, s.69(1), paragraph 1
Standard 3.7

26.2 Strip Searches - Respect Privacy and Process Explained

The staff states in no circumstance does a search involve a body cavity search. Searches that could involve physical contact between the staff member and the person being searched or the removal of some or all clothes, other than outer garments, are completed one at a time, in a private area that is not visible to other young persons or staff not involved in the search. Before beginning a strip search, staff conducting the search inform the young person of the purpose of the search and how it will be conducted, prior to conducting the search and removal of any clothes. Staff provide young persons an opportunity to voice any concerns prior to, during and after the search. The search is conducted as quickly as possible, on one half of the body at a time. The young person must remove their own clothing and must not be completely undressed for any period of time (e.g. the young person is given an opportunity to redress searched portion of the body). If a young person is wearing clothing not provided by the facility (i.e. at admission to the facility), staff complete a visual inspection of the young person first and allows the young person to redress in facility issued clothing prior to searching the non-issued clothes.

Group strip searches are not performed under any circumstances.

Staff note during the search if medical care is required (e.g. evidence of a physical injury, bruising etc.). If a health concern is raised during the search (e.g. young person has ingested something), the young person is seen by medical staff and/or taken to a community hospital for assessment where appropriate. The search is conducted visually without any physical contact.

The staff member conducting a strip search may direct the young person's movements in ways that facilitate the search and may touch the young person during the search in accordance with a request from the young person, such as where the young person requests physical support due to mobility issues.

O. Reg. 155/18, s.68, paragraphs 1, 2, 4(i), s.68.3(3)
Standard 3.7

Interview with Staff

26.3 Searches - Staff Presence

The staff states searches that could involve physical contact between the staff member conducting the search and the young person being searched or removal of some or all clothes, other than outer garments, at least two staff are present for the search (one to conduct and the second to witness the search), searches are not conducted by a person of the opposite sex unless the person who authorized the search has reasonable cause to believe that an immediate search is necessary because the young person is concealing contraband that poses an immediate threat to the safety of young persons, staff members or any other person in the place, or to the safety or security of the place. As a best practice, both staff should be the same sex as the young person. Staff witnessing the search is of the sex as the young person, unless operationally infeasible, in which case they are positioned in a way so as to view only the other staff and not the young person.

O. Reg. 155/18, s.68, paragraph 4(i)(ii), s.68.3(3), paragraphs 5, 6
Standard 3.7

26.4 Searches - Transgender Young Person

For searches of a transgender young person that could involve physical contact or removal of some or all clothes, other than outer garments, at least two staff were present for the search and they had the option of requesting that the search be conducted by only a male staff member, only a female staff member, or by staff members of both sexes and identifying how each of those persons may perform the search. A transgender young person may request the staff witnessing the search be male or female or that, regardless of their sex, be positioned in a way so as to view only the staff member conducting the search and not the young person.

O. Reg. 155/18, s.68, paragraph 4(iii), s.68.3(3), paragraph 6
Standard 3.7

26.5 Searches Conducted with Respect and Consideration of Trauma

The staff states all searches are conducted in a manner that:

- i. Respects the dignity of the person being searched and does not subject the person to undue embarrassment or humiliation,
- ii. Considers the cultural, religious and spiritual beliefs of the person being searched,
- iii. Respects any personal property or clothing that has cultural, religious or spiritual value to the person being searched,
- iv. Respects any personal property so that it will not be wilfully discarded, broken or misplaced.
- v. takes into account any applicable accommodation needs under the Human Rights Code.

Searches consider the young person's history of trauma and current mental state prior to being conducted (as a principle, there should be an assumption of past-trauma).

O. Reg. 155/18, s.68, paragraph 2

Standard 3.7

26.6 Searches - Opportunity to Express Views

The staff states a person is given the opportunity to express their views as to how the following searches are conducted: a search of the person; a search of the person's property; a search of a bedroom used by a young person, if the search also involves the young person's property.

O. Reg. 155/18, s.68(3)

Standard 3.7(3)(D)

Interview with Staff

26.7 Refusal, Resistance, or Failure to Co-operate with a Search

The staff describes the procedures to be followed when a young person refuses a search, resists a search or fails to co-operate with a search, including that (1) a young person may be separated from other young persons until they submit to the search or until there is no longer a need to conduct the search or (2) one-to-one supervision of the youth where operationally feasible.

O. Reg. 155/18, s.69(1), paragraph 2
Standard 3.7

26.8 How and Under What Circumstances Searches are Conducted

The staff describes how and under what circumstances searches are conducted, including:

- a description of what constitutes a health, safety or security risk
- procedures for advising persons before they are searched of the policies and procedures governing searches, including providing a description of all search equipment (e.g. walk-through metal detector, hand-held wand, Ranger Security Scanner Chair) that may be used and the circumstances when the equipment may be used
- procedures when a young person advises they have an implant or prosthesis that may interfere with the search equipment
- minimum frequency for physical plant searches

O. Reg. 155/18, s.69(2), paragraph 2
Standard 3.7

Interview with Staff

26.9 Complaints Related to Searches

The staff confirms that, when a young person makes a complaint about how a search was conducted or the reasons that gave rise to a search, staff describe and follow local practice in accordance with Custody/Detention Standard 4.3 Internal Complaints and Reviews, providing an acknowledgement of the complaint within 24 hours of receiving it, reviewing and responding to the complaint within 7 calendar days (documenting reasons why this timeframe could not be met) and informing the young person about the timeframe for the facility reviewing and responding to a complaint.

Standard 3.7

26.10 Searches - Training and Education

The staff confirms that searches are only carried out by staff members who successfully completed required training and education.

Standard 3.7

26.11 Searches of Visitors

The staff confirms they may be authorized to conduct searches of visitors, in accordance with s.68.1 of O. Reg. 155/18.

O. Reg. 155/18, s.68.1

26.12 Searches of Staff Members

The staff confirms they may be authorized to conduct searches of other staff members, in accordance with s.68.2 of O. Reg. 155/18.

O. Reg. 155/18, s.68.2

Interview with Staff

27.1 Escorting Secure Custody/Detention

Secure custody/detention staff states when a vehicle is used for escorting young persons in the community there is a minimum of two accompanying/escort persons, along with one of the accompanying/escort persons to be of the same gender as the young person(s).

Key Components:

Definition: When a young person is escorted, the young person is in the company of facility staff for the purpose of maintaining security and community safety.

When a young person is accompanied, the young person is in the company of persons (e.g. volunteers, Probation Officer, teacher, facility staff) for the purpose of supporting the youth.

Community is any place/location/destination outside of the facility grounds or property. A vehicle is any mode of transportation operated by accompanying/escorting person.

Standard 12.3(1)(E)(a), (b)

27.2 Escorting Open Custody/Detention

Open custody/detention staff states that when accompanying/escorting a young person, there will be a minimum of one accompanying/escort person. Based on need, one accompany/escort person will be same gender as the young person. If the facility director's/manager views it necessary based on risk, and considering mode of transportation, more than one accompanying/escort person will be used. If sufficient information is not available on the young person, a higher level of escort is used.

Key Components:

Definition: When a young person is escorted, the young person is in the company of facility staff for the purpose of maintaining security and community safety.

When a young person is accompanied, the young person is in the company of persons (e.g. volunteers, Probation Officer, teacher, facility staff) for the purpose of supporting the youth.

Community is any place/location/destination outside of the facility grounds or property. A vehicle is any mode of transportation operated by accompanying/escorting person.

Standard 12.3(1)(F)(a), (b), (c)

Interview with Staff

27.3 Vehicle Seating Arrangements

The staff states that when escorting young persons by vehicle, young person(s) are never seated directly behind the person driving the vehicle and the accompanying/escort persons will be seated strategically to allow for proper supervision of the young person.

Key Components:

The intent is to ensure the driver can visually see the young person at all times.

Standard 12.3(1)(K)(a), (b)

27.4 Accompanying Documents

The staff states that all relevant documents are provided to the accompanying/escort staff.

Standard 12.3(1)(H)

28.1 Unaccounted/Lost Equipment

The staff states the procedures in place in the event keys, personal security devices, tools or equipment are unaccounted for or lost.

Standard 3.3(1)(C)

28.2 Staff Identification

The staff states the process for reporting lost or stolen identification cards or visual identifiers.

Standard 2.6(1)(D)

28.3 Access to Emergency Rescue Knife

The staff states they know where the emergency rescue knives are located and they can access them quickly if they need to. They were trained how to use it and there is a procedure in place if they transfer the knife to another staff member (i.e. not within sight of young persons).

Standard 3.3(2)(A), (E), (F)

Interview with Staff

28.4 Carrying an Emergency Rescue Knife - TPR

The staff states the facility they work in advises them of the circumstances when an emergency rescue knife may be carried on their person.

Standard 3.3(2)(G)

28.5 Carrying an Emergency Rescue Knife - DO

The staff states when young persons are confined to their beds, rooms or dormitories, an approved emergency rescue knife, which is capable of severing a ligature, is issued to an employee assigned to supervise the area. N/A for Transfer Payment Agencies.

Standard 3.3(2)

29.1 Wilderness Trips - Safety Precautions

Staff who supervise wilderness trips state the emergency and the safety precautions used, including pre-trip checklists for equipment and procedures, safety rules for each activity, requirement for young person and staff to wear a personal floatation device (PFD) at all times in a boat, emergency procedures for injury, lost group, missing person(s), inclement weather, loss of behavioural control, fire safety, nutritional standards, equipment standards and the requirement to have a first aid kit that contains an anaphylactic shock treatment kit.

Key Components:

Wilderness Trips includes any outdoor recreational activity that presents unique safety concerns due to the skill level demanded by the activity and/or location, which isolates a group from prompt emergency support. This includes both daytime and overnight excursions, extended hiking or isolated camping trips, canoeing, skiing, rock climbing or any other wilderness-based activity

Standard 7.5(2)(F), (I)(a), (b), (c), (d), (e), (f), (g), (J)

30.1 Discovery of Cannabis - Under 19

Staff explain the procedures for handling, reporting, confiscation and safe and secure disposal of cannabis and/or cannabis derived products from young persons under 19 years of age during admission/return to facility.

Standard 3.8.1(1)

Interview with Staff

30.2 Discovery of Cannabis - Over 19

Staff explain the procedures for the collection, documentation, disposal of recreational cannabis from young persons over 19 years of age during admission.

Standard 3.8.1(2)

30.3 Medically Authorized Cannabis

Staff explain the procedures for the collection, documentation and verification of medically authorized cannabis.

Standard 3.8.1(3)

30.4 Cannabis and/or Cannabis Accessories Discovery Within Facility

Staff explain the procedures for the handling, reporting, confiscation and safe and secure disposal of cannabis and cannabis accessories.

Standard 3.8.1(4)

30.5 Disposal of Cannabis

Staff explain the procedures for disposal of cannabis and/or cannabis derived product(s), unverified medical cannabis or unclaimed recreational cannabis for when local police services will not collect/retrieve them.

Standard 3.8.1(5)

30.6 SOR for Cannabis

Staff confirm an SOR is submitted in all instances where cannabis and/or cannabis derived products (or other restricted drug/narcotics) and/or accessories (e.g., rolling papers, lighters/matches, holders, pipes, vials, etc.) are discovered within the facility. SORs include (but are not limited to) the amount/weight (if possible), where it was discovered, whether it was linked to an individual, how it was documented, secured and disposed of and local police service contact/direction.

Standard 3.8.1(6)

Interview with Youth

Interview with Youth

1.1 Condition of Rooms

The young person states that upon arrival to their bedroom, the room was clean and showed no evidence of markings or drawings.

(Note: On January 1, 2025, s.97 will be amended and the following will also apply:

Their bedroom door provides reasonable privacy and is never obstructed by anything that is likely to interfere with its operation.)

O. Reg. 156/18, s.97, paragraph 3

Standard 5.2

1.2 Suitable Clothing/Linens

The young person states the clothing that has been provided fits to their size, is of good quality, appropriate for the young person, and suitable for activities and weather conditions. Trans young persons are provided with clothing and underwear in the gender of their choice, upon admission, or as soon as reasonably possible thereafter. The bedding is clean and appropriate for the weather and climate.

CYFSA s.13(2)(c)

O. Reg. 156/18, s.97, paragraph 5, s.110(1)

Standard 5.6, Standard 1.11.2

1.3 Laundry

The young person confirms that they have access to laundry facilities and the clothing and linens are clean.

Standard 5.6

1.4 Young Person's Own Possessions In Room

The young person states they are allowed to have personal property in their possession.

CYFSA s.12(a)

Standard 5.4

Interview with Youth

1.5 Basic Hygiene Provided

The young person explains what health and hygiene items can be retained and confirms they are provided personal hygiene and grooming products and haircuts, as needed.

Standard 5.7

1.6 Purchase Personal Items

The young person states they are able to purchase personal items.

Standard 5.7

1.7 Money Earned

The young person explains the manner in which they are supported in relation to any work done and money earned, both inside and outside of the facility.

O. Reg. 156/18, s.82(1)(q2)

1.8 Smoke Free Environment

The young person states they understand that smoking or vaping is not allowed on the facility property, with the exception of tobacco use directly associated with Indigenous spirituality and practices.

Standard 1.10

Interview with Youth

2.1 Admission - Orientation

The young person states that upon admission, they were provided an orientation that included:

- review of their responsibilities while at the facility
- the review procedures for the Custody Review Board, including why they may wish to contact the Board and the timelines for an application
- the rules governing day-to-day operation of the facility, including disciplinary procedures
- This is reviewed again 30 days after their admission, 90 days after admission, 180 days after admission and every 180 days after that.
- The orientation also included:
 - an overview of programs and services provided within the facility and the process for requesting them
 - an overview of educational opportunities and services
 - introductions to staff and other young persons
 - where possible, a tour of key areas of the facility (e.g. classroom, dining area, gymnasium).

