



Developmental
SERVICES

DEVELOPMENTAL SERVICE (DS) COMPLIANCE INSPECTION: INDICATOR LIST

For ADULT DEVELOPMENTAL SERVICES

Ontario Regulation 299/10 – Quality Assurance Measures and Policy Directives for Service Agencies made under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA)

January 2015



Table of Contents

Foreword	2
Inspection Categories	5
Policies and Procedures	16
Board Records	70
Staff-Volunteer Records	79
Individual Records	104
Records and Documentation	183
Site Inspection	220

Ministry of Community and Social Services

© Queens's Printer for Ontario, 2015

ISBN 978-1-4606-5071-4 (PDF)

01/15

Disponible en français

Foreword

As part of the developmental services (DS) transformation, the government passed the **Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008** (SIPDDA). All DS agencies funded by the Ministry of Community and Social Services (MCSS) are required to comply with standards set out under SIPDDA as follows:

- As of January 1, 2011, the Ontario Regulation 299/10, **Quality Assurance Measures (QAM)**
- As of June 1, 2012, the **Policy Directives for Service Agencies or, for Developmental Service Offices, the Policy Directives for Application Entities.**

Under SIPDDA, MCSS has the authority to inspect DS agencies and Developmental Services Ontario offices to ensure compliance with the minimum standards. Compliance inspections are completed by ministry staff (Program Advisors).

During an inspection, Program Advisors use a DS Compliance Inspection Report; the **Indicator List** in this document replicates that report, capturing both QAM and policy directive requirements. They are categorized as follows:

- Policy/Procedures
- Board Records
- Records/Documentation
- Individual Records
- Staff-Volunteer Records
- Site Inspection.

Note: A requirement could apply to multiple categories (i.e. Policy/Procedure and Records/Documentation).

The Indicator List outlines:

- Policy **intent** of the QAM and policy directives requirements;
- **Applicability** of the QAM and policy directives requirements to SIPDDA-funded services and supports;
- Specific **indicators** to confirm and verify compliance; and,
- Agency **actions required** to address areas of non-compliance.

Note: Sections of QAM and the policy directives may apply to specific ministry-funded developmental services and supports as follows:

- Supported Group Living Residences = SGLR
- Intensive Support Residences = ISR
- Community Participation Services and Support = CP
- Activities of Daily Living = ADL
- Caregiver Respite Services and Supports = RESP

We encourage service agencies to use the information provided throughout the Indicator List to further educate and support compliance within their organizations.

Inspection Categories

SGLR	Supported Group Living Residences
ISR	Intensive Support Residences
CP	Community Participation Services and Support
ADL	Activities of Daily Living
RESP	Caregiver Respite Services and Supports

Policies and Procedures	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
1. Follow P&P	●					
2. Writing, Date, Current Practice	●					
3. Mission Statement	●					
4. Service Principles	●					
5. Statement of Rights	●					
6. Management of Finances	●					
7. Public Health Information	●					
8. Health Concerns	●					
9. Medical Services	●					
10. Medication Administration, Self	●					
11. Medication Errors, Refusals	●					
12. Medical Services, Refusals	●					
13. Emergency Medical Services	●					
14. Medication, Access and Storage	●					
15. Medication, Transfer	●					
16. Medication, Responsibility	●					
17. Abuse, Documentation and Reporting	●					
18. Abuse, Supporting Persons	●					
19. Abuse, Dealing with Staff & Volunteers	●					
20. Abuse, Zero Tolerance	●					
21. Abuse, Notification	●					
22. Abuse Notification, Consent	●					

Policies and Procedures	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
23. Privacy and Confidentiality	●					
24. Personal Information, Consent	●					
25. Equipment Maintenance	●					
26. Personal Safety and Security	●					
27. Orientation and Initial Training, P & Ps	●					
28. Orientation and Initial Training, Individual Needs	●					
29. Training, Ongoing	●					
30. Record Retention and Storage	●					
31. Training, Challenging Behavior	●					
32. Behaviour Intervention Strategies	●					
33. Behaviour Intervention Strategies, Volunteers	●					
34. Secure Isolation, Confinement/Time Out, Interval Monitoring		●	●	●	●	●
35. Secure Isolation, Confinement/Time Out, Duration/Maximum Time		●	●	●	●	●
36. Secure Isolation, Confinement/Time Out, Continuous Observation, Monitoring Protocols		●	●	●	●	●
37. Secure Isolation, Confinement/Time Out, Record Keeping		●	●	●	●	●
38. Secure Isolation, Confinement/Time Out, Notification, Key Staff		●	●	●	●	●
39. Use of Intrusive Behaviour Intervention, Consent and Notification		●	●	●	●	●
40. Use of Intrusive Behaviour Intervention, Consent and Notification/Regular Updates		●	●	●	●	●
41. Use of Intrusive Behaviour Intervention, Consent and Notification/Crisis Situation		●	●	●	●	●
42. Third Party Review Committee, Membership and Roles		●	●	●	●	●
43. Food and Nutrition		●	●			
44. Inventory, Personal Property		●	●			
45. Pets and Service Animals		●	●			
46. Scalding Prevention, 49 Degrees Celsius		●	●			
47. Supervision, Bathing & Showering		●	●			
48. Feedback/Complaints, Individual	●					
49. Feedback/Complaints, Person Acting on Behalf	●					
50. Feedback/Complaints, Public	●					

Policies and Procedures	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
51. Complaints/Feedback, Way Received	●					
52. Complaints/Feedback, Documentation	●					
53. Complaints/Feedback, Investigating	●					
54. Complaints/Feedback, Expected Timelines	●					
55. Complaints/Feedback, Process for Responding	●					
56. Complaints/Feedback, Roles and Responsibilities	●					
57. Complaints/Feedback, Consideration for Roles & Responsibilities	●					
58. Complaints/Feedback, Board of Directors/Roles and Responsibilities	●					
59. Complaints/Feedback, Conflict of Interest	●					
60. Fair Review Process	●					
61. Complaints/Feedback, Reporting to Police	●					
62. Complaints/Feedback, Reporting to Ministry	●					

Board Records

1. Mission Statement, Service Principles, Statement of Rights	●					
2. Mission Statement, Service Principles, Statement of Rights, Annual Review	●					
3. Mission Statement, Service Principles, Statement of Rights, Review Dates	●					
4. Financial Records, Annual Review Report	●					
5. Abuse Policies Orientation, Annual	●					
6. Privacy and Confidentiality Orientation	●					
7. References	●					
8. References, ASAP	●					
9. References, Supervision	●					

Staff-Volunteer Records

1. Mission Statement, Service Principles, Statement of Rights	●					
2. Mission Statement, Service Principles, Statement of Rights, Annual refresher	●					
3. Mission Statement, Service Principles, Statement of Rights, Dates	●					

Staff-Volunteer Records	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
4. Training, First Aid & CPR	●					
5. Training, Specific Needs	●					
6. Training, Third Party	●					
7. Abuse, Training	●					
8. Abuse, Annual Training	●					
9. Privacy and Confidentiality, Training	●					
10. Emergency Preparedness Plan, Training	●					
11. Orientation and Initial Training, P & P's	●					
12. Orientation and Initial Training, Individual Needs	●					
13. Training, Ongoing	●					
14. References, Staff	●					
15. References, Volunteers	●					
16. Written Protocols, Local Police	●					
17. References, ASAP	●					
18. References, Supervision	●					
19. Training, Physical Restraint		●	●	●	●	●
20. Physical Restraint, Training Package, Suitable for Adults with a Developmental Disability		●	●	●	●	●
21. Physical Restraint, Training Package/Emergency Situations		●	●	●	●	●
22. Training, Behaviour Support Plan		●	●	●	●	●
23. Training, Behaviour Interventions		●	●	●	●	●
24. Training, Behaviour Interventions, Volunteers		●	●	●	●	●
25. Training Records, Behaviour Interventions		●	●	●	●	●
26. Training & Refresher, Behaviour Interventions		●	●	●	●	●
27. Behaviour Intervention Strategies, Volunteers		●	●	●	●	●

Individual Records

1. Mission Statement, Service Principles & Statement of Rights	●
2. Mission Statement, Service Principles & Statement of Rights, Annual Refresher	●
3. Mission Statement, Service Principles & Statement of Rights, Review Dates	●

Individual Records	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
4. Privacy & Confidentiality	●					
5. Personal Information, Consent	●					
6. Abuse, Education/Refresher	●					
7. Community Activities	●					
8. Informed Decisions, Risk Considerations	●					
9. Individual Support Plan	●					
10. Individual Support Plan, Annual Review	●					
11. Individual Support Plan, Sharing Information	●					
12. Individual Support Plan, Date	●					
13. Individual Support Plan, Participation	●					
14. Individual Support Plan, Assessments	●					
15. Individual Support Plan, Involved Persons	●					
16. Individual Support Plan, Goals & Outcomes	●					
17. Individual Support Plan, Community Resources	●					
18. Individual Support Plan, Funded Services & Supports	●					
19. Individual Support Plan, Actions	●					
20. Individual Support Plan, Roles & Responsibilities	●					
21. Individual Support Plan, Services & Supports	●					
22. Individual Support Plan, Allocated Resources	●					
23. Individual Support Plan, Update	●					
24. Individual Support Plan, Safeguards	●					
25. Individual Support Plan, Finances	●					
26. Adequate Support Staff	●					
27. Financial Records, Separate	●					
28. Financial Records, Annual Review	●					
29. Medical Services	●					
30. Medical and Dental Appointments		●	●			
31. Medical Services, Refusals	●					
32. Emergency Medical Services	●					
33. Medication Administration, Self	●					

Individual Records	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
34. Medication Errors/Refusals	●					
35. Medication Administration Record		●	●			
36. Information, Prescription Medication		●	●			
37. Public Health Information	●					
38. Information, Diet & Nutrition		●	●			
39. Information, Personal Hygiene		●	●			
40. Information, Personal Fitness		●	●			
41. Information, Sexual Health		●	●			
42. Information, Health & Safety		●	●			
43. Information, Self-Esteem & Well-Being		●	●			
44. Information, Communication		●	●			
45. Information, Relationships		●	●			
46. Service Record, Individual	●					
47. Service Record, Application for Developmental Services and Supports	●					
48. Service Record Supports Intensity Scale	●					
49. Service Record, Individual Support Plan	●					
50. Service Record, Retention	●					
51. Behaviour Support Plan, Individual		●	●	●	●	●
52. Behaviour Support Plan, Individual's Involvement		●	●	●	●	●
53. Behaviour Support Plan, Consent		●	●	●	●	●
54. Behaviour Support Plan, Fading and Elimination		●	●	●	●	●
55. Behaviour Support Plan, Adaptive skills		●	●	●	●	●
56. Behaviour Support Plan, Challenging Behaviour		●	●	●	●	●
57. Behaviour Support Plan, Risks		●	●	●	●	●
58. Behaviour Support Plan, Least Intrusive		●	●	●	●	●
59. Behaviour Support Plan, Monitored		●	●	●	●	●
60. Behaviour Support Plan, Approved		●	●	●	●	●
61. Behaviour Support Plan, Review		●	●	●	●	●
62. Third Party Review Committee, Reviewing All Behaviour Support Plans		●	●	●	●	●

Individual Records	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
63. Behaviour Support Plan, Interventions Used		●	●	●	●	●
64. Behaviour Support Plan, Immediate Risk		●	●	●	●	●
65. Use of Physical/Mechanical Restraint		●	●	●	●	●
66. Restraint, Isolation, Confinement Time-Out/Staff Involved, Debriefing		●	●	●	●	●
67. Restraint, Isolation, Confinement Time-Out/Others Present, Debriefing		●	●	●	●	●
68. Restraint, Isolation, Confinement Time-Out/Manager Notified		●	●	●	●	●
69. Restraint, Isolation, Confinement Time-Out/Debriefing Other Support Staff		●	●	●	●	●
70. Restraint, Isolation, Confinement Time-Out/Debriefing Individual		●	●	●	●	●
71. Restraint, Isolation, Confinement Time-Out/Debriefing, Documented		●	●	●	●	●
72. Restraint, Isolation, Confinement Time-Out/Debriefing, Reasonable Timeframes		●	●	●	●	●
73. Restraint, Isolation, Confinement Time-Out/Debriefing, Serious Occurrence Reporting		●	●	●	●	●
74. Intrusive Behaviour Intervention, Monitored		●	●	●	●	●
75. Secure Isolation, Confinement Time-Out, Interval Monitoring		●	●	●	●	●
76. Secure Isolation, Confinement Time-Out, Duration/Maximum Time		●	●	●	●	●
77. Secure Isolation, Confinement Time-Out, Continuous Observation, Monitoring Protocols		●	●	●	●	●
78. Secure Isolation, Confinement Time-Out, Record Keeping		●	●	●	●	●
79. Restraint, Isolation, Confinement Time-Out, Stopped		●	●	●	●	●
80. Secure Isolation, Confinement Time-Out, Notification, Key Staff		●	●	●	●	●
81. Intrusive Behaviour Interventions, Safeguards		●	●	●	●	●
82. Intrusive Behaviour Intervention, Recorded		●	●	●	●	●
83. Use of Intrusive Behaviour Intervention, Consent and Notification/Regular Updates		●	●	●	●	●
84. Use of Intrusive Behaviour Intervention, Consent and Notification/Crisis Situation		●	●	●	●	●
85. Intrusive Behaviour Intervention, Evaluated		●	●	●	●	●
86. Intrusive Behaviour Interventions, Review & Analysis		●	●	●	●	●
87. Behaviour Intervention Strategies, Monitor Use		●	●	●	●	●
88. Physical Restraint, Crisis Situation		●	●	●	●	●
89. Physical Restraint, Least Amount of Force		●	●	●	●	●

Individual Records	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
90. Crisis Situation Incidents		●	●	●	●	●
91. Crisis Intervention, Use of Physical Restraint/Three or more in 12 months		●	●	●	●	●
92. PRN Protocol		●	●	●	●	●
93. Medication, Challenging Behaviour Regular Review		●	●	●	●	●
94. Prohibited Practices		●	●	●	●	●
95. Protocols, Monitoring and Assessing the Individual's Condition		●	●	●	●	●
96. Serious Occurrence Report, Injury and/or Mistreatment		●	●	●	●	●
97. Inventory, Personal Property		●	●			
98. Supervision, Bathing and Showering		●	●			

Records and Documentation	ALL	SGLR	ISR	CP	ADL	RESP
1. Third Party, Compliance	●					
2. Third Party, Monitoring	●					
3. Abuse, Annual P & P Review	●					
4. Abuse, Police Reporting	●					
5. Abuse, Internal Investigation	●					
6. Abuse, Zero Tolerance	●					
7. Abuse, Changes	●					
8. Abuse, Implementation	●					
9. Abuse, Written Record	●					
10. Abuse Notification, Consent	●					
11. Emergency Preparedness Plan, Inside	●					
12. Emergency Preparedness Plan, Outside	●					
13. Continuity of Operation Plan	●					
14. Approved Fire Safety Plan, Document	●					
15. Equipment Maintenance	●					
16. Adequate Support Staff	●					
17. Food and Nutrition		●	●			
18. Pets and Service Animals		●	●			
19. Water, 49 degrees Celsius		●	●			

Records and Documentation	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
20. Clean and Safe, Residence		●	●			
21. Clean and Safe, Inside and Outside		●	●			
22. Exits, Clear		●	●			
23. Appliances and Furnishings		●	●			
24. Hazardous Household Products		●	●			
25. Feedback/Complaints, Individual	●					
26. Feedback/Complaints, Person Acting on Behalf	●					
27. Feedback/Complaints, Public	●					
28. Information, Plain Language	●					
29. Request, Policies and Procedures	●					
30. Complaints/Feedback, Way Received	●					
31. Complaints/Feedback, Expected Timelines	●					
32. Complaints/Feedback, Process for Responding	●					
33. Complaints/Feedback, Roles and Responsibilities	●					
34. Complaints/Feedback, Board of Directors/Roles and Responsibilities	●					
35. Resolution, Reasonable Efforts	●					
36. Resolving complaints/Serious and Frivolous	●					
37. Complaints/Feedback, No Risk to Person	●					
38. Complaints/Feedback, Reporting to Police	●					
39. Complaints/Feedback, Reporting to Ministry	●					
40. Complaints/Feedback, Review and Analysis	●					
41. Complaints/Feedback/Risk Assessment	●					
42. Third Party Review Committee, Intrusive Behaviour Supports/ Ethical		●	●	●	●	●
43. Third Party Review Committee, Findings and Recommendations		●	●	●	●	●
44. Third Party Review Committee, Findings and Recommendations, Implementation		●	●	●	●	●
45. Memorandum of Understanding Between Agencies		●	●	●	●	●
46. Physical Restraint, Training Package, Agency Needs		●	●	●	●	●
47. Physical Restraint, Training Package/CNSC Ontario		●	●	●	●	●
48. Physical Restraint, Training Package/Curriculum		●	●	●	●	●

Records and Documentation	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
49. Mechanical Restraint, Good Working Order		●	●	●	●	●
50. Mechanical Restraint, Dedicated Manufacturer		●	●	●	●	●
Site inspection						
1. Medication, Responsibility	●					
2. Equipment Maintenance	●					
3. Adequate Support Staff	●					
4. Record Retention and Storage	●					
5. Diet and Nutrition		●	●			
6. Pets and Service Animals		●	●			
7. Water, 49 degrees Celsius		●	●			
8. Clean and Safe, Residence		●	●			
9. Recreation Area		●	●			
10. Recreation Area, clean and safe		●	●			
11. Exits, Clear		●	●			
12. Appliances and Furnishings		●	●			
13. Hazardous Household Products		●	●			
14. 20 degrees Celsius		●	●			
15. Bed, Appropriate Size		●	●			
16. Suitable Mattress		●	●			
17. Bedding, Weather		●	●			
18. Furniture and Clothing Storage		●	●			
19. Space, Personal Possessions/Hobbies		●	●			
20. Exterior Window/Coverings		●	●			
21. Cooling Room		●	●			
22. Humidex Level		●	●			
23. Secure Isolation, Confinement Time-Out, Bedroom		●	●	●	●	●
24. Secure Isolation, Confinement Time-Out, Physical Space		●	●	●	●	●
25. Secure Isolation, Confinement Time-Out, Objects		●	●	●	●	●

