CHILD AND FAMILY SERVICES STANDARDS MANUAL

Volume 2: Facility Standards

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Introduction

Approved: 1999/03/15
Last Revised: 2017/09/10

Introduction

Volume 2 contains provincial policies and standards with respect to the development, operation and licensing requirements of group care facilities, including the administrative procedures by which licences are issued, maintained, renewed and cancelled. This volume replaces the earlier Child Care Facilities Licensing Manual.

With the proclamation of *The Child and Family Services Amendment and Consequential Amendments Act*, SM 1997 C48 on March 15, 1999, the authority for licensing group care facilities was incorporated under *The Child and Family Services Act* and *Child Care Facilities (Other than Foster Homes) Licensing* Regulation.

Volume Content

This volume is divided into five Chapters which correspond to the Child Care Facilities (Other than Foster Homes) Licensing Regulation as follows:

Chapter 1: Issuance of a Licence
Chapter 2: Employees and Volunteers
Chapter 3: Facility Records
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Legislation

The Child and Family Services Act
The Child Care Facilities (Other than Foster Homes) Licensing Regulation

Terminology

The following terms apply to the sections in this Volume. They pertain to the development, licensing and use of group care facilities:

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

Authority - a Child and Family Services Authority established in The Child and Family Services Authorities Act

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

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

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

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

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

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

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Chapter 1: Issuance of a Licence Approved: 1999/03/15
Section 1: Licence Application Last Revised: 2017/09/10

Licence application

A licence from the Director is required to operate a group care facility other than a foster home.

Both the Director under *The Child and Family Services Act* and the four Child and Family Services Authorities (the Authorities) pursuant to *The Child and Family Services Authorities Act*, are responsible to ensure the development of appropriate placement resources for children in care. The Division is continuously seeking to work together with the Authorities to reduce the number of children in care as it is widely recognized that children are better served and cared for within their community and with their birth and/or extended families.

The process for obtaining a licence to operate a group care facility for children and youth begins with the interested applicant attending an Orientation and Information Session organized by the Manager of Placement Resources.

Following attending the information session, application for a licence to operate a group care facility [see Section 4(2)] may be submitted and must include a written proposal which outlines the program and goals to be provided, the population to be served, the need for the group care facility, the qualifications and training of the applicant. This information also includes the applicant's curriculum vitae, a current criminal record check and child abuse registry check for the applicant, and consent to release information about previous contact with the child and family services system.

The preliminary information will be reviewed by the appropriate departmental personnel identified by the Director and the four Authorities to determine if there is a need for the facility, the proposed program and whether the applicant is suitable to provide residential care and supervision.

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

Further information with application upon receiving preliminary approval

Should the applicant receive preliminary approval to proceed with an application in writing from the director, the applicant must submit additional information as identified in Section 4(4) of the regulation.

All licensees shall obtain and maintain public liability and property damage insurance, against claims for personal injury, death or damage to property. Proof of this insurance is provided to the Director prior to an initial licence and annually thereafter.

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A licence to operate a group care facility may be issued by the Director only after receipt of written information from the required authorities having jurisdiction confirm that the group care facility is in compliance with:

- all regulations and bylaws related to building construction (Manitoba Building Code) and zoning by-laws
- fire prevention and safety standards in legislation, regulations and bylaws (Manitoba Fire Code)
- public health regulations including, but not limited to, standards for sanitation, natural and artificial lighting, heating, plumbing, ventilation, water supply, sewage disposal and food handling

Building And Zoning Authorities

Winnipeg	Planning, Property and Development Department City of Winnipeg 31 – 30 Fort Street, Winnipeg MB R3C 4X7 General Inquiries: 204-986-5300 Zoning Inquiries: 204-986-5140 Website: www.winnipeg.ca/ppd
Brandon	Brandon and Area Planning District 638 Princess Avenue, Brandon R7A 0P3 Phone: 204-729-2110 Website: www.brandon.ca
Portage la Prairie	Portage la Prairie Planning District 800 Saskatchewan Avenue West, Portage la Prairie MB R1N OM8 Phone: 204-239-8345 Website: www.ptgplanningdistrict.ca
Selkirk	Red River Planning District 806 A Manitoba Avenue, Selkirk MB R1A 2H4 Phone: 204-482-3717 or 1-800-876-5831 Website: www.redriverplanning.com/
Thompson	Engineering and Public Works 226 Mystery Lake Road, Thompson MB R8N 1S6 Phone: 204-677-7939 Website: www.thompson.ca

All Other Provincial Districts/Municipalities*

Manager
Inspection & Technical Services
Office of the Fire Commissioner
508 - 401 York Avenue Winnipeg MB R3C OP8
Phone: 204-945-3322 or 1-800-282-8069
Website: www.firecomm.gov.mb.ca

**For any other provincial districts/municipalities regarding building and zoning authorities, contact the municipal or local government district office in the area.*

Fire Authorities

Brandon
Brandon Fire and Emergency Service
120-19th Princess Avenue, Brandon MB R7B 3X6
Phone: 204-729-2400 Fax: 204-729-8970
Website : www.brandonfire.ca

Dauphin
Dauphin Fire Department
121-2nd Street N.W. Street Dauphin MB R7N 1G6
Phone: 204-622-3100 Fax: 204-622-3139
Website: www.dauphin.ca/emergencyservices/fire-department

Portage la Prairie
Portage Emergency Services
124 – 3rd Street N.E. Portage la Prairie MB R1N 1N7
Phone: 204-239-8340 Fax: 204-239-5154
Website: www.city-plap.com/main/public-safety/#fire

Selkirk
Selkirk and District Fire Department
200 Eaton Avenue, Selkirk MB R1A 0W6
Phone: 204-785-4965 Fax: 204-785-4966
Website: http://selkirkfd.org/

Swan River
Swan River Fire Department
Box 2992 Swan River MB R0l 1Z0
Phone: 204-734-4403 Fax: 204-734-4995
Website:http://swanrivermanitoba.ca/emergency-services.html

Thompson	Thompson Fire & Emergency Services 226 Mystery Lake Road, Thompson MB R8N 1S6 Phone: 204-677-7915 Website: www.thompson.ca
Winnipeg	Winnipeg Fire Paramedic Services, Fire Prevention Branch 2nd Floor-185 King Street, Winnipeg MB R3B 1J1 Phone: 204-986-8200 Fax: 204-986-6198 Website: www.winnipeg.ca

First Nation Band Councils manage fire protection services on reserve. AANDC provides core capital funding to First Nations on an annual basis. First Nations prioritize their spending to meet the needs of their communities including fire protection services. Fire protection services may include fire fighting, operation and maintenance of fire halls, training, education, and purchase of equipment such as fire trucks.

Public Health Authorities

Winnipeg Region	Environmental Health Branch Health Protection Unit Manitoba Health, Healthy Living and Services 5thFloor-408 Booth Drive, Winnipeg MB R3J 3R7 Phone: 204-945-4204 Fax: 204-948-3727 Website: www.gov.mb.ca
Southern Region	Public Health Inspector 215-30 Stephen Street, Morden MB R6M 2G3 204-331-8841
Portage la Prairie	Public Health Inspector Provincial Building 25 Tupper Street N. Portage la Prairie MB R1N 3K1 Phone: 204-239-3187 Fax: 204-239-2444
Steinbach	Public Health Inspector Town Square 365 Reimer Avenue Steinbach MB R5G 1P1 Phone: 204-326-2733 Fax: 204-320-9104

Interlake Region	Public Health Inspector Lower Level, 446 Main Street, Selkirk MB R1A 1V7 Phone:204-785-5021 Fax: 204-785-5024
Eastern Region	Public Health Inspector Box 2163 Lac du Bonnet MB R0E 1A0 Phone: 204-345-1447 Fax: 204-345-8779
Northeast Region	Public Health Inspector Box 32 59 Elizabeth Drive Thompson MB R8N 1X4 Phone: 204-677-6472 Fax: 204-677-6888
Northwest Region	Public Health Inspector Box 2550 The Pas MB R9A 1M4 Phone: 204-627-8307 Fax: 204-627-8486
Western Region Brandon	Public Health Inspector 340-9th Street, Brandon MB R7A 6C2 Phone: 204-726-6601 Fax: 204-726-6063
Killarney	Public Health Inspector Box 3000, 203 South Railway Street E. Killarney MB R0K 1G0 Phone: 204-523-5285 Fax: 204-523-5240
Dauphin	Public Health Inspector Provincial Building 27 Second Avenue S.W., Dauphin MB R7N 3E5 Phone: 204-622-2126 or 204-622-2062 Fax: 204-622-2197

The following Public Health Regulations and Bylaws may apply to child care facilities and can be found at: http://web2.gov.mb.ca/laws/regs/index.php

City of Winnipeg

- Sanitation – Regulation P. 210 - R3 - Division I
- Dwellings and Buildings Regulation MR 322/88R – P210 City of Winnipeg – Neighbourhood Liveability By-Law No. 1/2008
- City of Winnipeg Food Service Establishment Bylaw No. 5160/89

- Non-Smoker's Health Protection Regulation MR 174/2004 – N92

Other areas of the province

- Sanitation – Regulation P. 210 - R3 - Division I
- Dwellings and Buildings Regulation MR 322/88R – P210 Food and Food Handling Establishments Regulation MR 339/88R – P210
- Insanitary Conditions Regulation MR 325/88R – P210 On-site Wastewater Management Systems Regulation MR 83/2003 – E125
- Drinking Water Safety Regulation MR 40/2007 – D101 Litter Regulation 92/88R – E125
- Non-Smoker's Health Protection Regulation MR 174/2004 – N92
- The Highway Traffic Amendment Act (Promoting Safer And Healthier Conditions In Motor Vehicles)

Renewal of licence

A licence may be renewed by the Director for two consecutive one-year periods. Approximately two months before the existing licence's expiry date a renewal application form will be provided to the licensee. A minimum of one on-site licensing review to confirm compliance with the regulation will be conducted prior to the renewal of the licence.

Follow-up visits may be conducted periodically throughout the year with or without notice.

Re-application for licence

After two consecutive one-year renewals of a license, the licensee must apply for a new licence to continue operating.

Approximately two months before the existing licence's expiry date, a reapplication form will be provided to the licensee. A minimum of one on-site licensing review to confirm compliance with the regulation will be conducted before renewal of the licence. In addition, the licensing specialist will request inspections from the authority having jurisdiction for fire and health.

The licensee is required to submit a statement confirming that the information and documentation provided at the time of the initial application and proposal for the licence has not changed or, if there has been any change in that information or documentation, a statement setting out the new program proposal.

The licensing specialist will complete follow-up visits, periodically throughout the year with or without notice.

Description of Licence Categories

Category designations are used for group care facility licensing purposes, which are based on the programming within the facility and on legislated definitions.

Group Care Category	**Definition**
Addictions Treatment	*any place established or designated by the minister primarily for the care and treatment of more than 8 children and includes facilities operated by any government department for those purposes but does not include facilities for the reception and temporary detention of a child*
Assessment Program	*a facility where care and supervision, support programs and referral services are provided to children on a short-term basis*
Crisis Stabilization	*A facility where temporary care and supervision are provided to youth on a short term basis to allow stabilization to return to pre-crisis functioning*
Group Home	*a home where children are placed by an agency for full time care and supervision*
Maternity Home	*a group care facility where pre-natal and post-natal care and services are provided to mothers who are minors and their infants*
designated under Tracia's Trust	*a facility where care and services are provided to youth and is designated under the Manitoba Strategy Responding to Children and Youth at Risk of, or Survivors of, Sexual Exploitation*
Temporary Shelter	*a facility where care and supervision, support programs and referral services are provided to children on a short-term basis*
Transition to Independent Living	*a facility where care and supervision are provided to youth for the purposes of learning life skills towards independent living*
Treatment Group Care Facility	*any place established or designated by the minister primarily for the care and treatment of more than 8 children but does not include facilities for the reception and temporary detention of a child*

Form of licence

The Child Welfare League of America (CWLA) and the provincial Office of the Children's Advocate (OCA) have made specific recommendations about the referral and placement of young children in group care facilities. Based on the recommendations of the OCA and the CWLA's revised Standards of Excellence for Residential Services, the Director will only proceed with approval of group care facilities proposed for children from birth to age seven when the proposal is designed specifically for those children whose need for specialized services is more compelling than their need for a family setting.

The Director may also consider other special circumstances such as culturally appropriate resources, the community's capacity and availability of resources within a community. Generally speaking, the developmental and attachment needs of infants, toddlers and preschool children are best met in families.

Examples of circumstances where young children might benefit from a group care facility, other than a foster home, include, but are not limited to:

- when there is a need for special services, such as 24-hour medical care or monitoring
- the need for awake supervision, crisis assessment or drug and alcohol assessment and/or stabilization
- siblings who are unable to be maintained in a family setting together

Mixed facilities

Facilities proposing to provide service to children and adults will not be licensed as group care facilities. If a resident is moving to independence or an alternative, long-term care arrangement in the same location, the licence will need to be issued under the Social Services Administration Act once the resident attains the age of majority.

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Chapter 1: Issuance of a Licence Approved: 1999/03/15
Section 3: Licence Variance Last Revised: 2017/09/10

Variation of licence

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

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

Requests for a variance to the conditions of the licence must be submitted in writing to the Director via the Licensing Specialist and must:

- identify the nature and reason for the variance
- indicate the anticipated length of time the variance may be required
- documented support of the plan from the placing agency

The Director's written decision will be provided to the licensee. When the variance is resident specific, the letter must be placed in the resident's record.

The procedure for obtaining a variance in emergency resources differs slightly. In these cases, contact the assigned Licensing Specialist for direction.

Change of location

A licence is not transferable to any other person, organization or location. If the licensee intends to move a facility, they must notify the Director in writing a minimum of sixty (60) days before the move.

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

Inspections will be required by the building, health and fire authorities regarding compliance with legislation, regulations, standards and bylaws, following the preliminary approval of the change of location. Upon approval, a new licence will be issued for a one-year period.

Change of program

As one of the considerations made by the Director in issuing an initial licence is the program proposed, should there be significant changes to the program throughout the course of operations of the licence, it may be treated like a licence re-application and should be accompanied by the information in Section 4 of the regulation, as determined by the Director.

Child care facility ceases operation

If a group care facility intends to cease operation, its licensee must notify the Director in writing at least 60 days before the date of closure in order to ensure effective transition plans for the residents.

Residents' records are to be returned within 10 business days to the placing agency, to the organization or jurisdiction that placed the resident, the parent or guardian, or to the resident as determined by the Director.

The licence shall be returned to the Director.

Compliance orders

If a facility is found to be in violation of any of the requirements of the regulation or standards, the Licensing Specialist, on behalf of the Director will, by written order, direct the licensee to take corrective measures. A time frame will be provided, which will vary, depending on the nature and severity of the violation and the impact on residents' safety. Failure to comply with the compliance orders may result in the cancellation or suspension of the facility's licence.

Licence suspension and cancellation

When the Director has reason to believe that the facility is in violation of the regulation, an investigation and/or a quality of care review by the Licensing Specialist, and/or others appointed by the Director, will be conducted to ensure the safety of the residents.

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

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

When a licence is cancelled, the residents of the facility must be removed from the premises immediately by the placing agency or jurisdiction.

Where a police investigation is in progress, the Director may not be allowed to give the details of either the investigation or the allegations until the completion of the investigation and/or criminal court process.

Reasons for suspension or cancellation

A written decision, stating the reason for the cancellation or suspension of the licence shall be delivered to the licensee.

Right to appeal

A person whose licence is cancelled, suspended or not renewed by the Director, may appeal the decision to the Social Services Appeal Board within 30 days of receiving the notice.

The Appeal Board must arrange the earliest possible hearing date. no more than 30 days after the board receives the notice of appeal, unless the board at the request of the appellant, grants an extension. All parties to the appeal may be represented by legal counsel.

Upon notice of the appeal, the Director will provide to the Appeal Board, all of the documentary evidence which the Director relied on when making the decision to suspend or cancel the licence, and any other documents that may be relevant to the appeal. This evidence will be provided to all parties of the appeal prior to the hearing date.

Within 15 days of the end of the appeal, the Appeal Board will, by written order, either:

a) confirm the decision of the Director
b) make any order or decision that the Director could have made; or
c) refer the matter back to the Director with direction for further consideration

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Facility Management

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

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

Staffing Criteria for employees and volunteers

The licensee is responsible to ensure

- that staff are on duty and available 24 hours a day in sufficient numbers to maintain the established level of care and safety
- that staff do not sleep during their assigned shift without obtaining written approval from the Director.

All staff shall demonstrate a level of skill and competency, consistent with the needs of their position, job function and responsibilities. Staff responsible for the care, supervision or safety of residents shall meet the following minimum criteria:

- demonstrate language, writing and comprehension skills at a level high enough to effectively communicate with residents and to prepare written records
- be medically, physically and emotionally able to do the required work
- possess knowledge of licensing legislation, regulations and standards; facility policies, procedures, routines and responsibilities as provided by the licensee within two weeks of starting work and at subsequent annual reviews
- possess current certification in First Aid and CPR for the age of children being cared for (ie. Level C CPR for infants) through an approved program of the Manitoba Workplace Safety and Health Approved Training Providers
- be at least 18 years of age
- provide a satisfactory criminal record check dated within three months before starting work with the organization
- provide a satisfactory child abuse registry check dated within three months of starting work with the organization

- provide a satisfactory driver's abstract dated within three months before starting work with the organization (for any staff transporting residents in an Agency owned or personal vehicle)
- consent to the release of information about their previous employment or volunteer work
- provide character references
- a prior contact check is recommended
- review and consent to adhere to the confidentiality and access provisions of the Child and Family Services Act

These specific staffing criteria and requirements are intended to ensure that group care facilities have completed an adequate screening process to help them determine the person's ability to discharge their responsibilities and evaluate if the person may be a risk to the residents.