CYFSA s.9(b), (c), (d), (e), (f)

O. Reg. 155/18, s.9

O. Reg. 156/18, s.90(a)(i)

Standard 1.11

Interview with Youth

2.2 Admission - Review of Rights

The young person states that, upon admission, they were informed of their rights under Part II of the CYFSA both verbally and in writing, in a format that was understandable and accessible to them. The young person was asked to identify what, if any, supports may assist them in:

- understanding the information provided
- enabling them to exercise or receive the benefit of their rights, as required.

CYFSA s.9(a)

O. Reg. 155/18, s.5(1), (2), (3), paragraph 3, s.6(1), paragraph 2

2.3 Admission - Young Person's Obligation to Privacy & Confidentiality

The young person states that upon admission, they were informed of their obligations with respect to the privacy and confidentiality of themselves and other young persons.

Standard 1.11

2.4 Admission - French Language

The young person states that upon admission, they were informed of their right to receive services in French (if applicable).

CYFSA s.16

Standard 1.13

2.5 Interpretive Services Offered

The young person states they were informed of the licensee's requirement to provide access to interpretive services and/or devices if they have limited or no language skills in English or French, or they have difficulty communicating because of physical or mental impairments (e.g. hearing impaired).

Standard 1.13

Interview with Youth

2.6 Debrief Offered

If the following occurred, the young person was offered a debrief:

- a serious incident of peer-on-peer violence
- a suspected suicide attempt or incident of self-harm
- their release from a Secure De-escalation Room,
- an incident that they witnessed, and/or were affected by (e.g. witness to a physical restraint, serious assault, attempted suicide)
- if they were transferred from another custody/detention facility following an incident listed above and a debriefing was not conducted at the sending facility.

A debrief was offered within 48 hours of the incident (or as soon as possible after) and accommodates their psychological and emotional needs and cognitive capacity; a manager/supervisor who was not directly involved in the incident lead the debrief; and debriefs are conducted in a safe, private, and respectful environment. If applicable, any requests for assistance during the debriefing were addressed.

[Standard 6.9]

2.7 Behaviour Resulting in Disciplinary Measures

The young person states they were informed of the type of behaviour that may result in the administration of a method of discipline or intervention and the methods of discipline that may and may not be used in the facility, including those prohibited under section 80.4.)

O. Reg. 156/18, s.80.4(2), s.90(1)(a)(v.1)

Interview with Youth

2.8 No Deliberate Use of Harsh or Degrading Behaviour or Deprivation of Basic Needs

The young person indicates that when it was necessary for staff to discipline youth, no harsh or degrading measures to humiliate or undermine their self-respect were used. The young person also confirms they have not observed or experienced as discipline, the deprivation of basic needs including food, shelter, clothing, or bedding.

The young person has not been deprived of basic needs including food, drink, shelter, sleep, access to and use of a toilet, clothing, footwear or bedding and personal property is not removed or threatened to be removed, unless necessary to prevent immediate harm to them.

There were no harsh or degrading measures to humiliate, shame, or frighten them or undermine their self-respect, dignity, or self-worth. Derogatory or racist language is never directed at them or used in their presence.

O. Reg. 156/18, s.80.4(1), paragraphs 1, 2, and 3

2.9 No Emotional, Physical, or Sexual Abuse or Harm Inflicted or Threatened

On January 1, 2025, s.80.4 will be in effect and the following will apply:

The young person confirms that emotional, physical, or sexual abuse or harm has not been inflicted or threatened to be inflicted on them.

O. Reg. 156/18, s.80.4(1), paragraph 5

3.1 Regional Differences

As applicable, the young person states how the service provider accommodates regional differences that may affect the young person (for example, if the young person is from a region that is different from the region in which the services are provided).

O. Reg. 155/18, s.8(1)(b)

Interview with Youth

3.2 Identity Needs

The young person confirms they were asked about, receive instructions, and participate in activities of their choice related to their race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression, cultural or linguistic needs, community identity and/or cultural identity, as required. They were informed of the service provider's obligation to consider these needs at the time of admission; during their CMRP; when a decision materially affects or is likely to materially affect their interests; and when their identity characteristics may have changed. Their parent was also informed, as appropriate.

Key Components:

Parent refers to –

- In the case of a child who is not in the care of a society, a parent of the child.
- In the case of a child who is in the care of a society, except for extended society care, a person who was the child's parent immediately before the child was placed in the care of the society.
- In the case of a child who is being cared for under customary care, the person who, immediately before the child was placed in customary care, was the child's parent.

CYFSA s. 12(b), 14(a)

O. Reg. 155/18, s. 8(1)(a)

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

Standard 7.6

Interview with Youth

3.3 Rights Related to Creed, Community and Cultural Identity

The young person was asked about their creed, community, cultural identity, and the name of their spiritual advisor, as part of the overall admission and assessment process. They were informed of their right to receive instruction and participate in activities of their choice (subject to applicable parental rights) and these preferences were addressed during their CMRP.

(Note: On January 1, 2025, s.80.4 will be in effect. The following will apply:

The young person confirms that access to services, supports, or objects relating to their creed, community identity, or cultural identity was not removed or threatened to be removed, unless necessary for their immediate safety.)

CYFSA s.12(b)

O. Reg. 156/18, s.80.4(1), paragraph 4

Standard 7.6

3.4 Treatment of Trans Young Persons

Trans young persons confirm their gender rights are recognized and protected; they are treated with dignity, respect, and given an opportunity to express their views, opinions, and concerns about decisions made about them; their personal information is treated with discretion and confidentiality, only made available to staff directly involved in their care or if they consent to this information being provided to other persons. They are referred to by their preferred name and pronoun during conversations/daily interactions.

Standard 1.11.2

3.5 Resource Person

The young person states they are offered a resource person to assist in taking into account their identity characteristics or regional differences when a decision is made that will materially affect or may materially affect their interests.

O. Reg. 156/18, s.4(5)(e), s.5(1)(a)

Interview with Youth

4.1 Young Person CMRP Participation

The young person confirms that they were given reasonable notice of the CMRP meetings and they were scheduled at a convenient time for them. The meetings were conducted in a manner that encouraged their participation.

O. Reg. 156/18, s.94.1(7)

4.2 Young Person's Involvement and Understanding of CMRP

The young person confirms that, before developing or reviewing their CMRP, the licensee or designate met with them to explain the purpose of the development or review of the CMRP; the type of information that will be discussed and included during the development or review of the CMRP; and their role.

If they understood the CMRP and wanted to sign it, the licensee explained the CMRP in language suitable to their age and maturity and offered them a written or electronic copy. If they requested a copy, it was provided within seven days after it was developed or reviewed.

CYFSA s.13(2)(a)

O. Reg. 156/18, s.94.1(1), (13), (14)

4.3 CMRP - Strength Based Needs and Desired Outcomes

The young person confirms the CMRP includes their unique personal strengths, needs, goals, and preferences. Direct care provided to the young person is done so in accordance with their plan of care.

O. Reg. 156/18, s.94.2, 94.4

5.1 Education/Training and/or Employment Planning

The young person confirms they are supported in establishing their education, training, and/or employment goals, including their transition to a community school, appropriate learning program, training program, and/or employment upon release. Where applicable, their parent has also been involved in decision-making processes.

CYFSA s.8(1)(a), 14(a)

O. Reg. 156/18, s. 94.2(1)

Standard 7.3

Interview with Youth

5.2 Education - Space for Studies

The young person confirms they have a dedicated space in the facility to complete their studies, including homework and assignments.

O. Reg. 156/18, s.80.1(1)

6.1 Internal Complaints and Review Procedures

The young person states that upon admission, they were informed of the internal complaint and review procedure, as well as the existence of the Ombudsman, of the Ombudsman's functions, and of how the Ombudsman may be contacted regarding:

- Alleged violation of their rights;
- Conditions or limitations on visitors; and
- Suspension of visits, including the components of the procedure.

CYFSA s.9(b), 9.1, 15.1 (1), 18(1)(a), (b)

O. Reg. 155/18, s.22(2)(a), (c), (d)}

O. Reg. 156/18, s.90(b)

Standard 1.11(7)(A)(d)

Interview with Youth

6.2 Expressing Complaints

The young person states that, if they have expressed complaints or concerns or recommended changes:

- it was done without interference or fear of coercion, discrimination, duress, or reprisal and they received a response to their concerns or recommended changes
- the complaint was acknowledged within 24 hours
- they supported to participate in the complaints review process
- they were updated 15 days after the complaint was filed and every 15 days after until the results were provided in a way they understood them
- they were informed of the existence of the Ombudsman, of the Ombudsman's functions, and of how the Ombudsman may be contacted when making a complaint under clause 18 (1) (a) or (b)

CYFSA s.3, paragraph 4, 9.1, 15.1(2)

O. Reg. 155/18, s.22(3)(b), (c), (d), (g)

Standard 4.3(1)(A), 4.4(1)(A)

6.3 Debriefing for Complaints

If the young person made a complaint, was the subject of a complaint, or witnessed any conduct that gave rise to a complaint: their case record includes:

- they were asked to participate in the debriefing process
- they were asked to identify an adult to be included in their debrief as a support person
- their debrief was focused on understanding their experiences which led to the complaint and what the service provider can do to meet the needs of the young person

O. Reg. 155/18, s.23.1, paragraphs 1-4

Interview with Youth

6.4 Access External Avenues of Complaints

The young person states that upon their admission, they were informed of their rights to access external avenues for complaints, including the Ombudsman of Ontario, a member of the Legislative Assembly of Ontario (MPP or minister of MCCSS), MP, a lawyer, Law Enforcement Complaints Agency, (formerly the Office of the Independent Police Review Director), a specific police service, and the Ontario Human Rights Tribunal), their responsibilities, the rules governing the day to day operations including disciplinary measures and consequences.

Posters for the Ombudsman of Ontario are clearly visible and they were advised in a language suitable to their understanding about the existence, role, and function of the Ombudsman and how the Ombudsman may be contacted. If the young person wants to contact the Ombudsman, they are given the opportunity and information to do so in a timely manner.

CYFSA s.9(b), (d), (e), (f), s.10(1)(b)(ii), (iii), (iv), s.152(1)
Standard 1.11(7)(A)(c), (e), (f), 4.4(1)(D), (E)

6.5 Complaints - Access to Information

The young person states that they have access to a copy of the complaints procedure, relevant sections of related legislation, literature and forms that would assist them in making a complaint.

Standard 4.4(1)(C)

6.6 Free of Discrimination and Harassment

The young person views the facility as being free of discrimination and harassment and they are aware, if allegations are made regarding discrimination and harassment they will be addressed.

Standard 1.19

Interview with Youth

7.1 Young Person Receives Medical and Dental Care

The young person confirms they have been provided medical and dental care, as required. They have received assessments of their general health, vision, hearing and oral health, at least once every 13 months.

Key Components:

- Medical examination within thirty days prior to admission or an examination within 72 hours after admission
- Dental examination within six months prior to admission or 90 days after admission.

CYFSA s.13(2)(d)

O. Reg. 156/18, s. 82(1)(g)(iv), 89(1)(a), (2), (3)(a), 104(1)

7.2 Young Person Understands Treatment

Young person states that when they have received any medical or dental treatment or care, the treatment was explained to them in a manner they could understand.

O. Reg. 156/18, s.104(2)

Standard 11.2(1)(N)

7.3 Medical and Behaviour Advice Regarding Eating

The young person state, staff are aware of their medical and behaviour issues regarding eating, if applicable. If special foods are recommended by the young person's physician or registered nurse in the extended class, they are provided to the young person.

O. Reg. 156/18, s.102(b)

Policy Food and Nutrition (2008-1a)(5)(A), (B), (C), (D)

7.4 Prevention of Communicable Diseases

The young person states that during the broader life skill programming, they are provided information on the prevention of communicable diseases.

Standard 11.9

Interview with Youth

7.5 Young Person is Provided Information Regarding their Medication

The young person indicates they were provided information about their prescription medications and possible side effects. This was done in a manner in which they understood what was being said. The youth also said that they are provided information when there is a change in the medication.

Standard 11.8.2(1)(C), (D)

7.6 Health Education Regarding Medication, STDs, and Smoking

The young person states the facility provides health education about the dangers of mixing medication(s) with other medications, substances, or non-prescription medications, including herbal remedies; the importance of consulting a health care practitioner when mixing various prescription and non-prescription medications; how to reduce and manage the potential acquisition and spread of sexually transmitted diseases, and how (if applicable) the young person can adjust to a smoke free environment and to refrain from smoking upon their release into the community.

Standard 11.2

8.1 Meals Are Well Balanced and Special Diets are Provided

The young person states they are provided a well balanced breakfast, lunch and dinner (of which at least one meal is hot) and snacks that are nutritionally adequate for their physical growth and development and respect their food preferences, culture, traditions and creed.

The young person explains how special dietary requirements and modified meal schedules are addressed, if applicable, including:

- medical diets, as recommended by a health care practitioner (e.g. diabetic, food allergies)
- religious diets identified by the young person or their parent/guardian or chaplain/faith leader, including fasts of recognized faith groups
- lifestyle diets (e.g. lacto-ovo, vegetarian, vegan)
- other unique dietary needs, as indicated in the CMRP

O. Reg. 156/18, s.102(a)

Standard 10.2

Interview with Youth

8.2 Portion Sizes

The young person states altered portions (e.g. more or fewer calories; second servings) are provided when requested or needed.