Site inspection	Applicable					
	ALL	SGLR	ISR	CP	ADL	RESP
26. Secure Isolation, Confinement Time-Out, Safe		●	●	●	●	●
27. Secure Isolation, Confinement Time-Out, Emergency Escape		●	●	●	●	●
28. Secure Isolation, Confinement Time-Out, Constant Observation/ Monitoring		●	●	●	●	●
29. Secure Isolation, Confinement Time-Out, Adequate Lighting		●	●	●	●	●
30. Secure Isolation, Confinement Time-Out, Ventilation, Heated/ Cooled		●	●	●	●	●
31. Secure Isolation, Confinement Time-Out, Lock Easily Released		●	●	●	●	●
32. Mechanical Restraint, Manufacture and Designed		●	●	●	●	●
33. Mechanical Restraint , Appropriate Size		●	●	●	●	●
34. Mechanical Restraint, Good Repair		●	●	●	●	●

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>1. Follow P&P</p> <p>Where a service agency is required to have policies and procedures in respect of its quality assurance measures, the agency shall follow the policies and procedures and shall ensure that its staff members, volunteers and members of its board of directors follow them, to the degree that is appropriate given the role of the staff member, volunteer and board member. (O.Reg.299/10 , 1(3)(a))</p>	<p>Agency staff, volunteers and board members are aware of the agency policies and are informed of how these policies are applied in practice.</p> <p>Easy access to the policies and procedures ensures staff/volunteers are able to refer to them as necessary</p>	<p>To all service agencies.</p>	<p>Policies and procedures, with respect to QAM, will be reviewed. All service locations have access to the agency operational policies and procedures.</p> <p>Review communication on P&P to staff, volunteers and board members.</p> <p>Evidenced by:</p> <ul style="list-style-type: none"> • Staff meetings minutes/notes • Board meeting minutes/agendas • Orientation meetings <p>Mechanisms to flag and address instances where P&P are not being followed by staff, volunteers and board members.</p> <p>Could include confirmation from the Service agency that mechanisms are in place to flag and address instances where P&P are not being followed.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>2. Writing, Date, Current Practice</p> <p>Where a Service agency is required to have policies and procedures in respect of its quality assurance measures, the agency shall ensure that the policies and procedures are in writing, are dated and reflect the service agency's most current practice. (O.Reg.299/10, 1(3)(b))</p>	<p>Written policies set out the framework within which the agency should operate.</p> <p>The written procedures should specify how the policies are to be applied in practice.</p> <p>To ensure the PA has written policies and procedures with regard to service and administration areas.</p> <p>The policies and procedures contribute to a consistent understanding of the PA's expectations about the services and supports.</p> <p>As a good practice agencies should have policies related to their respective programs if the practice and/or application is different across their various programs/supports offered.</p>	<p>To all service agencies.</p>	<p>Written policies set out the framework within which the agency should operate.</p> <p>The written procedures should specify how the policies are to be applied in practice.</p> <p>To ensure the PA has written policies and procedures with regard to service and administration areas.</p> <p>The policies and procedures contribute to a consistent understanding of the PA's expectations about the services and supports.</p> <ul style="list-style-type: none"> As a good practice agencies should have policies related to their respective programs if the practice and/or application is different across their various programs/supports offered. 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>3. Mission Statement</p> <p>Each service agency shall include in its policies and procedures a mission statement that promotes social inclusion. (O.Reg.299/10, 4(1)1</p>	<p>Agency purpose and primary objectives include the promotion of social inclusion.</p> <p>Must be included in the written agency policies and procedures.</p>	<p>To all service agencies.</p>	<p>Review P&P for current mission statement that promotes social inclusion, which could include service principles:</p> <ol style="list-style-type: none"> 1. Accessibility 2. Safety and Security 3. Accountability 4. Sustainability <p>Has been developed with input from individual, community, staff, board members, etc.</p> <p>Note: The regulation does not specify that the mission statement should be different from the agency. Consider that the functions of the service agency are separate and apart from the services and supports that agencies provide and so the service agency could have a different mission statement.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>4. Service Principles</p> <p>Each service agency shall include in its policies and procedures service principles that promote individualized approaches to supporting persons with developmental disabilities. (O.Reg.299/10, 4(1)2)</p>		<p>To all service agencies.</p>	<p>Review P&P for - service principles that promote individualized approaches to supporting persons with developmental disabilities.</p> <p>Service Principles should consider:</p> <ul style="list-style-type: none"> • Social Inclusion • Individual Choice • Independence and Rights <p>Documentation outlining values and/or service principles of community inclusion with an individualized approach.</p>	<p>Final/approved written & dated policies and procedures.</p>
<p>5. Statement of Rights</p> <p>Each service agency shall include in its policies and procedures a statement that outlines the rights of persons with developmental disabilities who have applied for services and supports or funding and is based on respect for, and the dignity of, the individual. (O.Reg.299/10, 4(1)3)</p>	<p>To ensure persons receiving services and supports are aware of their rights.</p> <p>The intent is the requirement is a stand-alone statement that outlines the rights of persons with developmental disabilities and is not incumbent on other service agency policies/procedures.</p>	<p>To all service agencies.</p>	<p>Statement of rights should be based on respect for, and the dignity of, the individual.</p> <p>Written materials or visual aids used to assist persons with developmental disabilities and their family/support network to understand their rights.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>6. Management of Finances</p> <p>Each service agency shall have policies and procedures regarding assistance with the management of finances for a person with a developmental disability who receives services and supports from the agency, where the person requests assistance with the management of their day-to-day finances or the assistance is identified in the person's individual support plan. (O.Reg.299/10, 6(1))</p>	<p>The intent is to ensure that where a person receiving supports and services requires assistance with management of personal finances, that systems of accountability are in place to safeguard against the misappropriation of their funds.</p> <p>There is no requirement that an agency provide assistance to an individual with their finances. The regulation sets out requirements for agencies in the event that they provide assistance to the individual with his/her finances.</p>	<p>To all service agencies.</p>	<p>Review the service agency's policies and procedures regarding assistance with the management of finances where a person requests assistance with the management of their day to day finances.</p> <p>This could include: help with budgeting, weekly (or regular) bank transactions, personal record keeping, and support to understand bank information such as statements or application forms.</p> <p>Note: This requirement does not, however, refer to making financial investments.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>7. Public Health Information</p> <p>Each service agency shall have policies and procedures respecting the provision of public health information that may help persons with developmental disabilities who are receiving services and supports from the agency make informed choices about their health. (O.Reg.299/10, 7(1)(1))</p>	<p>To ensure persons supported know and understand the potential outcomes of their choices by providing public information that could help them make informed health decisions.</p> <p>To respect the rights of persons while also meeting the obligation to provide supports and minimize harm.</p>	<p>To all service agencies.</p>	<p>Policies and procedures respecting the provision of public health information that may help persons with developmental disabilities who are receiving services and supports from the agency make informed choices about their health.</p> <p>The promotion or provision of public health information could include information regarding smoking, sexuality, food choices, fitness, hand washing and personal hygiene, etc.</p>	<p>Final/approved written & dated policies and procedures.</p>
<p>8. Health Concerns</p> <p>Each service agency shall have policies and procedures to monitor the health concerns of persons with developmental disabilities who are receiving services and supports from the agency, where the supports have been identified in their individual support plan. (O.Reg.299/10, 7(1)2)</p>	<p>To ensure agency staff are trained to meet the person's basic and special health care requirements and treatment needs.</p>	<p>To all service agencies.</p>	<p>Policies and procedures to monitor the health concerns of persons with developmental disabilities who are receiving services and supports from the agency, where the supports have been identified in their individual support plan.</p> <p>Health concerns could include diabetes, high blood pressure, heart conditions, obesity, epilepsy, etc.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>9. Medical Services</p> <p>Each service agency shall have policies and procedures, including documentation, regarding medical services that are provided to the person with a developmental disability, where the service agency is providing assistance. (O.Reg.299/10, 7(1)3i)</p>	<p>To promote health and well-being among people receiving services and supports from the agency..</p> <p>Documentation provides valuable information regarding the person's medical and dental visits to ensure continued good health.</p>	<p>To all service agencies.</p>	<p>Policies and procedures (including documentation) regarding, medical services that are provided to the person with a developmental disability, where the service agency is providing assistance.</p> <p>Documentation could include:</p> <ul style="list-style-type: none"> • Level of assistance is identified in the ISP • Medical appointment records • Notation in the Individual's record • Notation in the log book • Cumulative Health Records • Biological Timelines • Annual Medical Forms • Health Care Provider Visit Form • Medical Appointment Summary Forms • Health Care Treatment Record regarding medical services that are provided to the person with a developmental disability, where the service agency is providing assistance. 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>10. Medication Administration, Self</p> <p>Each service agency shall have policies and procedures, including documentation, regarding administration of medication, including self-administration by the person with a developmental disability. (O.Reg.299/10, 7(1)3ii)</p>	<p>The intent is to ensure a systematic approach to ensure the safe and consistent administration of medication that reduces opportunity for error. To ensure that the agency considers and articulates its approach to monitoring individuals' health addressing medical needs, and ensuring the safe and consistent administration and storage of medication. The documentation serves as written evidence of the administration of medication and provides a tool to identify and correct any problems in the administration of medications.</p>	<p>To all service agencies.</p>	<p>Policies and procedures, including documentation, regarding, administration of medication, including self-administration by the person with a developmental disability.</p> <p>Policies may reference :</p> <ul style="list-style-type: none"> • Medication Administration Record • Medication Schedule • Master Medication Record Sign Off Sheet signed off by persons administering medications. 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>11. Medication Errors, Refusals</p> <p>Each service agency shall have policies and procedures, including documentation, regarding any medication errors and any refusals to take any prescribed medication. (O.Reg.299/10, 7(1)3iii)</p>	<p>To document medication errors in order to take any steps necessary to reduce risk and prevent future errors.</p> <p>The intent is to respect the rights of individuals while also meeting the obligation to provide supports and minimize physical harm; to ensure documentation is maintained in situations when individuals refuse to take prescribed medication.</p>	<p>To all service agencies.</p>	<p>Policies and procedures, including documentation regarding any medication errors and any refusals to take any prescribed medication.</p> <p>Policies may reference:</p> <ul style="list-style-type: none"> • Medication Error Forms • Medication Incident Report • Serious Occurrence Report • Notation in the Individual's file • Notation in the log book • Notification and reporting process 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>12. Medical Services, Refusals</p> <p>Each service agency shall have policies and procedures, including documentation, regarding any refusals by the person with a developmental disability to obtain or accept medical services that are recommended by a legally qualified medical practitioner or other health professional. (O.Reg.299/10, 7(1)3iv)</p>	<p>To ensure persons supported know and understand the potential outcomes of their choices by providing all the details necessary to make informed decisions.</p> <p>The intent is to respect the rights of individuals while also meeting the obligation to provide supports and minimize physical harm; to ensure documentation is maintained in situations when individuals refuse to follow the advice of medical professionals.</p>	<p>To all service agencies.</p>	<p>Policies and procedures, including documentation regarding any refusals by the person with a developmental disability to obtain or accept medical services that are recommended by a legally qualified medical practitioner or other health professional</p> <p>Policies may reference:</p> <ul style="list-style-type: none"> • Incident Report • Notation in the Individual's file • Notation in the log book • Reporting and notification process 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>13. Emergency Medical Services</p> <p>Each service agency shall have policies and procedures, including documentation, regarding emergency medical services. (O.Reg.299/10, 7(1)(3)(v))</p>	<p>The intent is to ensure persons receiving support and services and staff know and follow procedures and respond quickly and consistently to all emergencies.</p>	<p>To all service agencies.</p>	<p>Policies and procedures, including documentation regarding emergency medical services.</p> <p>Policies may reference:</p> <ul style="list-style-type: none"> • Incident Report • Serious Occurrence Report • Notation in the individual's file • Notation in the log book • Reporting and notification process 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>14. Medication, Access and Storage</p> <p>Each service agency shall have policies and procedures regarding access to and the storage of prescribed and non-prescribed medication. (O.Reg.299/10, 7(1)(4))</p>	<p>To ensure that the agency considers and articulates its approach to monitoring individuals' health addressing medical needs, and ensuring the safe and consistent administration and storage of medication.</p> <p>To ensure that only authorized persons can access medications; to emphasize the importance of keeping medications out of reach, where applicable to ensure safety of persons receiving support.</p>	<p>To all service agencies.</p>	<p>Policies and procedures regarding access to and the storage of prescribed and non-prescribed medication.</p> <p>Policy could describe:</p> <ul style="list-style-type: none"> • Types of secure storage (cupboard, locked box, etc.) • Specifies what security requirements are required to control access to medications • How access to medication keys are to be managed • Staff training around this policy • The storage process for individuals who administer their own medications • The storage of medications that require refrigeration • Narcotics are double locked 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>15. Medication, Transfer</p> <p>Each service agency shall have policies and procedures for the transfer of medication between different locations where the person with a developmental disability is receiving services and supports. (O.Reg.299/10, 7(1)(5)(i))</p>	<p>To ensure that medications are administered safely and responsibly at all service locations.</p>	<p>To all service agencies.</p>	<p>Policies and procedures for the transfer of medication between different locations where the person with a developmental disability is receiving services and supports.</p> <p>Policy could include:</p> <ul style="list-style-type: none"> • How the medications will be transferred • Method of transporting (blister pack, medication vial, medication bag) • Name of drug, dosage, time of administration and how the medication should be administered needs to be clearly indicated • Who in the agency is responsible for transferring the medication and receiving medication 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>16. Medication, Responsibility</p> <p>Each service agency shall have policies and procedures for the responsibility for access to and the storage and administration of medication at each of the different locations. (O.Reg.299/10, 7(1)(5)(ii))</p>	<p>To ensure that only authorized persons can access medications</p>	<p>To all service agencies.</p>	<p>Policies and procedures for the responsibility for access to and the storage and administration of medication at each different location.</p> <p>Policies and procedures could include:</p> <ul style="list-style-type: none"> • Types of secure storage (cupboard, locked box, etc.) • Specifies what security requirements are required to control access to medications • How access to medication keys are to be managed • Who is responsible for receiving the medication, the storage and the administration 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>17. Abuse, Documentation and Reporting</p> <p>Where a service agency is required to have policies and procedures in respect of its quality assurance measures, the agency shall follow the policies and procedures and shall ensure that its staff members, volunteers and members of its board of directors follow them, to the degree that is appropriate given the role of the staff member, volunteer and board member. (O.Reg.299/10 , 1(3)(a))</p>	<p>To ensure zero tolerance of abuse: all agency staff, volunteers are aware of all forms of abuse including signs of abuse, responsibilities to report suspicions and observations of abuse, and protect vulnerable persons.</p> <p>To ensure that if an abuse allegation is made or abuse is witnessed, staff and volunteers are prepared in advance and clearly understand the procedure to follow to deal with the alleged or witnessed abuse.</p>	<p>To all service agencies.</p>	<p>Review P&P:</p> <ol style="list-style-type: none"> 1. Documentation (internal incident reports and MCSS Serious/Enhanced Serious Occurrence Reports) 2. Reporting (that comply with all legislation, regulation, Policy Directives/Guideline (example: Occurrence Reporting) requirements of any alleged, suspected or witnessed incidents of abuse. 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>18. Abuse, Supporting Persons</p> <p>Each service agency shall include in its policies and procedures the manner of supporting a person with a developmental disability, where abuse of that person has been alleged, suspected or witnessed. (O.Reg.299/10, 8(1)2)</p>	<p>The intent of this requirement is to have policies and procedures that address how the organization will support a person with a developmental disability where abuse of that person is alleged, suspected or witnessed.</p> <p>To provide support and protection for victims of abuse/alleged abuse To safeguard the rights and dignity of the abused/ alleged abuse person.</p>	<p>To all service agencies.</p>	<p>Review P&P to ensure it includes the manner of supporting a person with a developmental disability, where abuse of the person has been alleged or witnessed or is suspected.</p> <p>Manner of supporting a person could include:</p> <ul style="list-style-type: none"> • Referral to appropriate medical and/or community services • Providing support during the inquiry process from someone with whom she/he feels comfortable • Reporting/discussing alleged abuse using communication methods familiar to the person • where required, providing information regarding what to expect during a police inquiry and legal proceedings 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>19. Abuse, Dealing with Staff & Volunteers</p> <p>Each service agency shall include in its policies and procedures the manner of dealing with service agency staff members and volunteers who have abused or are alleged to have abused persons with developmental disabilities. (O.Reg.299/10, 8(1)(3))</p>	<p>To ensure that agencies have considered and articulated procedures to respond to the disclosure of abuse, or suspected abuse and to ensure all staff and volunteers staff and volunteers will be treated in accordance with the policies and procedures.</p>	<p>To all service agencies.</p>	<p>Review of P&P for the current manner of dealing with the service agency:</p> <ul style="list-style-type: none"> • • staff members who have abused or are alleged to have abused persons with developmental disabilities • • Volunteers who have abused or are alleged to have abused persons with developmental disabilities. <p>This could include safeguarding the rights and dignity of the abused person and alleged abuser/perpetrator, during the investigative process; respecting all privacy/confidentiality obligations during any reporting/investigation process; ensuring the safety of persons with disabilities.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>20. Abuse, Zero Tolerance</p> <p>A service agency's policies and procedures on abuse shall promote zero tolerance toward all forms of abuse. (O.Reg.299/10, 8(3))</p>	<p>To ensure that each person is supported in a safe and respectful environment where abuse will not be tolerated.</p>	<p>To all service agencies.</p>	<p>Review P&P to ensure the service agency promotes a zero tolerance toward all forms of abuse.</p> <p>This could include holding staff, volunteers and board members accountable to report all suspected, alleged and/or witnessed incidents of abuse and protecting anyone reporting abuse.</p> <p>Policies could include initial and annual abuse policy review to inform learning for all board, staff members including mandatory education and awareness training for persons receiving supports.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>21. Abuse, Notification</p> <p>A service agency shall have policies and procedures on the notification of persons acting on behalf of the person with a developmental disability of an alleged, suspected or witnessed incident of abuse. (O.Reg.299/10, 9(1))</p>	<p>To ensure that if an abuse allegation is made or abuse is witnessed, staff and volunteers are prepared in advance and clearly understand the notification procedure for informing people acting on behalf of the person with a disability.</p>	<p>To all service agencies.</p>	<p>Review P&P re: notification of persons acting on behalf of the person with a developmental disability of an alleged, suspected or witnessed incident of abuse.</p> <p>Notification may include:</p> <ul style="list-style-type: none"> • Who (example:., define persons acting on behalf of the individual) • A process via phone, email, letter, etc. • Timelines (example: within 1 hour, 1 day, etc.) 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>22. Abuse Notification, Consent</p> <p>The policies and procedures on notification shall require the service agency to obtain the consent of the person with a developmental disability before notifying others, if the person is capable of providing consent. (O.Reg.299/10, 9(2))</p>	<p>To protect and safeguard the rights of persons receiving services and supports.</p>	<p>To all service agencies.</p>	<p>Review P&P re: service agency obtaining the consent of the person with a developmental disability before notifying others, if the person is capable of providing consent.</p> <p>P&P re: obtaining consent may include:</p> <ul style="list-style-type: none"> • Service agency's process to obtain consent • Consent from individual (verbal, written, etc.) via phone, email, letter, etc. • Process for notifying persons acting on behalf of alleged victim involves consent if person is capable 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>23. Privacy and Confidentiality</p> <p>Each service agency shall have policies and procedures that comply with applicable privacy legislation and its privacy and confidentiality obligations under any funding agreement made under the Act. (O.Reg.299/10, 10(1)(1))</p>	<p>To protect the personal information of persons receiving services.</p> <p>To ensure persons receiving services understand how, where and what information about them is collected and stored, and for how long, is shared and with whom.</p>	<p>To all service agencies.</p>	<p>Review P&P re: the service agency ensuring compliance with applicable privacy legislation.</p> <p>Review P&P re: the service agency ensuring compliance with its privacy and confidentiality obligations under any funding agreement made under the Act May include:</p> <ul style="list-style-type: none"> • Statement of Attestation • Staff Code of Conduct • Oath of Confidentiality • Statement of Rights • FIPPA, Health Care Consent Act, 1996 	<p>Final/approved written & dated policies and procedures.</p>
<p>24. Personal Information, Consent</p> <p>Each service agency shall have policies and procedures regarding consent to any collection, use or disclosure of personal information. (O.Reg.299/10, 10(1)(2))</p>	<p>To ensure persons receiving services understand their right to confidentiality and give informed consent.</p>	<p>To all service agencies.</p>	<p>Review P&P re: consent to any collection, use or disclosure of personal information.</p> <p>Evidenced by:</p> <ul style="list-style-type: none"> • Process for consent • Collection of consent (verbal, written, etc.) 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>25. Equipment Maintenance</p> <p>A service agency shall have policies and procedures regarding the maintenance of equipment on premises owned or operated by the agency and shall maintain the equipment as recommended by the manufacturer. (O.Reg.299/10, 11(3))</p>	<p>To ensure that service agencies take all reasonable care to promote and maintain a safe environment.</p> <p>To ensure that equipment is maintained in good working order, as recommended by the manufacturer.</p>	<p>To all service agencies.</p>	<p>Review agency policies and procedures to determine if the equipment is maintained as recommended by the manufacturer, may include:</p> <ul style="list-style-type: none"> • By whom • How often • Which equipment • Ongoing maintenance requirements • Typically by qualified technicians <p>Consider also that agencies may lease their office space and/or office.</p> <ul style="list-style-type: none"> • elevator or escalator or lift, • Smoke detectors, fire extinguishers, sprinkler systems and interconnected fire alarm systems, heating and cooling • Ceiling tracks, mechanical lifts and slings • Jacuzzi tubs with chair lifts 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>26. Personal Safety and Security</p> <p>Each service agency shall have policies and procedures regarding the personal safety and security of persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 12(1))</p>	<p>As per SOR guideline 2013 all service agencies should have written policy statement that clearly outlines the expectations and responsibility of staff to know the whereabouts of persons receiving supports. This is especially important for those individuals who may be at significant risk if they leave the premises without staff accompaniment; written protocols for a missing person, including when to contact agency management staff and local authorities.</p>	<p>To all service agencies.</p>	<p>Policies and procedures regarding the personal safety and security of persons with developmental disabilities who receive services and supports from the service agency.</p> <p>Policies and procedures could include:</p> <ul style="list-style-type: none"> • Access to kitchen • Staffing support and requirements • Locks or buzzers on doors • Access to outdoors • Visitor protocols 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>27. Orientation and Initial Training, P & Ps</p> <p>Each service agency shall have policies and procedures for staff members and volunteers that address the orientation and initial training on the service agency and its policies and procedures. (O.Reg.299/10, 13(1)(1)(i))</p>	<p>To ensure staff and volunteers understand the agency policies and procedures including their specific responsibilities and how they fit within the overall services/supports. This will be conducted within the initial months of commencing employment.</p>	<p>To all service agencies.</p>	<p>Review P&P for staff re: orientation and initial training on the service agency and its P&P.</p> <ul style="list-style-type: none"> • Current list of all training • Training completion dates <p>Documentation could be included in:</p> <ul style="list-style-type: none"> • Orientation Checklists • Acknowledgement Forms • Orientation Packages • Electronic Training 	<p>Final/approved written & dated policies and procedures</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>28. Orientation and Initial Training, Individual Needs</p> <p>Each service agency shall have policies and procedures for staff members and volunteers that address the orientation and initial training on the individual needs of the persons with developmental disabilities whom the staff member or volunteer will support. (O.Reg.299/10, 13(1)(1)(ii))</p>	<p>To ensure that service agency staff and volunteers have the knowledge and understanding of agency policies and procedures, and specific individual needs, as may be needed to fulfill their duties and to support persons with a developmental disability.</p>	<p>To all service agencies.</p>	<p>Policies and procedures for staff members and volunteers that address the orientation and could include:</p> <ul style="list-style-type: none"> • review of the completed SIS and ADSS, • Bathing protocols • Individual Support Plans • Behaviour Support Plans • Activity schedules • Medical issues and supports • Feeding protocols and dietary needs • Transferring protocols • Personal hygiene needs and supports • Caution alerts 	<p>Final/approved written & dated policies and procedures</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>29. Training, Ongoing</p> <p>Each service agency shall have policies and procedures for staff members and volunteers that address regular ongoing training for staff members and volunteers regarding support for persons with developmental disabilities and service agency policies and procedures as may be appropriate or required. (O.Reg.299/10, 13(1)(2))</p>	<p>To ensure that service agency staff and volunteers have the knowledge and understanding of agency policies and procedures, and specific individual needs, as may be needed to fulfill their duties and to support persons with a developmental disability.</p>	<p>To all service agencies.</p>	<p>Review P&P for staff re: regular ongoing training for staff as may be appropriate or required, to include:</p> <ul style="list-style-type: none"> • Current list of all training • Tracking training completion and expiration <p>Training could include:</p> <ul style="list-style-type: none"> • Prevention and use of physical restraint • NVCI and Safe Management are specific training programs • HR policies • WHMIS • Abuse • First-Aid & CPR • Mission/Principles/Rights <p>Review P&P for volunteers re: regular ongoing training for staff as may be appropriate or required, may include:</p> <ul style="list-style-type: none"> • Current list of all training • Tracking training completion and expiration 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>30. Record Retention and Storage</p> <p>Each service agency shall have policies and procedures on service record retention and secure storage. (O.Reg.299/10, 14(1)(b))</p>	<p>To ensure that the service agency considers and articulates its record keeping practices.</p>	<p>To all service agencies.</p>	<p>Review P&P on record retention and secure storage, could include:</p> <ul style="list-style-type: none"> • Security (example: use of locks, passwords, encryption) • Loss and/or theft • Fire • Defacement, tampering and copying or use by unauthorized person • Minimum 7 year retention schedule (subsection 35(3)-QAM) • Discarding of records no longer required to be retained • Electronic records 	<p>Final/approved written & dated policies and procedures</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>31. Training, Challenging Behavior</p> <p>Each service agency shall have policies and procedures regarding training for staff and volunteers to assist them in working with persons with developmental disabilities who have challenging behaviour. (O.Reg.299/10, 17(1))</p>	<p>That staff members are informed about the person(s) they will support, their needs, and how to provide support. It is important that the support the person receives to address his/her behaviour is well-informed, appropriate to the person's needs, and safe, so that the person may take part in the community and live as independently as possible. The ministry also seeks to ensure that agency staff has the knowledge and skills to react quickly and effectively in the event of a crisis situation, and to keep everyone safe</p> <p>Agencies have some flexibility in writing their policies and procedures, so long as they meet the criteria outlined in the regulation and policy directives.</p>	<p>SGLR ISR CP ADL RESP</p>	<p>Policies and procedures regarding training for staff and volunteers to assist them in working with persons with developmental disabilities.</p> <p>Training could include:</p> <ul style="list-style-type: none"> • Positive Systems Approach • Gentle Teaching • Dual diagnosis • Physical restraint training 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>32. Behaviour Intervention Strategies</p> <p>Each service agency shall have policies and procedures regarding the use of behaviour intervention strategies for persons with developmental disabilities who have challenging behaviour. (O.Reg.299/10, 19(1))</p>	<p>To ensure that service agencies have considered, and articulated, how they will support persons with a developmental disability who have challenging behaviour, including whether or not volunteers will be permitted to use behaviour intervention techniques.</p>	<p>SGLR ISR CP ADL RESP</p>	<p>Policies and procedures describing the use of behavioural interventions such as:</p> <ul style="list-style-type: none"> • Proactive approach- identifying antecedents • Token system • Positive reinforcement • Defusing • Redirection • Loss of privileges • Exclusion Time out • Administration of the PRN (“pro re nata”) when the medication has been prescribed as a behavioural intervention • Physical and mechanical restraints • Confined time out (secure isolation) 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>33. Behaviour Intervention Strategies, Volunteers</p> <p>Each service agency shall have policies and procedures regarding the use of behaviour intervention strategies by volunteers, including whether volunteers are permitted to use behaviour intervention strategies and, if so, under what circumstances. (O.Reg.299/10, 19(3))</p>	<p>To ensure that service agencies have considered, and articulated, how they will support persons with a developmental disability who have challenging behaviour, including whether or not volunteers will be permitted to use behaviour intervention techniques.</p>	<p>SGLR ISR CP ADL RESP</p>	<p>Policies and procedures regarding the use of behaviour intervention strategies by volunteers, including whether volunteers are permitted to use behaviour intervention strategies and under what circumstances.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>34. Secure Isolation, Confinement/ Time Out, Interval Monitoring</p> <p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Stages of interval monitoring. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>If an agency has a CTO room being used for other activities/purposes other than secure isolation/ confinement time out, it would not need P&P's for those other activities/ purposes. Only when a room is being used for isolation/confinement time out purposes are policies required. Overall it is the purpose of the room, not the people using it.</p> <p>To ensure the agency has clear policies and procedures with respect to secure isolation, confinement/time out and that staff are fully informed of the expectations.</p>	<p>SGLR ISR CP ADL RESP</p>	<p>Policies may reference:</p> <ul style="list-style-type: none"> • The approved behaviour support plan • The psychological assessment • Behaviour Consultants' reports • Incidents reports • Intrusive Measures monitoring records • The individual's case file • The Individual Support Plan 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>35. Secure Isolation, Confinement/Time Out, Duration/ Maximum Time</p> <p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Duration of time that a person may spend in secure isolation/ confinement time-out, any extension periods, and the total/maximum amount of time that a person may spend in secure isolation/ confinement time-out. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour))</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Review secure isolation or time out room policies to ensure they include the duration of time, extension periods and maximum time in isolation/timeout.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>36. Secure Isolation, Confinement/Time Out, Continuous Observation, Monitoring Protocols</p> <p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Protocols regarding continuous observation and monitoring of a person who is in the secure isolation/ confinement time-out room. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>Constant observation of the person will allow the observer to monitor the safety of the person and also identify changes in behaviour that may signify that the person is ready to be released.</p>	<p>SGLR ISR CP ADL RESP</p>	<p>Review policies for specific protocols for continuous observation and monitoring which may include;</p> <ul style="list-style-type: none"> • The use of video monitoring • Recording of the monitoring process • Monitoring and recording the condition of the individual in secure isolation • Documenting when the individual was placed and released from secure isolation 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>37. Secure Isolation, Confinement/Time Out, Record Keeping</p> <p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Regular record keeping (example: every fifteen minutes) of secure isolation/confinement time-out room used for each person with a developmental disability who has challenging behaviour, and trend analysis for each person. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>To ensure a written record of each instance of the use of a secure isolation or time out room including dates and duration.</p> <p>To restrict the use of secure isolation only to those instances as described in the person's behavior support plan.</p>	<p>SGLR ISR CP ADL RESP</p>	<p>Review secure isolation or time out room policies.</p> <p>Record keeping could include:</p> <ul style="list-style-type: none"> • Incidents reports • Intrusive Measures monitoring forms • Case file- support notes • Log book 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>38. Secure Isolation, Confinement/Time Out, Notification, Key Staff</p> <p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Notification of key agency staff that the secure isolation/confinement time-out room has been used, and regular report-backs to key clinicians overseeing the person's behaviour support plan. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		SGLR ISR CP ADL RESP	<p>Review secure isolation, confinement/timeout policies for: notification of key agency staff and regular report backs to the clinicians</p> <p>Notification could include:</p> <ul style="list-style-type: none"> • Phone Call • Email • Incident Report • Shift reports • Meeting minutes • Daily, weekly or monthly summary reports • Record of Appointment with Health Professional 	Final/approved written & dated policies and procedures.

