**Ministry of Children, Community and Social Services**

**Optional - Mechanical Restraint Reporting Template**

(To be used for a mechanical restraint that is not a PASD and is not used in a secure youth justice or secure treatment setting)

**Purpose:**

This optional template was created by the Ministry of Children, Community and Social Services (ministry) and is intended to support licensees and all service providers in complying with their obligations under the *Child, Youth and Family Services Act, 2017* (CYFSA), [Section 21(8.1-8.2)](https://www.ontario.ca/laws/regulation/180155#BK11:~:text=Note%3A%20On%20July%201%2C%202023%2C%20section%2021%20of%20the%20Regulation%20is%20amended%20by%20adding%20the%20following%20subsections%3A%20(See%3A%20O.%20Reg.%2072/22%2C%20s.%206%20(13))) and [section 78](https://www.ontario.ca/laws/regulation/180155#BK98) of O. Reg. 155/18, respecting requirements pertaining to the use of mechanical restraint that is part of a plan of treatment but not a PASD.

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

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

In the Serious Occurrence Reporting Residential Licensing (SOR-RL) platform, a module will be available July 1, 2023, for the monthly reporting of the use of mechanical restraints as part of a plan of treatment. Information will be drawn from SOR on the use of mechanical restraints. This module will effectively create an efficient method to complete monthly reporting on or before the 5th day of the previous month with submission directly to the ministry through SOR-RL. If the licensee is not currently using SOR-RL for licensing, then a manual reporting method must be used.

Every use of mechanical restraint continues to be considered a serious occurrence, and must continue to be reported through SOR-RL. The new reporting requirements for mechanical restraints as part of a plan of treatment are intended to support service providers in more effectively analyzing their use.

For more details about the SOR-RL specific changes, please refer to the QSF Implementation Resources page on the [SOR-RL training portal](https://www.sorrl.mcss.gov.on.ca/SORRLTraining/en/index.htm).

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**Terms of Use/Disclaimer:**

Licensees who are not currently using SOR-RL for licensing may choose to use their own template or forms to demonstrate compliance with the mechanical restraint reporting requirements.

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

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

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**Monthly Summary and Analysis Report for Mechanical Restraints**

**(that are part of a plan of treatment)**

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| **Licensee Information** |

**Date of Report:**

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

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| For example: July 1, 2023, to July 31, 2023.  |

**Name of Service Provider:**

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

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

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| **Analysis of Mechanical Restraints Used** |

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

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

If **yes**, complete the charts below on each individual use of a mechanical restraint **that is not a PASD and is not used in a secure youth justice or secure treatment setting.**

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| **Incident # 1** |
| Date when the mechanical restraint was used | Click or tap to enter a date. |
| Child Name or Young Person’s First Name and Last Initial  |  |
| Child or Young Person’s Age |  |
| Type of Mechanical Restraint Used |  |
| SOR ID Number and Date Reported  |  |
| Mechanical Restraint Use Start and End Time |  |
| Detailed Description of Risk that Existed before the Mechanical Restraint was Used  |  |

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| **Incident #2** |
| Date when the mechanical restraint was used | Click or tap to enter a date. |
| Child Name or Young Person’s First Name and Last Initial  |  |
| Child or Young Person’s Age |  |
| Type of Mechanical Restraint Used |  |
| SOR ID Number and Date Reported |  |
| Mechanical Restraint Use Start and End Time |  |
| Detailed Description of Risk that Existed before the Mechanical Restraint was Used  |  |

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| **Incident #3** |
| Date when the mechanical restraint was used | Click or tap to enter a date. |
| Child Name or Young Person’s First Name and Last Initial  |  |
| Child or Young Person’s Age |  |
| Type of Mechanical Restraint Used |  |
| SOR ID Number and Date Reported |  |
| Mechanical Restraint Use Start and End Time |  |
| Detailed Description of Risk that Existed before the Mechanical Restraint was Used  |  |

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| **Incident #4**  |
| Date when the mechanical restraint was used | Click or tap to enter a date. |
| Child Name or Young Person’s First Name and Last Initial  |  |
| Child or Young Person’s Age |  |
| Type of Mechanical Restraint Used |  |
| SOR ID Number and Date Reported |  |
| Mechanical Restraint Use Start and End Time |  |
| Detailed Description of Risk that Existed before the Mechanical Restraint was Used  |  |

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| **Incident #5** |
| Date when the mechanical restraint was used | Click or tap to enter a date. |
| Child Name or Young Person’s First Name and Last Initial  |  |
| Child or Young Person’s Age |  |
| Type of Mechanical Restraint Used |  |
| SOR ID Number and Date Reported |  |
| Mechanical Restraint Use Start and End Time |  |
| Detailed Description of Risk that Existed before the Mechanical Restraint was Used  |  |

**Note:** Continue to add entries as required.

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| **Signature** |

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

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

**Signature:**

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

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| **Reporting Requirements** |

A service provider shall, on or before the fifth day of every month, provide a copy of the record required under subsection (8.1) in respect of the previous month to,

1. in the case of a child who is not a young person, a Director; or
2. in the case of a young person, a provincial director.

Complete the following chart with information on the submission to the Ministry of Children, Community and Social Services representative.

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| --- | --- | --- |
| **Date of Submission**   | **Name of representative the report was submitted to:***(Please identify method of submission and attach/file a copy of the correspondence confirming submission was completed on or before the 5th day of each month for the previous month.)* | **Method of Submission**  |
|  |  |  |

**Note**: it is recommended to attach a copy of the submission to this report, confirming submission is complete on or before the 5th day of each month for the previous month.