Standard 10.2

8.3 Meal Times

The young person identifies set meal times and how they are used as a social time.

Standard 10.2

8.4 Health Education About Food and Nutrition

The young person states they are provided with nutrition education appropriate to their age, gender, and level of understanding about:

- proper nutrition, including the requirements of the current Canada's Food Guide
- food handling and preparation
- eating behaviours (e.g. healthy eating habits, eating disorders)

Standard 10.2

8.5 Food - Prohibited Disciplinary Practices

The young person states food has never been used to bribe, punish, reward, coax the youth, nor has the youth been deprived of food.

Standard 10.2

8.6 Meal Provided When Absent

The young person confirms they are provided meals within 14 hour periods. If they were absent during the day (i.e. court, medical appointment), a full meal was provided when they returned to the facility.

Standard 10.2

Interview with Youth

8.7 Menu Planning

The young person states they are provided opportunities to participate in menu and meal planning, as appropriate.

Standard 10.2(1)(O)

8.8 Assisting in Preparing Food

The young person who assists or work in the food service area is provided training and supervision, to enable them to perform assigned tasks knowledgeably and effectively. This would include food preparation and safe use of all equipment.

Standard 10.4(1)(A), (B), (C)

8.9 Access to Food and Facilities Not Restricted

The young person states that reasonable access to food and kitchen facilities are not restricted to meal or snack times unless specifically provided for in their CMRP.

O. Reg. 156/18, s.102(c)

Standard 10.2(1)(J)

9.1 Recreation/Athletic/Creative Activities Geared to Individual Needs/Aptitudes/Interests

The young person states they are provided an opportunity to participate in a variety of recreational, athletic and creative activities that are appropriate for the young person's individual needs, aptitudes and interests and promote physical, social and cultural benefits.

CYFSA s.13(2)(f)

Standard 7.5

9.2 Safety Instructions

The young person states that during the recreational activities, safety practices are explained to the group. i.e. use of equipment, warm up exercises, skill level, rules and behavioural expectations.

Standard 7.5

Interview with Youth

10.1 Young Person Instructed - Fire Alarm/Emergency Procedures and Can Give Verbal Account

The young person states, upon admission, they received an orientation to the facility's fire and emergency procedures plan and were instructed in what they should do when the fire alarm is activated or a fire is discovered, including their roles and responsibilities, in a manner they were able to understand. They confirm fire drills are practiced at least once a month and with the use of the fire alarm to initiate drills.

The fire and emergency procedures plan is reviewed again 7 days after admission, as soon as possible after the young person requests review of the plan, and any time the plan should be reviewed, in the opinion of the licensee.

Key Components:

- All staff persons and young persons are instructed in a manner suitable for their understanding in the procedures to be followed when a fire alarm is activated;
- The procedures are posted in conspicuous places in the facility and practiced at least once a month and a record is kept of each practice;
- The fire alarm is used to initiate fire drills;

O. Reg. 156/18, s. 90(1)(a)(ii)(2), s.112 (3)(d), (e)(i)(ii), (g)

11.1 Video Court - Access to Lawyer

The young person states, prior to video court, they were provided an opportunity to speak to their lawyer confidentially and had access to a private telephone for that purpose.

Standard 5.8.2

Interview with Youth

11.2 Private Communication and Visits with Advocates and Family

The young person is aware they have the right to privately speak to and have visits from family members, their lawyer, another person representing them including the Ombudsman, a member of the Legislative Assembly of Ontario or of the Parliament of Canada.

Private visits can take place in a location where the visit can be observed by staff for safety and security reasons but conversations cannot be overheard by staff.

CYFSA s.10(1)(a), (b)(i), (ii), (iii), (iv)
Standard 5.11, Standard 5.12

11.3 Visits Not Withheld

The young person confirms visits were not withheld from the Ombudsman, members of the Ombudsman's staff, a member of the Legislative Assembly of Ontario, or of the Parliament of Canada, unless it was to ensure public safety or the safety of staff or young persons in the facility.

(Note: On January 1, 2025, s.80.4 will be in effect. The following will apply:

The young person also confirms that visits from their family or extended family are not withheld or threatened to be withheld unless there were emergency circumstances in the facility or community that may have posed a risk to staff of young persons.)

CYFSA s.11(3)(b), (c)
O. Reg. 156/18, s.80.4(1), paragraph 7
Standard 5.11

11.4 Procedures Regarding Long Distance Calls

The young person states they are provided reasonable privacy during telephone calls. They are also allowed to make long distance calls if appropriate.

Standard 5.12(1)(B), (C)

Interview with Youth

12.1 Permitted To Send & Receive Written Communication

The young person confirms they are permitted to send and receive written communication that are not read, examined or censored by another person except under certain conditions.

CYFSA s.10(1)(c)

12.2 Communication May Be Opened, Examined, Read, and Withheld

The young person states they were present when staff opened their written communication to inspect for articles prohibited by the facility and staff explained why it was opened. If written communication was withheld, they were provided an opportunity to file an internal and/or external complaint.

CYFSA s.10(4)(a)(b)

Standard 5.10

12.3 Communication from Lawyer Not Read or Examined

The young person states that the written communication from their lawyer is not read or examined.

CYFSA s.10(4)(c)

Standard 5.10(1)(E)

12.4 No Name/Insignia On Outgoing Mail

The young person states they are provided plain, unmarked envelopes to send their outgoing mail.

Standard 5.10(1)(K)

Interview with Youth

13.1 Orientation to Physical Restraint Policy and Requirements

The youth states, upon admission, they received an orientation of:

- the physical restraint policy
- if applicable, when physical restraints may be used, including: what constitutes a physical restraint and the rules governing the use of physical restraints (circumstances when they may be used and procedures that must be followed after their use)
- their right to speak in private with and receive visits from the Ombudsman and members of the Ombudsman's staff about concerns about the use of a physical restraint

This information is reviewed again 7 days after admission and as soon as possible after they request review of the information.

O. Reg. 156/18, s.90(2)(a)(iii)(iv)(vi), (2)

Standard 1.11(6)(A)

13.2 Physical Restraint Debriefing

The young person states that after a physical restraint there is a debriefing with all those involved in the physical restraint, as prescribed. The debrief considered their psychological and emotional needs and cognitive capacity. During the debrief:

- the reasons the physical restraint was used on them was explained and they understood those reasons
- they were asked whether they need any services or supports because of the use of the physical restraint.

O. Reg. 155/18, s.12, paragraphs 1, 2, 3, 4, 4.1

Standard 8.2(4)(S)

Interview with Youth

13.3 Debriefing Timeframes

If the young person was physically restrained, they state that, as required, the debriefing took place within 48 hours from the time the physical restraint occurred. If the debriefing did not take place within 48 hours, they were explained the circumstances for the delay and a debriefing occurred as soon as possible.

O. Reg. 155/18, s.12, paragraph 2, 5, 6
Standard 8.2(4)(N), (O)

13.4 Debriefing Timeframes - Witness to Restraint

If the young person was witness to a physical restraint, they state that they were offered a debrief and, if they wished to participate in the debriefing process, it took place within 48 hours from the time the physical restraint occurred. If the debriefing did not take place within 48 hours, they were explained the circumstances for the delay and a debriefing occurred as soon as possible. The debrief considered their psychological and emotional needs and cognitive capacity.

O. Reg. 155/18, s.12, paragraph 3, 4, 5, 6
Standard 8.2(4)(N), (O), (R), (S)

13.5 Physical Restraint - Right To Contact

The young person states that, if during a physical restraint, they were assaulted or they felt staff used excessive force, the young person was provided an opportunity to contact police, parents, significant others, or lawyer to discuss the alleged incident. Furthermore, they were supported in making these contacts.

Standard 8.3(1)(A), (B), (C)

Interview with Youth

14.1 Searches Conducted with Respect

The young person states they are informed of the procedures regarding a search. All searches are conducted in a manner that:

- i) respects the dignity of the person being searched and does not subject the person to undue embarrassment or humiliation,
- ii) considers the cultural, religious and spiritual beliefs of the person being searched,
- iii) respects any personal property or clothing that has cultural, religious or spiritual value to the person being searched,
- iv) respects any personal property so that it will not be wilfully discarded, broken or misplaced.
- v) takes into account any applicable accommodation needs under the Human Rights Code.
- vi) Following a search of their bedroom or personal property, the contents are returned to the original state.

O. Reg. 155/18, s.68, paragraph 2

Standard 3.7

14.2 Searches - Staff Presence

The young person states, when a search involved physical contact or removal of some or all clothes, other than outer garments, at least two staff were present for the search, it was not conducted by a person of the opposite sex, unless the person who authorized the search had reasonable cause to believe that an immediate search was necessary because the young person was concealing contraband that posed an immediate threat to the safety of young persons, staff members or any other person in the place, or to the safety or security of the place. Staff of the opposite gender must be positioned to not see the youth when strip searched.

O. Reg. 155/18, s.68, paragraph 4(i)(ii)

Standard 3.7

Interview with Youth

14.3 Searches - Transgender Young Person

For searches of a transgender young person that involved physical contact or removal of some or all clothes, other than outer garments, at least two staff were present for the search, they had the option of requesting that the search be conducted by only a male staff member, only a female staff member, or by staff members of both sexes and identifying how each of those persons may perform the search.

O. Reg. 155/18, s.68, paragraph 4(iii)
Standard 3.7

14.4 Searches - Opportunity to Express Views

The young person states they were given the opportunity to express their views when a search was conducted of their person, their property, and/or a bedroom used by the young person if the search also involves their property

O. Reg. 155/18, s.68, paragraph 3

15.1 Orientation to Mechanical Restraint Requirements

The youth states, upon admission, if applicable, they received an orientation of when mechanical restraints may be used, including:

- what constitutes a mechanical restraint and the rules governing the use of mechanical restraints (circumstances when they may be used and procedures that must be followed after their use)
- their right to speak in private with and receive visits from the Ombudsman and members of the Ombudsman's staff about concerns about the use of a mechanical restraint

O. Reg. 156/18, s.90(a)(iii)(v)(vi)

15.2 Mechanical Restraints - Never Form Of Punishment

The young person states they have never had mechanical restraints used as a method of discipline.

Standard 8.4(1)(B)(a)

Interview with Youth

15.3 Mechanical Restraints During Transport

The young person explains that when they are being transported by vehicle, staff check them regularly to ensure that the mechanical restraint is secure and as comfortable as possible, they are handcuffed with hands secured in front of them and never secured to any part of the vehicle or to any fixed object. Securing a single limb to a hospital bed is permitted.

O. Reg. 155/18, s.66, paragraph 5, 7, 8
Standard 8.4(1)(B)(i)

15.4 Staff Regularly Examine

The young person states that when mechanical restraints are being used, the staff are checking on them to ensure comfort and security and were applied with the least amount of force that was necessary. Health care professionals examined the youth immediately after the use of mechanical restraints or as soon as possible thereafter, never longer than 8 hours even if the restraints have been removed before the assessment can be done.

Standard 8.4(1)(B)(c),(C)(c), (D)(c)

15.5 Placed Upright Position

The young person states the mechanical restraints were applied while the young person was in an upright position. If the mechanical restraints were applied while the young person was prone or stomach down, they were placed in an upright position as soon as possible.

O. Reg. 155/18, s.60, paragraph 6
Standard 8.4(1)(B)(j), (k)

15.6 Removal of Restraints When Risk has Subsided

The young person states that the mechanical restraints were removed as soon as they were no longer a risk.

O. Reg. 155/18, s.60, paragraph 10
Standard 8.4(1)(B)(m)

Interview with Youth

16.1 Secure De-Escalation - Young Person Express Views

The young person states they were afforded an opportunity to express their views regarding their placement in a secure de-escalation room including an opportunity to express complaints or concerns.

Standard 9.2(1)(l)(b)

16.2 Secure De-Escalation - Informed and Debrief with Staff

The young person states that they were told the reason why they were being placed in a secure de-escalation room and able to discuss with staff the circumstances that resulted in them being placed in the room, including strategies that could be used to prevent future placements.

Standard 9.2, Standard 9.4

16.3 Afforded Basic Rights

The young person states that while in a secure de-escalation room, they were afforded their basic rights and privileges.

Standard 9.2(1)(l)(d)

17.1 Turning 20 Serving a Custody Sentence

Where a young person turns 20 while serving a custody sentence, they were: provided with the handout Your Rights If You Will Be Turning 20 While Serving A Custody Sentence three months prior to their 20th birthday; provided an opportunity to request the submission of an application to remain in the youth facility prior to their 20th birthday; given the opportunity to review the application with a member of the case management team, provide a written statement and sign the application, acknowledging that they have reviewed the information. They were made aware that the Provincial Director has the final decision on the placement.

Standard 6.4

Interview with Youth

17.2 Turning 18 Serving an Adult Sentence in a Youth Facility - Transfer Application

Where a young person is serving an adult sentence and is 18 years or older, and an application is made to transfer them to a provincial correctional facility or penitentiary, they were advised that the PD has been asked to make an application and they were advised of their rights, encouraged to consult with their legal counsel, and that they can make submissions to the court. They were informed that the youth justice court has the final decision on the transfer request and they were informed of the final decision.

Standard 6.8.2

17.3 Turning 18 on a Detention Order - Transfer Application

Where a young person is under a detention order, turns 18, and an application is made to transfer them to a provincial correctional facility for adults, the young person was advised that the PD has been asked to make an application and they were given an opportunity to express their views and consult with their legal counsel. They were informed that the youth justice court has the final decision on the transfer request and they were informed of the final decision

Standard 6.8.3

17.4 Young Person Eligible Voting

If the young person is 18 years of age or older, they are provided the opportunity to vote in federal, provincial and municipal elections, in accordance with legislative requirements.