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>39. Use of Intrusive Behaviour Intervention, Consent and Notification</p> <p>A service agency shall have policies and procedures regarding the notification of persons acting on behalf of the individual with a developmental disability who has challenging behaviour (a contact person). The policies and procedures shall have consideration for an individual's ability to provide consent regarding notification, and shall address: Whether and/or under what circumstances the agency would notify the contact person of the use of intrusive behaviour intervention with the individual, where the intrusive behaviour intervention is outlined in the individual's behaviour support plan. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Policies include consent prior to notification of contact person with consideration of the individual's ability to provide consent.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>40. Use of Intrusive Behaviour Intervention, Consent and Notification/ Regular Updates</p> <p>A service agency shall have policies and procedures regarding the notification of persons acting on behalf of the individual with a developmental disability who has challenging behaviour (a contact person). The policies and procedures shall have consideration for an individual's ability to provide consent regarding notification, and shall address: Regular updates on the use of intrusive behaviour intervention with the individual to the contact person, when the behaviour support plan does not specify that each use of intrusive behaviour intervention be communicated to the contact person. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Policies include consent prior to regular update notification with consideration of the individual's ability to provide consent</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>41. Use of Intrusive Behaviour Intervention, Consent and Notification/ Crisis Situation</p> <p>A service agency shall have policies and procedures regarding the notification of persons acting on behalf of the individual with a developmental disability who has challenging behaviour (a contact person). The policies and procedures shall have consideration for an individual's ability to provide consent regarding notification, and shall address: Notifying the contact person of the use of a physical restraint with the individual, in a crisis situation. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Policies include consent prior to notification in crisis situation with consideration of the individual's ability to provide consent</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>42. Third Party Review Committee, Membership and Roles</p> <p>A service agency shall have policies and procedures regarding the review committee, its membership, and its roles and responsibilities. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>The policy directives do not define who (or what) a “clinician” is, so there is some flexibility. The term could include a psychologist, a psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board.</p> <p>Policy Directives for Service Agencies do not include a definition of “expertise” that is referenced in the requirements for a Review Committee. Consider that expertise may come from different sources, including educational background, training (example: course work, apprenticeships/ internships/practicums), research (example: academic research), work and/or lived experience, or a combination of these.</p>	<p>SGLR ISR CP ADL RESP</p>	<p>Policies and procedures that include the committee’s membership, including a clinician, and its roles and responsibilities.</p> <p>Some persons with challenging behaviour may have a BSP that only outlines non-intrusive measures therefore may not be approved by one of the clinicians listed in the regulation. The term “clinician” could also refer to a behaviour therapist or behaviour consultant, or other practitioners who may oversee a person’s behaviour support plan.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>43. Food and Nutrition</p> <p>Each service agency shall have policies and procedures on food and nutrition, consistent with the recommendations made under Canada's Food Guide and recognizes diversity, reflecting the culture and diversity of the persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 25(1))</p>	<p>To ensure that nutritional needs for every person receiving residential services are being attended to.</p>	<p>SGLR ISR</p>	<p>Review policies on food and nutrition that could include meal records, posted menus, consultation with dietitians, physician orders, references healthy food choices and the Canada Food Guide.</p>	<p>Final/approved written & dated policies and procedures.</p>
<p>44. Inventory, Personal Property</p> <p>Each service agency shall have policies and procedures on the inventory, care and maintenance of the personal property owned by the persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 25(2))</p>		<p>SGLR ISR</p>	<p>Review of the policies and procedures to ensure that it includes not only the inventory of personal property but the care and maintenance as well.</p> <p>Policies may reference the following:</p> <ul style="list-style-type: none"> • Annual Inventory which include the purchase date and condition of the item • Photo inventory • Maintenance checklists • List of discarded items 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>45. Pets and Service Animals</p> <p>Where a service agency is required to have policies and procedures in respect of its quality assurance measures, the agency shall follow the policies and procedures and shall ensure that its staff members, volunteers and members of its board of directors follow them, to the degree that is appropriate given the role of the staff member, volunteer and board member.</p> <p>(O.Reg.299/10 , 1(3)(a))</p>		<p>SGLR ISR</p>	<p>Policies and procedures may reference:</p> <ul style="list-style-type: none"> • Immunization records • Grooming, care and maintenance guidelines • Cost sharing process • Check customer service AODA 	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>46. Scalding Prevention, 49 Degrees Celsius</p> <p>Each service agency shall have policies and procedures on scalding prevention, which shall ensure that the service agency has a method of temperature control, monitoring and documentation to ensure, that in each residence, water from a faucet is not hotter than 49 degrees Celsius. (O.Reg.299/10, 25(4))</p>	<p>To ensure the safety and comfort of persons receiving residential services. To prevent scalding injuries.</p>	<p>SGLR ISR</p>	<p>Policies and procedures that outline the method of temperature control, monitoring and documentation, that could include:</p> <ul style="list-style-type: none"> • Mixing valves on hot water tanks • Regulators on tubs/showers • Thermometers • Bathing protocols • Water temperature checklists • Temperature gauges on the regulator attached to the hot water tank • Bath mats with built in thermometers 	<p>Final/approved written & dated policies and procedures.</p> <p>Immediate action required by agency.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>47. Supervision, Bathing & Showering</p> <p>Each service agency shall have policies and procedures on supervision during bathing and showering to ensure the safety of the person, as appropriate to the needs of the person with a developmental disability. (O.Reg.299/10, 25(5))</p>	<p>To safeguard the health and comfort of persons receiving supports and services.</p>	<p>SGLR ISR</p>	<p>Policies and procedures must include the level of supervision. Level of supervision may be identified in:</p> <ul style="list-style-type: none"> • Bathing protocol • The individual support plan • Personal profile • Individual caution list 	<p>Final/approved written & dated policies and procedures.</p>
<p>48. Feedback/ Complaints, Individual</p> <p>A service agency shall have written policies and procedures regarding the process for receiving and addressing feedback and complaints about the services and supports that it provides that may be received from: An individual with a developmental disability who receives services and supports from the service agency. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>	<p>The policies and procedures developed by service agencies must include a process to elicit feedback and to resolve and respond to complaints regarding the agency and the services and supports it provides, from individuals with a developmental disability.</p>	<p>To all service agencies.</p>	<p>Review policies specific to complaints from the person who is receiving supports and services from the agency.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>49. Feedback/ Complaints, Person Acting on Behalf</p> <p>A service agency shall have written policies and procedures regarding the process for receiving and addressing feedback and complaints about the services and supports that it provides that may be received from: A person acting on behalf of the individual with a developmental disability who receives services and supports from the service agency. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>	<p>The policies and procedures developed by service agencies must include a process to elicit feedback and to resolve and respond to complaints regarding the agency and the services and supports it provides, from persons acting on behalf of the person with a developmental disability.</p>	<p>To all service agencies.</p>	<p>The policies and procedures are specific to the person acting on behalf of the individual with a developmental disability who receives support from the agency</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>50. Feedback/ Complaints, Public</p> <p>A service agency shall have written policies and procedures regarding the process for receiving and addressing feedback and complaints about the services and supports that it provides that may be received from: The general public. (Policy Directives for Service Agencies: 1.0 Complaints/ Feedback Process)</p>	<p>The policies and procedures developed by service agencies must include a process to elicit feedback and to resolve and respond to complaints regarding the agency and the services and supports it provides, from the general public.</p> <p>Agencies are not required to have a specific and separate policy and procedure for each group of people who may submit a comment or a complaint, as is outlined in items 48 to 50. The agency could have a policy and set of procedures that includes all groups (example: individuals, persons acting on their behalf, the public).</p>	<p>To all service agencies.</p>	<p>The policies and procedures are specific to general public</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>51. Complaints/ Feedback, Way Received</p> <p>The policies and procedures shall account for differing ways that complaints/feedback may be received (example: complaints/feedback submitted in writing, or provided verbally to an agency representative). (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	<p>Ensure the policies and procedures account for the differing ways that complaints/feedback may be received:</p> <ul style="list-style-type: none"> • Email • Verbally • Web link • Complaints/feedback form • Telephone or voice mail • Written letter • TTY & visual aids 	Final/approved written & dated policies and procedures.
<p>52. Complaints/ Feedback, Documentation</p> <p>The policies and procedures shall identify: How the service agency receives and documents complaints/feedback. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	<p>Ensure the policies and procedures identify how the service agency receives and documents complaints/feedback.</p> <p>Documentation may include:</p> <ul style="list-style-type: none"> • Complaints/feedback tracking sheet • Serious Occurrence • Incident report • E-mail and website • Communication note 	Final/approved written & dated policies and procedures.