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

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

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

It is strongly recommended that all employees who work with children and youth be certified in Nonviolent Crisis Intervention; participate in Manitoba's Core Competency-Based Child & Youth Care Worker Training; have an understanding of trauma informed care; and participate in specialized training opportunities based on the population of residents served in the facility (such as Understanding & Working with Children & Youth Who Have Been Sexually Exploited).

It is recommended that at least one staff in a group care facility have a Food Handler's Certificate as group care facilities are required to provide safe food for youth in care and learning about safe food handling practices is crucial in achieving this.

Additional information to help a group care facility organization create safe work environments for children can be obtained through Commit to Kids at www.commit2kids.ca.

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Volume 2: Facility Standards 2.2.1
Chapter 2: Employees and Volunteers Approved: 1999/03/15
Section 1: Staffing Criteria Last Revised: 2017/09/10

Volunteer Services

Volunteers may be used where the varied skills of unpaid personnel support and supplement the efforts of the facility's paid employees. Such non-paid positions are not used as an alternative to paid staff.

Volunteers and/or practicum students are not to be included when determining the number of competent people for the full-time care and supervision of the residents.

Volunteers must:

- demonstrate language, writing and comprehension skills at a level high enough to effectively communicate with residents and to prepare written records
- be medically, physically and emotionally able to do the required work
- receive an orientation to licensing legislation, regulations and standards; facility policies, procedures, routines and responsibilities as provided by the licensee within two weeks of starting work and at subsequent annual reviews
- possess current certification in First Aid and CPR for the age of children being cared for through an approved program of the Canadian Red Cross or equivalent
- be at least 18 years of age
- provide a satisfactory criminal record check dated within three months before starting work with the organization
- provide a satisfactory child abuse registry check dated within three months of starting work with the organization
- consent to the release of information about their previous employment or volunteer work
- provide character references (minimum of three recommended)
- a prior contact check is recommended
- review and consent to adhere to the confidentiality and access provisions of the Child and Family Services Act

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

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Volume 2: Facility Standards 2.2.2
Chapter 2: Employees and Volunteers Approved: 1999/03/15
Section 2: Criminal Record Check Policy Last Revised: 2017/09/10

Criminal Record Check Policy

Licensing applicants must include a Criminal Record Check, dated within three months of the licensing application date with the application for a child care facility licence.

All people who work directly with residents or who may have unsupervised access to residents in group care facilities are required to provide a Criminal Record Check including vulnerable sector check from a local police authority prior to commencing work at the group care facility.

Criminal charges or convictions of concern that are relative to people applying to care for vulnerable persons are: sexual/physical abuse or assault, family violence, drug trafficking, fraud, or chronic criminal activity.

Whether a criminal charge or conviction will affect the occupation or employment will depend on the circumstances of the individual situation, including the nature of the record, recency of conviction and the applicant's responsibility in the facility. The employing authority/licensee is responsible for determining whether the existence of the charge or conviction reasonably disqualifies the applicant.

Where a criminal record exists and is deemed serious enough to be a potential risk to the safety and wellbeing of the children served, the licensee shall exercise good judgment in determining the suitability of the applicant or employee. In situations where the licensee determines that the existence of a criminal record is reasonable disqualification, notification shall be made to the applicant in writing.

Where the results indicate the possible existence of a criminal record, the applicant will be required to submit fingerprints for verification.

1. The Criminal Record Check shall include a search of both local police files and the Canadian Police Information Centre (CPIC) National Repository files.

    a) Where a local police authority has jurisdiction and access to the CPIC's National Repository, a search of the local files and the National Repository files shall be obtained by the applicant.

    b) Where the local police authority does not have access to the CPIC's National Repository files, in addition to a search of the local files, the applicant shall access the CPIC National Repository files through the nearest Royal Canadian Mounted Police (RCMP) Detachment.

c) Where there is no local police authority, the applicant shall access a search of the National Repository files through the RCMP Detachment.

2. The applicant requiring the Criminal Record Check should consult with the police authority in their area to determine the process and procedure for obtaining a Criminal Record Check.

3. Any costs associated with securing a Criminal Record Check may be the responsibility of the applicant.

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Volume 2: Facility Standards 2.2.3
Chapter 2: Employees and Volunteers Approved: 1999/03/15
Section 3: Child Abuse Registry Check Policy Last Revised: 2017/09/10

Child Abuse Registry Check

A Child Abuse Registry Check is a record about a person from the Child Abuse Registry obtained under The Child and Family Services Act. Under certain circumstances, an employer or organization can access the Registry to determine whether people who will have the care of children or have unsupervised access to children are listed on the Registry.

There are 3 ways that a name may be listed on the Registry:

- A person was found guilty or pleaded guilty to an offence involving the abuse of a child in a court either inside or outside of Manitoba;
- A family court has found a child to be "in need of protection" due to abuse; or
- A child and family service agency's Child Abuse Committee has reviewed the case and formed an opinion that a person has abused a child.

Licensing applicants must include a Child Abuse Registry Check, dated within three months of the licensing application date with the application for a child care facility licence.

All people who work directly with residents or who may have unsupervised access to residents in group care facilities are required to provide a Child Abuse Registry Check prior to beginning work at the child care facility that is dated within three months of the start date.

When the licensee or the Director receives information that causes him/her to believe that a person may pose a risk to children or be unable to discharge his or her responsibilities, the licensee or the Director may request that the person consent to a subsequent Child Abuse Registry Check.

The licensee must closely examine the check to determine if the person may be a risk to the children and to assess the person's ability to discharge his or her responsibilities and a copy of each check must be kept on the person's personnel record for as long as the person works at the child care facility.

Organizations may apply for direct access for registry check results by completing a letter of application to the Registry. Direct access enables the organization to provide prospective workers with applications for Child Abuse Registry Checks and allows volunteers, students and work placements within group care facilities operated by the organization to be eligible for a fee exemption. Personalized applications and access codes are provided to approved organizations.

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Volume 2: Facility Standards 2.2.4
Chapter 2: Employees and Volunteers Approved: 1999/03/15
Section 4: Staff Functions Last Revised: 2017/09/10

Staff Functions

The licensee shall develop staff position/job descriptions to be used as the criteria for hiring staff. The licensee shall ensure the standards contained in the regulation are fully addressed in the job descriptions.

Position descriptions shall include:

- position title
- objectives that are measurable results of a series of activities
- the reporting lines and key relationships
- responsibilities and activities, including decision making and problem solving, required to perform activities
- qualifications required, including minimum formal education and other key skills or knowledge

The position descriptions are reviewed annually and revised as required.

The staff functions described in this section refer specifically to those functions required to meet the licensing standards and regulations.

Group care facilities providing service to child and family services agencies are expected to maintain staffing levels consistent with the facility's designated level of care.

Staff are required to be awake during their entire shift(s) to ensure the safety of the residents. Any requests to vary this requirement, with the accompanying justification, must be submitted in writing to the Director prior to implementation. The Director will provide a written decision. Night duty staff shall make regular rounds.

Additional staffing consideration should be given to the following circumstances:

- any resident requiring increased monitoring or supervision due to illness or behaviour
- the building layout precluding staff from hearing residents or events and responding appropriately

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

- helping residents with daily activities (ex: choosing clothing, dressing, hygiene, grooming, bathing)
- monitoring and/or administering medication

- monitoring basic medical care and follow-ups
- supervising, guiding and re-directing residents
- ensuring fire safety and public health standards are maintained
- maintaining required records
- consulting with supervising agency, licensing authorities and other agencies involved with resident care
- encouraging residents to participate in social/recreational activities

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

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

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

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

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Volume 2: Facility Standards 2.2.5
Chapter 2: Employees and Volunteers Approved: 1999/03/15
Section 5: Personnel Policies Last Revised: 2017/09/10

Personnel Policies and Procedures

The facility must have written policies and procedures detailing:

- policies governing employee benefits
- recruitment, selection, appointment and promotion of employees
- orientation of staff and volunteers
- probation periods
- annual performance appraisal
- ongoing training and development
- code of conduct and disciplinary policy
- grievance procedures
- personnel policies and procedures are reviewed by the operator regularly and revised as necessary

Orientation

All new employees are provided with an orientation prior to, or within the first two weeks of, beginning employment and on an annual basis, which includes:

- philosophy, purpose, objectives
- policies and procedures
- reporting procedures
- program, resources, services
- grievance procedures for staff and children
- compensation and benefits
- The Child Care Facilities (Other than Foster Homes) Licensing Regulation and Standards
- Confidentiality and access provisions in *The Child and Family Services Act*

Staff shall be provided with current information in these areas annually.

Training and Development

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

Code of Conduct

The group care facility has a written code of conduct which includes these basic standards:

- breaches of confidentiality (including media)
- breaches of ethical conduct
- physically inappropriate conduct with residents
- breaches of agency policies and procedures
- alcohol and/or substance use (including prescription and non-prescription drugs)
- use of agency property
- gambling
- personal telephone call or visits
- grooming and attire
- an appeal procedure

Staff must agree to follow a Staff Code of Conduct, including standards for confidentiality.

Employee Misconduct

Allegations of employee misconduct, which by law would be a criminal offence, are reported to the facility's executive director who refers them to the appropriate external authority for investigation, including the Director.

Allegations of employee misconduct, which are not criminal offences, are investigated by the facility's executive director and/or board of directors. Where the misconduct may involve resident(s), the results are reported to the Director.

Disciplinary Action

Disciplinary action is consistent with the severity of misconduct. Levels of disciplinary action include, but are not limited to:

- verbal or written warning
- probation
- suspension, with or without pay
- demotion
- termination of employment

All situations involving employee misconduct and actions taken are recorded in the employee's personnel file, including reasons for suspension or termination.

Employee Grievance procedure

When not covered through a collective agreement, the licensee ensures a written grievance procedure is available which consists of:

- an attempt for a verbal resolution between the parties involved
- when verbal resolution fails, a formal grievance procedure which systematically proceeds through the lines of authority

Personnel record

Licensee's must keep personnel records of all employees, volunteers and trainees and ensures:

- an employee's personnel record is accessible, to the Director as required
- an employee's personnel file is confidential; no information is released without the informed consent of the employee
- personnel files are maintained for at least a year after termination

Each personnel record contains, at least:

- a completed application or resume
- copy of offer of employment letter, indicating starting date, salary, salary range, name of supervisor, probation period, benefits and job description
- copy of references checks at point of hiring
- Criminal Record Check and Child Abuse Registry Check at point of hiring
- an employee status change form acknowledging any changes
- orientation dates
- record of accumulated benefits
- record of completed performance appraisals
- record of annual review of the organizations Policies and Procedures as well as the confidentiality and access provisions of the Child and Family Services Act

Staff Orientation Record

STAFF NAME_____ DATE OF EMPLOYMENT _____

FACILITY NAME _____ ADDRESS _____

ORIENTATION	Time Frame	Date Completed	Staff Initial
(A) ADMINISTRATIVE POLICY & PROCEDURES			
1. Organizational structure, philosophy & goals	1st day		
2. Agency/Facility Policy & Procedures Manual	1st week		
3. Child Care Facilities (other than Foster Homes) Licensing Standards	1st week		
4. Emergency contacts, procedures & protocols	1st day		
5. Fire and household safety standards & procedures.	1st week		
6. Participation in a fire drill.	1st month		
7. Management of household accounts.	1st week		
8. Location and use of keys, electrical boxes, water main, tools, supplies and equipment.	1st day		
9. Shift duties, household routines/maintenance.	1st week		
10. Staff communication requirements/protocols and maintenance of logs/documentation.	1st week		
11. Signing authority with respect to residents' needs and facility business.	1st week		
(B) PERSONNEL POLICIES AND PROCEDURES			
1. Personnel Policy & Procedures Manual	1st month		
2. Position Description, roles & responsibilities.	1st week		
3. Standards and procedures/staff evaluations.	1st month		
4. Staff code of conduct including standards for confidentiality.	1st week		
5. Staff disciplinary and dismissal procedures.	1st week		
6. Staff grievance procedure.	1st week		
7. Staff benefits and record keeping requirements	1st month		
8. Staff schedules, hours of work, breaks, etc	1st day		

(C) PROGRAM POLICIES AND PROCEDURES			
1. Program Policy and Procedures Manuals.	1st month		
2. Program philosophy, goals and objectives.	1st week		
3. Admission and Discharge procedures.	1st month		
4. House rules, residents' rights / responsibilities including residents' grievance procedure.	1st week		
5. Involvement in residents' routines & activities and individual and behavioral programs under supervision	1st week		
6. Supervision requirements for the facility and supervision requirements for "at risk" activities/routines	1st day		
7. Components of a resident file and review of record keeping requirements and procedures.	1st week		
8. Medication administration and documentation under supervision of experienced staff.	1st week		
9. Procedures for resident medical appointments and follow up.	1st month		
10. Policy and procedures for the management of resident personal funds including record keeping requirements.	1st week		
11. Review of resident files, history and materials.	1st month		
12. Policy and procedures for the review and updating of Individual Program/Care plans and case conferences.	3 months		
13. Behaviour management guidelines.	1st week		
14. Policy and procedure for the management of accidents & incidents and reporting procedures.	1st week		
15. Involvement with outside agencies, residents' family or advocates, facility volunteers.	1st week		
16. Review of community resources accessible to and used by the residents.	3 months		

Signature of staff receiving orientation _____

Signature of individual providing orientation _____

Staff List

Facility Name & Address _____ Licence #_____

Name of Staff Person	Position Title & Type of Employment	Start Date	Date Orientation Complete	Date of Criminal Record Check	First & CPR Expires	NVCI Expires

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards
Chapter 3: Facility
Section 1: Program Records

2.3.1
Approved: 1999/03/15
Last Revised: 2017/09/10

Program Records

Due to the nature of the living environment and the need to ensure continuity of care and appropriate information sharing, the licensee is required to maintain records for internal and agency purposes.

The licensee should maintain documented evidence of a continuous quality improvement program that includes at least an annual review of services completed by the licensee. This documentation should be based on client statistics, measures and results. These service reviews must include at least the following details:

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

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

Group care facilities must maintain a daily attendance sheet for the program. Attendance sheets must be submitted monthly to cfs-placementresources@gov.mb.ca on the excel spreadsheet provided to each organization.

The group care facility records any grievance or complaint made against the facility in a written incident report and forwards a copy to the Director.

The group care facility maintains separate logs of all Director approved, locked isolation rooms which includes name of child, circumstances leading to placement, time of isolation/locked room, staff involved, five-minute interval description of child's behaviour while in the room, time of leaving and time placing agency or jurisdiction is notified.

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.3.2
Chapter 3: Facility Records Approved: 1999/03/15
Section 2: Financial Records Last Revised: 2017/09/10

Financial Records

All licensed group care facilities are required to maintain complete and accurate records in accordance with generally accepted accounting principles. These records shall be made available to the Director, or a designate upon request.

Facilities funded by Manitoba Family Services shall provide all reports specified in the department's financial reporting requirements at http://www.gov.mb.ca/fs/about/admin/frr.html and submit monthly attendance and invoices to cfs-placementresources@gov.mb.ca . For the month a resident was admitted, the attendance and invoice must be accompanied by the completed Statement of Residency Form and Admission/ Authorization Form (also provided at time of discharge).

Where the licensee assumes responsibility for residents' funds, the licensee shall keep individual records for each resident. The licensee and staff shall not borrow money or valuables from residents.

The licensee must maintain individual records for each child for clothing expenditures and allowance disbursements. The records shall be in the resident record and available for review by the Licensing Specialist.

Where a licensee assumes responsibility for the management of a resident's money or valuables, the licensee shall ensure their safekeeping. Receipts shall be issued and retained. Residents' money or valuables may include, but are not limited to:

- private funds or securities
- personal clothing
- special needs money
- Public Trustee disbursements

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Manitoba Families

Placement/Discharge Authorization

Child's Full Name _____ Birth Date _____
surname given names month day year

Other Names Known by _____

Legal Status: ☐ Temporary Ward ☐ Voluntary Placement Agreement
☐ Permanent Ward ☐ Other _____
(specify)

Name of Placing Agency _____

Name of Placing Worker _____ Telephone Number _____

Medical # / PHIN / Social Allowance _____

PLACEMENT INFORMATION

Placement Date _____
month day year

Organization Name _____ Facility _____

Address _____ Telephone Number _____

Placement authorized by: _____ _____
Agency Representative Date

Acknowledged by: _____ _____
Facility Representative Date

DISCHARGE INFORMATION

☐ Planned ☐ Unplanned Discharge Date _____
month day year

Discharged Reason: _____

Additional Explanation/Information:

Discharge authorized by: _____ _____
Agency Representative Date

Acknowledged by: _____ _____
Facility Representative Date

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards
Chapter 3: Facility Records
Section 3: Resident's Records

2.3.3
Approved: 1999/03/15
Last Revised: 2017/09/10

Residents' Records

The group care facility maintains a cumulative care file for each child placed to comply with the requirements of Section 26 of the Child Care Facilities (other than Foster Homes) Licensing Regulation. As this record forms part of that individual's child in care file, it is imperative that it portray an accurate and thorough account of their time spent residing in the facility.