Standard 5.13

18.1 Safety Precautions

Young persons who participate in wilderness trips confirm they are informed of all safety requirements, and wear a personal flotation device at all times, while in a boat.

Standard 7.5(2)(l)(c)

Case Records

Case Records

1.1 Establishing a Case Record

The young person's case record includes all relevant information as stated in O. Reg. 156/18, 93(1).

O. Reg. 156/18, s.93(1)

1.2 Caution Statement on File

The young person's case record, has a written caution statement that draws attention to YCJA privacy and confidentiality provisions and indicates that the file is in fact a "young person" file.

Standard 3.4a(1)(M)

1.3 Six Section File Folder

The young person's case record is organized in the following sections; Youth Data, Legal Documentation, Case Management/Supervision, Custody/Detention Documentation, Community/Agencies, and General Correspondence.

Standard 1.4(1)(A)(a), (b), (c), (d), (e), (f)

1.4 Health Records Maintained Separately and Confidentially

The young person's health records are maintained confidentially and separately, or in a separate section of the young person's file.

Standard 11.7

1.5 Content of Reports

In reviewing case records, reports on file are clear, concise, complete, accurate, legible, professional, free of jargon and written in plain language. Reports show author and position title. Errors are corrected so that the original text is still legible. Reports that have been altered, backdated or added, show a recorded date and time of entry and indicating it is a late entry.

Standard 1.4.2(1)(G), (H), (I), (J)

Case Records

2.1 Critical Information Exchange (CIE)

The CIE form is found at the front of the young person's case record and was updated at admission, if required, including completion of the "Comment" field to provide an explanation for the alert. Alerts are updated throughout the period of custody/detention, when new information is received that would generate an alert or update/remove an existing alert. They are updated immediately upon receiving information related to suicide and as soon as operationally feasible or minimally within 3 calendar days upon receiving information related to other alert categories.

Standard 6.5

2.2 Critical Information Exchange (CIE) Form Shared - DO

Where the direct-operated facility was the first point of contact and critical information is identified, there is a record that the CIE was forwarded within one working day to the Probation Officer. If the critical information identified relates to suicide, the CIE was forwarded immediately to the Probation Officer.

Standard 6.5

2.3 Alerts Check List Form Shared – TPR

Where the transfer payment facility was the first point of contact and critical information is identified, there is a record that the Alerts Check List form was forwarded within one working day to the Probation Officer (PO) or probation office, where this is no assigned PO. If the critical information identified relates to suicide, the Alerts Check List form was forwarded immediately to the Probation Officer (PO) or probation office, where this is no assigned PO. When the facility receives the auto populated CIE, they replace the Alerts Check List form with the CIE at the front of the file.

Information forwarded by email or fax is followed up with a call to the probation office(r) to assure the information was received.

Standard 6.5

Case Records

3.1 Admission Documentation

The young person's case record includes the following, collected at admission:

- the name, address and telephone number of the young person's parent/guardian and process for notification of whereabouts and providing information regarding visitation and rights and responsibilities
- informing the young person and their parent(s)/legal guardian(s) of the young person's rights under the YCJA and under the Child, Youth and Family Services Act, 2017 (CYFSA) and its regulations
- personal, medical, family and social history
- screening to assess the young person's potential for suicide
- the young person's creed, religions and/or Indigenous affiliation, if any
- where applicable: copies of any assessments or reports that may have been prepared including psychiatric or psychological summaries (e.g. Risk/Need Assessment,) completed Critical Information Exchange and Transfer of Responsibility (if applicable) forms, documentation of the circumstances of transfer from another facility, school records and reports, details of any current medical concerns (e.g. allergies, physical ailments, special dietary requirements), treatment or medication requirements, copies of any Case Management/Reintegration Plans and any reviews
- any other information or documents that are considered appropriate by the service provider or the Ministry
- trans persons' self-identified needs

Standard 1.11, Standard 1.11.2

Case Records

3.2 Youth Admission Interview Tool

The Youth Admission Interview Tool (YAIT) in the young person's case record includes the following processes:

- it is completed at admission
- it is used to identify potential risks, meet immediate needs, make immediate supervision and programming decisions, identify immediate community release needs, and maintain a safe environment for other young persons and staff
- it is used in conjunction with other admission information, documentation and case management processes
- for detention youth, informing them a probation officer (PO) will be assigned if they do not have one
- a copy of the detention order/remand warrant/warrant of committal and YAIT is forwarded to the local probation office or assigned PO as soon as possible or by the end of the shift for every young person admitted to detention
- the Alerts Checklist and/or Critical Information Exchange (CIE) is updated, if required

Standard 1.11

3.3 Immediate Community Release Plan

An Immediate Community Release Plan is developed in collaboration with the Probation Officer and is documented on the Case Management/Reintegration Plan form. It addresses the young person's needs as identified in the Youth Admission Interview Tool.

Standard 6.2

Case Records

3.4 Identity-based Data Collection Form

The young person's case record includes an Identity-based Data Collection Form. If young person in detention had no probation officer at admission, the form was completed as soon as practicable, taking into account the young person's state of mind so as to not cause them undue stress, and within six (6) calendar days of admission. If the young person is service a custody sentence, the form was completed in collaboration with the probation officer:

- prior to end of sentence, if the sentence is less than 30 calendar days
- within 30 calendar days of admission. if the sentence is more than 30 calendar days

Standard 1.11

3.5 French Language Services

The young person's case record shows the licensee, where appropriate, made French language services available to young persons and their families.

CYFSA s.16

Standard 1.13(1)(A), (B), (D), (E)

3.6 Interpretive Services

If the young person has limited or no language skills in English or French, or has difficulty communicating because of physical or mental impairments (e.g. hearing impaired), the case record shows that they are being provided interpretive services and/or devices.

Standard 1.13(1)(E)

Case Records

3.7 Rights and Responsibilities Reviewed and Signed

The young person's case record contains a signed form which verifies that the young person has had their rights and responsibilities explained to them, they understand their rights and responsibilities and they were provided this information in verbal, written and/or accessible format. If the young person was unwilling to sign the form, this is indicated on the form. Staff must sign form as witness.

O. Reg. 155/18 s. 5 (1)(2)

Standard 1.11(7)(A), (B), (C), (D), (E)

3.8 Efforts to Assist with Rights

The young person's case record shows a description of how the service provider has made reasonable efforts to consider available information about the young person to identify what supports, if any, may assist the young person in understanding, exercising or receiving the benefit of their rights, including asking the young person. Reasonable efforts were made to provide supports that the service provider considers to be necessary. If the service provider did not provide identified supports, the reasons for that decision are documented.

O. Reg. 155/18, s.5(3), (4), (5)

O. Reg. 155/18, s.6(1), (2)

3.9 Orientation and Subsequent Review of Information

The case record includes the date that the young person received:

- the orientation of the residence and the programs provided; the fire and emergency procedures plan; physical restraint requirements; mechanical restraint requirements; and their right to speak to the Ombudsman's Office about concerns
- subsequent review of the information above

There is a written record signed by the young person indicating they understood the information reviewed with them. If they refused to sign, this is documented.

O. Reg. 156/18, s.90(3)

Case Records

3.10 Education Information, School Records, and Reports

The young person's case record includes their self-reported education information from the time of their admission, as well as available school records and reports.

For TPR facilities, the Intake/Admission Education Information form was used to collect education information and forwarded to the Probation Officer within five business days of admission.

For DO facilities, staff entered the education information into Youth OTIS within five business days of admission.

Standard 1.11

3.11 Education – Under 18

The young person's case record shows that they are involved in an education program unless other arrangements have been made for them. If the licensee is of the opinion that the young person is unable to attend a local school because of the severity of their behavioural, physical or emotional problems, the licensee documents the need for an educational program for the young person in their case record and CMRP; and consults with the appropriate director of education with respect to an educational program for the young person to be provided in accordance with the requirements of the Education Act and its regulations.

O. Reg. 156/18, s.101(2)(a), (b)

Standard 7.3

3.12 Education - Aptitudes and Abilities, Community Access

The young person's case record shows that their education program corresponds to their aptitudes and abilities, in a community setting whenever possible.

CYFSA s.13(2)(e)

3.13 Educational Absences

The young person's case record shows that their parent/guardian was informed of any educational absences and the reason for the absence in advance of it occurring, or within 24 hours.

O. Reg. 156/18, s.80.1(6)(7)(8)

Case Records

3.14 Return to Facility Interview Tool

If the young person returns to the facility following any absence where they were not directly supervised/escorted at all times by facility staff, or following a video court appearance, the file contains a completed "Return to Facility Interview Tool" form.

A manager or supervisor reviews the form and completes Part D: Manager Review and Authorization on the Return to Facility Interview Tool. The completed form is distributed to staff, as appropriate.

Standard 6.10

3.15 Court Attendance - Other Escorts

When police or other lawful authorities have taken the young person to attend court or another legal hearing, there is documentation in the young person's case record that includes the escorting person's name, rank and badge number (if appropriate), and police service or other agency name.

Standard 5.8.1

3.16 DNA Sample/Evidence Collection by Police

If a DNA and/or other biological sample was collected from the young person by police, their case record includes a copy of the document authorizing the sample collection. If a young person or their substitute decision-maker did not consent to a voluntary request for sample collection, this is documented in their case record.

Standard 1.16

4.1 Information from Provincial Director and Time Frame

The young person's secure detention case record shows that where it was determined under a Preliminary Detention Assessment that secure detention was required, the complete Level of Detention Assessment (LDA) form was completed within 24 hours.

CYFSA s.148(2)

Standard 1.12(2)(A), (B)

Case Records

4.2 Review of Level Of Detention Assessment

The secure detention young person's case record shows evidence that the young person was informed of the level of detention decision and their right to have the level of detention reviewed by the Youth Court, or an external review by the Custody Review Board. The level of detention was also reviewed where there were significant changes or when the Case Management plan is completed.

Standard 1.12

4.3 Application for Detention Review Form

Where a young person's detention order has been reviewed, an Application for Detention Reviewing Hearing form and any communication regarding the detention review application is kept in the young person's case record.

Standard 5.8.3

Case Records

5.1 Open File for Young Person Transferred In (Original Information on File)

The open case record for a young person who was transferred to the facility contains original documents and all relevant file information, including:

- a current Critical Information Exchange (CIE)
- Youth Admission Interview Tool
- reports that provide the young person's name, date of birth, address, offences, conviction dates, sentence dates, review dates, and parent(s)/guardians(s) name and address
- Level of Detention Assessment Report (if completed) and other facility intake and assessment documents
- details of any current medical concerns (e.g., allergies, physical ailments, treatment/medication requirements etc.)
- legal documentation
- documents pertaining to case management/supervision, custody/detention, probation/community supervision and support
- general correspondence
- for s.88 transfers, copies of the following are on file: the Warrant for Committal, Young Person – Transfer of Responsibility, CIE, SOR, and other documents relevant for the effective supervision of the young person.
- if the young person was transferred from another facility following an incident that they witnessed and/or were affected by, a debriefing was offered if one was not conducted at the sending facility

Standard 1.4.3

Case Records

5.2 Closed File for Young Person Transferred Out (Copies on File)

The closed case record of a young person who was transferred to a TPR facility contains copies of file information that was transferred, including:

- a current Critical Information Exchange (CIE)
- Youth Admission Interview Tool
- reports that provide the young person's name, date of birth, address, offences, conviction dates, sentence dates, review dates, and parent(s)/guardians(s) name and address
- Level of Detention Assessment Report (if completed) and other facility intake and assessment documents
- details of any current medical concerns (e.g., allergies, physical ailments, treatment/medication requirements etc.)
- legal documentation
- documents pertaining to case management/supervision, custody/detention, probation/community supervision and support
- general correspondence

Section 34 reports, CPIC print outs, and file information that is not within the access period under section 119 of the YCJA are not to be transferred.

Standard 1.4.3

Case Records

5.3 Transfer/ Discharge Summary Information

The closed case record shows that the following was provided to the person or agency that the young person was transferred or discharged to:

- a copy of the most recent version of the young person's Case Management/Reintegration Plan
- an assessment of the young person's needs at the time of release,
- any other information that, in the opinion of the licensee, is relevant to the provision of care to the young person at the time of the transfer or discharge.

The case record also includes documentation about the circumstances of the transfer or discharge; the name and address of the licensee, person or agency to whom the young person is transferred or discharged; and a description of the relationship between the young person and the licensee, person or agency to whom they were transferred or discharged.

O. Reg. 156/18, s.80.2, 93(1)(n)
Standard 1.15

5.4 Send Education Information to Probation Office Upon Transfer - TP

The young person's case record indicates the up to date Intake/Admission Information Form and/or the Education and Training Change Form (as appropriate) was sent to the office of the young person's Probation Officer within 5 business days of the young person's transfer or as soon as possible. N/A for direct-operated facilities.

Standard 1.11.1(1)(P)(a)

5.5 Send Education Information to Probation Office Upon Discharge - TP

The young person's case record indicates the up to date Education and Training Change Form was sent to the office of the young person's Probation Officer within 5 business days of the young person's discharge or as soon as possible. N/A for direct-operated facilities.

Standard 1.15(1)(F)(a)

Case Records

6.1 Consent To Treatment With Provision of Health Care Consent Act

Documents in the young person's case record support the young person's consent to medical or dental treatment, in accordance with the provisions of the Health Care Consent Act.