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>53.Complaints/ Feedback, Investigating</p> <p>The policies and procedures shall identify: The process for investigating the matter (if applicable) that must be free of conflict of interest. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>Review policy for a statement that investigating the matter will be free of conflict of interest</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>54. Complaints/ Feedback, Expected Timelines</p> <p>The policies and procedures shall identify: Expected time period for the complaints/feedback processes (example: for each step of the process). (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>	<p>The intent of the requirement is to ensure that the service agency acknowledges and responds to the person who submits a complaint in a timely manner, and the issue is not ignored for a time or altogether. An established process that identifies timelines gives the agency a framework for action and the individual a sense of when they can expect to hear from the agency. The agency could consider timeframes in their process that allow some flexibility. For example, the agency will contact the person who submits a complaint about the matter within x days of receiving a complaint/feedback; within x days of the completion of the investigation... [a certain action will take place].</p>	<p>To all service agencies.</p>	<p>Ensure the policies and procedures identify the expected time period for the complaints/feedback processes for each step of the process.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>55. Complaints/ Feedback, Process for Responding</p> <p>The policies and procedures shall identify: The process for responding to complaints/ feedback. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>Ensure the policies and procedures identify the process for responding to complaints/feedback.</p> <p>Process may include:</p> <ul style="list-style-type: none"> • Verbal- in person or by phone • Written- letter or email 	<p>Final/approved written & dated policies and procedures.</p>
<p>56. Complaints/ Feedback, Roles and Responsibilities</p> <p>The policies and procedures shall identify: The roles and responsibilities of persons who may be involved in receiving complaints/ feedback, documenting, investigating, resolving and providing notification or confirmation with the individual who submitted the complaint/feedback. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>Ensure the policies and procedures identify the roles and responsibilities of persons who may be involved in receiving complaints/feedback, documentation, investigating, resolving and providing notification or confirmation with the individual who submitted the complaint/feedback.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>57. Complaints/ Feedback, Consideration for Roles & Responsibilities</p> <p>The policies and procedures shall identify: Consideration for the role and any responsibilities of persons who receive support from the service agency, in the complaints/ feedback processes. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>	<p>The intention of this section is to require agencies to consider whether and how they could involve a person who receives support from the agency in the complaints/feedback process. Agencies may decide to have a client participate in the process (example: as part of a small investigation team that looks into the complaint, depending on the type of complaint and where appropriate, or as part of a resolution panel), or they may decide otherwise. It is perhaps easier for an agency to demonstrate this consideration for client involvement in instances where the agency involves an individual (or individuals) in the complaints/feedback process, as the directive also requires that agencies identify the roles and responsibilities of anyone who may be involved in the complaints/feedback process in their policies and procedures.</p>	<p>To all service agencies.</p>	<p>The person is supported, if needed, to be involved in the process. Annual survey results shared with agency's self-advocate group.</p> <p>A person supported sits as a board member and/ or committee of the board and may be included in the process.</p> <p>For those agencies that do not involve a client in the complaints/feedback process, perhaps the compliance reviewer could inquire as to whether the agency considered client involvement and how so (example:, at a board meeting or a staff meeting).</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>58. Complaints/ Feedback, Board of Directors/Roles and Responsibilities</p> <p>The policies and procedures shall identify: The role and responsibilities of the Board of Directors in the complaints/feedback processes. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	Review policies to identify the involvement of the board of directors at some stage of the process.	Final/approved written & dated policies and procedures.
<p>59. Complaints/ Feedback, Conflict of Interest</p> <p>The policies and procedures shall identify: How to avoid conflict of interest that may arise between the person who makes the complaint or provides feedback, and those who may be involved in the review, documentation, investigation, resolution and notification/ confirmation. (Policy Directives for Service Agencies : 1.0 Complaints/Feedback Process)</p>		To all service agencies.	Review policies to ensure they outline specific measures to follow in the event of a conflict of interest between the person who makes the complaint/provides feedback and those who may be involved in the review, documentation, investigation, resolution and notification/ confirmation.	Final/approved written & dated policies and procedures.

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>60. Fair Review Process</p> <p>The policies and procedures shall identify: How to ensure that the review process is free of any coercion or intimidation or bias, either before, during, or after the review. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>Policies may include a statement that the review process is free of any coercion, intimidation or bias at any time during the review and will describe how this will be ensured.</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>61. Complaints/ Feedback, Reporting to Police</p> <p>The service agency's policies and procedures on the complaints and feedback process shall comply with reporting requirements set out in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and its regulations.</p> <p>Where necessary, a service agency shall ensure that a complaint/ feedback is: Reported to the police (example:., as in the case of alleged, suspected or witnessed abuse that may constitute a criminal offence, as required by O.Reg.299/10 regarding quality assurance measures made under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008).</p> <p>(Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>Ensure complaints/ feedback policy states police notification where applicable and/or cross reference other related policies example: abuse reporting.</p> <p>It would be expected that an agency's policies and procedures note a zero-tolerance for abuse (as is required).</p>	<p>Final/approved written & dated policies and procedures.</p>

Policies and Procedures	Intent	Applicable	Indicator	Required for Compliance
<p>62. Complaints/ Feedback, Reporting to Ministry</p> <p>The service agency's policies and procedures on the complaints and feedback process shall comply with reporting requirements set out in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and its regulations. Where necessary, a service agency shall ensure that a complaint/feedback is: Reported to the ministry as a serious occurrence through the ministry's serious occurrence reporting process (based on the nature of the complaint/feedback). (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>The service agency's policies and procedures on the complaints and feedback process shall comply with reporting requirements set out in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and its regulations. Where necessary, a service agency shall ensure that a complaint/feedback is: Reported to the ministry as a serious occurrence through the ministry's serious occurrence reporting process (based on the nature of the complaint/feedback). (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>	<p>Final/approved written & dated policies and procedures.</p>