The statement of goals and treatment plan, treatment planning conferences and daily observations within the residents' record should be reflective of the programming consistent with the facility's designated level of care.

The group care facility has a clothing requirement for children when they are admitted and records purchases while a child is in placement. Receipts (or copies of receipts) for clothing purchases should be maintained on the resident's record.

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

The group care facility maintains a full description of all physical restraints and summarizes these at quarterly review conferences. A written incident report must be forwarded within five days where any physical restraint occurs.

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

Disposal of residents' records

At the time of discharge, residents' records referred to in Section 26(1) are provided to the placing agency or jurisdiction that handled the placement within 10 business days, unless contradicted by any other statutes and regulations.

In situations where a placing agency is not involved, the Director will determine if the records should be provided to the parent or guardian of the resident, or directly to the resident on a case by case basis. The Licensing Specialist should be contacted for consultation in these instances.

Information kept by licensee

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

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.3.4
Chapter 3: Facility Records Approved: 1999/03/15
Section 4: Confidentiality of Records Last Revised: 2017/09/10

Confidentiality

Group care facilities providing service under *The Child and Family Services Act* are required to comply with the confidentiality requirements of the act. The licensee must ensure that all employees and volunteers receive an orientation to the confidentiality and access provisions of the act within two weeks of starting work and on an annual basis. The group care facility may use resident record information in teaching and workshops only if the identifying information is deleted.

Group care facilities are expected to make records accessible only as follows:

- To people employed by the licensee, when access to the record is needed to carry out their responsibilities in relation to the resident
- To a person employed or retained by the placing/guardian agency or any other person authorized by the Agency
- The Director; and any other person with a legal right of access to the record.

Requests for information on residents are referred by the group care facility to the placing agency or jurisdiction.

The group care facility must have written permission of the agency, jurisdiction and legal guardians to release information and/or photographs of the resident, except in cases of emergency, such as missing persons. The group care facility obtains written, informed consent of the resident, placing agency or jurisdiction and the parent or guardian, before involving the resident in any fundraising or publicity for the facility.

The group care facility has written procedures for the maintenance and security of records including storing the resident records in a secure manner and place.

Information Sharing Act

Service providers play an essential role in protecting and promoting the well-being of supported children. Services for supported children are most helpful and effective when service providers share information with each other in a careful and well-timed manner.

Examples of service providers are:

- Child and Family Services (CFS) agencies and authorities
- Foster parents
- Schools
- Police Services
- Regional Health Authorities
- Youth Criminal Justice Officers

- Community-based Agencies, and
- Non-Profit Organizations

The act allows service providers in Manitoba to collect, use and share personal information (including personal health information) about supported children, their parents and legal guardians.

Service providers can **only** share personal information with other service providers. The purpose of sharing personal information under the act is to plan or provide services and benefits for supported children.

Personal information can only be shared under the act if it is believed by the service provider to be in the supported child's best interests. The authority to share personal information is in addition to that already found in The Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA).

Legal Obligations about Information Sharing

Service providers and trustees **must** ensure that the sharing of personal information:

- is in the supported child's best interests
- is necessary to plan or provide services or benefits to a supported child
- is limited to the minimum (least) amount of information
- is not prohibited by another act (law), such as The Child and Family Services Act and The Youth Criminal Justice Act

Also, when sharing personal information under the act, service providers and trustees **must**:

- include relevant information about the strengths of the supported child and his or her parents or guardians, where available
- take reasonable steps to ensure that the information is accurate and not misleading (e.g., confirm that the information is relevant and up-to-date)

Social Media

As any posting of information about, or pictures of, residents placed in group care facilities on social media is prohibited as it is in contravention of section 76 of *The Child and Family Services Act*.

Policies and procedures

The group care facility has Policies and Procedures that comply with the requirements of Section 28 of the Child Care Facilities (other than Foster Homes) Licensing Regulation and are consistent with the *Charter of Rights and Freedoms*, *The Employment Standards Act*, *Workplace Safety and Health* and other related legislation statements.

The licensee reviews and updates the Policies and Procedures at least every three years and ensures they are available to staff in the facility at all times.

When significant changes or additions to the policies and procedure are made, the licensee provides a copy to the Licensing Specialist and makes the policies and procedures available upon request.

All group care facilities should:

- be flexible and tailored to the individual needs of the child
- be child-centred and family-focused
- value and support diversity in culture, ethnicity, ability, attributes, sexual orientation and gender identity
- promote empowerment (ex: encourage children and families to take control of their own lives)
- emphasize assessment and identification of strengths
- support children in age-appropriate ways whenever it is in the best interests of the child, to build on and use those strengths to achieve the service plan objectives
- recognize reunification as a significant event and ensure it is adequately supported for those children for whom it is the permanency goal

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

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

Admission practices

Referral Process

PHASE 1:

1. CFS Agency submits a referral to the Authority representative
2. Authority rep ensures that all information/assessments are included. If not, Authority rep works with Agency until the referral package is complete.
3. Authority rep forwards the referral package and the Provincial Placement Referral Form to the PPD@gov.mb.ca inbox with the option of requesting/recommending a specific resource.
4. Authority rep will advise agency if referral to direct treatment foster care programs are recommended (as foster care is outside the scope of this policy and the Branch's role).
5. Once a referral is received, the Placement and Licensing Specialist presents weekly to Placement Resources team who work collectively to identify potential placement matches, based on the appropriateness, availability and recommendation of Authority rep. The consideration of referral is guided by the Standing Committee's Marker Of Permanency Outcomes including: Lifelong Connections, Knowing One's Story and Acknowledgement of History; Safe and Stable Home and Certainty of Responsibility and the United Nations Guidelines for the Alternative Care of Children. Notably paragraph 58, "Assessment should take into account the child's immediate safety and well-being, as well as his/her longer-term care and development, and should cover the child's personal and developmental characteristics, ethnic, cultural, linguistic and religious background, family and social environment, medical history and any special needs."
6. Placement and Licensing Specialist will, within 24 hours after the weekly Placement Resource Team meeting, send the child/youth referral to the identified, recommended Community Care Provider and CFS agency, and copy the Authority rep or follow up with Authority rep where additional information/questions came up during the meeting.

PHASE 2:

Post Referral if Community Care Service Provider (CCP) has a vacancy:

1. CCP reviews referral information and will email the agency, Authority rep and ppd@gov.mb.ca inbox within 2 business days of referral date to schedule intake meeting
2. CCP will email Authority rep and ppd@gov.mb.ca inbox after 2 business days to follow up with agency if there has been no response
3. Intake meeting will occur between the CCP, Agency and youth within 4 days of referral. Pre-placement plan will be established including dates of visits, and move in.

4. In the event that CFS agency worker is unable to facilitate the child/youth's move, the agency will identify an alternate CFS agency worker who will coordinate intake and admission.
5. If process is unable to commence by day 4, service provider will email CFS agency, Licensing Specialist and Authority rep, indicating that they will move on to the next referral, but that their referral will remain on the waitlist for next opening.
6. Admission to occur by 10th day of referral being sent by ppd@gov.mb.ca inbox. In the event of multiple referrals for one vacancy, service provider must discuss order of placement priority with their Licensing Specialist.

Post Referral if Service Provider has a waitlist (i.e. no vacancy):

1. CCP reviews referral information and will email the CFS agency, Authority rep and ppd@gov.mb.ca inbox within 2 business days of referral date to discuss potential availability date.
2. CCP will email Authority rep and ppd@gov.mb.ca inbox after 2 business days to follow up with CFS agency if there has been no response
3. Once possible date of bed availability is known, CCP contacts Agency within 30 days prior to available date to set up an intake meeting between the CCP, CFS Agency and Youth within a timeframe that allows placement to occur 24 hours after the bed becomes available.
   -In the case of unexpected bed availability (ie. Unplanned absences or hospitalization, or incarceration) CCP will schedule an intake meeting to occur within 4 business days.

Unplanned discharges are not permitted (including discharge to EPR). Any discharge from a facility must be planned, with active participation from the CFS agency and communicated to the Licensing Specialist.

Within 30 days of admission, a planning conference must take place including identifying an intended discharge plan and the goals and objectives that will be worked on and continuously reevaluated; a copy of the report from that meeting must be placed on the resident's record and provided to the Guardian CFS Agency within 10 days of the meeting.

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.4.2
Chapter 4: Program Requirements Approved: 1999/03/15
Section 2: Admission Practices & Bed Utilization Last Revised: 2020/10/01

Bed Utilization Policy

Purpose: To ensure timely placement of children/youth into group home living environment programs (beds) that meet their individual needs and support their individual healing while enhancing the child/youth's connections to family, community and culture.

The goal is to have full bed utilization with streamlined, efficient pre-placement planning so that within 24 hours of the bed being vacant, a new resident is successfully placed in the home.

This policy aligns with our commitment to ensure value for services and timely access to appropriate services. The key outcome objectives of a group home placement are to support connections to community, culture and family while preparing youth for transition to adult life. These key objectives can be fostered by the therapeutic, cultural and daily life learning and healing that placement services provide.

Key objectives:

1. Increase bed utilization to 100% usage through efficient referral procedures and early pre-placement planning
2. Strengthen preplacement activities that support, a youth's involvement in decisions.
3. Strengthen collaboration and expectations related to the matching of children/youth based on their individual needs to therapeutic program/model
4. Increase continued growth and successful transition towards reunification, family connection or full independence
5. Support flexible service provision so that organizations and their therapeutic program models can adjust to meet the changing or unique needs of children/youth
6. Fund services that have positive and measurable outcomes for children/youth
7. Ensure level 4/5 youth receive timely access to appropriate services
8. For the CFS placing agency, their governing CFS Authority, service provider and the CFS Branch to work collaboratively to support the successful placement, healing and growth of the child/youth.

Vacant Bed payments:

Payments are provided to service providers who may, for reasons beyond their control, have no referrals or where due to an emergent situation are unable to, within the 24-hour period of the vacancy, place a new resident, or there is approval to place a hold on a bed in order to stabilize the placement setting.

Purpose: to financially support to service providers when:

- there are no referrals

- where there is a need for 10 days to re-stabilize a program prior to the admission of a new resident.

This vacant bed policy applies to both per diem and grant funded programs. For grant-funded facilities with a vacancy, if neither of the two above conditions are met, the vacant bed portion of the funding will be recovered from the following quarterly grant disbursement.

Requesting Vacant Bed Payment Approval:

1. A CCP must submit a written request to the ppd@gov.mb.ca inbox prior to or on first day of vacancy.
2. The assigned Licensing Specialist may approve up to 10 days of payment provided the above referral process policy conditions are met and will notify the CCP and Finance.
3. For vacancies between 10 and 20 days, the Manager of Placement Resources may approve payment provided the above referral process policy conditions are met and will notify the CCP and Finance.
4. For vacancies beyond 20 days, the Manager of Placement Resources may seek approval for payment from the Executive Director of the CFS Branch, provided the above referral process policy conditions are met and will notify the CCP and Finance.

Approval of payment for a vacant bed is based on the above policy parameters and those outside the policy will be denied. Existing funding models are calculated on a 95% capacity, effectively inflating the per diem amount by 5% which is intended to provide a financial cushion for regular occurring vacancies in between placements. The above noted vacant bed payments, if approved, will be paid up to the 95% calculation.

If vacancies persist, a meeting will be scheduled to discuss the admission criteria of the program and solutions towards full utilization.

A CCP may not receive funding for vacancies and additional support (See Standard 2.4.13) simultaneously.

Admission Treatment Planning Conference Report

Resident Name:		Birth Date:	
Date of Admission:		Age:	
Placing Agency:		Guardianship Status:	
Placing Agency Worker:		Worker's Phone #:	
Significant People :			
Date of Current Review:		Date of Next Review:	

Attendance
Present:
Regrets:

Safety Plan	
Identify potential known risks	*Identify responses known to have worked in the past.* *Identify what to do and what not to do*

Initial Treatment Goals
Need: *-target needs that are most important to the youth*

-need statements should be stated positively, identify what should happen, rather than what should stop, be short and clear, need statements are not solutions or services		
Goals:	**Action Plan & Responsible Person**	**Target Date**
-can be short or long term *-some needs might generate more than one goal* *-should be stated clearly and positively (reasonable, realistic, and achievable)* *-goals describe what will take place in action verbs* *-goals are negotiable through the care planning process*	-steps and strategies to achieve goals and meet needs -should build on existing strengths -steps should: • be small, easily achievable and realistic • be behaviourally specific so that there is no misunderstanding of the behaviours in which the client will engage • be measurable and have specific time frames • be gradual so that several steps can be achieved early in the process • identify what reinforcements are in place to reward accomplishment of the steps • identify who is going to do what, when, where, etc. • identify what services are going to be used and who will access them • identify clearly how the steps are going to be monitored and by whom	

Need:		
Goals:	**Action Plan**	**Target Date**

Need:		
Goals:	**Action Plan**	**Target Date**

Identified Resources
- What are the personal, interpersonal, socio-cultural, and/or environmental supports/resources identified as helpful in moving youth and youth system towards identified objectives and overall program goal(s)? *Consider both internal and external resources that promote resilience and can potentially protect child/youth from risk* *e.g. familial, community, cultural connections and supports, personal characteristics, skills and abilities, etc.*

Current	
Strengths, Positive Events, Successes	*Highlight strengths.*
Hobbies, Interests and Activities	*What does the youth enjoy doing? What would they be interested in trying?*
Personal Life Skills	*-grooming/hygiene, clothing/room, chores, bedtime, life skill development* *-what is resident's daily routine, what time does he wake up, does he use an alarm clock or do staff wake him, does he wake up easily and prepare for the day, etc.?* *-does he follow routines, school, quiet time, supper, chores, bedtime, etc. – If not, what areas appear to be difficult and what have you tried to encourage resident to follow routines?* *-how is resident's hygiene, does he shower daily, brush her/his teeth, dress appropriately, wear clean clothing etc.?*
Programming	*-recreational activities, life skills, work program* *-is she involved in community based activities, and what type of activities is she involved in at the home; if not involved, why not and what have you done to try and get her involved?* *-what does she enjoy; what doesn't she like; what activities does she do well at*

	-what kind sportsmanship does she have; do others invite her to participate in activities; can she be swayed to participate
Education and/or Work	*-current grade level, attendance, type of programming, educational goals* *-What school is he attending, what kind of classroom (adapted/mainstream),* *-what is his attendance like, are classes being skipped, if so, where is he going, what is he doing; are suspension occurring,* *-what are his marks/grades, what is his grade level, what courses is he taking* *-what is his behaviour like in the classroom, does he get along with staff/peers, does he have friends at school?* *-does he like school, what does he like, and if not, why not* *-is he involved in a work program or employed? Describe this involvement.*
Peer Interactions	*-what are peer interactions like; are interactions age appropriate, are they better in smaller groups or larger groups; what works well* *-what are peer interactions like at school, community and work force* *-what problems are evident during peer interactions* *-what strategies have you offered to build relationships*
Adult Interactions	*-what are interactions like with adults; what does she like to do with adults* *-when do the best interactions occur, worst* *-what have you tried to do to connect with resident* *-does she respond best to; i.e. nurturing, males, females, active adults, quiet adults, full-time, relief, etc.*

Family Contact	- *nature and frequency of contact with bio family or "family" as defined by child/youth (if no contact – document reason)* *-what is residents family situation; who is he seeing, where and when, how often and what are the results of the visits* *-what efforts have staff attempted to connect with family members to build relationships; how does family appear to view staff; how does family appear to view resident* *-what plans are in place for family reunification and if not why is family reunification not appropriate and/or not in best interest of resident*
Cultural Identity	*-Cultural identity refers to the influence that a culture has on an individual's identity. It also refers to the traditions, customs, and practices that affect a person. If this Care Plan will include a cultural care plan then state this here.*
Religion/Spirituality	*-what is youth's religious background? Does he practice a certain faith; does he attend church, or talk about wanting to get involved? Are there other forms of spirituality youth is involved in, or has an interest in? What does he say gives meaning to his life (this could be volunteering, or attending a group that youth finds helpful in restoring meaning into his life e.g. AA or Al-Anon or Alateen)*
Respite/Support	*If additional supports are in place – identify the purpose and frequency.*
Justice Involvement	*-report on all charges, past and current; or state "not applicable"* *-report on all breaches, all court dates, undertakings, probation orders, community hours worked, etc., outcomes of court dates* *-include name of lawyer, probation officer, ISSP worker and frequency of meetings and outcomes*

Long Term Plan
-estimated length of placement

-identification of place of residence following discharge *-transition plans/ progress?*

Health and Well-Being	
Physical & Emotional Health	*- describe current state of physical and emotional health and any medical concerns*
Known Medical Issues and/or Diagnoses	*-Includes mental health and developmental health as well as physical health (e.g. Anxiety Disorder, ADHD, FASD, diabetes, asthma, allergies etc.)*
Health Providers & Appointments	*-List all – Dentist, Optometrist, Ophthalmologist, Physician, Psychiatrist etc. (name, address and appointments dates)*
Assessments, Consultations and Therapeutic Interventions	*-Include previous and planned or recommended.*
Current Suicide Risk	*Based on a suicide risk assessment (date?)– what is the current level of risk?*
Medication(s)	
Name of Medication(s) and Dosage and Purpose	

Youth Signature Date (mm/dd/yy)

Guardian Signature Date (mm/dd/yy)

Facility Representative (Name & Position) Date (mm/dd/yy)

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.4.3
Chapter 4: Program Requirements Approved: 1999/03/15
Section 3: Absences Last Revised: 2017/03/01

Absences

Group care facilities are required to have written policy in place for planned and unplanned absences and to work closely with agencies at all times.