Standard 11.3(1)(A)

6.2 Consent to Treatment - Parent/Guardian Informed Where Applicable

The young person's case record shows that their parent/guardian was informed of the required medical or dental treatment, where appropriate. The case record also notes procedures to obtain consent in the event the young person may not be able to provide consent.

Standard 11.3(1)(B), (C)

Case Records

6.3 Consent to Treatment - Report To CAS Where Applicable

The young person's case record contains a report to a Children's Aid Society (CAS) if the young person requires treatment to cure, prevent or alleviate physical harm or suffering and the young person's parent or the person having charge of the young person does not provide the treatment or access to the treatment, or, where the young person is incapable of consenting to the treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, the treatment on the young person's behalf.

Key Components:

The report would indicate:

- contacting the probation officer where appropriate
- contacting the local CAS serving the area where the young person is currently residing
- written documentation setting out the reasons for the report, including:
 - o what efforts have been made to obtain parental consent for the treatment required, and the basis on which the parent/guardian refused, failed to consent, or could not be located
 - o a statement from a qualified medical practitioner stating that it is necessary for the young person to obtain medical attention or treatment
 - o a statement to the effect that the service provider/probation officer has been advised by a medical practitioner that the young person's health would be seriously jeopardized if the medical attention or treatment is not provided

CYFSA s.125(1), paragraph 5

Standard 11.3(1)(D), (E), (F), (G), (H)

Case Records

7.1 Screening and Identification for Suicide at Admission and Throughout Stay

The young person's case record clearly shows they were screened for the potential of suicidal ideation/behaviour at admission and throughout their stay. This includes taking into account their culture, ethnicity, gender, race, religion and other appropriate considerations.

Standard 6.7(1)

7.2 Assessment After Initial Identification of Suicidal Behaviour/Ideation

The case record shows that the young person was assessed as soon as possible and no later than 24 hours of initial identification of suicidal behaviour/ideation. Subsequent assessments were completed as required, including initiation, modification and cancellation of suicide watch.

Standard 6.7(2)(A)

7.3 Initiation of Suicide Watch

For young persons who may be at risk for suicide, Suicide Watch is initiated and a safety plan implemented. The young person was informed of any proposed safety plan, the rationale, and were given an opportunity to express their opinion and concerns.

Standard 6.7(3)(D)(G)

7.4 Suicide Watch - Daily Assessment (Or More)

There is evidence in the young person's case record that they were assessed daily by a designated professional, or more frequently, as appropriate. If not possible within these timeframes, the circumstances are documented in the young person's file.

Standard 6.7(5)(K)

7.5 Suicide Watch Notice Form

For young persons who may be at risk for suicide, there is a completed Suicide Watch Notice form on file.

Standard 6.7(3)(J)

Case Records

7.6 Suicide Watch - Notification

When a young person is placed on, or removed from, a Suicide Watch, an updated Alert Check List form is sent to the Probation Office as soon as possible and no later than 24 hours; their parent/legal guardian is notified they were placed on a Suicide Watch as soon as possible and no later than 24 hours.

Standard 6.7(3)(H), (I)

7.7 Suicide Watch - Reports and Forms

All reports and forms pertaining to the management and supervision of the young person on a Suicide Watch, including an SOR (if applicable), are placed in the hard copy file, except observations by regulated health care professionals and reports and/or evaluations that relate to the young person's health (e.g. psychiatric assessments), which are placed in their health care record. All required documents are communicated with the assigned Probation Officer.

Standard 6.7

8.1 Right to CMRP (Plan of Care)

The young person's case record contains the initial Case Management/Reintegration Plan (CMRP), prepared within thirty days of their admission to the facility, as well as any amended CMRPs.

There is evidence that, before developing or reviewing the CMRP, the licensee or designate met with the young person to explain the purpose of the development or review of the CMRP; the type of information that will be discussed and included during the development or review of the CMRP; and the role of the young person.

CYFSA s.13(1)

O. Reg. 156/18, s.94.1(1), (2), 94.3(2)

Case Records

8.2 CMRP Reviews

The young person's case record confirms a review of the CMRP is completed 90 days after admission, 180 days after admission, and every 180 days after that. There is also an update when:

- there is a material change in the young person's circumstances
- new information becomes available about the young person's needs, behaviors and/or any diagnosis
- the young person or their parent requests a review.

O. Reg. 156/18, s.94(1), (2)

8.3 Use of Case Record

The young person's case record confirms, in development or review of a written CMRP, the licensee has used the young person's case record, including:

- any reports prepared by the licensee or licensees' behalf regarding the young person including serious occurrence reports, incident reports involving the young person, or reports that contain information necessary to develop or review the CMRP
- any personal, family and social history or assessment pertaining to the young person that has been prepared by or provided to the licensee containing information necessary for the delivery of care to the young person.

O. Reg. 156/18, s.94.1(3)(4)

Case Records

8.4 Participate in Development of CMRP and Any Changes

The young person's case record shows that they participated in the development of their CMRP and in any changes made to it. It was understood and signed by the young person and their parent(s), indicating their agreement with the contents.

If the young person does not understand the CMRP given their age and maturity or does not wish to sign it, they do not have to.

If the young person or their parent(s) refuse to sign the CMRP, this is indicated in the CMRP, as well as the reasons for the refusal.

If the CMRP was amended after its initial development, it is clearly labelled as being an amended CMRP.

CYFSA s.13(2)(a)

O. Reg. 156/18, s.94.1(7)(c), (11), (12), (15), 94.2(2)

Case Records

8.5 CMRP Contains

The young person's case record contains a CMRP which includes:

- the young person's personal strengths
- their identity characteristics
- needs, behaviours, and applicable diagnosis information
- services, treatments, and supports for the young person
- identification and achievement of goals
- identification of an adult ally
- safety planning, if applicable
- outcomes for the young person
- education
- activities and supports
- meals and nutrition
- access to electronic devices and internet, if appropriate
- the young person's preferences and wishes for their care
- transfer or discharge plans
- revisions to the CMRP

Note: On January 1, 2025, s.80.4 will be in effect. The following will also apply:

- details of the immediate harm the licensee sought to prevent in cases where basic needs were deprived, personal property was removed, access to objects relating to the creed, community identity or cultural identity was removed, or a modification was made their bedroom door.

O. Reg. 156/18, s.80.4(3)(c), s.94.2(1)

Case Records

8.6 CMRP - Education/Training/ Employment Goal

The young person's CMRP contains support for an education, training, and/or employment goal, including supporting the young person's transition to a community school, appropriate learning program, training program, and/or employment upon release.

The CMRP includes their current education status, educational resources made available through consultations, attendance or academic performance concerns and actions to address them.

O. Reg. 156/18, s.94.2(1)
Standard 7.3

8.7 CMRP - Creed, Community and Cultural Identity

The young person's CMRP addresses their preferences about their creed, community, cultural identity (including diets and fasts of recognized creeds), and the name of their community spiritual advisor, if available. The young person was consulted and able to express their views in decisions being made about their creed, community identity and cultural identity.

(Note: On January 1, 2025, s.80.4 will be in effect. The following will apply:

If removal of access to services, supports, or objects relating to the young person's creed, community identity or cultural identity was necessary for their immediate safety, this is documented in their CMRP.)

CYFSA s.8(1)(b), 12(b)
O. Reg. 156/18, s.80.4(1), paragraph 4
Standard 7.6

8.8 Creed, Community and Cultural Identity - Parental Involvement

The young person's case record shows evidence that the parent/legal guardian was involved in the decision making regarding the young person's education and upbringing, in accordance with the young person's creed, community identity and cultural identity.

CYFSA s.14(a)

Case Records

8.9 Consultations in Development and Review of CMRP

The CMRP confirms the young person, their parent(s), probation officer, supervisor/manager, primary worker, and social worker/other clinical or program staff were consulted in the development or review of the CMRP. For FNIM young persons, a representative chosen by each of their bands or FNIM communities is also consulted.

The following were also consulted if they have supporting information or were recommended by the young person or parent:

- School representative
- Resource person, if applicable
- In the case of a review, the adult ally identified in the CMRP, if applicable

The CMRP includes the names and, if applicable, job titles of the persons consulted on and involved in the development or review of the CMRP and the dates of any meetings held to discuss it, as well as the names of the persons who participated in the meetings.

The CMRP indicates if it was provided to the young person and, if so, whether it was provided in written or electronic form.

O. Reg. 156/18, s.94.1(5), (8), (9), (10), 94.3(2)
Standard 6.3(2), (3)(C)

8.10 Note Those Not Involved/ Consulted in the Development of the CMRP

If the young person or their parent(s) were not consulted on and involved in the development or review, the CMRP includes evidence that reasonable efforts were made to consult with them afterwards and the CMRP was amended, if necessary, to reflect their input.

O. Reg. 156/18, s.94.1(16)

9.1 Security Measures Recommended By CMT

The young person's case record details recommendations by the case management team regarding staffing and security measures to be used for and during the young person's community access. Other information on file includes the reason for the trip, method of transport, and length of trip.

Standard 12.3

Case Records

9.2 Reintegration Leaves

The young person's case record shows that all Reintegration Leaves forms have been processed and sent to the Provincial Director at least three days prior to the proposed reintegration release date. Any significant differences among team members regarding the leave, are noted in the recommendation section of the form.

Standard 12.2

9.3 Community Access for Young Person in Open Detention

The detention young person's case record and the plan of care, details the decision and rationale for allowing the detention youth community access. Factors considered include: period of time the young person has been in detention, level of risk, behaviour to date, current and past charges, whether the young person is being detained for review of non-compliance of conditions of the community supervision portion of custody, consultation with case manager, if one has been assigned.

Standard 12.4

10.2 Case Management Team

The young person's case record shows that the custody case management team includes, at a minimum the Probation Officer, a supervisor/manager, the primary worker, social worker and other clinical staff or program staff.

Standard 6.3(2)(A), (B), (C)

Case Records

10.3 Case Management of Young Person - Provisions of Case Management for Detention Youth

The case record of a detention youth provides evidence that there is effective case management which includes coordinating the exchange of information and documentation between probation office and facility, using the appropriate forms, and collaborating with the probation office to provide effective case management within the required timelines. This includes:

- forwarding the detention order/remand warrant, and completed YAIT as soon as possible or by end of shift
- reviewing and updating the CIE
- coordinating services and appointments
- documenting the Immediate Community Release Plan on the CMRP, addressing needs identified in the YAIT
- developing and completing CMRPs within required timelines
- providing information to court
- contact with parent(s)/guardian(s)

Standard 6.2

11.1 Young Person Right to be Informed

The young person's case record shows they were informed, upon admission to the facility, 30 days after admission, 90 days after admission, 180 days after admission, and every 180 days after that, of their rights, of the internal complaints procedure, the review procedures available under the Custody Review Board, and the rules governing the day-to-day operation of the facility, including disciplinary procedures and the youth's responsibilities while in the placement.

CYFSA s.9(a), (b), (d), (e), (f)

O. Reg. 155/18, s.9

Case Records

11.2 Young Persons Right to be Heard

The young person's case record shows the young person has been consulted and allowed to express their views whenever decisions were being made that affect them, including decisions regarding treatment, education/training/work programs; creed, community identity and cultural identity; and decisions with respect to their transfer or discharge.

CYFSA s.8(1)(a), (b), (c)

11.3 Participate in Decision-Making

The young person's case record contains information about how and when the young person and their parents had an opportunity to participate in decision-making about the services provided to or to be provided to them or decisions affecting them. Also, whether the young person and their parents participated in the decision and, if they did participate, a description of how they participated and any views they expressed. They are also heard when they have concerns about services they are receiving, if appropriate.

CYFSA s.15(2), (3)

O. Reg. 155/18, s.7, paragraphs 1, 2

11.4 Custody Review Board

Where a young person exercised their right to a review by the Custody Review Board, there is documentation of the reason for accepting or rejecting the Board's recommendation.

Standard 4.6(1)(K)

Case Records

11.5 Young Person Provided Access to Outside Advocates and Family

The young person's case record indicates the young person was informed of their right to speak in private with, visit and receive visits from members of their family or extended family regularly; without unreasonable delay, to speak in private with and receive visits from their lawyer, another person representing them, the Ombudsman and members of the Ombudsman's staff, and a member of the Legislative Assembly of Ontario or of the Parliament of Canada.

CYFSA s.10(1)(a), (b)

Standard 5.11

12.1 Services to Young Persons

The young person's case record includes steps taken to determine and facilitate services, programs or activities that would relate to the race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression or cultural or linguistic needs of young persons; or regional differences that may affect young persons.

O. Reg. 155/18, s.8(3)

O. Reg. 156/18, s.3(3)

12.2 Services to Young Persons - Providing Information and Enquiring

The young person's case record includes steps taken to inform and receive information from the young person and their parent in relation to identity characteristics of the child and regional differences, including information the licensee provided and received and how it was taken into account.

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

12.3 Resource Person

The young person's case record includes steps taken to contact and work with a resource person, including information provided and received and how this information was taken into account.

O. Reg. 156/18, s.5(5)

Case Records

12.4 Trans Young Persons

Written documents used for internal purposes during a trans young person's stay include the young person's preferred name(s), pronoun and gender.

Standard 1.11.2

13.1 Admission Medical - DR/RN Within 30 Days Prior/72 Hrs After Admission

The young person's case record contains evidence that the young person had a general medical examination by a physician or registered nurse in the extended class within thirty days prior to admission or had such an examination within seventy-two hours after admission. If it was not possible in the circumstances for the young person to have received a general medical examination in these time periods, there is a note in the case record of the circumstances that lead to the delay, and that an examination was arranged as soon as possible in the circumstances after the 72 hour period has elapsed.