Board Records	Intent	Applicable	Indicator	Required for Compliance
<p>1. Mission Statement, Service Principles, Statement of Rights</p> <p>Each service agency shall conduct a mandatory orientation to its mission statement, service principles and statement of rights with its new members of its board of directors. (O.Reg.299/10, 4(2)(b))</p>	<p>Orientation, as used in the regulation, means a higher-level overview of a subject matter that promotes awareness and understanding. This may be done through an oral presentation, video, or reading materials. This is often the level of information that members of the board of directors need to fulfill their organizational oversight responsibilities.</p>	<p>To all service agencies.</p>	<p>Review Board Records to ensure that the service agency conducts a mandatory orientation to its mission statement, service principles and statement of rights with its new members of its board of directors.</p> <p>Confirmation of orientation completed within last 12 months, example:</p> <ul style="list-style-type: none"> • Orientation Checklist/Package • Acknowledgement Forms • Board Meetings • Meeting Minutes 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Board Records	Intent	Applicable	Indicator	Required for Compliance
<p>2. Mission Statement, Service Principles, Statement of Rights, Annual Review</p> <p>Each service agency shall ensure that its board of directors conducts an annual review of its mission statement, service principles and statement of rights, which shall include updating as necessary. (O.Reg.299/10, 4(2)(c))</p>	<p>To ensure mission statement, service principles and statement of rights are reviewed annually to assess their effectiveness and updated as needed.</p> <p>The intent of the annual requirement is that they are completed annually e.g. 2011, 2012 and 2013.</p>	<p>To all service agencies.</p>	<p>Annual refresher should be completed within 12 months of the last completion date. Review Board Records to ensure that the board of directors conducts an annual review of the mission statement, service principles and statement of rights, which shall include updating as necessary.</p> <p>Confirmation of annual review completed within last 12 months:</p> <ul style="list-style-type: none"> • Board Meeting Minutes • Annual Acknowledgement <p>For compliance, must be completed in consecutive years.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Board Records	Intent	Applicable	Indicator	Required for Compliance
<p>3. Mission Statement, Service Principles, Statement of Rights, Review Dates</p> <p>Each service agency shall record the dates of all orientations, refreshers and reviews conducted under clauses (b) and (c). (O.Reg.299/10, 4(2)(d))</p>		<p>To all service agencies.</p>	<p>Review Board Records to ensure the Service agency records the dates for:</p> <ul style="list-style-type: none"> • orientation to the mission statement, service principles and statement of rights • annual refresher • Annual review by the board of directors of the mission statement, service principles and statement of rights, which shall include updating as necessary. 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Board Records	Intent	Applicable	Indicator	Required for Compliance
<p>4. Financial Records, Annual Review Report</p> <p>The service agency shall ensure books of accounts and financial records prepared and maintained in accordance with subsection (2) are independently reviewed by a third party annually; the independent review shall include a report to the board of directors. (O.Reg.299/10, 6(3))</p>	<p>The intent of the annual requirement is that they are completed annually e.g. 2011, 2012 and 2013.</p>	<p>To all service agencies.</p>	<p>Annual review should be completed within 12 months of the last completion date</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Board Meeting Minutes • Independent financial review report <p>For compliance, must be completed in consecutive years.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Board Records	Intent	Applicable	Indicator	Required for Compliance
<p>5. Abuse Policies Orientation, Annual</p> <p>In addressing quality assurance measures respecting abuse prevention and reporting, each service agency shall provide a mandatory orientation to all new members of the board of directors on the agency's policies and procedures on abuse prevention, identification and reporting and a refresher on the policies and procedures every year thereafter. (O.Reg.299/10, 8(2)(b))</p>	<p>The intent of the annual requirement is that they are completed annually e.g. 2011, 2012 and 2013.</p>	<p>To all service agencies.</p>	<p>Evidence may include:</p> <ul style="list-style-type: none"> • Electronic training document • Meeting minutes • Acknowledgement forms or training attendance logs <p>Annual refresher should be completed within 12 months of the last completion date, evidence may include:</p> <ul style="list-style-type: none"> • Electronic training document • Meeting minutes • Acknowledgement forms or training attendance logs Dated within the last 12 months. 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Board Records	Intent	Applicable	Indicator	Required for Compliance
<p>6. Privacy and Confidentiality Orientation</p> <p>Each service agency shall provide an orientation to new members of its board of directors regarding its policies and procedures respecting privacy and confidentiality and consent to collection, use or disclosure of personal information. (O.Reg.299/10, 10(2))</p>		<p>To all service agencies.</p>	<p>Evidence may include:</p> <ul style="list-style-type: none"> • Electronic training document • Meeting minutes • Acknowledgement forms or training attendance logs 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Board Records	Intent	Applicable	Indicator	Required for Compliance
<p>7. References</p> <p>A service agency shall arrange for a personal reference check and require a police records check for board members, if they will have direct contact with the persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 13(3))</p>	<p>O.Reg.299/10 does not define direct contact. Policies and procedures may need to account for board members where they do not have direct contact with the persons with developmental disabilities. Consider that, if a board member does not have direct contact with people with a developmental disability when at the Service Agency, then a personal reference check and police records check for the board member would not be required.</p> <p>Consider that direct contact could mean when board members, staff, volunteers provide unsupervised services and supports to persons with developmental disabilities, or unless otherwise stated in the agency's policies/ procedures (agency discretion).</p>	<p>To all service agencies.</p>	<p>Review Board Records, for new board members who will have direct contact with persons with developmental disabilities, for:</p> <p>Personal Reference and Criminal records check or written confirmation arrangements have been made for both.</p> <p>Police Records Check (must include Vulnerable Sector Screen) Can be in a sealed envelope with a description, date, signoff that original has been verified. This could be combined with item #8 on the following page.</p> <p>Check CRC policy.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Board Records	Intent	Applicable	Indicator	Required for Compliance
<p>8. References, ASAP</p> <p>The service agency shall ensure that the personal reference check and police records check are completed as soon as possible for the new board member before or after they assume their responsibilities with the agency. (O.Reg.299/10, 13(5))</p>		<p>To all service agencies.</p>	<p>Review Board Records for: The personal reference and police records check are completed as soon as possible for a new board member before or after they assume their responsibilities with the agency</p> <p>Police Records Check (must include Vulnerable Sector Screen) or written confirmation the agency has made arrangements for a Police Records Check.</p> <p>Can be in a sealed envelope with a description, date, signoff and if original has been verified.</p> <p>Reference to #7, 9.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Board Records	Intent	Applicable	Indicator	Required for Compliance
<p>9. References, Supervision</p> <p>Until the completion of their reference check, their police records check and their orientation and initial training, a board member shall have direct contact with persons with developmental disabilities only when being supervised. (O.Reg.299/10, 13(6))</p> <p>Note: Most service agency board members do not have direct contact</p>		<p>To all service agencies.</p>	<p>Review Board Records to ensure: Date references were obtained and orientation and training were provided.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Documentation that indicates a board member does and/or does not have direct contact with persons with developmental disabilities and is supervised until completion of references, orientation and training 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>1. Mission Statement, Service Principles, Statement of Rights</p> <p>Each service agency shall conduct a mandatory orientation to its mission statement, service principles and statement of rights with its new staff members and new volunteers. (O.Reg.299/10, 4(2)(b))</p>		<p>To all service agencies.</p>	<p>Review new Staff/Volunteer Records for re: orientation, to include:</p> <ul style="list-style-type: none"> • mission statement • service principles • statement of rights <p>Evidence may include:</p> <ul style="list-style-type: none"> • Electronic training document • Meeting minutes • Performance appraisals • Acknowledgement forms or training attendance logs 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>2. Mission Statement, Service Principles, Statement of Rights, Annual refresher</p> <p>Each service agency shall conduct an annual refresher for its staff and volunteers of the mission statement, service principles and statement of rights thereafter. (O.Reg.299/10, 4(2)(b))</p>	<p>The intent of the annual requirement is that they are completed annually e.g. 2011, 2012 and 2013. For compliance, must be completed in consecutive years.</p>	<p>To all service agencies.</p>	<p>Annual refresher should be completed within 12 months of the last completion date for staff/ volunteers</p> <ul style="list-style-type: none"> • mission statement • service principles • statement of rights <p>Evidence from the past 12 months may include:</p> <ul style="list-style-type: none"> • Electronic training document • Meeting minutes • Performance appraisals • Acknowledgement forms or training attendance logs 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>3. Mission Statement, Service Principles, Statement of Rights, Dates</p> <p>Each service agency shall record the dates of all orientations, refreshers and reviews conducted under clauses (b). (O.Reg.299/10, 4(2)(d))</p>		<p>To all service agencies.</p>	<p>Review Staff Records for recorded dates, to include: orientation and an annual refresher for staff thereafter.</p> <p>Review Volunteer Records for recorded dates, to include: and an annual refresher for volunteers thereafter</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Electronic training document • Meeting minutes • Performance appraisals • Acknowledgement forms or training attendance logs 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>4. Training, First Aid & CPR</p> <p>Each service agency shall provide training to its staff members on first aid and CPR or shall arrange for the training to be provided by third party health professionals or medical professionals (O.Reg.299/10, 7(3))</p>	<p>The section does not specify that “all staff” or “direct care staff” be trained in first aid and CPR.</p> <p>Training as used in this regulation refers to a more in-depth and formally structured presentation of materials by a person(s) with recognized expertise in the subject matter, usually based upon a curriculum, and may include testing. Training may occur through a variety of media: educational/class settings, formal in-service training, on-line courses, etc.).</p>	<p>To all service agencies.</p>	<p>Review Staff Records for a current First Aid certificate of completion.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>5. Training, Specific Needs</p> <p>Each service agency shall provide training to its staff members on meeting the specific needs for the health and well-being of persons with developmental disabilities who are receiving services and supports from the agency, including any controlled acts as required. (O.Reg.299/10, 7(4)(a))</p>	<p>The ministry has not identified or approved a particular training program regarding health and well-being for use in adult developmental services. The requirements in section 7 of O.Reg.299/10 are more general, so that agencies have flexibility in arranging training that would provide staff with the skills to address the health needs of the people supported.</p>	<p>To all service agencies.</p>	<p>Specific training needs could include:</p> <ul style="list-style-type: none"> • Suppository/ fleet training • Catheter care • EPI Pen • Diabetes training • Enteral feeding • Nebulizers/inhalers <p>Evidence may include:</p> <ul style="list-style-type: none"> • Electronic training document • Meeting minutes • Performance appraisals • Acknowledgement forms or training attendance logs. 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>6. Training, Third Party</p> <p>Each service agency shall arrange for the training to be provided by third party health professionals or medical professionals. (O.Reg.299/10, 7(4)(b))</p> <p>Training as used in this regulation refers to a more in-depth and formally structured presentation of materials by a person(s) with recognized expertise in the subject matter, usually based upon a curriculum, and may include testing. Training may occur through a variety of media: (educational/class settings, formal in-service training, on-line courses, etc.).</p>	<p>To ensure that agency staff are properly trained on medical/health care techniques that are needed to support individuals (example:, properly helping a person with insulin injections, g-tube feeding, suctioning, etc.). CCACs or other nursing services like the VON are able to come to the agency to provide support and train staff on the required health care techniques.</p>	<p>To all service agencies.</p>	<p>Third party training may include:</p> <ul style="list-style-type: none"> • G tube training • Colostomy care • Wound management • Glucose testing • Positioning, lifting • Feeding and Swallowing <p>Techniques referred to in the Regulated Health Professions Act tend to be related to inserting objects in body cavities e.g. beyond the mouth, beyond the outer ear, below/under the skin.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Electronic training document • Meeting minutes • Performance appraisals • Acknowledgement forms or training attendance logs <p>Depending on the training provided by third party health professionals or medical professionals, agencies may be able to provide training to other staff members using a “train the trainer model”.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>7. Abuse, Training</p> <p>Each service agency shall provide mandatory training on abuse prevention, identification and reporting to all of its staff members and volunteers who have direct contact with persons with developmental disabilities who are receiving services and supports. (O.Reg.299/10, 8(2)(a)(i))</p>		<p>To all service agencies.</p>	<p>Staff Records will be reviewed for those who have direct contact with persons with developmental disabilities</p> <p>Volunteer Records will be reviewed for those who have direct contact with persons with developmental disabilities</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Electronic training document • Meeting minutes • Performance appraisals • Acknowledgement forms or training attendance logs • Orientation checklist confirming review of agency abuse policy 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>8. Abuse, Annual Training</p> <p>Each service agency shall provide a refresher course on the matters referred to in sub clause (i) every year thereafter. (O.Reg.299/10, 8(2)(a)(ii))</p>	<p>The intent of the annual requirement is that they are completed annually e.g. 2011, 2012 and 2013</p>	<p>To all service agencies.</p>	<p>Annual refresher should be completed within 12 months of the last completion date</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Performance appraisals • Acknowledgement forms or training attendance logs <p>For compliance, must be completed in consecutive years.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>9. Privacy and Confidentiality, Training</p> <p>Each service agency shall train its staff members and volunteers regarding its policies and procedures respecting privacy and confidentiality and consent to collection, use or disclosure of personal information. (O.Reg.299/10, 10(2))</p>	<p>The intent of this requirement is for staff members to understand the importance of privacy and confidentiality, and how to protect it.</p>	<p>To all service agencies.</p>	<p>Review Staff Records.</p> <p>Review Volunteer Records.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Performance appraisals • Acknowledgement forms or training attendance logs • Orientation checklist • Oath of Confidentiality 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>10. Emergency Preparedness Plan, Training</p> <p>Each service agency shall have training for its staff members in the procedures outlined in the emergency preparedness plan. (O.Reg.299/10, 11(1)(3))</p>	<p>To ensure that each staff person is instructed in all emergency procedures, and is aware of the specific course of action to take to handle crises effectively.</p>	<p>To all service agencies.</p>	<p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Performance appraisals • Acknowledgement forms or training attendance logs • Orientation checklist 	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>11. Orientation and Initial Training, P & P's</p> <p>Each service agency shall have policies and procedures for staff members and volunteers that address the orientation and initial training on the service agency and its policies and procedures. (O.Reg.299/10, 13(1)(1)(i))</p>	<p>To ensure staff and volunteers understand the agency policies and procedures including their specific responsibilities and how they fit within the overall services/supports. This will be conducted within the initial months of commencing employment.</p>	<p>To all service agencies.</p>	<p>Review staff/volunteer records for completion for orientation and initial training on the service agency and its P&P.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Performance appraisals • Acknowledgement forms or training attendance logs • Orientation checklist 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>12. Orientation and Initial Training, Individual Needs</p> <p>Each service agency shall have policies and procedures for staff members and volunteers that address the orientation and initial training on the individual needs of the persons with developmental disabilities whom the staff member or volunteer will support. (O.Reg.299/10, 13(1)(1)(ii))</p>		<p>To all service agencies.</p>	<p>Review staff records for completion for orientation and initial training on the individual needs of the persons with developmental disabilities.</p> <p>Individual needs may be located in:</p> <ul style="list-style-type: none"> • The individual support plan • Individual caution sheet • Medical profile • Personal care protocol <p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Performance appraisals • Acknowledgement forms or training attendance logs • Orientation checklist 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>13. Training, Ongoing</p> <p>Each service agency shall have policies and procedures for staff members and volunteers that address the regular ongoing training for staff members and volunteers regarding support for persons with developmental disabilities and service agency policies and procedures as may be appropriate or required. (O.Reg.299/10, 13(1)(2))</p>		<p>To all service agencies.</p>	<p>This could include: the prevention and use of physical restraint, abuse training, first aid, CPR, etc.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Performance appraisals • Acknowledgement forms or training attendance logs 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>14. References, Staff</p> <p>A service agency shall arrange for a personal reference check and require a police records check for all new staff members. (O.Reg.299/10, 13(2))</p>	<p>Under previous DSA legislation there was a requirement that agencies complete a criminal reference check for all staff before hiring them.</p> <p>The Ministry may still want to talk to the agency about why there has been no police record check for an agency staff member as a general concern, but as stated, the police records check requirement applies only to new staff members under the QAM regulation. The interim Policy Directive from CPIC addresses the role of third party companies' example: who may have been conducting criminal reference checks on behalf of MCYS and MCSS licensed and/or funded agencies. The Directive indicates that until third party companies enter into approved agreements with OPP detachments or local police departments, police services are not permitted to provide them with criminal record information. At this time, no third party company has an approved agreement in</p>	<p>To all service agencies.</p>	<p>Review new staff/volunteer records for: Personal Reference and Criminal records check or written confirmation arrangements have been made for both.</p> <p>Police Records Check (must include Vulnerable Sector Screen) It is not a requirement for ministry staff to physically see the Criminal Reference Check (CRC). However, there needs to be evidence of a CRC (example: a sealed envelope describing its contents, date received and signature) and that the CRC included a vulnerable sector screen (typically outlined in the agency's policies and procedures). The 1995 policy may not have been so explicit as to require a VSS for staff hired prior to 2011.</p> <p>Note: Do not open sealed envelopes.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>15. References, Volunteers</p> <p>A service agency shall arrange for a personal reference check and require a police records check for volunteers if they will have direct contact with the persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 13(3))</p>		<p>To all service agencies.</p>	<p>Review of volunteer records for confirmation of personal reference and police records check.</p> <p>If the police department states that individuals under 18 are not processed through the vulnerable sector check, the agency develops a policy for volunteers, specifically students or individuals under 18. The policy could include:</p> <ul style="list-style-type: none"> a) a risk assessment/ process to identify how to keep the individuals and students safe b) what are the duties and responsibilities – how much contact and what level of supervision the student requires to perform the duties c) Continue to require CPIC and when and if the student/agency would like to continue working after the age of 18 – then they must have a vulnerable sector check ASAP. 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>16. Written Protocols, Local Police</p> <p>A service agency shall have written protocols with their local police services to ensure that the type of information provided through a police records check is appropriate to the position being applied for. (O.Reg.299/10, 13(4))</p>	<p>Service agencies should work with their local police service to ensure the police records check includes the appropriate/relevant information, specifically for the position being applied for. The agency could have the local police review their policy however, there is no requirement for the local police service to review and/or sign off.</p>	<p>To all service agencies.</p>	<ul style="list-style-type: none"> • CRC Policies and Procedures include VSS; • Standard agency form/letter perspective applicant brings to local police indicating VSS requirement. Letter/email/documentation from police department/OPP acknowledging written protocol with agency <p>Police Departments have existing protocols standardized form that agencies must complete confirming who they are and that they work with a vulnerable population example: Toronto Police Service has this form on their web site. OPP has standardized form.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>17. References, ASAP</p> <p>The service agency shall ensure that the personal reference check and police records check are completed as soon as possible for the new staff member and volunteer before or after they assume their responsibilities with the agency. (O.Reg.299/10, 13(5))</p>		<p>To all service agencies.</p>	<p>Review Staff and Volunteer Records for:</p> <ol style="list-style-type: none"> 1. The personal reference check and police record check is completed as soon as possible for a new staff member/volunteer before or after they assume their responsibilities with the agency. <p>Police Records Check (must include Vulnerable Sector Screen) or written confirmation the Service agency has made arrangements for a Police Records Check. Can be in a sealed envelope with a description, date, signoff and if original has been verified.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>18. References, Supervision</p> <p>Until the completion of their reference check, their police records check and their orientation and initial training, a staff member and volunteer shall have direct contact with persons with developmental disabilities only when being supervised. (O.Reg.299/10, 13(6))</p>		<p>To all service agencies.</p>	<p>Review Staff and Volunteer Records that outline staff and volunteers shall have direct contact with persons with developmental disabilities only when being supervised, until the completion of:</p> <ul style="list-style-type: none"> • reference check • police records check • orientation and initial training, <p>Evidence may include:</p> <ul style="list-style-type: none"> • Schedules • Communication Logs • Case notes • Application dates • Orientation checklist 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>19. Training, Physical Restraint</p> <p>Each service agency shall train all staff members who work directly with persons with developmental disabilities on the use of physical restraint. (O.Reg.299/10, 17(2))</p>	<p>The Policy Directives for Service Agencies require that service agencies select a training package on the prevention and use of physical restraint that has been identified for use in adult developmental services by the Community Networks of Specialized Care – Ontario review committee.