Absences may be planned or unplanned. A resident whose whereabouts are unknown does not automatically require a report to the local law enforcements Missing Persons Unit. The resident's individual unplanned absence plan developed jointly by the group care facility and guardian agency, must describe what action is to be taken when a resident is absent including who is to be notified and under what circumstances. An example of this plan template follows this section.

- **Planned or routine absences** are part of daily activity, home visits, special events and summer camp. Residents planned absences are discussed and agreed to in advance with the guardian agency and is included in the documented plan for the child.
- **Unplanned absences** (AWOL) include residents who are running (absconding) from placement, are late for curfew or who are otherwise absent but whereabouts are known, and/or whose whereabouts are unknown but are in contact with staff.
- **Whereabouts unknown and/or believed to be at high or immediate danger**. In these situations, a call to local law enforcement Missing Persons Unit may be required as the safety of the resident is the primary consideration.

For more information, the following excerpt is from Winnipeg Police Missing Persons Unit:

Endangered Missing Person

The Missing Persons Unit classifies some incidents involving missing persons as Endangered Missing Person incidents. An Endangered Missing Person is defined as:

- A person who is reported to possess a physical or mental disability
- A person who is elderly or very young
- A person who is dependent on prescription medications
- A person who is unfamiliar with the city.

Persons reported to engage in a high-risk lifestyle or those associated with violent behaviour are also considered endangered. The perceived risk to a missing person can also be elevated through environmental conditions.

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A Risk Assessment is conducted on every reported missing person and, if the assessment dictates, a uniform car will be dispatched to begin the investigation. Depending on the circumstances, members of the Missing Persons Unit may be called upon to assist or lead the investigation.

http://www.winnipeg.ca/police/Units_and_Divisions/missing_persons.stm

Prior to contacting local law enforcement missing person unit, it is recommended that staff first review the following list of questions as a guide to determine if the call is warranted as well as to prepare for anticipated questions:

- Has the DIA been notified? (ANCR in Winnipeg) If so, what is the file number?
- Is there an address where the youth frequents, was dropped off at, or said they were going to? Has that address been checked? Can it be checked?
- Have family members/friends been contacted, if so who?
- What relevant medical conditions may affect the resident's vulnerability? Provide details of any prescription medication they take and whether they have this medication with them.
- Is the resident enrolled in school? Has the school been contacted?
- Does the resident have a court ordered curfew that they have missed?
- If the resident functions lower than their age, is there a medical diagnosis?
- Has the resident previously considered or attempted suicide?
- Is the absence within their regular pattern, or are there specific concerns?
- What additional checks have been made? (ie. Facebook or other social media, Social Worker)
- Does the resident have a cell phone or a computer?
- Is there known drug or alcohol dependency?
- Is there any other information which may suggest that they are vulnerable or at risk?

If a Missing Persons Unit was contacted, the facility MUST notify the law enforcement unit immediately once the resident returns. In accordance with Whereabouts Unknown Plan, the facility notifies the agency and others informed the resident was missing.

For more information, see the Child and Family Services Standards Manual Volume 1: Agency Standards Chapter 4: Children in Care Section 7: Absent and Missing Children.

Reports to law enforcement is to be recorded on the Missing Person Report Log. It is to be submitted along with the monthly attendance report and placed on the resident's record.

Unplanned Absence / Whereabouts Unknown Plan			
Resident Name:		Birth Date: (Age)	
Height:	Weight:	Hair Colour	Eye Colour:
Distinguishing Characteristics :			

Addresses frequented (include family, friends and others:
Risk Factors: According to risk factors above what is the agreed risk level for the resident during an unplanned absence: Low Medium High
Describe the plan/steps agreed upon with respect to the resident's unplanned absence:
People who are to be contacted during an unplanned absence and at what point in time:

Contact:	**Phone Number:**	**If/When to Call:**
CFS Worker		
Outreach Worker		
After Hours / ANCR		
Parent and/or family		
Probation Officer		

At what point is there agreement that a missing person report needs to be made? Who will make the report?	
Date of Plan:	Date of Next Review (max 3 months):
Signature of Agency/Guardian	Signature of placement representative

Missing Persons Log

Licence # _____ Facility Name & Address: _____

Resident Name & DOB (mm/dd/yy): _____

Date & Time Report Made	Report #	Date & Time Report Cancelled	High Risk/Danger indicator necessitating MP report

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.4.3
Chapter 4: Program Requirements Approved: 1999/03/15
Section 3: Absences Last Revised: 2017/03/01

Absence Waiver Policy

Where an absence from a group care facility extends beyond 10 days, the facility must submit an Absence Waiver Policy Form to cfs-placementresources@gov.mb.ca. In the case of a planned absence, the Absence Waiver Policy Form must be submitted prior to the absence. In the case of an unplanned absence, the Absence Waiver Policy Form must be submitted prior to the tenth day of the absence. For absences less than 10 days, no waiver or action is required.

Generally, only one waiver will be considered (total 20 consecutive days). Exceptions may be considered dependent on the individual needs of the child, such as: length of placement, degree of connection with the program, role of the facility during the absence and documentation regarding ongoing contact.

Where the resident is absent for 50% or more of the days during the billing period a waiver must be approved by the Child and Family Service Division. Waivers will not generally be considered beyond two months of 50% absence for any resident. They will, instead be discharged and placed back on the waiting list if a placement is still required.

Funding for absences beyond 10 consecutive days or 50% of the month will not be paid in situations where Absence Waiver Forms have not been approved.

ABSENCE POLICY WAIVER FORM

DATE: _____

A. GROUP CARE FACILITY

NAME: _____

ADDRESS/UNIT: _____

B. CHILD _____ BIRTHDATE: _____

STATUS: PW ☐ TW ☐ Apprehension ☐ Other ☐ _____

ADMISSION DATE: _____

C. PLACING AGENCY

NAME: _____

WORKER: _____ Phone No: _____

D. ABSENCE INFORMATION

FIRST DAY ABSENT: _____ (DAY / MONTH / YEAR) PLANNED ☐ UNPLANNED ☐

WAIVER REQUESTED: FROM: _____ (DAY / MONTH / YEAR) TO: _____ (DAY / MONTH / YEAR) (inclusive)

E. CUMULATIVE ABSENCE DAYS: _____

F. JUSTIFICATION (Indicate facility's role/involvement during the absence:)

FACILITY REPRESENTATIVE: _____ AGENCY REPRESENTATIVE: _____

DATE SIGNED: _____ DATE SIGNED/CONFIRMED: _____

To be completed by the Child & Family Services Division

G. EXTENSION APPROVED: YES _____ NO _____

DAYS AUTHORIZED: FROM: _____ (DAY / MONTH / YEAR) TO: _____ (DAY / MONTH / YEAR) (inclusive)

Authorizing Signature _____

Comments:

INSTRUCTIONS

1. Facility to complete Section A to F the Child and Family Service Division Placement Resources Unit
2. Signature of Agency Representative not required for unplanned absences.
3. Date of verbal confirmation by Agency Representative to be noted.

Manitoba Families

Child and Youth Services Division

Treatment Planning

Treatment planning conferences must occur within 30 days of admission and on a quarterly basis thereafter and must include a representative from the youth's Agency. The licensee is responsible for organizing, documenting and providing the written plans to the placing agency (with a copy to the Licensing Specialist) within 10 working days following a treatment planning conference. An example of a quarterly treatment planning conference report follows this section.

Treatment planning should be based on strengths and needs of the resident and grounded in the approved treatment philosophy. Consideration can be made to include supportive individuals in the residents' life in the treatment planning process.

Before developing the treatment plan itself, the staff must gather information about the child and family. Referral material, interviewing and observing the youth, and information from collateral services will provide staff with the necessary information. An estimation of the youth's developmental level of functioning in each of the domains (physical, cognitive, social, emotional and sexual) is completed, and any information further to the referral documentation.

There are six main steps in developing an initial individualized treatment plan for a child in care:

- assess strengths
- assess needs
- establish safety plan (including unplanned absence response, crisis response)
- establish goals
- identify the steps and services necessary to meet the identified goals including timeframes and persons responsible
- establish an evaluation process

Step 1: Assessment of Strengths

The assessment of strengths is important to document because staff should build on the youth's capacities. The purpose is to learn the positive aspects about the youth, get a truly balanced picture of them. It is through working with the strengths that needs will be met and the treatment plan will be effective. Areas of functioning in which to explore strengths include: education; development; health; family; and social domains.

Step 2: Assessment of needs

Needs must be based on how the youth would like to change, grow or develop. The staff should discuss with the youth what they think is most important to them, what is causing them the most pain, and what they perceive as the most important.

Identification of needs should include: informal discussion with the youth; previous assessments; observations; referral from the placing agency; and use of structured interviews with the youth.

The family, child and worker may develop a list that includes many needs. Targeting the needs that are most important to the youth and that begin to open the direction of individualized planning for the child, while assuring his/her safety, will help to give focus to the process. A "need statement" should be developed for each of the two or three needs that are to be addressed as part of the treatment plan.

Need statements should:

- be stated positively
- identify what should happen, rather than what should stop
- be short and clear.
- need statements are *not* solutions or services.

Step 3: Establishing the Goals

The treatment plan must list goals to be accomplished in order to achieve the individualized permanency plan. The goals may be short or long term. At least one goal should be developed for each selected need, although some needs may generate more than one goal.

Goals should be stated clearly, positively and be measurable. They should be reasonable, realistic, and achievable. Goals describe the change that will take place in action verbs and will always imply desired change in the underlying condition or need.

Goals are negotiable with the treatment planning process and should be changed within the consultation process that includes treatment staff, placing worker, child and family. General rule: if someone can sabotage the plan, include him/her in the treatment planning process!

Step 4: Identification of Steps to Meet the Goals and Services to Achieve Steps

Once the goals have been established, brainstorm strategies and steps to achieve goals and meet needs. These should build on existing strengths and be suitable for the developmental profile of the child. Non-traditional and traditional services and solutions should be considered. Once a list of potential solutions is developed, the staff-youth-family team should determine which strategies are most likely to help the child achieve the related goal.

Steps should:

- be small, easily achievable and realistic

- be behaviourally specific so that there is no misunderstanding of the behaviours in which the child/family will engage
- be measurable and have specific time frames
- be gradual so that several steps can be achieved early in the process
- identify what reinforcements are in place to reward accomplishment of the steps
- identify who is going to do what, when, where, etc.
- identify what services are going to be used and who will access them
- identify clearly how the steps are going to be monitored and by whom.

Step 5: Establish an Evaluation Process

Evaluation of the plan is required at identified, quarterly intervals. Evaluation informs all parties of how things are going, and indicates what might be needed to ensure the success of the treatment plan. The steps identify how much should be accomplished within a given time frame, and this becomes part of the evaluation. To ensure the child succeeds, it is critical to determine who will check on the progress between formal treatment plan reviews. For each goal, or activity, the team should agree on who will do this checking - it may be the youth care worker, the placing worker, a parent or someone else who is able to assume the responsibility (e.g., guidance counsellor). The evaluation should be identified as part of the treatment plan.

Individualized Crisis Plan

Planning for crisis management is critical to the effectiveness of the treatment plan. A crisis plan within the treatment plan helps deal with future emergencies. It should be done when everyone is relatively calm, and includes the participation of the child and family. No major changes in the treatment plan should be developed until at least 72 hours after a crisis has passed. This will help to ensure that the team is not overreacting to the crisis or the actions of the child and/or family.

The planning team should anticipate as part of the planning process the worst things that could happen given the child's and family's history. Needs are then identified and pre-planning occurs for the first steps if such a case arises. These steps would include: who should be involved in crisis resolution; a blame-free time during which no one can blame other team members for the crisis (including the child and family); a time frame for re-evaluating the treatment plan; criteria to determine when the crisis has passed; and, an opportunity to assess management of the crisis within two weeks of the event.

Quarterly Treatment Planning Conference Report

Resident Name:		Birth Date:	
Date of Admission:		Age:	
Placing Agency:		Guardianship Status:	
Placing Agency Worker:		Worker's Phone #:	
Significant People :			

Date of Last Review:	Date of Current Review:	Date of Next Review:

Attendance
Present:
Regrets:

Current	
Strengths, Positive Events, Successes	*Highlight strengths. Mention anything new that occurred in past 3 months that was positive and that staff and/or youth felt was positive and/or successful i.e. ski trip, transition to mainstream class, participation in a new group or community activity etc.*
Hobbies, Interests and Activities	*What does the youth enjoy doing? What would they be interested in trying?*
Personal Life Skills	*-grooming/hygiene, clothing/room, chores, bedtime, life skill development* *-what is resident's daily routine, what time does he wake up, does he use an alarm clock or do staff wake himr, does he wake up easily and prepare for the day, etc.?*

	-does he follow routines, school, quiet time, supper, chores, bedtime, etc. – If not, what areas appear to be difficult and what have you tried to encourage resident to follow routines? *-how is resident's hygiene, does he shower daily, brush her/his teeth, dress appropriately, wear clean clothing etc.?*
Programming	-*recreational activities, life skills, work program* *-is she involved in community based activities, and what type of activities is she involved in at the home; if not involved, why not and what have you done to try and get her involved?* *-what does she enjoy; what doesn't she like; what activities does she do well at* *-what kind sportsmanship does she have; do others invite her to participate in activities; can she be swayed to participate*
Education and/or Work	*-current grade level, attendance, type of programming, educational goals* *-What school is he attending, what kind of classroom (adapted/mainstream),* *-what is his attendance like, are classes being skipped, if so, where is he going, what is he doing; are suspension occurring,* *-what are his marks/grades, what is his grade level, what courses is he taking* *-what is his behaviour like in the classroom, does he get along with staff/peers, does he have friends at school?* *-does he like school, what does he like, and if not, why not* *-is he involved in a work program or employed? Describe this involvement.*
Peer Interactions	*-what are peer interactions like; are interactions age appropriate, are they better in smaller groups or larger groups; what works well* *-what are peer interactions like at school, community and work force* *-what strategies have you offered to build relationships*

Adult Interactions	*-what are interactions like with adults; what does she like to do with adults* *-when do the best interactions occur, worst* *-what have you tried to do to connect with resident* *-does she respond best to; i.e. nurturing, males, females, active adults, quiet adults, full-time, relief, etc.*
Family Contact	- *nature and frequency of contact with bio family or "family" as defined by child/youth (if no contact – document reason)* *-what is residents' family situation; who is he seeing, where and when, how often and what are the results of the visits* *-what efforts have staff attempted to connect with family members to build relationships; how does family appear to view staff; how does family appear to view resident* *-what plans are in place for family reunification and if not why is family reunification not appropriate and/or not in best interest of resident*
Cultural Identity	*-Cultural identity refers to the influence that a culture has on an individual's identity. It also refers to the traditions, customs, and practices that affect a person. If this Care Plan will include a cultural care plan then state this here.*
Religion/Spirituality	*-what is youth's religious background? Does he practice a certain faith; does he attend church, or talk about wanting to get involved? Are there other forms of spirituality youth is involved in, or has an interest in? What does he say gives meaning to his life (this could be volunteering, or attending a group that youth finds helpful in restoring meaning into his life e.g. AA or Al-Anon or Alateen)*
Respite/Support	*If additional supports are in place – identify the purpose and frequency.*
Justice Involvement	*-report on all charges, past and current; or state "not applicable"* *-report on all breaches, all court dates, undertakings, probation orders, community hours worked, etc., outcomes of court dates*

	-include name of lawyer, probation officer, ISSP worker and frequency of meetings and outcomes
Incident Reports	*-summary of incidents that have occurred since last review*
Restraints	*-detailed summary of each physical restraint that was used since the last treatment conference including precipitating factors, de-escalation techniques tried by the staff, techniques that were successful in de-escalating the behaviour*
Allowance, Incentive & Restitution	*-Amount of weekly allowance received by the resident* *-Opportunities to earn extra money* *-Details on acceptable restitution expectations*

Long Term Plan
-estimated length of placement *-identification of place of residence following discharge* *-transition plans/ progress?*

Health and Well-Being	
Physical & Emotional Health	*- describe current state of physical and emotional health and any new medical concerns* *-describe any clinical issues that have arisen, identify at risk behaviours and potential obstacles to growth and healing including areas of concern beyond child/youth's control (i.e. family of origin issues)* *-describe marked improvements in self care, coping strategies, managing emotions etc.*
Known Medical Issues and/or Diagnoses	*-Includes mental health and developmental health as well as physical health (e.g. Anxiety Disorder, ADHD, FASD, diabetes, asthma, allergies etc.)*

Health Providers & Appointments	*-List all – Dentist, Optometrist, Ophthalmologist, Physician, Psychiatrist etc. (name, address and appointments dates)*
Assessments, Consultations and Therapeutic Interventions	*-Include previous and planned or recommended.*
Current Suicide Risk	*Based on a suicide risk assessment (date?)– what is the current level of risk?*
Medication(s)	
Name of Medication(s) and Dosage and Purpose	
Observed and/or Reported Changes	*(including side effects)*
Next Medication Review	*(date and name of physician)*

Previous Goals	**Progress**	**Date Completed**

Need:

-target needs that are most important to the youth

-need statements should be stated positively, identify what should happen, rather than what should stop, be short and clear, need statements are not solutions or services

Goals:	Action Plan & Responsible Person	Target Date
-can be short or long term *-some needs might generate more than one goal* *-should be stated clearly and positively (reasonable, realistic, and achievable)* *-goals describe what will take place in action verbs* *-goals are negotiable through the care planning process*	-steps and strategies to achieve goals and meet needs -should build on existing strengths -steps should: • be small, easily achievable and realistic • be behaviourally specific so that there is no misunderstanding of the behaviours in which the resident will engage • be measurable and have specific time frames • be gradual so that several steps can be achieved early in the process • identify what reinforcements are in place to reward accomplishment of the steps • identify who is going to do what, when, where, etc. • identify what services are going to be used and who will access them • identify clearly how the steps are going to be monitored and by whom	

Need:		
Goals:	**Action Plan**	**Target Date**

Need:		
Goals:	**Action Plan**	**Target Date**

Identified Resources
- What are the personal, interpersonal, socio-cultural, and/or environmental supports/resources identified as helpful in moving youth and youth system towards identified objectives and overall program goal(s)? *Consider both internal and external resources that promote resilience and can potentially protect child/youth from risk* *e.g. familial, community, cultural connections and supports, personal characteristics, skills and abilities, etc.*

Youth Signature	Date (mm/dd/yy)
Guardian Signature	Date (mm/dd/yy)
Facility Representative (Name and Position)	Date (mm/dd/yy)

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.4.5
Chapter 4: Program Requirements Approved: 1999/03/15
Section 5: Advocacy Last Revised: 2017/09/10

Advocacy

The group care facility staff should provide residents with information about community services. They should also help them advocate for themselves and negotiate with other service providers and systems. A resident who is capable of forming his or her own views has the right to express those views freely in all manners affecting themselves.