O. Reg. 156/18, s.89(1)(a), (b), (i), (ii)

13.2 Dental Examination 6 Months Prior/90 Days After Admission

The young person's case record shows evidence that the young person had a dental examination by a dentist within six months prior to admission to the facility or has such an examination within ninety days after admission. If it was not possible in the circumstances for the young person to have received a dental examination in these time periods, there is a note in the case record of the circumstances that lead to the delay, and that an examination was arranged as soon as possible in the circumstances after the 90 day period has elapsed.

O. Reg. 156/18, 89(3)(a), (b), (i), (ii)

Case Records

13.3 Arrangements - Urgent Examination/Treatment

The young person's case record shows that, where the young person required urgent medical examination or treatment upon admission, it was provided by a qualified health care practitioner and it was immediately arranged. If it could not be arranged in the circumstances, the reason is noted in the case file and the examination or treatment was arranged as soon as possible in the circumstances.

O. Reg. 156/18, 89(2)(a), (b), (i), (ii)
Standard 11.2(1)(G)

13.4 Cumulative Record Of YP's Medical/Dental Examinations/Treatment /Transfers

The young person's case record contains a cumulative record of the young person's medical and dental examination reports and treatments that have been provided to the licensee and of medical and dental examination reports and treatments given to the young person after admission. The record confirms assessments of the young person's general health, vision, hearing and oral health, are provided at least once every 13 months.

Health records are sent with the young person at the time of transfer to another custody/detention facility, if possible.

O. Reg. 156/18, s. 82(1)(g)(iv), 93(1)(e)
Standard 11.7

13.5 Admission - Continuation Of Meds/Treatment

Where it has been determined upon admission that the young person is currently receiving medical treatment or medication or is suffering from any allergy or physical ailment, the licensee has ensured that any treatment or medication is continued, as necessary, to ensure the health and safety of the child or young person. This is documented in the case record.

O. Reg. 156/18, s.89(4), paragraphs 1, 2, 3, (5)

Case Records

13.6 Medical And Dental Care Provided in Community/Regular Intervals

The young person's case record shows the young person is receiving medical and dental care at regular intervals and whenever required, in a community setting whenever possible. The services of a physician or a registered nurse in the extended class are provided for each young person.

CYFSA s.13(2)(d)

O. Reg. 156/18, s.104(1)

Standard 11.2(1)(C)

13.7 Medication Administered

The young person's case record includes all medication administered, including:

- the medication administered,
- the period for which the medication is prescribed, if applicable,
- when each dose of the medication is supposed to be administered to the young person in accordance with the prescription, if any, and
- when each dose of medication is actually administered to the young person.

O. Reg. 156/18, s.106(1)(c), (i), (ii), (iii), (iv), (2)

13.8 Self-Administration of Medication

The young person's case record indicates that, where the young person is administering their own prescribed medication, there is a written self medication plan provided by a physician or registered nurse on file. In the case of non-prescription medication, medication is self-administered by a young person only if they wish to assume the responsibility and the licensee is of the opinion that they are capable of assuming that responsibility.

O. Reg. 156/18, s.106(1)(b), (i), (ii), (3)

Case Records

14.1 Health Information Obtained

The young person's case record confirms that health information was obtained within 72 hours of admission and, if information was not obtained, the reasons are documented in the health care section of the case record. The record is made available to a prescribing physician or registered nurse in the extended class who requests it.

Health information includes:

- provincial health card number, current height and weight;
- list of current medications and medication history;
- medical history, including medical and psychological assessments;
- any special instructions and/or monitoring procedures (e.g., blood tests);
- allergies;
- contact information for the young person's physician and other health practitioners; and
- record of previously observed adverse behavioural, emotional and physical reactions to medication or other medical treatments.

Standard 11.7

14.2 Short-Term Absences

The young person's case record includes: details of what medical information, medication, and other relevant medication administration instructions were provided to the receiving person for short-term absences; a written plan for continued medication administration and monitoring of potential side effects for regular scheduled absences; and documented consultation and support (written or verbal) from the prescribing health practitioner for occasional planned absences where there are significant safety considerations associated with a medication or medical condition.

Standard 11.8.2(3)

Case Records

14.3 Staff Accompanying Scheduled Medical Appointments

The young person's case record includes documentation of staff attendance at scheduled medical appointments, or the reasons for not attending, and other pertinent information (e.g., treatment and diagnosis), as applicable.

Standard 11.2(1)(J)

14.4 Hospital Admission

The young person's case record includes documentation of notification to the parent or guardian of the emergency hospital admission. Case record also includes documentation of staff attendance, or the reasons for not attending, and other pertinent information (e.g., treatment and diagnosis), as applicable. Contact was made with the hospital to provide relevant contact and medication information and obtain time of anticipated discharge.

Standard 11.2(1)(K)

14.5 Medication/Information Provided Upon Discharge/Transfer

The young person's case record includes documentation of what information and/or medication was provided to the young person/ receiving person/ facility/ agency upon discharge or transfer, including a copy of health information and a plan for medication to continue (as applicable). If no medication or less than a 7-day supply is provided, the reasons are documented. A copy of the discharge transfer plan is on file.

Standard 11.8.2(2)(A), (B), (C)

15.1 Record of Medication Incidents/Near Misses

The health care section of the young person's case record shows actions taken to identify, monitor and respond to medication incidents and near misses, including seeking emergency medical attention as required and notifying the young person and their parent or legal guardian. An SOR is also completed.

Standard 11.8.1(4)(A), (B), (C), (E)

Case Records

15.2 Psychotropic Medication High Risk

The health care section of the young person's case record outlines actions taken to notify the parent or legal guardian of "high risk" situations involving psychotropic medication, regular, scheduled assessment by the prescribing Physician, and contacting the prescribing Physician for direction (where appropriate).

CYFSA s.176

Standard 11.8.1(5)(A), (B), (C)

15.3 Medication - Information, Allergies, Side Effects, Concerns, Refusals

The young person's case record has:

- information about medication allergies
- information about prescription medications, including possible side effects and administration instructions
- monitoring for side effects (ex: changes in weight, behaviour, emotions and physical state)
- medication concerns and reasons for medication changes
- individualized response plans to handle refusals to take medication
- contact information for a local pharmacy and Poison Control Centre (or similar body) to address questions or concerns
- medical advice sought from a health care practitioner, as needed
- follow ups obtained on any medical tests or lab work.

Standard 11.8.1, Standard 11.8.2

Case Records

15.4 Medical and Behavioural Advice Related to Food/Diet

The young person's case record shows that food allergies, options for a balanced diet and emergency procedures in the event of severe allergic reactions are documented. All unique needs are documented.

Key Components:

- identification and response to food allergies, including anaphylactic reactions.
- medical advice has been provided for those youth who refuse to eat, overeat or have possible eating disorders and notification of the placing agency and/or guardian/parent
- support for youth with unique needs related to food, feeding and nutrition.

Policy Food and Nutrition (2008-1a)(5)(A), (B), (C), (D)

15.5 Special Food Recommended By Dr/RN

The young person's case record notes, if special foods are recommended by a young person's physician or registered nurse in the extended class, they are provided to the young person.

O. Reg. 156/18, s.102(b)

16.1 Serious Occurrence on File

The young person's case record contains all serious occurrence reports (SORs) which include the time of the occurrence, the name of the person reporting it, the person to whom the report was made, an overview of the young person's personality and behaviour and other such information regarding the incident as deemed appropriate.

SORs indicate that the appropriate notifications were made, including to parent(s)/guardian(s), designated Ministry staff person(s), and the children's aid society, police, and other oversight bodies, where applicable.

O. Reg. 156/18, s.84(3)

O. Reg. 156/18, s.84(1), (2), (3), 93(1)(k)

Standard 4.1a

Case Records

16.2 Content of Observation Reports

Observation Reports are on file where the circumstance would support such a report be issued, i.e. safety/security, suicide watch, secure de-escalation, health care. The Observation Report contains information relating to interactions with staff and the young person, changes in young person's behaviour, observed unusual behaviour, and young person's activities at the time of the observation. The report will reflect any comments made by the young person

Standard 1.4.2(2)(E), (F)

16.3 Record of Use of Discipline

The young person's case record shows any method of discipline or other intervention (not including the use of physical restraint, mechanical restraint, or secure de-escalation) administered on a young person.

O. Reg. 156/18, s.80.4(3)(b), (4)

16.4 Daily Log - Health/Safety/Well-Being

An event described in the daily log that affects or may affect the young person's health, safety or well-being has been documented in their case record.

O. Reg. 156/18, s.95(3)

Case Records

16.5 Debriefing Documented

If a debrief was conducted, the following is documented:

- the date and time the debriefing was held with the young person,
- the duration of the debriefing session,
- whether the debriefing was held within the specified timeframe, or reasons for delay,
- the names and titles (if applicable) of the persons involved in the debriefing of the young person(s),
- the name of who led the debriefing,
- the names and titles of those offered but declined to participate, and efforts made to conduct the debriefing
- outcomes of the debriefing and any follow up actions (e.g. case management team follow-up, changes to the Case Management/Reintegration Plan, clinical intervention)
- any comments made by the young person during the debriefing including any information about services and supports they may require

Standard 6.9

17.1 Reporting of Abuse and/or Neglect On File

When staff have reported suspected and/or alleged abuse or neglect of the young person to the Children's Aid Society, details of the allegation, the action taken, and any other relevant documentation are included in their case record as soon as possible and no later than two business days.

If reported to police, Law Enforcement Complaints Agency, First Nation police supervisor, or Chief and Counsel, the report is included in their case record as soon as possible and no later than two business days.

A serious occurrence report is also on file.

CYFSA s.125(1)

O. Reg. 156/18, s.84(1), 93(1)(k)

Standard 4.2a

Case Records

18.1 Record Of Contacts

The young person's case record shows details of the young person's telephone calls to members of their family, a solicitor, an individual representing the young person, including an advocate appointed for the young person by the Ombudsman of Ontario and members of its staff, a member of the Legislative Assembly of Ontario or of the Parliament of Canada.

Standard 5.12

Case Records

19.1 Opening Written Communication

The young person's case record indicates that if the young person's written communication was opened or an article removed from the written communication, the reason for opening the communication and/or removing the article is noted in the record. The case record also includes documentation where staff contacted police due to reasonable grounds to believe the communication involved criminal activity.

Key Components:

Written communication may be opened

- by staff in the young person's presence and may be inspected for articles prohibited by the service provider;
- may be examined or read by staff and may be withheld from the recipient in whole or in part where staff believes on reasonable grounds that the contents of the written communications may be prejudicial to the best interests of the young person, the public safety or the safety or security of the place of detention or custody, or contain communications that are prohibited under the federal act or by court order;

Written Communication shall not be:

- examined or read if it is to or from the young person's solicitor; and
- shall not be opened and inspected, examined or read if it is to or from the child's solicitor, another person representing the child, including the Ombudsman appointed under the Ombudsman Act and members of the Ombudsman's staff, and a member of the Legislative Assembly of Ontario or of the Parliament of Canada

CYFSA s.10(3), (4)

O. Reg. 156/18, s.93(1)(l)

Standard 5.10(1)(L)(a), (b), (c)

Case Records

19.2 Complaint Procedures for Written Communication

The young person's case record shows that, where their written communication had been withheld, the young person was aware, of their right to the internal or external complaint procedure.

Standard 5.10(1)(N)

20.1 External Complaint Mechanism - Young Person and Parent Informed and Provided Opportunity

The young person's case record shows that the young person and parent were provided information on how and when to access external complaint mechanisms and how to make an external complaint. If required, the young person was provided assistance to obtain, complete and submit documentation (e.g. complaint form).

Standard 4.4

20.2 Internal Complaint Mechanism

The young person's case record shows if the young person filed a complaint regarding alleged violations of their rights and/or a complaint from the young person or other persons affected by conditions or limitations imposed on visitors or suspensions of visits. If so, details of the complaint and the steps taken in response to the complaint are documented.

CYFSA s.18(1)(a), (b)

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

20.3 Complaint Regarding Creed, Community and Cultural Identity Needs

The young person's case record shows, if the young person filed a complaint regarding their creed, community identity and cultural identity needs, the outcome of the complaint review.

CYFSA s.18(1)(a)

Case Records

20.4 Debriefing for Complaints

If the young person made a complaint, was the subject of a complaint, or witnessed any conduct that gave rise to a complaint, their case record includes:

- the date, time, and duration of each debriefing and the names and titles (if applicable) of the persons involved in each debriefing
- the name of each young person who was offered a debriefing and stated they did not wish to participate
- a description of the efforts made to conduct the debriefing processes, including names of the persons who made those efforts.

O. Reg. 155/18, s.23.1, paragraph 7

21.1 Disclosure Decisions on Young Person's File

Where there has been any disclosure of information to a parent/guardian, the decision for disclosure is documented in the young person's file.

Standard 3.8a

22.1 Personal Property Not Retained by Youth

The young person's case record lists items that are deemed inappropriate for that particular youth, but not prohibited for all.

Standard 3.8(1)(B)

22.2 Detail Of Disposal

When contraband was identified as belonging to the young person, the handling, reporting, confiscation and method of disposal is documented in the young person's case file.

O. Reg. 155/18, s.72(2), paragraph 3(ii)

Standard 3.8(1)(H)(a), (b), (I), (J)

Case Records

22.3 Personal Property

The young person's case record contains a list of all of the young person's personal property that is signed by the young person and the staff compiling the list. In the event that the young person refuses to sign, a notation is made in the young person's file.

The case record shows the personal property that is kept by the young person. Personal property not kept by the young person is in safekeeping, with an explanation of when they can access it.