</p>	<p>SGLR ISR RESP ADL CP</p>	<p>Documented evidence such as a certificate of completion or a signed notation in the staff person's file.</p> <p>Agencies must use the training packages and providers listed below:</p> <ul style="list-style-type: none"> • Safe Management Group • Crisis Prevention Institute • QBS Inc. • The Mandt System Inc. • Mandt System – (RCT) Canadian Training Institute • Hy'N'Hancement Consulting Inc. <p>Agencies have flexibility in determining which of the identified training packages and providers meet the training needs of agency staff and are a good fit with the organization. For compliance, we are verifying that all staff received training in the use of physical restraint, regardless of the agency's practice around the use of restraints or the needs of persons receiving supports and services.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>20. Physical Restraint, Training Package, Suitable for Adults with a Developmental Disability</p> <p>Further to the requirements to train direct care staff on the use of physical restraint, as listed in section 17(2), “General behaviour intervention strategies, training”, of O.Reg.299/10, it is important to note that the training package used by service agencies meet the criteria outlined below: The curriculum is suitable for use with adults with a developmental disability and addresses the clients’ needs, based on an assessment of risk of the individuals receiving support. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Agencies must use the training packages and providers listed below:</p> <ul style="list-style-type: none"> • Safe Management Group • Crisis Prevention Institute • QBS Inc. • The Mandt System Inc. • Mandt System – (RCT) Canadian Training Institute • Hy’N’Hancement Consulting Inc. 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>21. Physical Restraint, Training Package/Emergency Situations</p> <p>Further to the requirements to train direct care staff on the use of physical restraint, as listed in section 17(2), “General behaviour intervention strategies, training”, of O.Reg.299/10, it is important to note that the training package used by service agencies meet the criteria outlined below: The curriculum provides training that enables direct care staff to respond to emergency situations at all times. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Agencies must use the training packages and providers listed below:</p> <ul style="list-style-type: none"> • Safe Management Group • Crisis Prevention Institute • QBS Inc. • The Mandt System Inc. • Mandt System – (RCT) Canadian Training Institute • Hy’N’Hancement Consulting Inc. 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>22. Training, Behaviour Support Plan</p> <p>Each service agency shall ensure that staff members who work directly with persons with developmental disabilities who have challenging behaviour are trained before beginning work with the person they will support: the behaviour support plan of the person they will be supporting. (O.Reg.299/10, 17(3)(1))</p>	<p>Neither the regulation nor the policy directives define “before working with the person”.</p> <p>It is recognized, however, that training for new staff may include working alongside more experienced staff, to provide hands-on training.</p>	<p>SGLR ISR RESP ADL CP</p>	<p>Review staff records for completion of the training on the behaviour support plan</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Performance appraisals • Acknowledgement forms or training attendance logs • Orientation checklist • Protocol sign off • Signed notation in the staff person’s file 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>23. Training, Behaviour Interventions</p> <p>Each service agency shall ensure that staff members who work directly with persons with developmental disabilities who have challenging behaviour are trained on the following, before beginning work with the person they will support: the use of behaviour interventions that are outlined in the behaviour support plan of the persons they will be supporting. (O.Reg.299/10, 17(3)(2))</p>	<p>The intent of this requirement is to have service agency staff trained on behaviour interventions that are outlined in the behaviour support plan, before beginning work with the person they will support.</p>	<p>SGLR ISR RESP ADL CP</p>	<p>Review staff records for completion of the training on the behaviour interventions that are outlined in the behaviour support plan.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Performance appraisals • Acknowledgement forms or training attendance logs 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>24. Training, Behaviour Interventions, Volunteers</p> <p>Each service agency shall ensure that, where the service agency's policies and procedures permit volunteers to work directly with persons with developmental disabilities who have challenging behaviour, the volunteers are trained on the matters referred to in subsection (3), before beginning volunteer work with the person they will support. (O.Reg.299/10, 17(4))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Review of volunteer records may include the completion of the training on the behaviour interventions that are outlined in the behaviour support plan.</p> <p>Although service agencies may not permit volunteers to apply mechanical or physical restraints, administer PRN in accordance with the terms of a behavioural support plan as a behavioural intervention or CTO; it may be beneficial to train the volunteers on the use of the positive behaviour intervention strategies indicated in the individual's behaviour support plan which may be effective in preventing behavioural escalation and the need for intrusive behavioural interventions.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>25. Training Records, Behaviour Interventions</p> <p>Each service agency shall maintain training records on the use of behaviour interventions for staff members and volunteers who work directly with persons with developmental disabilities who have challenging behaviour. (O.Reg.299/10, 17(5))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Review of staff or volunteer training records.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>26. Training & Refresher, Behaviour Interventions</p> <p>The training on the use of behaviour interventions for staff members and volunteers, including refresher courses required under a training program, may be provided by the service agency or by a third party. (O.Reg.299/10, 17(6))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Dates of refresher training.</p> <p>The training provider may suggest a schedule for refresher training.</p> <p>Refer to specific agency policies and procedures.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Staff-Volunteer Records	Intent	Applicable	Indicator	Required for Compliance
<p>27. Behaviour Intervention Strategies, Volunteers</p> <p>Each service agency shall have policies and procedures regarding the use of behaviour intervention strategies by volunteers, including whether volunteers are permitted to use behaviour intervention strategies and, if so, under what circumstances. (O.Reg.299/10, 19(3))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Refer to agency policies and procedures.</p> <p>Although service agencies may not permit volunteers to apply mechanical or physical restraints, administer PRN as a behavioural intervention or CTO; it may be beneficial to train the volunteers on the use of the positive behaviour intervention strategies indicated in the individual's behaviour support plan which may be effective in preventing behavioural escalation and the need for intrusive behavioural interventions.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>1. Mission Statement, Service Principles & Statement of Rights</p> <p>Each service agency shall conduct a mandatory orientation to its mission statement, service principles and statement of rights with persons receiving services and supports and any persons acting on their behalf when they begin to receive services and supports. (O.Reg.299/10, 4(2)(a))</p>		<p>To all service agencies.</p>	<p>Review Individual Records.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Acknowledgement forms or training attendance logs • Individual Support Plan • Intake/orientation records 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>2. Mission Statement, Service Principles & Statement of Rights, Annual Refresher</p> <p>Each service agency shall conduct an annual refresher on the mission statement, service principles and statement of rights with persons receiving services and supports and any persons acting on their behalf. (O.Reg.299/10, 4(2)(a))</p>	<p>The intent of the annual requirement is that they are completed annually e.g. 2011, 2012 and 2013.</p>	<p>To all service agencies.</p>	<p>Review Individual Records. Annual refresher should be completed within 12 months of the last completion date</p> <p>Review visual aids and written materials used to assist persons receiving support to understand their rights.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Acknowledgement forms or training attendance logs • Individual Support Plan • Letter to the family/ caregiver <p>For compliance, must be completed in consecutive years.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>3. Mission Statement, Service Principles & Statement of Rights, Review Dates</p> <p>Each service agency shall record the dates of all orientations, refreshers and reviews conducted under clause (a). (O.Reg.299/10, 4(2)(d))</p>		<p>To all service agencies.</p>	<p>Review Individual Records to ensure dates are recorded.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>4. Privacy & Confidentiality</p> <p>Each service agency shall review its policies and procedures on privacy and confidentiality and consent to collection, use or disclosure of personal information with persons who receive services and supports from the agency and shall do so in a language and manner, and with a level of support, that is appropriate to the capacity of the person with a developmental disability and with any person acting on their behalf. (O.Reg.299/10, 10(3))</p>	<p>To protect the personal information of persons receiving supports and services.</p> <p>To ensure that individuals who receive services and supports understand the agency's policies and procedures on confidentiality and consent.</p> <p>To ensure they understand their right to confidentiality and give informed consent. To ensure they understand how, where and what information about them is collected and stored, is shared and with whom.</p>	<p>To all service agencies.</p>	<p>Review Individual Records.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Orientation/welcoming package • Signed consents for release of information by the person • Meeting Minutes • Electronic training • Training certificates • Acknowledgement forms or training attendance logs • Individual Support Plan 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>5. Personal Information, Consent</p> <p>Each service agency must have policies and procedures regarding consent to any collection, use or disclosure of personal information. (O.Reg.299/10, 10(1)(2))</p>	<p>To protect the personal information of persons receiving supports and services.</p>	<p>To all service agencies.</p>	<p>Review Individual Records for a signed consent from the individual receiving supports and services from the service agency or from the person acting on behalf of the person with a developmental disability. Example: Consents for medical information disclosure; photographs; fire plan etc.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>6. Abuse, Education/ Refresher</p> <p>Each service agency shall provide mandatory education and awareness-building on abuse prevention and reporting to persons with a developmental disability receiving services and supports from the service agency in a language and manner that is appropriate to the capacity of the person with a developmental disability when the person begins to receive services and supports from the service agency and every year thereafter. (O.Reg.299/10, 8(2)(c))</p>	<p>To ensure that persons receiving supports and services are prepared in advance and clearly understand zero tolerance of abuse, the various forms of abuse and the steps to follow in the event that abuse occurrences. The intent of the annual requirement is that they are completed annually e.g. 2011, 2012 and 2013.</p> <p>For persons receiving residential and community participation supports from two different agencies, if either one of the two agencies provides the mandatory training and communicates (in writing) to the other that the training has taken place, both agencies should record it in the person's file. While the regulation specifies that the service agency is responsible to make sure that the training has occurred (example: Residential) it does not specify who actually provides the training e.g. Day Supports.</p>	<p>To all service agencies.</p>	<p>Review visual aids and written materials used to assist persons receiving support to understand zero abuse tolerance.</p> <p>Review Individual Records. Evidence may include:</p> <ul style="list-style-type: none"> • Meeting Minutes • Electronic training • Training certificates • Acknowledgement forms or training attendance logs • Intake/orientation records • Individual Support Plan <p>Annual refresher should be completed within 12 months of the last completion date</p> <p>For compliance, must be completed in consecutive years.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>7. Community Activities</p> <p>Each service agency shall support the participation of persons with developmental disabilities in various activities in the community, including work, recreation and social, cultural and religious events, as desired by the person with a developmental disability and identified in their individual support plan. (O.Reg.299/10, 4(3)(a))</p>		<p>To all service agencies.</p>	<p>Individual Support Plan example: sporting events, leisure, shopping, swimming, church, work, etc.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>8. Informed Decisions, Risk Considerations</p> <p>Each service agency shall, so persons with developmental disabilities can make informed decisions, provide information and supports to persons with developmental disabilities regarding activities in their individual support plan, including the consideration of risks. (Regulation 299/10, 4(3)(b))</p>		<p>To all service agencies.</p>	<p>Individual support plan includes the consideration of risks such as elopement, pica, communication challenges, behaviour challenges, medical needs, smoking, communicable diseases, etc.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>9. Individual Support Plan</p> <p>Each service agency shall develop an individual support plan for each person with a developmental disability who receives services and supports from the agency that addresses the person's goals, preferences and needs. (O.Reg.299/10, 5(1)(1))</p>	<p>To promote individualized approaches to services and supports. Persons will receive available services to meet their individual needs.</p> <p>An individual support plan is not the same as a person-directed or person centred plan. While the individual support plan can be informed by person-directed and/or person centred planning values, they are fundamentally different. Individual support plans are mandatory (the contents are set out in s.5 (4) of O.Reg.299/10). The focus of an individual support plan is on service delivery for an individual. Ministry transfer payment agencies must develop individual support plans for each person receiving agency services and supports. Person-directed, person-centred planning is different; it is voluntary and the contents of the plan are not set out in a regulation. It is a value based undertaking rooted in philosophy and a commitment to building inclusive communities.</p>	<p>To all service agencies.</p>	<p>Current ISP includes person's goals, preferences and needs.</p> <p>Where more than one agency provides services and supports, one ISP can be developed and shared to reflect all services and supports provided by all MCSS adult developmental services funded service agencies.</p> <p>The required documentation does not need to be called the 'Individual Support Plan'. However, as a good practice recommendation, all the required documentation should be kept together and called the individual support plan.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>10. Individual Support Plan, Annual Review</p> <p>Each service agency shall review the individual support plan annually with the person with a developmental disability and any persons acting on their behalf and update the plan as necessary. (O.Reg.299/10, 5(1)(2))</p>	<p>The requirement for an individual support plan that is reviewed and updated annually, provides individuals with an opportunity to identify goals and personal outcomes for the coming year, related to the support that the person receives from the agency. It also acts as a means of accountability as the agency commits to support the individual to achieve his/her goals (or steps toward goals) and personal outcomes.</p> <p>The intent of the annual requirement is that they are completed annually e.g. 2011, 2012 and 2013.</p>	<p>To all service agencies.</p>	<p>Annual review should be completed within 12 months of the last completion date.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Review or revised dates • Updated goals <p>For compliance, must be completed in consecutive years.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>11. Individual Support Plan, Sharing Information</p> <p>Each service agency shall discuss with the person with a developmental disability both during the development of the individual support plan and at its annual review, the circumstances when, if any, the person would permit the information in the support plan to be shared with persons other than agency staff members and the persons with whom it may be shared. (O.Reg.299/10, 5(1)(3))</p>		<p>To all service agencies.</p>	<p>Evidence may include:</p> <ul style="list-style-type: none"> • Written consent • Meeting minutes • Notation of discussion in the individual's plan/record 	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>12. Individual Support Plan, Date</p> <p>Each service agency shall record the date of the individual support plan and the dates of any updates of the plan. (O.Reg.299/10, 5(1)(4))</p>		<p>To all service agencies.</p>	<p>Ensure the Individual Support Plan includes the planning date and the dates of any updates to the plan.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>13. Individual Support Plan, Participation</p> <p>The service agency shall ensure that the person with a developmental disability is supported to participate as fully as possible in the development and annual review of their individual support plan. (O.Reg.299/10, 5(2))</p>		<p>To all service agencies.</p>	<p>Evidence include:</p> <ul style="list-style-type: none"> • Ensure the person's name is included in the list of participants for the development of the Individual Support Plan and if not, documented reason for absence. • Notation in the individual's file • Meeting minutes 	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>14. Individual Support Plan, Assessments</p> <p>The service agency shall base the individual support plan on information contained in the application form, the needs assessment used by the application entity, the stated goals and preferences of the person with a developmental disability and other relevant clinical assessments. (O.Reg.299/10, 5(3))</p>		<p>To all service agencies.</p>	<p>Information from :</p> <ul style="list-style-type: none"> • SIS and ADSS • other relevant assessments such as behaviour, needs and risk assessment, • agency intake-admission forms, • information from previous support plans, • plan includes goals and preferences of the person. 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>15. Individual Support Plan, Involved Persons</p> <p>The individual support plan shall identify the persons who were involved in its development. (O.Reg.299/10, 5(4)(a))</p>		<p>To all service agencies.</p>	<p>Evidence may include:</p> <ul style="list-style-type: none"> • Meeting minutes • List of participants 	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>16. Individual Support Plan, Goals & Outcomes</p> <p>The individual support plan shall identify the specific short- term and long-term goals of the person with a developmental disability and expected outcomes. (O.Reg.299/10, 5(4)(b))</p>	<p>The intent is to ensure the person receiving supports and services has the opportunity to express his or her own views about important decisions concerning them and to give the opportunity to participate in the decisions that affect his/her life.</p>	<p>To all service agencies.</p>	<p>Specific goals and timelines</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>17. Individual Support Plan, Community Resources</p> <p>The individual support plan shall identify other community resources that may be required or accessed or both, including medical, vocational, recreational, cultural, religious and social resources. (O.Reg.299/10, 5(4)(c))</p>		<p>To all service agencies.</p>	<p>Individual Support Plan example: sporting events, leisure, shopping, swimming, church, work, health professionals etc.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>18. Individual Support Plan, Funded Services & Supports</p> <p>The individual support plan shall identify the specific funded services and supports that are to be provided to the person with a developmental disability. (O.Reg.299/10, 5(4)(d))</p>		<p>To all service agencies.</p>	<p>Review of the individual Support Plan to ensure it identifies the specific funded services and supports.</p> <ul style="list-style-type: none"> • Supported Group Living • Intensive Support • Community Participation Support • SIL • Host Family 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>19. Individual Support Plan, Actions</p> <p>The individual support plan shall identify actions required to achieve expected outcomes. (O.Reg.299/10, 5(4)(e))</p>		<p>To all service agencies.</p>	<p>Clearly identified steps or actions taken to achieve the expected outcomes.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>20. Individual Support Plan, Roles & Responsibilities</p> <p>The individual support plan shall identify the persons responsible for implementing the actions, including setting out their roles and responsibilities. (O.Reg.299/10, 5(4)(f))</p>	<p>The intent is to ensure that components of the support plan include all participants in the plan development along with who is responsible for ensuring outcomes are achieved.</p>	<p>To all service agencies.</p>	<p>Review the individual support plan to ensure that it identifies the persons responsible for implementing the action, including setting out their roles and responsibilities.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>21. Individual Support Plan, Services & Supports</p> <p>The individual support plan shall identify the manner in which services and supports are to be provided. (O.Reg.299/10, 5(4)(g))</p>	<p>The intent is that the individual support plan should account for the service approach. Residential support that is provided by agencies which support (for example) people with a dual diagnosis may take a particular approach to the individual's needs (or use a particular model of support with linkages to mental health programs/ supports in the community) that would likely be different from the way that an agency which supports (as another example) people who are medically fragile and their health-related needs. Consider also that there are different models of residential support. (Some) where agency staff attends the residence to provide support and others where the supporting staff live in the residence with the individuals. Depending on how the plan is written, section 5(4) g may not necessarily be a stand-alone section of the plan. It could be covered off as the agency addresses other areas of the individual support plan.</p>	<p>To all service agencies.</p>	<p>How services and supports are provided.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>22. Individual Support Plan, Allocated Resources</p> <p>The individual support plan shall identify amount of allocated resources. (O.Reg.299/10, 5(4)(h))</p>	<p>The requirement intends for the individual support plan to address/list MCSS funding amounts (example: ODSP, Passport). In the future, when ministry funding is allocated on an individualized basis, the amount of allocated resources should include the individualized budget.</p>	<p>To all service agencies.</p>	<p>Amount of allocated resources such as the amount of, or number of hours of, ministry-funded developmental services and support (example:, residential support, community participation support, speech and language); individualized funding amounts; ODSP cost recovery could also be noted; Passport, OAS</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>23. Individual Support Plan, Update</p> <p>The individual support plan shall identify the date of review to update the individual support plan to clarify goals, expected outcomes and allocated resources. (O.Reg.299/10, 5(4)(i))</p>		<p>To all service agencies.</p>	<p>Review dates</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>24. Individual Support Plan, Safeguards</p> <p>The individual support plan shall identify any necessary safeguards to protect the health and safety of the person with a developmental disability when receiving services and supports. (O.Reg.299/10, 5(4)(j))</p>	<p>The intent is to ensure planning includes aspects where the person is most vulnerable and where safeguards are required.</p>	<p>To all service agencies.</p>	<p>Examples could include: bathing protocols Missing person protocols Community Safety assessments, behavioural support plan, pica sweeps, supervision related to health concerns, security checklists etc.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>25. Individual Support Plan, Finances</p> <p>The individual support plan shall identify the level of support the person has requested or requires to manage their day-to-day finances. (O.Reg.299/10, 5(4)(k))</p>	<p>An individual may request support with their finances, or persons acting on the individual's behalf may request support from the agency for the individual, to help with his/her finances. The need for support with finances may also be identified in an assessment of the person, such as the Supports Intensity Scale, the Application for Developmental Services and Supports, or other documents.</p>	<p>To all service agencies.