Group care facilities and organizations can:

- advocate on behalf of the residents
- increase the community's understanding of residential youth services
- help the community identify gaps in social services programs

Children's Advocate

Anyone with concerns about the services a child or young person is receiving or not receiving from the child and family services community can call the Child Advocates office. The call is confidential. No one will know you called our office unless you give us permission to tell the people involved.

Toll Free: 1-800-263-7146 (No long-distance charge anywhere in Manitoba)
Email: info@childrensadvocate.mb.ca http://www.childrensadvocate.mb.ca/

What the Office of the Children's Advocate can do:

- listen to your concerns.
- help you help a child by giving you information about how to solve his/her situation.
- provide information about the child and family services and adoption system in Manitoba.

What the Office of the Children's Advocate cannot do:

- make decisions regarding children in care.
- intervene in private custody or access matters.
- intervene in other matters outside of our mandate.
- act as legal counsel for children.
- provide child welfare services. We cannot respond to emergency situations where children may be at risk.

A representative from the Advocate's office can attend the facility to share information and resources with residents and staff upon request.

Manitoba
Families

Child and Youth Services Division

Volume 2: Facility Standards 2.4.5
Chapter 4: Program Requirements Approved: 1999/03/15
Section 5: Advocacy Last Revised: 2017/09/10

Voices, Manitoba's Youth in Care Network

Staff in facilities should ensure youth in care are provided with information about Voices, Manitoba's Youth in Care organization and opportunities.

Voices provides support, encouragement, and advocacy to young people in and from care in Manitoba.

Voices programs and activities are open to all youth in & from care 12 to 30 years old.

http://voices.mb.ca/

Phone: 204.982.4956

E-mail: info@voices.mb.ca

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.4.6
Chapter 4: Program Requirements Approved: 1999/03/15
Section 6: Education and Day Programming Last Revised: 2017/09/10

Education and Day Programming

The education of residents should be focused to the development of the child's personality, talents and mental and physical abilities to their fullest potential.

The licensee ensures resident(s) are involved in appropriate day programs and for older residents, encourages the potentiality of different forms of secondary education, including general and vocational education.

The care providers develop and maintain a positive relationship with school/day program personnel.

The licensee:

- encourages, guides and mentors each child in their individual educational pursuits
- offers encouragement and helps the child prepare to meet job expectations, find possible employers and enroll in skill development courses
- the licensee advises the agency about meetings with schools or employers to discuss the child.
- works with CFS Agency/parent to ensure an academic/educational/employment plan is part of the overall treatment plan

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.4.7
Chapter 4: Program Requirements Approved: 1999/03/15
Section 7: Behaviour Management Last Revised: 2017/09/10

Discipline and Behaviour Management

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

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

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

The licensee shall not restrict a resident's behaviour, freedom of choice, movement or the right to make decisions, except to the extent necessary to protect the residents' health and safety, as defined by the placing agency in the treatment plan.

Discipline and behaviour management techniques should be contained within the resident's treatment plan and consistent with trauma informed care.

The care provider administers discipline as soon as possible after the misbehaviour. Measures taken help the child learn from the experience. The measures are related to the severity of the misbehaviour/needs of the child. The care provider clarifies expectations of the child, gives reasons for discipline, and includes an opportunity to learn from mistakes made.

The licensee employs techniques that are the most appropriate and least restrictive disciplinary measures necessary, which may include:

- bringing attention to the action
- expressing disapproval and commending good decision
- discussing negative behaviours
- giving direction or placing limits on the child's behaviour
- restricting specific relevant privileges/engaging with the youth to choose a consequence or how its resolved
- assigning appropriate and reasonable extra duties
- making restitution for deliberate damages
- temporarily removing them from the situation

- restricting them to home for a reasonable period
- removing property only to the degree necessary for such protection
- offering nurturance while holding youth accountable
- offering/discussing alternate strategies for future
- discussing choices, feelings and how these impact behaviour

The care provider ensures the following are not used as disciplinary actions:

- striking a child directly or with any object
- making any aggressive physical act
- encouraging or condoning punishment of one child by another child or group of children
- forcing children to take an uncomfortable physical position
- using verbal abuse, harsh, humiliating, belittling or degrading responses of any form
- telling children they are bad
- depriving children of what they are entitled to or what is necessary for proper development and care, including food, shelter, clothing, bedding
- withholding emotional response or stimulation for an extensive time
- requiring a child to remain silent for more than five minutes
- using mechanical or excessive physical restraint
- excluding children from entry to the home
- assigning undue physical or harsh work
- confining the child to bed
- depriving children of their base personal allowance money
- pain compliance method
- permit or refuse home visits as a form of reward or punishment

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.4.7
Chapter 4: Program Requirements Approved: 1999/03/15
Section 7: Behaviour Management - Restraint Last Revised: 2020/10/01

Physical restraint of a child, while necessary at times to prevent physical harm to the child or others, should never be used as a form of discipline. Its purpose should be to provide only that degree of physical control that children are unwilling or unable to provide for themselves. It is justified only when needed for immediate safety of the resident or staff or others.

When physical intervention is necessary, it shall be delivered only by staff with current certification, according to clear standards of practice, documented, and reported appropriately via an Incident Report.

The licensee must adhere to the following guidelines:

- Physical restraint is used only when necessary to ensure the immediate safety of the resident or the safety of others using *Nonviolent Crisis Intervention*® Foundation Course (NVCI) approved techniques.
- The only restraint methods used are those approved and authorized by the placing agency. The licensee and the agency review of the details of the restraint plan at quarterly care conferences.
- *Nonviolent Crisis Intervention*® Foundation Course With Advanced Physical Skills can only be used in very specific instances, detailed in the restraint plan, where the complex behaviours presented by youth demonstrate higher risk than can be adequately managed by NVCI Foundation Course restraint techniques. Use of specific holds must be approved by the guardian agency.
- It is strongly recommended that all employees who work with youth have current certification in NVCI
- Face down (prone) restraints are prohibited

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.4.7
Chapter 4: Program Requirements Approved: 1999/03/15
Section 7: Behaviour Management - Isolation Last Revised: 2017/09/10

Use of Isolation

Written approval from the Director is required to use an isolation or locked room. No group care facility shall operate an isolation or locked room unless approval has been granted by the Director.

The request for approval to use an isolation room, must be accompanied by a detailed Policy and Procedure statement that outlines the use of isolation. If child specific, a detailed treatment plans specific for the youth is also to be included.

Isolation involves containing a resident in a room that is either locked or from which free exit is denied. No child or youth shall be deprived of his or her liberty arbitrarily therefore isolation shall be used only as a measure of last resort and for the shortest appropriate period of time.

Isolation poses a high degree of risk to youth and staff as it triggers a 'flight or fight' response. Given the known risks involved, it is critical that staff prioritize safety and quality of care when isolation is used. When isolation must take place, it is a short-term, emergency intervention designed to protect and enhance the safety of the individual and others in the facility.

Isolation should take place only in the approved room designed and designated specifically for that purpose, conform to the facilities policies and procedures, and not be delivered on an ad hoc basis.

Studies of individuals perceptions suggest that isolation experiences often feel punitive rather than therapeutic. To prevent this, following any incident of isolation, debriefing sessions should occur that involve facility staff and the resident. The purpose of debriefing is to prevent future use of seclusion, reverse or minimize the negative effects of the event, and to address organizational issues and make improvements. It may be best for debriefing to follow a standardized framework so that information may be used for keeping records and monitoring progress.

If approval is granted, the licensee ensures the child:

- is not kept in an isolation or a locked room without supervision by an adult who is able to hear and see the resident
- remains in an isolation or a locked room for no longer than two hours
- is isolated only to ensure the child's or others' immediate safety

The licensee advises the Director and placing agency in writing via an incident report, within five days, on all uses of an isolation or locked room, noting the date, time and duration of the confinement. A copy of the five-minute log must be included with the incident report.

A separate log is kept in the facility of all uses of the isolation room. This log notes:

- Name of the child
- A clear account of the rationale for the use of seclusion
- Evidence of clinical decision-making procedures.
- Time of entry and exit
- Name of care provider(s) involved
- Five-minute interval description of child's behaviour while in room
- Indication of how staff will reduce the likelihood of the resident being isolated again
- Time (within 24 hours) the agency was notified

Isolation Room

The physical structure of the isolation room allows for protection of the resident, and prevent harm to self and others by eliminating or avoiding any weak points, ligature points, corners, edges or other safety hazards. The isolation room must conform to the following:

- All features of the isolation room are durable, tamper- and impact-resistant, washable, and can withstand significant and repeated force.
- Walls and floors are of seamless construction, and may be padded.
- If the isolation room should have a window, it must be unbreakable, and covered in a way that while providing privacy to the resident, does not pose a safety hazard.
- Lighting in the isolation room is mounted securely and unbreakable.
- The door to the isolation room is heavy, solid-core, and opens outward on a spring loaded mechanism installed securely with attention to preventing self-harm. The door contains an observation panel to allow staff the ability to see and hear the resident at all times.

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Resident's Grievance Policy

The group care facility should develop and maintain a resident's rights policy that supports and protects the fundamental human, constitutional and statutory rights of all children in its care.

The policy must explain the resident's right to grieve and could reference information from the International Convention on the Rights of the Child which recognizes all children as active participants in their own development and deserving of universal rights to ensure they live full and healthy lives.

The policy must also explain the procedures to grieve to:

- The licensee
- Their guardian agency
- The Director (via the Licensing Specialist at 204-945-6964); and
- The Children's Advocate

Residents' grievances are to be recorded on their records and reported to the placing agency at least once a month.

The facility must post the facilities grievance procedure in a conspicuous place accessible to residents in the group care facility. Staff must ensure that all residents are aware of the facility's grievance procedure including access to the Director and the Manitoba Children's Advocate.

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Volume 2: Facility Standards 2.4.9
Chapter 4: Program Requirements Approved: 1998/03/15
Section 9: Complaints and Reviews Last Revised: 2017/03/01

Complaints and Reviews

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

When a complaint is received that alleges misconduct on the part of government employees and/or third party, before the investigation can proceed, contact will be made with the complainant seeking the complainant's consent to share their identity, the complaint or parts of it, with relevant people including government employees and/or third parties. Should the complainant refuse consent to share their identity, the complaint will be followed up on while keeping them anonymous.

Complaints refer to the physical building, standards violations and levels of service adequacy. The facility is advised about a complaint as soon as possible by the Director. The facility may receive a copy of any written complaint and, if possible, the source of the complaint. The facility is involved to the greatest possible extent in the investigation and the resolution of the complaint.

The Director advises the facility of the investigation results and provides an opportunity for the facility to review the findings. The Director immediately advises placing agencies if the investigation reveals other children in the facility may be at risk. The Director records complaints as received, noting the date, nature of the complaint, source, process of investigation, conclusions, recommendations and action.

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Chapter 4: Program Requirements Approved: 1998/03/15
Section 10: Incident Report Last Revised: 2017/09/10

Incidents

Incidents in group care facilities are to be expected. The frequency, degree and severity of which are generally dependent on the level of care provided by the facility. Incident reports are a means to assess risk factors, recognize and monitor trends and identify training needs.

Incident reports serve a number of purposes, including providing a factual record in the event of a lawsuit, inquiry or inquest. As such, incident reports need to be written objectively and clearly without the use of undefined acronyms or whiteout.

Reporting of incidents is reserved for events that carry a certain level of significance. It is important to draw distinctions between which events should be documented in the resident's daily log and which require incident reports. Incidents that require a report are described below. Additional types of incidents may be requested by the Licensing Specialist.

Description of Incident Types

Assault:

- Resident to resident: when a resident is assaulted by another resident of the same facility
- Against staff: when a resident assaults or attempts to assault a staff person
- Against community member: when a resident assaults or attempts to assault an individual not related to the facility

Behaviour Management:

- Restraint with injury: all incidents involving a restraint of a resident, which resulted in an injury, or a restraint which is not an NVCI approved restraint
- Restraint: all incidents involving a restraint of a resident which did not result in an injury
- Use of isolation room: all incidents where a resident was placed in an isolation room in order to stabilize/manage behaviour

Police Involvement:

- Missing Person: when the resident's whereabouts are unknown and is believed to be at high risk or in immediate danger (Reported monthly on the Missing Persons Log, and not as individual incident reports)
- Resident behaviour: any situation in which the residents' actions require the police to be involved such as to stabilize behaviour; charges for involvement in criminal activity, or when police return a resident to the facility
- Staff related: refers to all incidents in which a licensee, facility staff, or volunteer are charged under the Criminal Code of Canada

- Other: situations where police may be attending at the facility to obtain statements from residents regarding an ongoing investigation in which they may have been a witness, or victim

Abuse Allegations:
This category is used to refer to all incidents or disclosures of alleged or suspected physical, sexual or emotional abuse. Allegations are separated into current and past incidents.

- Current Allegations: allegations of abuse that has recently occurred must be reported immediately so that CFS can ensure the safety of other potential victims; this includes third party allegations, familial, position of trust, foster parents etc.
- Current Staff Allegations: all allegations involving a current staff person as defined by the CFS Act; including staff of the child care facility, social work staff, support staff, relief staff, etc.
- Former Staff/foster parents: allegations of abuse relative to previous care providers of the resident
- Historical Allegations of abuse: must be reported regardless of whom the alleged offender is; this includes people in positions of trust, third party, familial etc.

Physical assault against resident:
When a resident is assaulted by someone other than a co-resident (3rd party)

Sexual Assault:
This category is to describe third party assaults. These are defined as injuries or assaults against a resident by a person not in a position of trust. These are reported as a resident to resident incident, or involving an individual from the community

Sexual Exploitation:
Child sexual exploitation is the act of coercing, luring or engaging a child, under the age of 18, into a sexual act, and involvement in the sex trade or pornography, with or without the child's consent, in exchange for money, drugs, shelter, food, protection or other necessities.

- Community member: Disclosures and/or other information received about the exploitation of a resident by an individual other than another resident in the facility
- Resident to Resident: Disclosures or other information received regarding a resident encouraging/luring another resident to become involved and/or exploited in the sex trade

Self-Injury:

- purposely inflicting injury that results in immediate tissue damage, done without suicidal intent and not socially sanctioned within one's culture not for display

Suicide:

- Suicide Ideation: thinking about, considering, or planning suicide
- Suicide Attempt: action likely leading to death if the resident was not discovered

Medical:

- Hospital or ambulance: all situations which involve third party emergency medical intervention
- Resident Specific Medication error: the administration of the wrong medication or dose of medication to the wrong resident or at the wrong time; or the failure to administer a child's medication at the specified time or in the manner prescribed
- System Specific Medication error: an incident which does not directly affect a resident because no wrong medication was administered to the child. It would include such situations as missing medications that cannot be accounted for, a pharmacy dispensing error, or a missing drug storage facility key

Critical:

- Death of a resident: while in the care of a group care facility whether or not it occurred in the facility
- Serious injury: a physical injury that could result in permanent disability or death of a resident

Facility Related:

- Fire: all fire incidents whether or not intervention from the fire department was required
- Fire Alarm: all incidents where a fire alarm (not a smoke alarm) has been activated
- Defective facility: issues with the facility which may compromise the well-being of the residents
- Public Health Issue: all incidents which involve public health issues or concerns, such as scabies, bed bugs or communicable diseases
- Community Complaint: all incidents/complaints related to the physical building, standards violations and service adequacy

Other:
Any other incident which causes loss, injury or adversely affects the health, life, safety or well-being of a resident

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Chapter 4: Program Requirements
Section 10: Incident Report

2.4.10
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Reporting procedures

The licensee advises the placing agency and/or guardian about the incident by phone or electronically as soon as possible.