Standard 5.4

22.4 Personal Property Removed/Access Withheld

The young person's case record shows circumstances when a young person's property was removed or access withheld (e.g. suicide watch).

Standard 5.4

22.5 Personal Property - Search and Seizure by Police

When a young person's personal property is searched and/or seized by police, the following is documented in the young person's case record:

- the date of the search and/or seizure,
- a copy of the warrant where applicable,
- the police service (e.g. officer name, badge number) that seized or searched the property,
- items searched and/or seized
- notification to the young person, where applicable

Standard 5.4

Case Records

22.6 Property Returned/Maintained For 90 Days Minimum

The closed case record shows the property belonging to the young person who was transferred to another location, or discharged, was returned to the young person. Where the property could not be returned, the record shows that it was maintained for a minimum of 90 days after the young person left the facility and the subsequent disposal of any unclaimed personal property.

Standard 5.4

22.7 Young Person's Money in Trust

The young person's case record contains an internal account ledger showing transactions involving a young person's money.

Standard 5.5(1)(C), (D)

22.8 Money Returned/Unclaimed

The closed case record shows that money belonging to the young person who was transferred to other locations, or who was discharged, was returned to the young person. Where the money could not be transferred or returned, the record shows how the unclaimed money was disposed of.

Standard 5.5

22.9 Supply and Description of Clothing Provided

If the young person did not have suitable clothing, their case record shows that efforts were made to obtain clothing. Trans young persons are provided with clothing and underwear in the gender of their choice, upon admission, or as soon as reasonably possible thereafter.

O. Reg. 156/18, s.110(1), (2)

Standard 5.6, Standard 1.11.2

Case Records

23.1 Documentation Of Any Physical Restraint

The young person's case record shows each instance of the use of physical restraint on the young person, including:

- the name and age of the young person;
- the dates and times when physical restraint was used and the name and title of the person(s) who used it;
- description of the risk that existed before the restraint was used;
- description of the alternatives to the use of physical restraint that were considered and why those alternatives were not used;
- the type(s) of physical restraint used;
- the duration of time that the young person was physically restrained;
- documentation related to assessment and monitoring of the young person while they were physically restrained, including their medical condition;
- the date and time when the physical restraint ceased; and
- documentation of notification of the young person's parent.

O. Reg. 155/18, s.14(1), paragraphs 1-9, (2)
Standard 8.2(4)(X)

23.2 Physical Restraint - Record Of Notification

The young person's case record shows, where the young person was involved in a physical restraint, within 24 hours, a Serious Occurrence Report was submitted. The parent of a young person and the Case Management Team, including Probation Officer, were also notified.

O. Reg. 155/18, s.13(1)
O. Reg. 156/18, s.84(1), paragraph 5
Standard 8.2(4)(U), (V)

Case Records

23.3 Physical Restraint Debriefing

The young person's case record shows, where the young person was involved in or witnessed a physical restraint, a debriefing occurred, as prescribed. If a debrief could not occur within 48 hours after the restraint, one was conducted as soon as possible and the circumstances that prevented the debrief are recorded. The debriefing was structured to accommodate the young person's psychological and emotional needs and cognitive capacity. The record includes the information set out in the regulation. For youth who were involved in a restraint, the case record confirms that, during the debrief, the reasons for use of physical restraint were explained to and understood by them and they were asked if they require any services or supports as a result of the use. Any information provided by the young person and services or supports they required are also recorded.

O. Reg. 155/18, s.12, paragraphs 2-7, (2)
Standard 8.2(4)(M-S)

23.4 Documentation Of Any Mechanical Restraint

The young person's case record shows that, where the young person was involved in a mechanical restraint, this is documented in the young person's case record accordingly.

O. Reg. 155/18, s.62, paragraphs 1-9

23.5 Mechanical Restraint Debriefing

The young person's case record shows, when mechanical restraints are used on the young person, a debriefing occurred, as prescribed, within 48 hours after the mechanical restraints are removed. If circumstances do not permit a debriefing process to take place within 48 hours, the debriefing process must be conducted as soon as possible after the 48-hour period and the circumstances which prevented the debriefing process from being conducted within the 48-hour period is recorded. The debriefing was structured to accommodate the young person's psychological and emotional needs and cognitive capacity.

O. Reg. 155/18, s.61, paragraphs 1-4

Case Records

24.1 Secure De-escalation - Notification to Parent/Guardian/Probation Officer

When the young person was placed in a secure de-escalation room, the case record shows by whom. The young person's parent and Probation Officer were notified of the young person's placement.

Standard 9.2(1)(C), (L)

24.2 Under 16 - Continuous Observation

When a young person under 16 was held in a secure de-escalation room, the case record shows that they were continuously observed by a responsible person.

CYFSA s.174(5)

Standard 9.2(2)(A), (B)

24.3 Under 16 - Review at One Hour and 30 Minutes Thereafter

The young person's case record shows that the young person under 16 was released from a secure de-escalation room within one hour unless the person in charge approved longer use, in writing, and records the reasons for not restraining the young person using a less restrictive method. When the young person was held in a secure de-escalation room for more than one hour, the case record shows there was a review of the continued need to keep the young person in the room at the end of the first hour and at least every 30 minutes thereafter.

CYFSA s.174(4), (6)

O. Reg. 155/18, s.86(1), paragraph 1

Standard 9.3(1)(A), (B), (D)

24.4 Under 16 - Maximum Period

The case record of a young person under 16 who was held in a secure de-escalation room shows that they were not held for a period that exceeds the aggregate of eight hours in a given 24 hour period or an aggregate of 24 hours in a given week.

CYFSA s.174(8)

Standard 9.3(1)(B)

Case Records

24.5 16 and Older - Observation Minimum every 15 minutes

When the young person 16 or older was held in a secure de-escalation room in a place of secure custody or secure temporary detention, the case records show the young person was observed every 15 minutes by a responsible person. If, given their needs, it was determined that the young person should be observed at regular intervals that are more frequent than every 15 minutes, the young person was observed by a responsible person at the more frequent intervals. These observations were recorded in the case record.

CYFSA s.174(9), paragraphs 1, 2
Standard 9.2(3)(A), (B), (C)

24.6 16 Years and Over - Review Within One Hour and at Least Every 60 Minutes Thereafter

The case records shows that the young person 16 or older in a place of secure custody or secure temporary detention, was released from a secure de-escalation room within one hour unless the person in charge approved longer use, in writing, and records the reasons for not restraining the young person using a less restrictive method. When the young person was kept in a secure de-escalation room for more than one hour, the case record shows there was a review of the continued need to keep the young person in the room at the end of the first hour and at least every 60 minutes thereafter.

CYFSA s.174(4), (6)
O. Reg. 155/18, s.86(1), paragraph 2
Standard 9.3(1)(A), (C)(b)

24.7 16 and Older - Extended Beyond 24 hours

The case record of a young person 16 or older who was held in a secure de-escalation room in a place of secure custody or secure temporary detention, shows that they were not kept in the room for a continuous period in excess of 24 hours or for a period or periods that exceed an aggregate of 24 hours in a seven-day period. If the placement was for more than 24 continuous hours or an aggregate of 24 hours in a seven-day period, there is approval on file from the provincial director/Youth Centre Administrator.

CYFSA s.174(9) paragraphs 3, 4, 5
Standard 9.3(1)(C)(a), (c)

Case Records

24.8 Secure De-Escalation While Restrained by Mechanical Restraints

Where a young person, while restrained by the use of mechanical restraints, is placed in a secure de-escalation room, the person in charge of the premises shall review the continued need to keep the young person in the secure de-escalation room at the same time that the person reviews the continued need for using the mechanical restraints as required under paragraph 8 of section 60. The young person who is restrained by mechanical restraints must be continuously observed by a responsible person, regardless of their age, and observations are recorded on a Secure De-Escalation Observation/Placement Review form.

O. Reg. 155/18, s.86(2) paragraph 1
Standard 9.2

24.9 Secure De-Escalation - Mechanical Restraints Removed

If mechanical restraints are removed while the young person is in a secure de-escalation room, the person in charge of the premises shall:

- review the continued need to keep the young person in the room 30 minutes after the mechanical restraints are removed and at least every 30 minutes thereafter, if the young person is under 16, or
- review the continued need to keep the young person in the room 60 minutes after the mechanical restraints are removed and at least every 60 minutes thereafter, if the young person is 16 or older.

O. Reg. 155/18, s.86(2), paragraph 2
Standard 9.2

24.10 Secure De-escalation - Documents Are Completed/Updated

When the young person was held in a secure de-escalation room, the case record contains all relevant documentation (Secure De-escalation Observation/Placement Review, Secure De-escalation Release Plan, Young Person Behaviour Report), including:

1. The name and age of the young person placed in a secure de-escalation room.
2. The date and time when the young person was placed.
3. The date and time when the young person was released.
4. The duration of time that the young person was kept in a secure de-escalation room.
5. The reasons for the service provider's opinion that the criteria set out in subclauses 174 (3) (a) (i) and (ii) of the Act were met.
6. A description of the alternatives to the use of a secure de-escalation room that were considered and why those alternatives were not used.
7. The name and title of the person who approved the placement and, if an extension under paragraph 5 of subsection 174 (9) of the Act was approved, the name of the provincial director who gave the approval.
8. All documentation related to assessments and monitoring of the child or young person while they were kept in a secure de-escalation room.

This documentation was completed and submitted within the required time frame(s).

O. Reg. 155/18, s.88, paragraphs 1-5, 7-9

Standard 9.2(5), 9.3(2)(A), (B), (C), (D)

Case Records

24.11 Secure De-escalation - Debriefing Process

The young person's case records show that if the young person spent a period of time in a secure de-escalation room, there was a debriefing within 24 hours of their release from the room and there is documentation on file of the debriefing session. If there was a delay and the debriefing did not occur within 24 hours of the young person's release, the circumstance surrounding this delay is noted in the case records.

Key Components:

Documentation should include:

- identification of staff who will conduct the debriefing
- determination of the young person's physical and emotional well-being
- structuring the debriefing to accommodate the young person's psychological and emotional needs and cognitive capacity
- discussion of the circumstances that resulted in the use of secure de-escalation and strategies that could be used to prevent future placements
- identification of any additional counselling required for individuals involved
- identification of any revisions that may be required to the young person's Case Management/Reintegration Plan

Standard 9.4(1)(D)

25.1 Turning 20 Serving a Custody Sentence - Application to Remain in Youth Facility

Where a young person is serving a custody sentence, turns 20, and an application has been made for them to remain in the youth facility, there is evidence in the case record that they were given the opportunity to review the application with a member of the case management team, provide a written statement and sign the application, acknowledging that they have reviewed the information.

The Provincial Director completed the appropriate section of the application and included their decision and rationale in a letter for the young person.

Standard 6.4(7)(8)

Case Records

25.2 Turning 20 Serving a Custody Sentence – Timelines

Three months prior to their 20th birthday, whether or not an application is made for the young person to serve the remainder of the youth sentence in a youth facility, a classification assessment by SOLGEN was requested in order to facilitate a transfer.

If an application is made, it was reviewed and completed by the facility director and Probation Manager a minimum of six weeks prior to the young person's 20th birthday, submitted to the Regional Director (Provincial Director) for a decision, including their rationale, a minimum of 2 weeks prior to the young person's 20th birthday. The Case Management Team was notified by the facility director of the Provincial Director's decision and rationale.

If the decision is to allow the young person to remain, their case is reviewed annually by the Case Management Team and at any other time at the discretion of the Youth Centre Administrator/facility director.

Standard 6.4

25.3 Turning 20 Serving a Custody Sentence - Informing the Parent(s)/Guardian

The young person's parent(s)/guardian were informed of the requirement under the YCJA that the young person will be transferred to an adult facility unless the Provincial Director orders that they continue to remain in the youth facility. If an application is made, they are made aware of the Provincial Director's decision and rationale via letter a minimum of 2 weeks prior to the young person's 20th birthday.

Standard 6.4

25.4 Turning 20 Serving a Custody Sentence - Young Person to be Transferred to Adult Facility

Where no application is made or the decision is made for the young person to remain at the youth facility, the Transfer of 20-year-old Young Person to an Adult Provincial Correctional Facility form is completed and the required documents are sent to the receiving adult facility.

Standard 6.4(12)

Case Records

25.5 Turning 18 Serving an Adult Sentence in a Youth Facility - Transfer Application

Where a young person is serving an adult sentence and is 18 years or older, and an application is made to transfer them to a provincial correctional facility or penitentiary, there is evidence in their case record that they were advised that the PD has been asked to make an application and they were advised of their rights, encouraged to consult with their legal counsel, and that they can make submissions to the court. They were informed that the youth justice court has the final decision on the transfer request and they were informed of the final decision.

Standard 6.8.2(2)

25.6 Turning 18 Serving an Adult Sentence in a Youth Facility - Transfer Ordered

Where the YJC orders that the young person serve the remainder of their sentence in an adult correctional facility/penitentiary, the required documents are sent to the receiving provincial correctional facility, including the CIE/Alerts Checklist; the young person's property, personal effects, money, and any prescription medication are sent with the young person at the time of the transfer; and parent(s) legal guardian(s) are notified once the transfer has taken place, as appropriate.

Standard 6.8.2, Standard 6.5

25.7 Turning 18 or 19 Serving a Youth Sentence - Transfer Application

Where an 18 or 19 year old young person is serving a youth sentence and an application is made to transfer them to a provincial correctional facility or penitentiary, there is evidence in their case record that they were given an opportunity to express their views, advised that the PD has been asked to make an application and they were advised of their rights, encouraged to consult with their legal counsel, and that they can make submissions to the court. They were informed that the youth justice court has the final decision on the transfer request and they were informed of the final decision.