</p>	<p>The plan should identify whether the person needs assistance to manage their day to day spending money; example: banking, making purchases, access to wallet</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>26. Adequate Support Staff</p> <p>A service agency shall maintain adequate support staff, at a level identified in the person's individual support plan, to address the safety, security and well-being of persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 12(2))</p>	<p>Intent to ensure the provision of adequate support for the personal safety of persons receiving services at all times. The level of support that a person needs, including the level of staffing support to be provided, will be identified through the individual support planning process and will be agreed to by all people / service agencies / professionals who are party to the support plan. Once the individual support plan is approved, the service agency is required to provide the level of support as outlined in the individual support plan. If the service agency cannot provide the appropriate level of staff support, then alternative services and support should be considered.</p>	<p>To all service agencies.</p>	<p>Individual Support Plan should identify the level of staff support the person requires.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>27. Financial Records, Separate</p> <p>The service agency shall prepare and maintain separate books of accounts and financial records for each person with a developmental disability who receives assistance from the service agency with the management of their day-to-day finances for each fiscal year. (O.Reg.299/10, 6(2))</p>	<p>Assistance with management of day to day finances could refer to a variety of types of support with day-to-day finances. For example, this could include help with budgeting, weekly (or regular) bank transactions, personal record keeping, and support to understand bank information such as statements or application forms.</p>	<p>To all service agencies.</p>	<p>Each person has their own separate accounting books</p> <p>(Refer to agency's P & P's)</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Financial ledgers • Monthly financial journals • Bank records • Budget records 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>28. Financial Records, Annual Review</p> <p>The service agency shall ensure books of accounts and financial records prepared and maintained in accordance with subsection (2) are independently reviewed by a third party annually; the independent review shall include a report to the board of directors. (O.Reg.299/10, 6(3))</p>	<p>An “independent review” of accounts and financial records may be provided by persons who are not affiliated with those who provided the individual with assistance with their finances. For example: a family member review committee struck by the agency, or an independent accountant; agency managers reviewing homes supervised by another manager; agency finance clerk. The intention of the regulation is that a year’s worth of financial records be reviewed, not a random sample. (full 12 months)</p>	<p>To all service agencies.</p>	<p>Annual review should be completed within 12 months of the last completion date.</p> <p>Each person who receives support to manage their money;</p> <ul style="list-style-type: none"> • Signature on ledgers, journals, • written report, • board minutes <p>The support plan should identify whether the person needs assistance to manage their day to day spending money; example: banking, making purchases, access to wallet etc.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>29. Medical Services</p> <p>Each service agency shall have policies and procedures including documentation regarding medical services that are provided to the person with a developmental disability, where the service agency is providing assistance. (O.Reg.299/10, 7(1)(3)(i))</p>		<p>To all service agencies.</p>	<p>Documentation could include:</p> <ul style="list-style-type: none"> • Level of assistance is identified in the ISP • Medical appointment records • Notation in the Individual's record • Notation in the log book • Cumulative Health Records • Biological Timelines • Annual Medical Forms • Health Care Provider Visit Form • Medical Appointment Summary Forms • Health Care Treatment 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>30. Medical and Dental Appointments</p> <p>Each service agency shall ensure assistance is provided to the person to attend regular medical and dental appointments, as needed, and that a log is kept or documentation is kept on file with respect to the person's regular medical and dental appointments. (Regulation 299/10, 24(1))</p>		<p>SGLR ISR</p>	<p>Documentation could include:</p> <ul style="list-style-type: none"> • Medical appointment records • Notation in the Individual's record • Notation in the log book • Cumulative Health Records • Medical Appointment Timelines • Annual Medical Forms • Health Care Provider Visit Form • Medical Appointment Summary Forms • Health Care Treatment Record 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>31. Medical Services, Refusals</p> <p>Each service agency shall have policies and procedures including documentation regarding any refusals by the person with a developmental disability to obtain or accept medical services that are recommended by a legally qualified medical practitioner or other health professional. (O.Reg.299/10, 7(1)(3)(iv))</p>		<p>To all service agencies.</p>	<p>Refer to agency policy regarding refusals; notation in the file where persons refuse medical services; communication notes</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>32. Emergency Medical Services</p> <p>Each service agency shall have policies and procedures including documentation regarding emergency medical services. (O.Reg.299/10, 7(1)(3)(v))</p>		<p>To all service agencies.</p>	<ul style="list-style-type: none"> • Serious Occurrence report • Incident report • Communication book • Daily logs/journals 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>33. Medication Administration, Self</p> <p>Each service agency shall have policies and procedures including documentation regarding administration of medication, including self-administration by the person with a developmental disability. (O.Reg.299/10, 7(1)(3)(ii))</p>		<p>To all service agencies.</p>	<ul style="list-style-type: none"> • Notation in the ISP • Risk assessment • Doctor's note/ acknowledgement • Medication Administration Record • Medication Schedule • Master Medication Record Sign Off Sheet signed off by persons administering medications. 	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>34. Medication Errors/Refusals</p> <p>Each service agency shall have policies and procedures including documentation regarding any medication errors and any refusals to take any prescribed medication. (O.Reg.299/10, 7(1)(3)(iii))</p>		<p>To all service agencies.</p>	<ul style="list-style-type: none"> • Medication Error Forms • Medication Incident Report • Serious Occurrence Report • Notation in the Individual's file • Notation in the log book • Notification and reporting process • Medication refusals are documented 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>35. Medication Administration Record</p> <p>In addressing quality assurance measures respecting the well-being of the person, each service agency shall ensure a medicine administration record is kept for the person. (O.Reg.299/10, 24(2))</p>		<p>To all service agencies.</p>	<p>A Medication Administration Record for each person who receives medication administered by staff; either generated by the pharmacy or created by the service agency.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>36. Information, Prescription Medication</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to prescription medication. (O.Reg.299/10, 24(3)(i))</p>	<p>#36 to 45 it is important to consider that some of the criteria may not be pertinent to a person. If this is the case, then it is reasonable to expect that information has not been provided.</p>	<p>SGLR ISR</p>	<p>Informational materials from doctors, nurses, pharmacists, or other health professionals; a printed information sheet from a drug store on prescription medication; a notation in the person's file to indicate that information has been verbally shared with the individual. Medication Information Sheets.</p> <p>Information may be provided on a one-time basis (example: information about medication prescribed to address a time-limited illness, example: bronchitis, ear ache, a rash) or on an ongoing basis. Information can be provided in a variety of ways - in a pamphlet or hand-out sheet, verbally, or by demonstrating.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>37. Public Health Information</p> <p>A service agency shall ensure that the public health information is available and presented in a language and manner, and with the level of support, that the person with a developmental disability needs. (O.Reg.299/10, 7(2))</p>	<p>Persons receiving supports and services should be supported in making healthy choices wherever possible. If a person declines such support from an agency, the agency should document its efforts in offering assistance and the response of the person being supported.</p>	<p>To all service agencies.</p>	<p>Informational materials from doctors, nurses, pharmacists, or other health professionals related to diabetes, smoking, diet and nutrition, universal precautions, annual flu vaccines etc.</p> <p>Information may be provided on a one-time basis or on an ongoing basis, (example: tips on how to make a healthy meal). Information can be provided in a variety of ways - in a pamphlet or hand-out sheet, verbally, or by demonstrating.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>38. Information, Diet & Nutrition</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to diet and nutrition. (O.Reg.299/10, 24(3)(ii))</p>		<p>SGLR ISR</p>	<p>Informational materials from doctors, nurses, dietitians, or other health professionals, from public health units, libraries or bookstores; make a hand-out from Canada's Food Guide available/visible in the kitchen. Learning more about diet and nutrition could be a goal in the person's individual support plan, with such strategies as preparing healthy meals, discussion about healthy eating at the grocery store, or menu planning, and any updates on steps taken to achieve the goal.</p> <p>Information may be provided on a one-time basis or on an ongoing basis, (example: tips on how to make a healthy meal). Information can be provided in a variety of ways - in a pamphlet or hand-out sheet, verbally, or by demonstrating.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>39. Information, Personal Hygiene</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to personal hygiene. (O.Reg.299/10, 24(3)(iii))</p>		<p>SGLR ISR</p>	<p>Informational materials from doctors, nurses or other health professionals, from public health units, libraries or bookstores, on personal hygiene that have been shared with the person. Learning more about personal hygiene could also be part a goal outlined in the person's individual support plan, with any updates noted on steps taken to achieve the goal. It could also be an approach to support - things that the agency staff talk about or remind the individual about during daily personal care (example: asking whether a person has brushed his/her teeth).</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>40. Information, Personal Fitness</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to personal fitness. (O.Reg.299/10, 24(3)(iv))</p>		<p>SGLR ISR</p>	<p>A notation in a person's file about a visit to a health professional, and any informational materials from doctors, nurses or other health professionals, from public health units, libraries or bookstores, on the benefits of personal fitness that have been shared with the person. Also, providing information (example: pamphlets, hand-outs, websites) on the availability of activities and resources that are available in the community that might be appropriate for the person and his/her interests. Being aware of the importance of personal fitness could also be a goal outlined in the person's individual support plan, with any updates noted on steps taken to achieve the goal.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>41. Information, Sexual Health</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to sexual health. (O.Reg.299/10, 24(3)(v))</p>		<p>SGLR ISR</p>	<p>A notation in a person's file about a visit to a health professional to discuss sexual health issues, and any informational materials from health professionals, from public health units, libraries or bookstores that have been shared with the person.</p> <p>Individuals may have taken an abuse awareness and prevention course which speaks to sexual abuse and what to do if you have been abused - notations may have been made in a person's file that he/she has taken the course.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>42. Information, Health & Safety</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to behaviour that may pose a threat to the person's health, safety or well-being. (O.Reg.299/10, 24(3)(vi))</p>		<p>SGLR ISR</p>	<p>A notation in a person's file about a visit to a health professional to discuss health issues, and any informational materials from health professionals or from public health units that have been shared with the person (example:, the benefits of not smoking and how to stop smoking, the dangers of excessive alcohol consumption and/or drug use, gambling addictions, and community support resources such as Alcoholics Anonymous).</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>43. Information, Self-Esteem & Well-Being</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to self-esteem and well-being. (O.Reg.299/10, 24(3)(vii))</p>		<p>SGLR ISR</p>	<p>Sharing information and/or resources (example: a pamphlet, internet websites, tapes/DVDs) about services and supports that promote self-esteem and/or personal well-being. This could include self-advocacy groups, places of worship, a religious/spiritual organization, a social group (example: a rotary club), parks and local events, and/or the availability of classes that might be appropriate for the person and his/her interests (example: yoga, Pilates). The agency staff may support the person to participate in the self-advocacy group, the religious/spiritual organization, or in an outside group. This may be a goal outlined in the person's individual support plan.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>44. Information, Communication</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to communication skills. (O.Reg.299/10, 24(3)(viii))</p>		<p>SGLR ISR</p>	<p>Information and/or resources (example: a pamphlet, internet websites) about self-advocacy. Information on communications skills may be in addition to the person's visits to a speech language pathologist, or as learning goals that may be identified in the person's individual support plan (example:, taking a communication class, such as American Sign Language, or learning new ways to communicate, such as using a picture board).</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>45. Information, Relationships</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to developing relationships. (O.Reg.299/10, 24(3)(ix))</p>		<p>SGLR ISR</p>	<p>Information (example:, pamphlets, internet websites) about clubs, activities, social events, volunteering opportunities, self-advocacy groups, mentoring programs, job shadowing, etc. that are available in the community. The agency staff may support the person to participate in activities that provide opportunities to develop relationships. This may be a goal outlined in the person's individual support plan.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>46. Service Record, Individual</p> <p>In addressing quality assurance measures respecting service records, each service agency shall keep a record for each person receiving services and supports from the service agency. (O.Reg.299/10, 14(1)(a))</p>		<p>To all service agencies.</p>	<p>Paper or electronic record for each person</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>47. Service Record, Application for Developmental Services and Supports</p> <p>At a minimum, the service record shall include a copy of the person's Application for Developmental Services and Supports. (O.Reg.299/10, 14(2)(a))</p>	<p>The agency is responsible for obtaining this record from the DSO if it is not provided upon service initiation. The ASR (Assessor Summary Report) as a stand-alone document does not meet compliance.</p>	<p>To all service agencies.</p>	<p>A completed copy of Application for Developmental Services and Supports on file for new persons receiving services from July 1, 2011.</p> <p>AS OF MARCH 12 2013: If the agency provides documentation that indicates they have contacted the DSO to retrieve the ADSS/SIS information, the agency will be indicated as COMPLIANT with the following comment:</p> <p>Submission received outlines corrective action and is in compliance. To further support this requirement, please forward a letter and/or documentation confirming receipt of the ADSS and/or SIS.</p> <p>This is a temporary adjustment until further communication is provided to DSOs re: clarification for SIS/ADSS information sharing with agencies.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>48. Service Record Supports Intensity Scale</p> <p>At a minimum, the service record shall include a copy of the person's Supports Intensity Scale needs assessment. (O.Reg.299/10, 14(2)(b))</p>	<p>The agency is responsible for obtaining this record from the DSO if it is not provided upon service initiation. The ASR (Assessor Summary Report) as a stand-alone document does not meet compliance.</p>	<p>To all service agencies.</p>	<p>A completed copy of the Supports Intensity Scale on file for new persons receiving services from July 1, 2011.</p> <p>AS OF MARCH 12 2013: If the agency provides documentation that indicates they have contacted the DSO to retrieve the ADSS/SIS information, the agency will be indicated as COMPLIANT with the following comment:</p> <p>Submission received outlines corrective action and is in compliance. To further support this requirement, please forward a letter and/or documentation confirming receipt of the ADSS and/or SIS.</p> <p>This is a temporary adjustment until further communication is provided to DSOs re: clarification for SIS/ADSS information sharing with agencies.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>49. Service Record, Individual Support Plan</p> <p>At a minimum, the service record shall include a copy of the person's individual support plan. (O.Reg.299/10, 14(2)(c))</p>		<p>To all service agencies.</p>	<p>Each person has an individual support plan on file.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>50. Service Record, Retention</p> <p>The service agency shall retain a person's service record for a minimum of seven years after the person is no longer receiving services and supports from the agency. (O.Reg.299/10, 14(3))</p> <p>Note: Consider reviewing closed files.</p>		<p>To all service agencies.</p>	<p>Closed files are maintained for at a minimum of 7 years after leaving service.</p> <ul style="list-style-type: none"> • Death of person • Transferred to another service agency 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>51. Behaviour Support Plan, Individual</p> <p>Each service agency shall develop an individual behaviour support plan for each person with a developmental disability who has challenging behaviour. (O.Reg.299/10, 18(1))</p> <p><u>Note:</u> The required documentation does not need to be called a BSP (it could be referred to as a protocol), however all the requirements of the BSP need to be addressed (#51 to 95 as applicable).</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Review a copy of the current Behaviour Support Plan.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p> <p>A behavioural support plan shall include the requirements outlined in Individual Records #52-62.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>52. Behaviour Support Plan, Individual's Involvement</p> <p>In addition to the requirements for a behaviour support plan and approval of a behaviour support plan containing intrusive behaviour interventions strategies, as listed in section 18, "Behaviour support plan", of O.Reg.299/10, a service agency shall ensure the following: The behaviour support plan is developed with the involvement of the person with a developmental disability who has challenging behaviour and/or, where applicable, persons acting on behalf of the person with a developmental disability, and the plan documents their involvement. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Person's or others acting on their behalf's signature on the plan • Meeting minutes • Attendance at clinician appointments • Notation in the file 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>53. Behaviour Support Plan, Consent</p> <p>In addition to the requirements for a behaviour support plan and approval of a behaviour support plan containing intrusive behaviour interventions strategies, as listed in section 18, “Behaviour support plan”, of O.Reg.299/10, a service agency shall ensure the following: The person with a developmental disability who has challenging behaviour and/or, where applicable, persons acting on behalf of the person with a developmental disability, provides consent to the behaviour support plan and the strategies that it outlines. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p> <p><u>Note:</u> If the individual does not provide consent, is the agency still able to use the BSP and provide support to the individual? That is at the discretion of the agency and our response is that the ministry is unable to provide the service agency with legal advice.</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Proof of consent • Separate consent document • Person or others acting on their behalf’s signature on the plan. 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>54. Behaviour Support Plan, Fading and Elimination</p> <p>A service agency shall ensure the following: The clinician(s) who approved the plan includes provision for the eventual fading or elimination of intrusive behaviour intervention strategies, which may be outlined in the behaviour support plan. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>The ministry's role should/could therefore focus on noting whether or not fading or elimination of intrusive behaviour intervention strategies is contained in a person's behaviour support plan. The ministry's role is not to make any decisions about the details of the fading or elimination, or the appropriateness of the fading or elimination.</p>	<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Criteria for fading included in the plan • Comment in the plan that goal is to decrease challenging behaviour • Data analysis reports • Clinician appointment records • Assessment • Ongoing plan reviews 	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>55. Behaviour Support Plan, Adaptive skills</p> <p>The behaviour support plan shall outline positive behaviour intervention strategies, and where applicable, intrusive behaviour intervention strategies and how the strategies may be used to reduce or change challenging behaviour and address the acquisition of adaptive skills. (O.Reg.299/10, 18(2))</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Positive support strategies example: Self-calm; redirect • Levels of intervention least intrusive to most intrusive 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>56. Behaviour Support Plan, Challenging Behaviour</p> <p>The service agency shall ensure that the behaviour support plan addresses the challenging behaviour identified in the behavioural assessment of the person with a developmental disability. (O.Reg.299/10, 18(3)(a))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Strategies that are identified as addressing the individual's needs as outline in the functional assessment. The specific concrete, observable, measureable behavior should be clearly outlined.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>57. Behaviour Support Plan, Risks</p> <p>The service agency shall ensure that the behaviour support plan considers the risks and benefits of the various interventions that can be used to address the behaviour. (O.Reg.299/10, 18(3)(b))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>General comment at beginning of the plan; purpose of the plan to prevent injury; only trained staff will implement approaches;</p> <p>Positive support strategies example: Self-calm; redirect</p> <p>Levels of intervention least intrusive to most intrusive</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>58. Behaviour Support Plan, Least Intrusive</p> <p>The service agency shall ensure that the behaviour support plan sets out the least intrusive and most effective strategies possible. (O.Reg.299/10, 18(3)(c))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Positive support strategies example: Self-calm; redirect Levels of intervention least intrusive to most intrusive</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>59. Behaviour Support Plan, Monitored</p> <p>The service agency shall ensure that the behaviour support plan is monitored for its effectiveness. (O.Reg.299/10, 18(3)(d))</p>	<p>The intent is to ensure that an agency oversees the implementation of a person's behaviour support plan and makes sure that the behaviour intervention strategies that are outlined in the plan are having their intended effect to reduce challenging behaviour.</p>	<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • Review dates on the plan • Data collection • Documented reviews 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>60. Behaviour Support Plan, Approved</p> <p>The service agency shall ensure that the behaviour support plan is approved by a psychologist, a psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board, where the behaviour support plan includes intrusive behaviour intervention strategies. (O.Reg.299/10, 18(3)(e))</p>	<p>The BSP only needs to be approved where the plan includes intrusive behaviour intervention strategies.</p>	<p>SGLR ISR RESP ADL CP</p>	<p>Signature of the clinician on the written plan (must be one of the five listed in the regulation) Should also include the credentials</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>61. Behaviour Support Plan, Review</p> <p>The service agency shall ensure that the behaviour support plan is reviewed at least twice in each 12-month period. (O.Reg.299/10, 18(3)(f))</p>	<p>Although the intent of the requirement in section 18(3) (f) of the regulation is that the approver of the behaviour support plan be involved in the review of the plan (and any others who were involved in the development of the plan, as may be appropriate), the regulation does not explicitly state this. So, if a situation arises where the plan has been reviewed twice in a 12 month period as the regulation requires, without the approver of the plan, then the agency would be in compliance.