The incident report is completed by the staff person involved and submitted within five days to the:

- Placing and/or guardian agency
- Director (Manitoba Child and Youth Services Division) via the Licensing Specialist via email to cfs-incidentreporting@gov.mb.ca **or** via fax to 204-945-6717

If sending the form electronically, it must be sent from the email account of either the licensee (ED/CEO of organization) or the person appointed by the licensee under Section 17(2) of the Regulation "who shall be responsible to the licensee for the day to day operation and management of the child care facility and present in the facility on a regular basis" and must clearly indicate who the writer of the report is.

Where the report is sent electronically, it must still be printed, signed by the writer and supervisor and placed in the resident record in the facility as this original copy once forwarded to the guardian agency after discharge forms part of the permanent child in care file.

The incident report form is used to document information. It identifies the group care facility's involvement and response to the incident. The incident report form must be reviewed by the group care facility to ensure corrective measures are implemented as needed to prevent a similar incident in the future.

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

Where an immediate investigation is deemed necessary, the agency and the Manitoba Child and Youth Services Division will consult and co-ordinate an action plan. The Director immediately notifies all placing agencies if an investigation reveals residents are at risk. The Director meets with the agencies involved in risky situations to explore options if the facilities need to be closed.

Critical Incident Reporting

A critical incident is one where a resident has suffered a physical injury that could result in permanent disability or death. Reporting is governed by the Critical Incident Reporting Regulation.

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The operator of a group care facility who is aware of a critical incident, is required to notify the placing agency and the Director by fax or email, within **one hour** of learning that a child

- Has died; or
- Is receiving medical care

If the information is received in the evening or on a weekend, the report must be made by 10:00 A.M. the next working day.

For more information, see the Child and Family Services Standards Manual Volume 1: Agency Standards Chapter 7: Service Administration Section 4: Critical Incident Reporting

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Chapter 4: Program Requirements Approved: 1998/03/15
Section 10: Incident Report Last Revised: 2017/09/10

Abuse Allegations

Section 18.6 of The Child and Family Services Act states that when an agency receives information about a situation where a child may have been abused "by a person who provides work for or services to the agency or to a child care facility or other place where a child has been placed by the agency," the agency shall immediately notify the Director and the "Director shall investigate the matter and take such further steps as are required by the Act." These are conducted by the Provincial Investigations Unit (PI Unit).

Scope of Investigations

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

Where a situation requires an emergency response after hours under Section 18.6, the situation is forwarded to the Designated Intake Unit (DIA).

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

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

Referral Process

Although not required, it would be beneficial for group care facilities to report suspected child abuse involving a group care facility staff person directly to the PI unit. This can be done by completing the provincial investigations unit referral form or by calling the PI Unit directly at the 204-945-6964 and asking to speak to a provincial investigations specialist. This ensures that the PI Unit is immediately notified, can respond as quickly as possible and ensures the most effective response to an abuse allegation.

The group care facilities are required to complete an incident report per the process stated above A copy of the incident report is then given to the PI Unit by the Licensing Specialist.

CFS Agency reporting involves the following steps:

1. The reporting agency must notify (verbally or written) the PI Unit at the Child and Youth Services Division within one working day of receiving information of suspected child abuse. This is done by calling the receptionist at 204-945-6964 and asking to speak to a provincial investigations specialist, or by sending a fax to the PI Unit at 204-945-6717. Preliminary information about the incident or situation should include the following, wherever possible:
    - name and DOB, if known, of the person suspected of abusing a child
    - all places where the person works or provides services, including foster parents or place of safety providers
    - name and age or birth date of the child who has allegedly been abused, if known
    - type of suspected abuse: physical, sexual or emotional
    - legal status of the child (ex: living at home, in care, voluntary placement, order of guardianship)
    - where and when the alleged abuse occurred
    - steps taken to ensure the immediate safety of the alleged victim, including the employment status of the person alleged to have abused the child
2. The reporting agency completes the provincial investigation unit referral form and submits it to PI Unit within five working days of receiving information of the suspected abuse. PI Unit forms are available through the Child and Family Services Information System. The report may be sent by fax the PI Unit by fax at 204-945-6717 or by calling the PI Unit directly at 204-945-6964.

Abuse Allegations and Investigations

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

- If the allegations involve family members, third party individuals, other residents or peers, the resident's social worker is responsible for following up and either completing the investigation or forwarding the abuse investigation referral to an appropriate abuse unit.
- If the allegations involve a staff member of the group care facility, the PI unit will be responsible for following up and completing the investigation. The group care facility can also call the PI Unit directly to provide a referral by phone.

Past Allegation disclosures by residents of abuse may involve individuals who may, or may not, still have contact with the resident, or other youth.

- If the allegations involve family members, former foster parent, third party individuals, other residents or peers, the resident's social worker is responsible for following up and completing the investigation if the allegation was not previously known or investigated.

- If the allegation involves a former staff member of another agency/facility or staff member of the group care facility, the PI unit will be responsible for following up and completing all investigations involving staff members of agencies or facilities.
    - The PI unit manager will notify the group care facility Executive Director within one working day of the decision to open an abuse investigation.
    - The staff member may or may not be suspended until the investigation is completed. Group care facilities can consult with the PI Unit with this decision.
    - If the provincial investigations specialist deems the matter to be a potentially criminal matter, it will be referred to law enforcement and a joint investigation will commence whereby both child welfare (provincial investigations specialist) and police will investigate within their jurisdictions and mandates.

Role of Group Care Facility Staff

Youth care staff may hear about physical or sexual abuse from children and youth in their care. It is also possible that you may observe incidents that are of concern or are present when a child is making an allegation or threatening to make one. The best interests of children are the paramount consideration. For professionals, especially those in positions of trust, such as youth care workers, there are higher expectations surrounding their behaviour with children and youth. They are also obligated to report children who may need protection.

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

If a resident returns to the group care facility alleging a recent sexual assault, immediate medical attention should be sought at the Child Protection Centre – Children's Hospital in Winnipeg or an available medical facility outside of Winnipeg.

If the resident returns to the group care facility and is alleging a recent physical assault and there is an indication of physical injury, medical attention should be sought and injuries documented. Ensure the physical health of the resident. This should be done at the Child Protection Centre – Children's Hospital in Winnipeg or at a medical facility outside of Winnipeg.

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

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

Report of Conclusions

The PI Unit shares detailed information about a child abuse investigation only with CFS agencies and police units directly involved in a case. The Child and Youth Services Division may also share details with a group care facility, involved when necessary for the protection of other residents in the facility.

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

a. The allegation was substantiated (ex: sufficient evidence to support it), thus Abuse Occurred.

b. The allegation was not substantiated (ex: insufficient evidence) thus No Abuse.

c. A finding of inconclusive: there was some likelihood that abuse occurred but the child abuse investigation could not obtain the evidence necessary to make a founded report of child abuse.

It is possible that an investigation could find that there was not enough evidence to prove that abuse occurred, even though the alleged offender's behaviour may be considered inappropriate – as noted in (c). If this is the case, recommendations should be made about how to change the behaviour and enhance safety for the child.

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

The PI Unit will send a letter summarizing the findings and conclusions to the alleged abuser and this letter will be copied to:

- alleged abuser's employer
- guardian agency (ex: if the alleged victim/child is in agency care)
- appropriate regional child abuse committee coordinator

If the alleged victim is not in agency care a separate letter will be sent from the PI unit to the child's parent/guardian outlining the investigation conclusion.

Debriefing the child regarding the investigation conclusion is left to the child's guardian to complete.

Pursuant to CFS abuse investigation standards, upon receiving information on the results of a child abuse investigation the licensee ensures a notation is made in an employee's personnel file or volunteer's file as to the results of the investigation and any disciplinary action taken.

Closing the File

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

- investigation is complete and an outcome determined, including the conclusion of any criminal proceedings
- legislative requirements have been met
- facility, employer, guardian agency or parent and licensing agency are aware of the conclusion and recommendations resulting from the investigation

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Volume 2: Facility Standards 2.4.12
Chapter 4: Program Requirements Approved: 1998/03/15
Section 12: Discharge Process Last Revised: 2017/09/10

Discharge Process

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

Unplanned discharges from a group care facility whose placements are managed by the province requires consultation with the Provincial Placement Specialist where consideration is given to the following:

- risk factors
- supports required to maintain placement
- availability of appropriate alternative arrangement needs
- transitional or discharge plans

Children shall remain at the group care facility until they are discharged, unless risk factors indicate the child's or others' safety cannot be maintained. Where the child remains at the facility, the agency makes it a priority to find an appropriate alternative placement. The licensee prepares a discharge summary for the agency within 10 days.

A plan needs to be in place to ensure the child has the opportunity for a healthy separation.

The licensee sends the resident's clothing with the child. If the resident is discharged in absentia, the licensee is responsible for immediately packing and safely securing the residents belongings, possessions and money. The resident's possessions should be packed in appropriate cases and made available to the guardian agency within three days.

Children should never be discharged during a crisis. There may be times where separation from the facility is required, for example a stay at a Crisis Stabilization Unit or if police remove a resident. In this situation, the Licensing Specialist must be notified by telephone and a written care plan outlining the process that will occur to support the child's re-entry/return to the group care facility.

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

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Volume 2: Facility Standards 2.4.13
Chapter 4: Program Requirements Approved: 1999/03/15
Section 13: Crisis Planning Last Revised: 2017/09/10

Facility Crisis Plan

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

Crisis will vary from facility to facility. Each facility must include a written plan in its policy manual to address a crisis situation in the organization. It must show the lines of communication and reporting during a crisis. Staff should be trained in recognizing and responding to a crisis situation, including the reason for crisis debriefing.

The organization must arrange for a person or agency to debrief staff and volunteers after a crisis. Plans for debriefing residents should also be included, but internal resources may be used for debriefing residents. Documentation reporting on the crisis and any follow up completed with residents needs to be included in their resident record.

Additional Care and Support Policy

Additional staffing support may be approved for group care facilities limited to the following situations:

- Crisis Stabilization and Support (Child Specific). The child requires intensive care and support for a short period of time to assist in stabilizing the placement limited to a maximum of 40 hours per week for each facility operated by an organization.*

- Facility Stabilization (Non Child Specific). Dependent on the availability of funding, supplemental staffing may be provided to assist in the stabilization of a facility, or a group care facility. limited to a maximum of 60 hours per week for each facility operated by an organization.*

**Under exceptional circumstances, the Director, or designate, may approve additional care and supports staffing levels above the stated guidelines.*

Additional care and support staff are paid a minimum hourly rate, including benefits of $16.24.

Procedures

For child specific requests, group care facilities in consultation with the agency, submits a written request to the Child and Family Service Division Placement Resources Unit, copy to the agency, which includes:

- Identifying and background information.
- A description of the child's present functioning.
- A plan documenting specific services to be provided by the additional staff.
- Information identifying the current number of children and the staffing pattern in the facility.

In requesting an extension, the agency shall provide a progress report with information on the results to date and a justification for requesting further services.

Upon termination of the support services, the facility is expected to complete a progress summary identifying the impact of the augmented staffing.

For facility stabilization requests, the facility is expected to submit a request to the Placement Resources Unit at the Division documenting their concerns regarding the operation of the facility, and the safety issues for residents and staff.

Approvals will cover actual additional support hours (up to approved levels) used during the billing period, and must reflect an increase in staffing levels above the regularly funded staffing level.

There is a process in place in cases where children are federally funded and placed in group care facilities whereby the request is reviewed and approved by the Provincial Resources Unit. This information is then forwarded to AANDC. The facility will bill the agency directly for this and it is AANDC's responsibility to support payments to FNCFS agency directly. The agencies pay the facility and apply to AANDC for reimbursement.

Emergency Procedures

The group care facility must be aware that the safety requirements for the facility are determined by the number of residents in the facility and their physical and emotional limitations. Evacuation procedures should ensure that all residents and staff can be evacuated within an appropriate period of time, at any time.

Licensed group care facilities must comply with The Manitoba Fire Code (MFC) and to the Manitoba Building Code (MBC). Specifically, the scope of the MFC with respect to fire safety and fire protection can be summarized as follows:

- The ongoing maintenance and use of the fire safety and fire protection features incorporated in buildings
- The conduct of activities that might cause fire hazards in and around buildings
- Limitations on hazardous contents in and around buildings
- The establishment of fire safety plans
- Fire safety at construction and demolition sites.

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Chapter 4: Program Requirements Approved: 1999/03/15
Section 13: Crisis Planning Last Revised: 2017/09/10

Emergency Planning (MFC Section 2.8)

Every Group care facility must have a written fire emergency plan detailing procedures in fire prevention and emergencies, which must include:

a) documents, including diagrams, showing the type, location and operation of the building fire emergency systems
b) the holding of fire drills
c) the control of fire hazards in the building
d) the inspection and maintenance of building facilities provided for the safety of occupants.
e) a description of all procedures to be followed by staff in the event of fire
    i. the appointment and organization of designated supervisory staff to carry out fire safety duties,
    ii. the training of supervisory staff and other residents in their responsibilities for fire safety,
f) procedures for evacuation of residents, including,
    i. sounding the fire alarm
    ii. notifying the fire department
    iii. instructing residents on procedures to be followed when the fire alarm sounds,
    iv. evacuating residents, including special provisions for resident requiring assistance,
    v. confining, controlling and extinguishing the fire
g) procedures for relocation of all residents

The priority in a group care facility is safety of the residents. In a fire, priority should be relocation/evacuation of the residents to a location that assures their safety and does not expose them to other risks (i.e., outside cold) before fighting a fire with fire extinguishers is considered. If firefighting is considered in the plan, staff assigned to firefighting must have training in the use of the firefighting equipment, at least once per year.

The emergency evacuation plan should be posted in a prominent location on all levels in the facility and includes address and phone number for alternate short-term shelter.

Fire drills are to be conducted and logged at least once a month noting date of drill, time of drill, evacuation time, number of staff and residents participating. Problems encountered and resolution to problems should also be documented.

An orientation for all new staff in the home is required that includes, among other things the following items within the:

- 1st day - Emergency contacts, procedures & protocols
- 1st week - Fire and household safety standards & procedures
- 1st month - Participation in a fire drill.

New residents should be familiarized with the emergency plan upon admission.

Records

The Licensee is required to maintain records on inspection, testing and maintenance of fire protection, detection and suppression systems. The following are examples of records that should be retained for at least a 7 year period or as determined by the authority having jurisdiction, and be available for inspection.

- Monthly fire drills and staff training
- Smoke Alarms; inspection, testing and maintenance
- Fire alarm and detection system; inspection, testing and maintenance
- Emergency lighting and exit sign lighting; inspection, testing maintenance
- Portable fire extinguisher; inspection, testing and maintenance
- Sprinkler system; inspection, testing and maintenance
- Fixed fire suppression system; inspection, testing and maintenance
- Standpipe system; inspection, testing and maintenance
- Emergency power system; inspection, testing and maintenance
- Fire safety plans are current and reviewed annually
- Carbon Monoxide detector logs maintained
- Fire/Smoke Dampers: Inspection, testing and maintenance.

The records should be kept on site in an accessible manner such as a binder, file folder or electronic means so they can be viewed by the Fire Inspector upon arrival.

Disaster planning

The group care facility shall make effective provisions for the safety of residents and staff in case of fire or other emergency by developing and maintaining a business continuity plan.

The facility shall have established plans to deal with disasters and emergencies. All staff members shall be advised of their duties and procedures to be followed. In the case of facilities in isolated areas, this plan includes contacting the Licensing Specialist for special permissions in times where extreme weather restricts staff's ability for shift change.

FIRE SAFETY CHECKLIST

FACILITY LICENCE:_____ FACILITY ADDRESS: _____ YEAR:_____

MONITOR(S) INITIAL UNDER MONTH FOR COMPLIANCE, "X" FOR NON-COMPLIANCE	***JAN***	***FEB***	***MAR***	***APR***	***MAY***	***JUN***	***JUL***	***AUG***	***SEP***	***OCT***	***NOV***	***DEC***
1. Hallways, Stairways, & Passage ways well lit and maintained clear of any obstructions. Emergency and exit lights, where existent, are operational.												
2. Exit doors\windows are easily openable without keys or tools. All exit stairs, fire escapes, & walks are kept in safe condition & clear of any obstructions.												
3. Accumulation of cartons, paper, dust, and other combustibles kept at a minimum.												
4. No storage under stairways, around furnace or heaters.												
5. No storage of explosive materials or flammable liquids permitted in the house.												
6. Locations of CO alarms and the expiry dates and follow manufacturer's instructions for testing, inspection and maintenance. **LAST SERVICE DATE _____.**												
7. Portable heaters are C.S.A. approved, kept away from furniture, walls, and other combustibles. **ONLY TO BE USED ON A TEMPORARY BASIS**.												
8. Clean Furnace filter. Furnace area free of accumulation of dust and debris. **LAST ANNUAL SERVICE DATE FOR FURNACE:_____.**												
9. Clean lint trap after each use, and clean air vent hose monthly for the clothes dryer.												
10. Clean stove exhaust filter, stove area kept free of hazardous conditions, and oven kept reasonably clean.												
11. No permanent use of extension cords. No deteriorated electrical cords or overloaded outlets. All cords are in the open (not under rugs, etc.), but not in the path of traffic.												
12. Deep flat-bottomed ashtrays with cigarette holder in the centre; metal containers with metal lids for the disposing of cigarette ashes and butts outside. No smoking permitted within group care facilities for children and youth Non-Smokers Health Protection Regulation MR174/2004 – N92.												
13. Evacuation plan posted on each floor level with the address and phone number for alternate short-term shelter.												
14. Fire extinguishers are undamaged, have the proper charge, pin is in place and are properly located and hung. A fire extinguisher is required on each level. **LAST ANNUAL SERVICE DATE _____.**												
15. All smoke alarms\detectors are operational when tested this month. **LAST annual SERVICE DATE _____.**												
16. Fire drills conducted and logged this month noting date of drill, time of drill, evacuation time, exits used, # of participants, problems encountered and resolutions.												