The case record includes all required documentation.

Standard 6.8.1

Case Records

25.8 Turning 18 or 19 Serving a Youth Sentence - Transfer Ordered

Where a transfer application has been made and the PD has been authorized to direct that the young person be transferred to a provincial correctional facility for adults, there is evidence in the case record that the provincial correctional facility/facilities were contacted, the receiving facility was provided with necessary documents, including the CIE/Alerts Checklist, transportation arrangements were made, and the young person's property, personal effects, money and any prescription medication were sent.

Parent(s)/legal guardian(s) were notified once the transfer occurred, as appropriate.

Medical treatment, medication, and healthcare needs were addressed.

Standard 6.8.1, Standard 6.5

25.9 Turning 18 on a Detention Order - Transfer Application

Where a young person is under a detention order, turns 18, and an application is made to transfer them to a provincial correctional facility for adults, there is evidence in their case record that they were advised that the PD has been asked to make an application and they were given an opportunity to express their views and consult with their legal counsel. They were informed that the youth justice court has the final decision on the transfer request and they were informed of the final decision.

Standard 6.8.3(2)

25.10 Turning 18 on a Detention Order - Transfer Authorized

Where a transfer application has been made and the PD has been authorized to direct that the young person be temporarily detained in a provincial correctional facility for adults, there is evidence in the case record that the provincial correctional facility/facilities were contacted, the receiving facility was provided with necessary documents, including the CIE/Alerts Checklist, transportation and transfer arrangements made (incl for personal effects, medication, suicide watch, etc.), and parents/guardians/school/work were notified.

Standard 6.8.3(3)

Case Records

26.1 Cannabis

When cannabis and/or cannabis derived products are discovered, documentation is completed and recorded in the young person's case record, if appropriate, and if it is identified as belonging to a specific young person.

Standard 3.8.1(4)(C)

26.2 Medically Authorized Cannabis

The case record includes documentation of any medical authorization and/or information presented by the young person.

Standard 3.8.1(3)(A)

Staff Records

Staff Record

1.1 Immunization/Health Assessment

The staff record provides evidence they have received any immunization recommended by the local medical officer of health and a health assessment before they commenced employment.

O. Reg. 156/18, s.100
Standard 2.2(1)(F)

1.2 Valid Driver's Licence

The staff record holds documentation showing they are properly licensed to operate a vehicle.

Standard 1.6(1)(D)

1.3 Police Record Checks – Broad Record Checks

The staff record of an employee, volunteer, or student, including those who provide direct care to young persons, includes confirmation that an original broad record check (BRC) was provided to the licensee. It was prepared by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015, and issued within six months of being provided.

The BRC was requested within 60 days of January 1, 2025 (i.e. by March 2, 2025) and provided as soon as possible after it was received. A BRC is subsequently provided at least every three years after the person provided the last BRC.

New staff, volunteers, and students requested the BRC before they began unsupervised interaction with young persons and provided the BRC as soon as possible after receiving it.

Note: An update is pending to Standard 2.3 Police Record Checks. Please check the YJSM for updates.

O. Reg. 155/18, s.121, item 7, 10, 34, s.122(1)(9), s.131(2)

1.4 Police Record Check - Offence Declarations

The staff record of an employee, volunteer, or student, including those who provide direct care to young persons, includes an offence declaration that was provided to the licensee:

- with their broad record check (BRC),
- if they requested a BRC but did not receive it within 6 months of the day after which they requested it, an offence declaration was provided within 15 calendar days of the 6-month period, and/or
- in the year in which the person is not required to provide a BRC.

Offence declarations address the period since (1) they requested a BRC or (2) the previous offence declaration or BRC was provided, in which case it was provided no later than 15 days after the anniversary of when the offence declaration or BRC was last provided.

O. Reg. 155/18, s.128

1.5 Police Record Check - Notice of Charge or Conviction

If an employee, volunteer, or student was charged with or convicted of an offence under the Criminal Code (Canada), their staff record includes proof that they provided a written and signed notice informing the licensee of the charge or conviction.

O. Reg. 155/18, s.129

1.6 Police Record Check - Break in Professional Affiliation

If there is a break in the professional affiliation between the licensee and an employee, volunteer, or student:

1. If the break is 12 months or less, their staff record includes the BRC and/or offence declaration that they would have been required to provide had the break not occurred. The BRC was requested and the offence declaration was provided before unsupervised interaction with a young person and the BRC was provided as soon as possible after they received it.
2. If the break is longer than 12 months, their staff record includes the BRC and offence declaration, even if the BRC or offence declaration would not be required had the break not occurred.

O. Reg. 155/18, s.130

1.7 Staff Qualifications - Certificate, Diploma, or Degree

For persons with a certificate, diploma, or degree who provide direct care or supervision to young persons, the staff records includes:

1. their job title and a description of their responsibilities.
2. a copy of their certificate, diploma or degree or another document from the educational institution indicating that the certificate, diploma or degree was issued them
3. a description of how the content of the program leading to the certificate, diploma or degree is directly relevant to their duties, the program provided by the licensee, and the needs of the young persons.

O. Reg. 156/18, s.80.3(6)(paragraph 1)

Staff Record

1.8 Staff Qualifications - Experience or Skill Holders

For persons with experience or skills who provide direct care or supervision to young persons, the staff records includes:

1. their job title and a description of their responsibilities.
2. a description of the experience and skills that the person has that are directly relevant to their duties, the program provided by the licensee, and the needs of the young persons.
3. an indication of whether the person is a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Person.

O. Reg. 156/18, s.80.3(6)(paragraph 3)

1.9 Staff Qualifications - First Nations, Inuk or Métis Persons

For a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Person who possesses the cultural knowledge and skills that are directly relevant to their duties, the program provided by the licensee, and the needs of the young persons, there is an indication in the staff record of whether the person is a First Nations, Inuk or Métis Elder, Knowledge Keeper, Healer, Medicine Person, Traditional Person or Cultural Person.

O. Reg. 156/18, s.80.3(6)(paragraph 4)

1.10 Staff Qualifications - Enrolled in Educational Program

For persons enrolled in a program to obtain a certificate, diploma or degree, the staff records includes:

1. their job title and a description of their responsibilities.
2. a description of the program that they are enrolled in
3. details of the qualified person who is responsible for supervising them,
4. when the licensee last verified that they were enrolled in the program (needs to be verified at least once every twelve months).

Reg. 156/18, s.80.3(6)(paragraph 2)

Staff Record

2.1 Training on Policies and Procedures (Within 30 Days and Once Every 12 Months)

In the staff record, there is evidence they:

- received training on the policies and procedures of the facility, including those respecting emergency situations, discipline and intervention, and cultural competency within 30 days of commencement of employment in the facility and at least once every 12 months following the year they began employment
- reviewed any changes to the policies and procedures before they took effect

The record includes the signature of the staff.

O. Reg. 156/18, s.82(1)(f), 83(1)(a), (b),(2)

Standard 2.4

Policy Cultural Competency (2008-2)(4)

2.2 Review Of Contravention of Policies and Procedures (Initially and Annually)

The staff record confirms that upon their initial orientation to the facility, and at least annually thereafter, they reviewed the facility's policies and procedures concerning situations in which the policies and procedures are not complied with.

O. Reg. 156/18, s.82(1)(r), 83(1)(a), (b), (2)

2.3 Staff Training

There is a comprehensive written record of the training and education provided to each new employee including: what training will be offered, how it will be delivered, the frequency of training, and the date the training is delivered.

Standard 2.4(1)

Staff Record

2.4 Site Specific Training

The staff record indicates staff completed training related to:

1. Workplace Hazardous Materials Information Systems (WHMIS)
2. Communicable Disease Prevention
3. Health and safety related work practices and procedures
4. First Aid (if applicable)

Standard 2.4

Standard 11.4

2.5 Trained In the Use Of Fire Extinguishing Equipment

The staff record indicates they were trained in the proper use of a fire extinguisher and a record is kept of each training session.

O. Reg. 156/18, s.99

Standard 2.4(1)(A)

2.6 Instructed on Procedures for Fire Alarm/Discovery of Fire

The staff record shows that all staff members are instructed on the procedures to be followed when a fire alarm is activated or a fire is discovered, including their roles and responsibilities.

O. Reg. 156/18, s.112 (3)(c)

Standard 2.4(1)(A)

2.7 Instructed in Emergency Procedures for Crisis Management Plans (Initially and Annually)

The staff record indicates that at the time of hiring, and annually thereafter, the staff received instruction in the facility's crisis management emergency procedures.

Standard 2.2a(1)(N)

Staff Record

2.8 Instructed in Emergency Procedures for Contingency Plans (Initially and Annually)

The staff record indicates that at the time of hiring, and annually thereafter, the staff received instruction in the facility's contingency emergency procedures.

Standard 2.3a(1)(U)

2.9 Education to Physical Restraint Policies Within 30 Days

The staff records show the staff has completed a physical restraints training program that is approved by the Minister, including training in a particular holding technique that may be used, and all refresher courses, as well as training on the use of less intrusive intervention measures. Furthermore, staff have completed education on the provisions of the Act, the Regulation, Ministry and Divisional policies, and the service providers policies concerning the use of physical restraint. All new staff received an orientation and education of these provisions and policy requirements within 30 days after the staff commenced employment and 30 days after any amendments.

O. Reg. 155/18, s.16(3), (4)

Standard 8.2(4)(CC), (DD)

2.10 Assessment of Education for Physical Restraint Use

The staff record confirms that an assessment was completed each time, and at least annually, they completed education requirements for use of physical restraints. The record includes the results of the assessment, including whether or not the person's understanding of and ability to apply the education is satisfactory.

O. Reg. 155/18, s.20 (2), (3), (4)

Standard 8.2(4)(EE), (FF)

2.11 Mechanical Restraints - Training and Education

The staff record confirms they received training and education related to use of mechanical restraints that have been approved by a provincial director for use in the secure custody/detention facility, including the date the training and education was provided and a description of the training. Training was completed within the following time periods:

The provisions of the Act and of this Regulation - within 30 days after this section comes into force and within 30 days after any amendment to the Act or this Regulation concerning the use of mechanical restraints comes into force.

The policies and standards established by the Ministry - within 30 days after each new or revised Ministry policy or standard concerning the use of mechanical restraints is received by the licensee.

The policies of the facility - within 30 days after each new or revised policy is established or revised.

Within 30 days after commencement of employment and at least annually thereafter.

O. Reg. 155/18, s.64(3), paragraphs 1-4, (4)
Standard 8.4, Standard 2.4

2.12 Review of Secure De-Escalation Policies and Procedures (Initially and Annually)

The staff record confirms that upon their initial orientation and at least annually thereafter, they reviewed the policies and procedures for secure de-escalation, including the criteria for use of secure de-escalation and criteria, strategies for releasing a young person from secure de-escalation room as soon as possible, and the provisions of the Child, Youth and Family Services Act, 2017, and regulations governing secure de-escalation rooms.

O. Reg. 155/18, s.87(2)
Standard 9.1(4)

2.13 Initial Orientation and Annual Review of P&P Searches

The staff record includes confirmation that the staff member successfully completed the following training and education if they provide direct care and supervision to young persons, including date the training and education was provided:

1. Training on how to conduct searches of the facility, young persons and their property, persons on the premises of the facility and their property, and vehicles entering or on the premises, as authorized by the person in charge of the facility.
2. Education about the provisions of the CYFSA and O. Reg. 155/18 concerning searches referred to above, the policies and standards established by the Ministry concerning searches referred to above, and the facility's procedures, as required under section 69.

The education and training was completed within 30 days of the CYFSA or regulatory requirement, ministry policy or standard, or facility procedure coming into effect or being amended. For new staff, the training was completed within 30 days after the person commenced employment.

O. Reg. 155/18, s.71
Standard 2.4

2.14 Review of Communication and Transfer of Medication Information Policies and Procedures (Initially and Annually)

The staff record confirms, if they are responsible for obtaining and communicating medication information, they received an orientation training of the facility's procedures at the time of hiring, and a refresher training at least annually thereafter.

Standard 11.8.2(4)

2.15 Review of Safe Administration, Storage and Disposal of Medication Policies and Procedures (Initially and Annually)

The staff record confirms, if the staff member is responsible for administering medication as required by their duties, at the time of hiring, and at least annually thereafter, the staff reviewed the facility's policies and procedures related to the safe administration, storage and disposal of medication.

Standard 11.8.1(2)

Staff Record

2.16 Duty to Report

The staff record confirms they have been informed of their professional duty to report to a society, any child or young person who they believe to be in need of protection.

CYFSA s.125(1), paragraphs 1 to 11

3.1 Training in Suicide Prevention and Intervention

The staff record confirms they received training on suicide prevention and intervention prior to beginning to work with young persons and every two years thereafter or as required by the ministry.

Standard 6.7(18)

3.2 Emergency Rescue Knife

The staff record confirms that they participated in regular training on the use of the emergency rescue knife. (note: this may be done in conjunction with suicide prevention training).

Standard 3.3

3.3 Staff Qualifications for Wilderness Trips

Where staff participate in wilderness programs, their staff record include their wilderness recreation qualifications and experience, current first aid certification and CPR certification, bronze cross life guarding certification and evidence they have been trained in the use of all emergency equipment including anaphylactic shock kit.

Standard 7.5(2)(G), (H)

New/Revised Policies and Procedures

New/ Revised Policies and Procedures

1.1 Has the facility submitted new/revised policies and procedures to be reviewed for the licensing year?

If yes, please enter what policies have been reviewed.

End