FIRE DRILL LOG

FACILITY NAME & ADDRESS:_____
MONITOR(S): _____
YEAR: _____ (Retain for a minimum of seven years.)

DATE OF DRILL	TIME OF DRILL*	EVACUATION TIME	NUMBER OF PARTICIPANTS (# STAFF # RESIDENTS)	PROBLEMS WITH PROCEDURE AND/OR EQUIPMENT	RESOLUTION TO PROBLEMS (INDICATE DATE AND ACTION TAKEN)

*Vary the time the fire drill occurs throughout the 24 hour cycle

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Volume 2: Facility Standards 2.4.14
Chapter 4: Program Requirements Approved: 1999/03/15
Section 14: Recreation Last Revised: 2017/09/10

Recreation

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

The licensee shall allow and encourage the residents to become involved in community activities by providing them with information and help in accessing resources, including culturally-appropriate opportunities. The degree of staff involvement in organizing and participating in these activities will depend on the needs and physical and mental capacities of the residents.

The licensee shall allow and encourage residents to use the facility's living and recreational areas, equipment and supplies at any reasonable time during day or evening. Basic equipment may include:

- televisions, stereos, radios, video games (of appropriate ratings), computers
- books, magazines, newspapers
- puzzles, cards, board games
- exercise equipment and DVD's
- art and craft supplies
- plants, herb gardens
- musical instruments

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

Adequate living and recreation space includes:

- up to four residents – a minimum of 100 square feet (9.3 square metres)
- each additional resident – add 11 square feet/person (1 square metre) Bedroom space is excluded when calculating recreational space.

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Volume 2: Facility Standards 2.4.14
Chapter 4: Program Requirements Approved: 1999/03/15
Section 14: Recreation Last Revised: 2017/09/10

Recreational Camps

Camps operated by the licensee, as a part of their program, are expected to comply with the Recreational Camps Regulation (Regulation 327/88 R) under *The Public Health http://web2.gov.mb.ca/laws/regs/index.php?act=P210.*

The group care facility shall provide the appropriate levels of staff supervision to ensure the safety and well-being of the residents.

The group care facility shall offer a variety of indoor and outdoor recreational activities through which the residents can find pleasure, experience success, gain confidence and explore culturally-appropriate activities.

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Visitors

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

The licensee may allow or restrict visitors, at any reasonable hour, according to written agency instructions or the individual treatment plan. The Agency approved contacts and visitors shall be documented on the resident's records.

The licensee permits residents to have visitors in keeping with the home's programs or routines. The residents' treatment plans should always be considered. Should the resident have friends over, the licensee ensures that the friends guardian is made aware of the nature of the program provided and has given permission for their youth to be present.

Should the visit be overnight, the licensee ensures that the number of youth sleeping does not exceed the occupant load issued by the municipality.

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Volume 2: Facility Standards
Chapter 4: Program Requirements
Section 16: Daily Routine

2.4.16
Approved: 1999/03/15
Last Revised: 2017/09/10

Daily Routine

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

The group living experience in the facility must address the individual needs of the residents, according to their ages and development needs. The licensee respects the children's right to privacy, including their care and safety and the proper functioning of the facility.

The licensee involves residents in daily assigned rotational chores, based on the principles of learning life skills. The licensee ensures assigned chores are in keeping with the children's age, personal and planned commitments, abilities and development. The children are given an opportunity to earn money through special assignments.

The licensee allows the resident opportunities to:

- freely express feelings and perceptions with other children and care providers
- engage in personal, group and family discussions
- exercise critical judgment in all areas of living
- participate in decision-making

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

Within reason, the licensee allows children to bring personal belongings to the facility and acquire belongings during placement. The licensee helps the children develop special talents, strengths and hobbies.

The licensee facilitates attendance at the place of worship of the child's choice, but attendance is optional in consultation with the care provider. A range of activities (ex: indoor/outdoor, recreational/leisure, individual/group) are available. Friendships outside of the facility are encouraged. The licensee works with the community to arrange support and involvement:

- for leisure activities for the child
- for culturally appropriate experiences
- for agency-approved activities with family members

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Volume 2: Facility Standards 2.4.17
Chapter 4: Program Requirements Approved: 1999/03/15
Section 17: Money and Possessions Last Revised: 2017/09/10

Money and Possessions

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

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

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

In the event of a child's death, all possessions and assets shall be released to the placing agency or jurisdiction.

Personal allowance funds

Personal allowance for a child living in a group care facility is a child's right. Allotments must be considered through mutual planning involving the child, the child's legal guardian, placing agency and facility staff. Base amounts are based on the child's age and funding and are not tied to a child's behaviour.

The approved per diem rate for facilities includes an amount for a child's personal allowance. With the group care resource's funding, each resource has budget flexibility and actual allowance rates may vary between facilities. The minimum rates are set in child maintenance manual and are $5.95 per week for children up to age 10, and $14.07 per week for youth between the ages of 11-17.

The child's treatment plan addresses issues about a child's personal allowance, considering the needs of the child and budget allowance. The agency worker ensures a child's weekly allowance is adequate and age-appropriate. The receipt and use of personal allowance money is reviewed at least quarterly at the care planning conference.

Accountability to the implemented plan is essential. Records are kept to identify the child receiving the allowances. The group care facility records weekly money given to the resident and money held in trust. These records are reviewed by the agency quarterly.

Residents can be given an opportunity to earn additional incentive money through chores or other means agreed upon with the guardian. This is separate and apart from weekly allowance but

needs to be documented and reviewed in the same manner. With the group care resource's funding, each resource has budget flexibility and amounts of incentive may vary between facilities.

Restitution is separate from personal allowance. The resident can be asked by the agency, facility or a court order to pay for intentional physical damages. The resident helps decide the amount of repayment deducted from his/her allowance. The agency worker must also agree to the arrangement. The facility must document the reason for the restitution and its repayment. The allowance is never withheld because of the residents behaviour.

The licensee has written policies and procedures on the amounts and handling of identified personal allowance money and of restitution procedures.

Allowance Record

Resident's Name_____

Facility Licence _____ Name & Address_____

Date M/D/Y	Amount Eligible	Amount Dispersed	Amount Withheld	Reason Code	Account Balance	Resident Signature

Reason Code (Enter code to explain why portion of allowance withheld)

01 - Court ordered restitution (Recorded in Restitution Record)

02 - Program related restitution (Recorded in Restitution Record)

03 - In House Trust

04 - Other(Specify)

Restitution Record

Resident's Name_____

Facility Licence _____ Name & Address_____

Date M/D/Y	Code 1 or 2	Cause for restitution	Amount Due	Amount Paid	Balance	Resident Signature

Both Allowance and Restitution Record are to be maintained on site and made available for review, by authorized personnel, on request and included in Resident's Record (as per Section 26 of Child Care Facilities (Other than Foster Homes) Licensing Regulation, and provided with complete record to Agency upon discharge.

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Volume 2: Facility Standards 2.4.18
Chapter 4: Program Requirements Approved: 1999/03/15
Section 18: Health Care Last Revised: 2017/09/10

Health Care

The licensee fosters in each child the importance of sound health and personal hygiene practices. They also provide information on normal body growth and development and sexuality including diversity in sexual orientation and gender identity.

The licensee ensures that a newly-admitted child's health and health history will not put any other resident in the facility at any health risk through the use of universal precaution.

Prior to admission, or at admission, the licensee must obtain documentation on the resident's medical, optical and dental history. If the resident's medical, optical and/or dental histories are not current, the licensee must arrange for the medical, dental and/or optical checks within 30 days of admission to the group care facility.

The licensee facilitates at least one annual physical and dental examination, an optical examination every 24 months and any follow-up requirements.

Where possible, the child's family physician continues to provide ongoing medical supervision while the child in care. Where this is not possible, the attending physician should consult with the child's family physician.

The licensee, together with the agency, discusses the need for medical checkups after an unplanned absence and completes a follow-up as determined.

The licensee documents and maintains an immunization program for each child.

The licensee maintains secure, cumulative health records accessible to the agency. The files should include dates, reason for referral, name of the doctor and follow-up between quarterly reviews. The licensee includes this information in the individual or treatment program plan. All original medical information is returned to the agency when the child is discharged and/or enters a new placement.

MEDICAL RECORD

Resident's Name _____

Doctor's Name: _____ **Address:** _____ **Phone #** _____

Licence Number & Address: _____

Date of Appt.	Reason for Visit	Results and Follow-Up

DENTAL RECORD

Resident's Name _____

Dentist's Name: _____ **Address:** _____ **Phone #** _____

Licence Number & Address: _____

Date of Appt.	Reason for Visit	Results and Follow-Up

OPTICAL RECORD

Resident's Name _____

Doctor's Name: _____ **Address:** _____ **Phone #** _____

Licence Number & Address: _____

Date of Appt.	Reason for Visit	Results and Follow-Up

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Volume 2: Facility Standards 2.4.18
Chapter 4: Program Requirements Approved: 1999/03/15
Section 18: Health Care Last Revised: 2017/09/10

Diabetic management

Referral and admission of an insulin-dependent child with diabetes to a licensed group care facility shall be based on assessment of the licensee's ability to provide the required care and a determination that a licensed group care facility is the most appropriate site for care. The assessment should include care planning, education and training requirements of the insulin-dependent child, the licensee and child care staff. The assessment should also address referral to a Diabetes Education Resource (if applicable) and follow up of the child throughout placement. Wherever possible children are taught self-management skills through the Diabetes Education Resource.

Where admission of an insulin-dependent child with diabetes to a licensed group care facility is planned, the following standards apply.

1. A care plan has been developed and the referral process meets regional program requirements and guidelines.
2. The child with diabetes, the licensee and group care staff have received instruction in the care and management of diabetes to the extent assessed as necessary.
3. The person(s) responsible for administering the insulin injections has/have been identified, and the need and intervals of blood glucose monitoring documented.
4. The licensee has been assessed as capable of providing the required care.
5. A health care professional has been assigned to monitor the individual's care, specific to their diabetic condition, throughout the placement.

Medication Policy

Storage, Sanitation & Safety

All medications/drugs shall be stored under the following proper sanitation, temperature, light, ventilation, moisture, segregation and secure conditions:

- Be remote from direct sources of heat, moisture and sunshine
- Be well-lit and placed as close to eye level as possible
- Be locked when not in use
- Be in a space where damage does not occur

Medications and drugs requiring refrigeration should be stored separately from food in the refrigerator and stored in a locked container.

The medication and drug storage area shall be used primarily for the storage of medications and drugs.

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Volume 2: Facility Standards 2.4.18
Chapter 4: Program Requirements Approved: 1999/03/15
Section 18: Health Care Last Revised: 2017/09/10

Administration of medications

Prescribed medications shall be administered only on the order of a qualified physician or licensed health care professional.

Non-prescription medications may be administered providing that approval has been received from a qualified physician, licensed prescriber or dispensing pharmacist. Written standing orders and documentation of verbal approvals shall be maintained on the child's file and updated and revised as necessary. Approval is acceptable in the form of a written standing order or a verbal order or recommendation. Verbal authorizations must also be documented and retained on the resident's file.

The licensee shall consult with the dispensing pharmacist to establish procedures to manage the children's medication needs:

- the systematic filling and delivery of prescriptions
- the return and re-packaging of pill packs when new prescriptions are ordered, medications are discontinued, or dosages are revised or missed.

The licensee shall confirm the level of pharmaceutical services including consultation, drug counselling and information about the child's drug treatment.

Medications prescribed for one child shall not to be administered to any other person.

Authorization For Non-Prescription Drugs

The Child Care Facilities (other than Foster Homes) Licensing Regulation requires that all non-prescription drugs be authorized by a qualified physician, licensed prescriber or dispensing pharmacist, prior to their administration to individuals in group care.

The following non-prescription drugs may be administered to _____ on an "as required" basis. (Resident's Name)

Cough Preparations _____

Common Cold Preparations _____

Antihistamines _____

Analgesics _____

Laxatives _____

Vitamins _____

Other _____

Indicate any known allergies:

This authorization should be periodically reviewed and revised as required.

_____ _____

(Date) (Prescriber Signature)

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Volume 2: Facility Standards 2.4.18
Chapter 4: Program Requirements Approved: 1999/03/15
Section 18: Health Care Last Revised: 2017/09/10

Dispensing

The system established as the standard for the dispensing of scheduled prescription and non-prescription medications shall be a controlled dosage bubble pack, specifically a weekly pill pack or strip.

Prescription and non-prescription drugs may be dispensed in alternate packaging in situations where medications are:

- required to be administered for more than four standardized administration times
- should not be combined with other medications
- dispensed to cover emergency situations
- dispensed as a temporary supply pending re-dispensing of pill packs
- dispensed for short term (less than ten days)
- pre-packaged and safety sealed at point of manufacture; i.e. oral contraceptives, pain relievers, cold and vitamin preparations
- a “PRN” (per require need) basis
- controlled or narcotic drugs requiring control counts and double lock storage for security

Medications shall be maintained in the original labelled container. Licensees and staff shall not alter the label by the pharmacist or re-label any medication container.

Dispensing procedures require staff to:

1. identify the child by name and cross check the name on the pill pack/original labelled container to ensure it matches the person identified
2. select the correct day and time on the pill pack or instructions on the label
3. punch out the contents of the correct bubble or remove the correct dosage from the container
4. administer the contents of the bubble or container following the labelled instructions i.e. document on the MAR form

Residents may self-administer their medications provided that the care plan includes in writing the required authorizations from the attending physician and supervising agency. An appropriate level of drug security is maintained to prevent unauthorized access and risk to others. Maintenance of drug security remains the responsibility of the licensee.

Authorization For Self-Administration Of Medication

The Child Care Facilities Licensing and Standards Manual Medication Policy states that residents may self-administer their medications provided that the Care Plan documents the required **authorizations from the attending physician and Supervising Agency** and an appropriate level of drug security is maintained to prevent unauthorized access and risk to others.

_____

(Resident's Name)

_____

(Facility Licence and address)

The above-named resident may self-administer:

i) All medications and be responsible for their medication ☐

ii) All medications but the medication is stored by Licensee ☐

iii) Treatments only, i.e. creams, shampoo ☐

iv) Inhalers, etc. only ☐

v) While on social leave ☐

vi) Other _____ ☐

Date: _____

Attending Physician: _____

Supervising Agency/Worker: _____

This authorization should be periodically reviewed and revised as required.

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Records

A monthly Medication Administration Record (MAR) provided by the dispensing Pharmacy must be maintained for each child for whom medication administration services are provided. The MAR will list all current medications, the dosage and the time they are to be administered and indicate standardized codes to be entered under specific circumstances where a drug is not administered. Examples are social leave, resident refusal, hospitalization, etc.

1. The licensee shall record when all medications – prescribed, non-prescription and PRN – are given immediately following administration by initialing the appropriate date and time slot on the MAR.
2. Where revisions are made to the resident's medication regime; dosage increased or decreased or a new medication ordered or a medication discontinued, the licensee shall contact the pharmacist to arrange for re-dispensing of the medications and;

    a. where the dispensing pharmacist provided the MAR, arrange to have an updated MAR provided to reflect the change(s).

    b. where the licensee is using the MAR provided by the licensing authority, the licensee shall update the MAR to reflect the changes.

In emergency situations where the MAR is not immediately available through the pharmacist, the licensee shall complete a blank MAR for each resident listing all current medications, the dosage and the time(s) they are to be administered.

MEDICATION ADMINISTRATION RECORD

MEDICATION	Hour Given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

1. DRUG REFUSED 2. PHARMACIST DIRECT NOT TO ADMINISTER 3. DRUG MISSED DUE TO UNPLANNED ABSENCE
4. SOCIAL LEAVE 5. HOSPITALIZED 6. DRUG ORDERED NOT RECEIVED 7. OTHER

STAFF SIGNATURE	INIITALS	STAFF SIGNATURE	INITIALS	STAFF SIGNATURE	INITIALS

Resident's Name: _____

Month/Year _____

PRN MEDICATION					
DATE	**TIME**	**MEDICATION & DOSAGE**	**CODE**	**REASON**	**RESULTS OR RESPONSE**

CONSULTATIONS / COMMENTS:

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Management of medication during planned absences

The licensee will ensure that a system is established to manage the child's medications during periods of planned absence from the facility when attending day services or while on social leave.

Day Programs/Services

Where day program or services staff are responsible for administering children's medication(s), the licensee shall request that the pharmacist deliver medications for week day administration hours (0900-1600 hours) in weekly pill packs directly to the day program or services supervisor.

Where day program or services staff are not responsible for administering children's medication(s), the licensee shall consult with the pharmacist to determine if administration times could be adjusted to eliminate the need for administration during day program or services hours.

Where it is not possible to adjust administration times, the licensee shall consult with the supervising agency to establish an appropriate alternate procedure for the administration of children's medications during day program or services hours.

The approved plan shall be documented and kept on the child's file and updated as required.

Social Leave

When a child is absent from the facility for one month or less, the licensee shall provide the person responsible for supervising the child with weekly pill packs for the period of the child's absence.

When a child is absent from the facility for more than one month, the licensee shall consult with the supervising agency and the pharmacist to make arrangements to have medications dispensed directly to the person supervising the child.

The licensee shall indicate the child's absence by documenting the appropriate code on the MAR form.

When the child returns to the child care facility, the licensee shall contact the pharmacist and arrange for medication delivery.

Disposal of Medications

Medications refused, spoiled, or removed from the original labelled container and not taken by the child, should be documented on the child's file and properly disposed of. Outdated, unused or discontinued medication shall be documented and appropriately disposed of.

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Drug injection equipment and needles used in administering medication must be disposed of using proper containers and procedures. Check with your pharmacist for the proper method of disposal in your area.

The licensee is responsible to ensure appropriate procedures for separation from current drug stocks and appropriate disposal is done.

1. Remove the medication from the current stock of medications at the time of the occurrence.
2. Store the medication in the drug storage facility separately from the spoiled medication.
3. List the spoiled medication(s) noting name, strength, number of pills and the name of the child for whom they were prescribed on the Inventory of Drugs for Disposal Form.
4. Return the medication(s) to the pharmacy for disposal at regular intervals as established with the pharmacist.
5. Maintain a copy of the Inventory of Drugs for Disposal Form in the facility for all drugs returned for seven years after the date when the resident reaches the age of majority.

Inventory Of Drugs For Disposal

FACILITY NAME & ADDRESS_____ LICENCE #____

Drug Name	Strength	# Pills	Resident's Name	Staff Signature

Return Date _____

Signature of Staff Returning Drugs _____

Signature of Pharmacist Receiving Drugs _____

Pharmacy Name _____ Address _____

Medication errors

Medication errors shall be documented on the Incident Report Form and reported as required. Medication errors are either Resident Specific or System Specific.

A Resident Specific medication error is defined as the administration of the wrong medication or dose of medication to the wrong resident or at the wrong time; or the failure to administer a child's medication at the specified time or in the manner prescribed.

1. Where a Child Specific error is made, the licensee shall take immediate action to protect the life and health of the child.
2. The child's physician, pharmacist or the poison control centre shall be contacted immediately to report the error, receive direction and initiate intervention as directed. The type of medical direction received must be documented on the Incident Report form.

A System Specific medication error is defined as an incident which does not directly affect a child because no wrong medication was administered to the child. It would include such situations as missing medications that cannot be accounted for, a pharmacy dispensing error, or a missing drug storage facility key.

1. Where a System Specific error involving a dispensing error occurs, the licensee shall contact the pharmacist to report the error and return the medication containers to the pharmacy for re-dispensing.
2. Where other system errors involving facility procedures occur, the licensee shall investigate the incident and take the action needed to prevent it from happening again.

Narcotic and Controlled drugs

The Controlled Drugs and Substances Act and the Food and Drugs Act regulate the handling of narcotics and controlled drugs by manufacturers, prescriber, pharmacists and hospitals. There is no federal legislation governing storage and recording of these drugs in licensed group care facilities. This is because a child care facility is considered to be the residence of the person for whom the drugs are supplied. Licensees of licensed child care facilities are responsible for ensuring the safety of children and the security of drugs.

These standards provide procedures for the control and handling of narcotics and controlled drugs in licensed child care facilities.

When narcotic or controlled drugs are ordered for a child, the licensee shall maintain the following standards for documentation, storage and disposal.

Narcotic and Controlled Drug Storage

All narcotics and controlled drugs shall be stored under double lock. This means a locked container inside the locked drug storage area

Keys to the narcotic/controlled drug storage area shall be carried by designated staff on each shift.

Narcotic and Controlled Drug Records

A separate Narcotic/Controlled Drug Inventory Record shall be maintained for each narcotic or controlled drug order.

A Narcotic/Controlled Drug Record Book shall be maintained with a separate inventory record for each drug.

The Narcotic/Controlled Drug Inventory Record shall contain the following:

1. drug name and strength
2. dosage form of the medication (tablet, syrup, suppository, etc.)
3. name of the resident
4. name of the prescriber
5. quantity received
6. present count
7. dose administered
8. date and time of administration
9. signature of person administering the medication
10. balance remaining

A control count shall be done to verify that the actual inventory of each drug balances with the remaining balance documented on the Narcotic/Controlled Drug Inventory Record not less than once per week. The control count shall be signed by the person conducting the count and countersigned by another staff observer.

When all of the Narcotic/Controlled medication has been administered the Inventory Record shall be filed in the Resident's Record.

Other drugs subject to abuse may be controlled by the use of the Narcotic/Controlled Drug Inventory Record.

Disposal of narcotic and controlled drugs

All unused narcotic or controlled drugs shall be returned to the pharmacy for disposal within 7 days.

A separate record shall be maintained for each narcotic and controlled drugs returned for disposal on the Inventory of Controlled Drugs For Disposal Form.

Where narcotic or controlled drugs are returned to the pharmacist for disposal, both the Narcotic/Controlled Drug Inventory Record and the Inventory of Controlled Drugs for Disposal Form shall be signed by the receiving pharmacist and copies maintained on a file maintained in the facility.

Maintain a copy of the Inventory of Controlled Drugs for Disposal Form in the facility for all drugs returned for seven years after the date when the resident reaches the age of majority.

Narcotic/Controlled Drug Medication Inventory Record

MEDICATION NAME AND STRENGTH_____

DOSAGE FORM _____QUANTITY RECEIVED _____

RESIDENT'S NAME _____ PHYSICIAN_____

FACILITY NAME & ADDRESS_____ LICENCE #_____

Present Count	Date/Time	Dose	Administered By	Balance

*If any of this drug is unused, enter the quantity and date of return below, document the required information on the Inventory of Drugs for Disposal form, and return both forms with the drugs for disposal to the pharmacist.

Quantity Unused _____ Date of Return for disposal _____

Pharmacist Signature _____

Narcotic Control Count

MEDICATION NAME AND STRENGTH_____

DOSAGE FORM _____QUANTITY RECEIVED _____

RESIDENT'S NAME _____ PHYSICIAN_____

FACILITY NAME & ADDRESS_____ LICENCE #_____

Date	Actual Count	Balance on Control Sheet	Staff Conducting Count	Staff Observer

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Volume 2: Facility Standards 2.5.1
Chapter 5: Facility Requirements Approved: 1999/03/15
Section 1: Space Accommodation Last Revised: 2017/03/01

Space and Accommodation

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

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

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

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

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

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

Bedroom Space

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

Residents who are not siblings shall not share a bedroom. Siblings of different sex, over age 5 (five) years, shall not share a bedroom. Same sex siblings, age 0-5 years, shall not share a bedroom with siblings older than 8 years of age.

The licensee shall ensure that each bedroom is appropriately furnished. It should be decorated in a home like manner, and must have window coverings to ensure privacy.

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

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

The licensee will provide:

- A separate bed for each resident which shall:
  - be a minimum of 99 centimeters (39 inches) wide for each adolescent, 61 centimeters (24 inches) wide for each child and long enough for the resident
  - have level, substantial springs, a comfortable mattress, a pillow, a pillow case, two sheets and sufficient blankets or coverings
  - have mattresses and bed springs that are level and in good condition
  - have clean, sanitized mattresses and/or box springs at all times
  - mattresses and pillows with protective covers where required by the resident
  - A complete set of clean linens shall be provided, minimally, once per week and more often when necessary
  - Blankets, comforters and bedspreads shall be cleaned regularly as required to keep them clean
  - Bed linens, blankets and bedspreads shall be replaced when worn or torn
  - Blankets and bed coverings must be comfortable

Cribs shall be provided for any child less than two years of age. Cribs, crib mattresses, playpens and cradles shall meet requirements as specified in *Consumer Product Safety Act* which can be found at http://laws-lois.justice.gc.ca/eng/acts/c-1.68/index.html.

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

Storage space for Resident's belongings

The licensee shall provide each resident with separate, adequate bedroom storage space for their clothing. Appropriate storage areas might be a chest of drawers, a dresser, built-in drawers or shelves or a clothes closet.

The licensee must provide a secure area for the storage of residents' personal possessions.

Bathing and toilet facilities

Child care facilities, where care and supervision are provided to children who may not be able to safely manage bathing, shall be equipped with a system to control water temperature in bathing and shower facilities. These requirements will be identified for the licensee during the licensing process.

The licensee shall maintain water, from tap(s) and shower head(s) in all bathrooms, bathing and shower facilities, at a temperature which does not exceed 125° F (49° C). Several methods may be used to regulate the water temperature. When regulating water temperature, licensees should be aware that the temperature requirement for bathing and washing facilities may not be high enough for automatic dishwashers. Licensees are advised to contact a qualified trades person to determine the most feasible option.

The licensee shall equip every bathroom door in the facility with an approved passage set which may be:

- locked from the inside to ensure resident privacy
- opened from the inside without the use of a key or any special device
- opened from the outside in case of emergency
- The licensee shall keep a key or device to unlock the bathroom doors in an area of the facility which is easily accessible to staff and/or carried by the staff at all times.

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

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

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Volume 2: Facility Standards 2.5.1
Chapter 5: Facility Requirements Approved: 1999/03/15
Section 1: Space Accommodation Last Revised: 2017/03/01

Weight Bearing Risks

In light of ongoing risks of tragic losses of young lives due to suicide deaths by hanging, a directive was issued to all licensees of group care facilities in September 2009 to **remove all weight bearing objects and structures from all resident bedrooms and other isolated areas that could pose an accidental or intentional hanging risk** and that immediate action be taken where necessary.

The Licensing Specialists continue to be vigilant when onsite at group care facilities in reviewing each facility for compliance with this directive. However, in order to ensure that risk is continuously reduced, it is imperative that operators and staff of group care facilities remain attentive to this issue at all times.

It is the responsibility of the licensee to continually assess and inspect their licensed group care facilities so that all weight bearing objects and structures have been removed or cut (and are no longer weight bearing) from all resident bedrooms and other isolated areas.

While it is imperative to be vigilant on the physical risks, it is always important that child and youth care practitioners formally and informally consult with team members and professional colleagues and seek to provide adequate levels of supervision to youth deemed high risk for suicidal gestures and/or ideation through regular case reviews, observation and/or formal discussion. A youth's current state of mind should always be taken into consideration when determining necessary levels of supervision.

Dining area

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

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

The licensee shall ensure that the dining area has adequate seating, in good repair, for all the residents and the staff. The licensee shall provide enough crockery and eating utensils in good repair to serve the number of residents the facility is licensed to house.

Kitchen

The authority having jurisdiction for health shall apply standards to ensure minimum requirements for refrigeration, cooking and dishwashing are in place.

The licensee shall provide adequate cooking utensils for food preparation in the facility and shall routinely inspect the cooking utensils to ensure they are maintained in a sanitary condition and are free of chips, cracks or damage. Damaged items shall be replaced immediately.

Storage areas for housekeeping supplies

The licensee shall provide adequate storage space for enough cleaning and housekeeping products to maintain the facility.

Cleaning, housekeeping supplies and hazardous products shall be stored securely and separately from food.

Laundry facilities

A washing machine, dryer, iron, ironing board and other clothing care equipment shall be made available to those residents who choose to do their own laundry.

The licensee is responsible for laundering the residents' clothing weekly, or more frequently when necessary. Laundry service shall include collection, sorting, laundering, folding, ironing and mending residents' clothing.

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards
Chapter 5: Facility Requirements
Section 2: Video Surveillance

2.5.2
Approved: 1999/03/15
Last Revised: 2017/03/01

Video Surveillance Cameras

Any installation of cameras in a group care facility must first be approved by the Director, as there are a number of concerns in regards to the Charter of Rights and Freedoms ("the Charter"); Civil Liability; and Compliance with Privacy Laws as explained below. It is important to note that there is a distinction between those facilities deemed as homes (group and maternity homes, for example) and those deemed as temporary shelters and treatment facilities.

Regarding the Charter

The Supreme Court of Canada has interpreted Section 8 of the Charter as implicitly containing a right to privacy in one's home, and it has found that video surveillance constitutes a search under the Charter.

Regarding Civil Liability

At a minimum, video surveillance of a child in their placement can only occur if there is the ability to turn off the cameras when a third party attends the home; the equipment is installed in a manner that ensures minimal invasiveness; and the facility has an approved policy regarding when and where video surveillance will be used, storage and security measures, access and destruction protocols and intended use and disclosure of the recordings.

Regarding Privacy Laws

The recordings of residents that result from the surveillance constitute a record made under the Child and Family Services Act, therefore the licensee would need to ensure that any saved recording is confidential, stored in a secure place and is given to the placing Agency when the resident is discharged.

The footage could not be used for training purposes, nor would the licensee have the ability use it to respond to human resource matters or complaints made by staff without a court order. Regarding the false allegation issue, the recordings would remain confidential and could be disclosed only in accordance with Section 76.

For further information see the Manitoba Ombudsman's Video Surveillance Guidelines. And the Federal Government's document Overt Video Surveillance in the Private Sector.

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.5.3
Chapter 5: Facility Requirements Approved: 1999/03/15
Section 3: Equipment and Supplies Last Revised: 2017/09/10

Equipment and Supplies

Telephone

Residents shall have access to a telephone to contact their Guardian and/or the Children's Advocate at any time. A resident's right to privacy during telephone conversations shall be respected. Telephone calls may be monitored or restricted only where indicated in the resident's treatment plan.

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

Clothing and Personal Supplies

The licensee, in consultation with the agency or jurisdiction, talks to the child to decide his/her personal clothing needs, appropriate to age, gender, activities and season and helps the child with personal shopping, unless an alternate plan is approved. Each resident should have the opportunity and experience to select age-appropriate clothes and care for them.

Clothing contributes to feelings of self-worth and dignity. Clothing shows a respect for individuality and demonstrates that someone cares for a child or youth. Such clothing should be provided so a child develops self-esteem and a sense of personal responsibility.

The licensee ensures clothing is clean, in good repair and appropriate. The licensee advises the agency of initial clothing requirements, completes and maintains a clothing and personal belonging inventory for each resident.

The licensee ensures the child has age-appropriate toiletries and other supplies for daily hygiene and personal care.

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.5.3
Chapter 5: Facility Requirements Approved: 1999/03/15
Section 3: Equipment and Supplies-First Aid Kit Last Revised: 2017/09/10

First Aid Kit

Content of first aid kit as per the Workplace Safety and Health Act:

General:

- a recent edition of a first aid manual,
- a pair of impervious disposable gloves,
- a disposable resuscitation mask with a one-way valve,
- a disposable cold compress,
- 12 safety pins,
- splinter forceps,
- one pair of 12 cm bandage scissors,
- 25 antiseptic swabs,
- waterless hand cleaner,
- waterproof waste bag;

Dressings — each of the following items must be sterile and individually wrapped in order to maintain sterility:

- 16 surgical gauze pads (7.5 cm squares),
- 4 pads (7.5 cm × 10 cm, non-adhesive),
- 32 adhesive dressings (2.5 cm wide),
- 2 large pressure dressings,

Bandages:

- 3 triangular bandages (1 m each),
- 2 conforming bandages (10 cm each),
- 2 rolls of 2.5 cm adhesive tape,
- 1 roll of 7.5 cm elastic adhesive bandage,
- 2 rolls of 7.5 cm tensor bandage.

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.5.4
Chapter 5: Facility Requirements Approved: 1999/03/15
Section 4: Food Services Last Revised: 2017/09/10

Food Services

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

The licensee shall ensure at least three meals are prepared and served daily to the residents at recognized mealtimes. The meals should be varied, attractive and in accordance with Canada's Food Guide to Healthy Living. Recognized mealtimes have been established as:

- Breakfast 0700 0900 hours (7:00 a.m. – 9:00 a.m.)
- Lunch 1130 1330 hours (11:30 a.m. – 1:30 p.m.)
- Dinner 1700 1900 hours (5:00 p.m. – 7:00 p.m.)

Recognized meal times may be changed to accommodate residents' schedules, if changes are acceptable to the residents and are not detrimental to their wellbeing. There should be sufficient amounts of food prepared to allow for second helpings.

The licensee must also ensure that healthy between-meal snacks are readily available and in sight (not locked) for residents. When a resident is not present during meal hours, a meal plate will be refrigerated or another option will be provided which is in accordance with the Food Guide.

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

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

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

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

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.5.4
Chapter 5: Facility Requirements Approved: 1999/03/15
Section 4: Food Services Last Revised: 2017/09/10

Menus

The licensee shall prepare weekly menus in advance and indicate and retain any changes in the actual foods served. The menus and changes should be kept for at least three months.

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

Residents should be encouraged to eat many different foods while recognizing personal and cultural preferences, medical diets, etc.

Weekly Menu Licence #_____

Date _____ **To** _____

	MON	TUES	WED	THUR	FRI	SAT	SUN
BREAKFAST							
LUNCH							
DINNER							
SNACK							

Menu Revisions Licence #_____

Date _____ **To** _____

	BREAKFAST	LUNCH	DINNER
SUN			
MON			
TUE			
WED			
THUR			
FRI			
SAT			

Record all revisions to the scheduled menu and retain on file for review for a minimum of three months.

Manitoba Families

Child and Youth Services Division

Volume 2: Facility Standards 2.5.5
Chapter 5: Facility Requirements Approved: 1999/03/15
Section 5: Safety and Health Practices Last Revised: 2017/09/10

Safety and health practices

The licensee shall ensure that the guidelines below are maintained, unless otherwise approved by the Director.

Residential Care Facility Guideline
www.gov.mb.ca/health/publichealth/environmentalhealth/protection/docs/rcfg.pdf

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

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