</p> <p>The compliance reviewer may recommend to the agency that the approver of the plan be involved in the twice annual review (and any others who were involved in the plan's development, as appropriate).</p>	<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • Revision/review dates on plan • Third party review committee minutes • Behavioural consultant notes • Individual Support plan • Health Professional notes 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>62. Third Party Review Committee, Reviewing All Behaviour Support Plans</p> <p>A service agency shall ensure the following: The agency has access to a review committee for all behaviour support plans that are developed for the person(s) with a developmental disability who have challenging behaviour who are supported by the agency, and ensures that the behaviour support plans for the person(s) are reviewed by the committee. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • All plans with intrusive measures must be reviewed <p>FYI- the policy directive does not indicate how often the plan has to be reviewed by the third party review committee; Only plans that include intrusive interventions must be reviewed</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>63. Behaviour Support Plan, Interventions Used</p> <p>The service agency shall ensure that positive behaviour interventions and intrusive behaviour interventions are used as outlined in the behaviour support plan of the person with a developmental disability. (O.Reg.299/10, 19(2))</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Incident reports • Medication Administration record • Daily logs/support journals • Data records • SOR 	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>64. Behaviour Support Plan, Immediate Risk</p> <p>A service agency shall ensure that intrusive behaviour intervention is used solely when the person with a developmental disability is at immediate risk of harming themselves or others or causing property damage. (Regulation 299/10, 20(1))</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Incident reports • Medication Administration record • Daily logs/support journals • Data records • SOR 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>65. Use of Physical/ Mechanical Restraint</p> <p>A service agency shall ensure that physical or mechanical restraint is carried out using the least amount of force that is necessary to restrict the person's ability to move freely. (Regulation 299/10, 20(2))</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Incident reports • Medication Administration record • Daily logs/support journals • Data records • SOR • Health professional record 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>66. Restraint, Isolation, Confinement Time-Out/Staff Involved, Debriefing</p> <p>A service agency shall adopt the following standards for debriefing after a physical restraint (including physical restraint in a crisis situation), mechanical restraint, or secure isolation/confinement time-out: A debriefing process is conducted among all staff involved in the restraint or secure isolation/confinement time-out. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • Incident reports • Daily log/support journal • Debriefing template • SOR • Electronic record 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>67. Restraint, Isolation, Confinement Time-Out/Others Present, Debriefing</p> <p>A service agency shall adopt the following standards for debriefing after a physical restraint (including physical restraint in a crisis situation), mechanical restraint, or secure isolation/confinement time-out: Staff inquire with others who were in the vicinity and witnessed the restraint or secure isolation/confinement time-out (example:, other persons with a developmental disability who are supported in the same area, visitors) as to their well-being from having witnessed the restraint. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • Incident reports • Daily log/support journal • Debriefing template • SOR • Electronic record • Staff communication book 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>68. Restraint, Isolation, Confinement Time-Out/Manager Notified</p> <p>A service agency shall adopt the following standards for debriefing after a physical restraint (including physical restraint in a crisis situation), mechanical restraint, or secure isolation/confinement time-out: The supervisor or manager who oversees the behaviour support plan of the person with challenging behaviour who was restrained or in secure isolation/confinement time-out is made aware of the restraint or secure isolation/confinement time-out. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • Incident reports • Daily log/support journal • Debriefing template • SOR • Electronic record • Staff communication book 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>69. Restraint, Isolation, Confinement Time-Out/Debriefing Other Support Staff</p> <p>A service agency shall adopt the following standards for debriefing after a physical restraint (including physical restraint in a crisis situation), mechanical restraint, or secure isolation/confinement time-out: Other staff who support the person are made aware of the restraint or secure isolation/confinement time-out (example:, in the event of a shift change shortly after the restraint or secure isolation/ confinement time-out has taken place). (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • Incident reports • Daily log/support journal • Debriefing template • SOR • Electronic record • Staff communication book • Shift change report 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>70. Restraint, Isolation, Confinement Time-Out/Debriefing Individual</p> <p>A service agency shall adopt the following standards for debriefing after a physical restraint (including physical restraint in a crisis situation), mechanical restraint, or secure isolation/confinement time-out: A debriefing process is conducted with the individual who was restrained or in secure isolation/confinement time-out (including individuals involved in a crisis situation), as soon as he/she is able to participate, and to the extent that he/she is willing to participate. The debriefing must be structured to accommodate the person with a developmental disability's psychological and emotional needs and cognitive capacity. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • Incident reports • Daily log/support journal • Debriefing template • SOR • Electronic record • Staff communication book • Correspondence with persons acting on the person's behalf • FYI- a notation should be made in the record why the person was not debriefed. 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>71. Restraint, Isolation, Confinement Time-Out/Debriefing, Documented</p> <p>A service agency shall adopt the following standards for debriefing after a physical restraint (including physical restraint in a crisis situation), mechanical restraint, or secure isolation/confinement time-out: Debriefings are documented. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • Incident reports • Daily log/support journal • Debriefing template • SOR • Electronic record • Staff communication book 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>72. Restraint, Isolation, Confinement Time-Out/Debriefing, Reasonable Timeframes</p> <p>A service agency shall adopt the following standards for debriefing after a physical restraint (including physical restraint in a crisis situation), mechanical restraint, or secure isolation/confinement time-out: The debriefing process is conducted within a reasonable time period (example: within two business days) after the restraint or secure isolation/confinement time-out is carried out (including crisis situations). If circumstances do not permit a debriefing process to be conducted within a reasonable time period, the debriefing process should be conducted as soon as possible after the reasonable time period, and a record must be kept of the circumstances that prevented the debriefing process from being conducted within the reasonable time period. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Meeting minutes • Incident reports • Daily log/support journal • Debriefing template • SOR • Electronic record • Staff communication book • Shift change report <p>Check agency policy for timelines</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>73. Restraint, Isolation, Confinement Time-Out/Debriefing, Serious Occurrence Reporting</p> <p>A service agency shall adopt the following standards for debriefing after a physical restraint (including physical restraint in a crisis situation), mechanical restraint, or secure isolation/confinement time-out: A serious occurrence report is filed with the Ministry of Community and Social Services, as may be appropriate and as per the serious occurrence reporting procedure. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Review Occurrence Reporting records.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>74. Intrusive Behaviour Intervention, Monitored</p> <p>A service agency shall ensure that when intrusive behaviour intervention is used, the person with a developmental disability is monitored on a regular basis. (O.Reg.299/10, 20(3))</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Incident reports • Daily log/support journal • Data collection forms • Documented reviews 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>75. Secure Isolation, Confinement Time-Out, Interval Monitoring</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person’s challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Stages of interval monitoring. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Compliance with agency policies and procedures • Behaviour support plan • Interval tracking sheets • Incident reports 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>76. Secure Isolation, Confinement Time-Out, Duration/ Maximum Time</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person’s challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Duration of time that a person may spend in secure isolation/confinement time-out, any extension periods, and the total/ maximum amount of time that a person may spend in secure isolation/ confinement time-out. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Compliance with agency policies and procedures • Behaviour support plan • Interval tracking sheets • Incident reports 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>77. Secure Isolation, Confinement Time-Out, Continuous Observation, Monitoring Protocols</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person's challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Protocols regarding continuous observation and monitoring of a person who is in the secure isolation/confinement time-out room. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Compliance with agency policies and procedures • Behaviour support plan • Interval tracking sheets • Incident reports 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>78. Secure Isolation, Confinement Time-Out, Record Keeping</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person’s challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Regular record keeping (example:, every fifteen minutes) of secure isolation/confinement time-out room use for each person with a developmental disability who has challenging behaviour, and trend analysis for each person. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Compliance with agency policies and procedures • Behaviour support plan • Interval tracking sheets • Incident reports 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>79. Restraint, Isolation, Confinement Time-Out, Stopped</p> <p>A service agency shall ensure that the use of physical restraint, mechanical restraint, and secure isolation/ confinement time-out is stopped when there may be a risk that the restraint itself will endanger the health or safety of the individual who is being restrained; or the supporting staff person(s) have assessed the individual and situation and have determined that there is no longer a clear and imminent risk that the individual will injure him/ herself or others. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Charts, Forms, Logs. Looking at P&PS and BSP; start and end times are noted.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>80. Secure Isolation, Confinement Time-Out, Notification, Key Staff</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person’s challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Notification of key agency staff that the secure isolation/ confinement time-out room has been used, and regular report-backs to key clinicians overseeing the person’s behaviour support plan. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Charts, Forms, Logs. Looking at P&PS and BSP. Manager/supervisor notified</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>81. Intrusive Behaviour Interventions, Safeguards</p> <p>A service agency or the clinician who oversees the behaviour support plan must ensure that there are safeguards to prevent misuse of intrusive behaviour intervention. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<ul style="list-style-type: none"> • Timelines for administration of PRNs as behaviour intervention • Timelines for duration of mechanical restraints and CTO <p>Ongoing monitoring- Behaviour support plan</p> <ul style="list-style-type: none"> • Interval tracking sheets • Incident reports 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>82. Intrusive Behaviour Intervention, Recorded</p> <p>A service agency shall record all incidents in the person's file where intrusive behaviour intervention is used on a person with a developmental disability. (O.Reg.299/10, 20(4))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Incident/Occurrence Reports/Behaviour Records/Data Recording Sheets where intrusive behaviour intervention is used on a person with a developmental disability, all incidents are recorded in the person's file.; record of administration of PRN medication to manage challenging behaviour and rationale for use</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>83. Use of Intrusive Behaviour Intervention, Consent and Notification/ Regular Updates</p> <p>A service agency shall have policies and procedures regarding the notification of persons acting on behalf of the individual with a developmental disability who has challenging behaviour (a contact person). The policies and procedures shall have consideration for an individual's ability to provide consent regarding notification, and shall address: Regular updates on the use of intrusive behaviour intervention with the individual to the contact person, when the behaviour support plan does not specify that each use of intrusive behaviour intervention be communicated to the contact person. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>How often should the person be notified or no notification; have to provide consent every time, etc.</p> <ul style="list-style-type: none"> • Behaviour support plan and/or • Incident reports • Correspondence to contact person • Consents on file 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>84. Use of Intrusive Behaviour Intervention, Consent and Notification/ Crisis Situation</p> <p>A service agency shall have policies and procedures regarding the notification of persons acting on behalf of the individual with a developmental disability who has challenging behaviour (a contact person). The policies and procedures shall have consideration for an individual's ability to provide consent regarding notification, and shall address: Notifying the contact person of the use of a physical restraint with the individual, in a crisis situation. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>How often should the person be notified, have to provide consent every time, or no notification etc.</p> <ul style="list-style-type: none"> • Behaviour support plan and/or • Incident reports • Correspondence to contact person • Consents on file 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>85. Intrusive Behaviour Intervention, Evaluated</p> <p>A service agency shall, based on the incidents recorded in respect of a person under subsection (4), evaluate the use and effectiveness of the intrusive behaviour interventions used on the person. (O.Reg.299/10, 20(5))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Meeting minutes/ Behaviour Support Plan revisions/ that the use and effectiveness of the intrusive behaviour interventions used on the person with a developmental disability is evaluated based on the incidents recorded.</p> <ul style="list-style-type: none"> • Meeting minutes • Revision/review dates on plan • Third party review committee minutes • Behavioural consultant notes • Individual Support plan • Health Professional notes <p>FYI- the policy directive does not indicate how often the incidents recorded have to be evaluated.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>86. Intrusive Behaviour Interventions, Review & Analysis</p> <p>A service agency shall have a means to record and track intrusive behaviour intervention procedures for the purpose of review and analysis. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Records, logs, forms</p> <ul style="list-style-type: none"> • Meeting minutes • Revision/review dates on plan • Third party review committee minutes • Behavioural consultant notes • Individual Support plan • Health Professional notes • Charts, graphs 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>87. Behaviour Intervention Strategies, Monitor Use</p> <p>A service agency shall ensure that: Supervisors monitor the application and use of behaviour intervention strategies (both positive and intrusive strategies), to see that the strategies are carried out as outlined in the behaviour support plan and in accordance with best practices in the field.</p> <p>(Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Records, logs, forms</p> <ul style="list-style-type: none"> • Performance appraisals, sign off of incident reports, • meeting minutes, • behaviour support plan reviews, • Communication logs • Meeting minutes • Revision/review dates on plan • Third party review committee minutes • Behavioural consultant notes • Individual Support Plan • Health Professional notes • Charts, graphs 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>88. Physical Restraint, Crisis Situation</p> <p>In a crisis situation, the following rules apply to service agencies: physical restraint is the only intrusive behaviour intervention that a service agency may use in crisis situations and may only be used where positive behaviour interventions have proven to be ineffective. (O.Reg.299/10, 21(1))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Critical Incident Record/ Occurrence Incident Report that physical restraint is the only intrusive behaviour intervention that a service agency used in crisis situations and only used where positive behaviour interventions have proven to be ineffective.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>89. Physical Restraint, Least Amount of Force</p> <p>In a crisis situation, the following rules apply to service agencies: the service agency shall ensure that the physical restraint is carried out using the least amount of force that is necessary to restrict the person's ability to move freely. (Regulation 299/10, 21(2))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Critical Incident Record/ Occurrence Incident Report that in a crisis situation, the physical restraint is carried out using the least amount of force that is necessary to restrict the person's ability to move freely.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>90. Crisis Situation Incidents</p> <p>In a crisis situation, the following rules apply to service agencies: the service agency shall record all crisis situation incidents in the person's file, including the details of the incident. (Regulation 299/10, 21(3))</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Critical Incident Record/ Occurrence Incident Report/Daily Logs/Support Journals that in all crisis situation incidents are recorded in the person's file, including the details of the incident.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>91. Crisis Intervention, Use of Physical Restraint/ Three or more in 12 months</p> <p>If a person with a developmental disability experiences three crisis situations within a 12 month period, the service agency shall investigate the potential causes of the behaviour and factors that may have led to the crisis situations. This investigation may lead to a functional assessment of the individual and the development of a behaviour support plan for him/her.</p> <p>(Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Incident reports, serious occurrence reports, logs, notes in a person's file</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>92. PRN Protocol</p> <p>A service agency shall ensure that where prescribed medication is recommended to be used to address a person's challenging behaviour, as part of their behaviour support plan, a one-time visit to a physician, or a visit to a hospital emergency room, there is a protocol for the use of prescribed medication administered on a pro re nata (PRN) (as needed) basis only, on advice of the prescribing clinician. PRNs are not to be administered: Excessively, beyond the recommended dosage/ As a punishment for the person's behaviour, a mistake or wrong-doing/ For convenience, to make it easier for staff to support the person/as a substitute for meaningful supports. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Incident reports, serious occurrence reports, written protocol, medication sheet on file</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>93. Medication, Challenging Behaviour Regular Review</p> <p>A service agency shall ensure that all medication prescribed to the person with a developmental disability who has challenging behaviour is reviewed by the prescribing physician, and is included in the regular review of the individual's behaviour support plan. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Appointment records, medical summaries</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>94. Prohibited Practices</p> <p>In addition to the definitions and examples of behaviour interventions set out in section 15, “Application and definitions”, of O.Reg.299/10 (the quality assurance measures regulation), the following practices are never to be used by a service agency in addressing the challenging behaviour of a person with a developmental disability: Mistreatment of the person/Noxious stimulus/ Deprivation of basic human needs. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Look at the plan to ensure that the plan does not contain prohibited practices, incident reports, serious occurrence reports</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>95. Protocols, Monitoring and Assessing the Individual's Condition</p> <p>A service agency shall ensure that there are protocols in place that must be followed in monitoring and assessing the condition of the person with a developmental disability during the use of intrusive behaviour intervention. These protocols may differ, depending on the type of intrusive intervention, and on the individual and his/her needs. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Records, logs, forms</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>96. Serious Occurrence Report, Injury and/or Mistreatment</p> <p>When applicable, a service agency shall file a serious occurrence report with the Ministry of Community and Social Services (example: in an instance where a person becomes seriously injured or an instance where allegations of mistreatment emerge). (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Serious Occurrence report</p> <p>A person is displaying challenging behaviour that is new or more intense than behaviour that has been displayed in the past and the person lacks a behaviour support plan and physical restraint is used;</p> <p>Instances where a person becomes seriously injured or an instance where allegations of mistreatment emerge as a result of the use of a physical restraint as outlined in the BSP or in a crisis situation.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Individual Records	Intent	Applicable	Indicator	Required for Compliance
<p>97. Inventory, Personal Property</p> <p>Every service agency to which this Part applies shall have policies and procedures on the inventory, care and maintenance of the personal property owned by the persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 25(2))</p>		<p>SGLR ISR</p>	<p>Inventory List/Photo Inventory is maintained including the care and maintenance of the personal property owned by the persons with developmental disabilities; warranties, operating manuals etc. Content Property Insurance for the individual</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>98. Supervision, Bathing and Showering</p> <p>Each service agency shall have policies and procedures on supervision during bathing and showering to ensure the safety of the person, as appropriate to the needs of the person with a developmental disability. (O.Reg.299/10, 25(5))</p>		<p>SGLR ISR</p>	<p>Bathing protocols/Notation in Personal Profile Sheet/ Bathing Routines includes supervision during bathing and showering to ensure the safety of the person as appropriate to their needs.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>1. Third Party, Compliance</p> <p>Where a service agency contracts with a third party to provide services and supports to persons with developmental disabilities, the service agency shall ensure that the contract requires that the third party comply with the quality assurance measures that would apply to the service agency if it were providing the services and supports. (O.Reg.299/10, 3(2)(a))</p>	<p>To meet the regulatory requirement, service agency contracts with third parties must include the requirements of O.Reg.299/10.</p> <p>A third party is a service provider that is contracted by a service agency to provide services and supports to a person with a developmental disability. Examples include private operators that provide residential or respite care on behalf of a ministry-funded service agency. This requirement does not apply to contracts with third parties providing professional or specialized services on a one-time or time-limited basis.</p> <p>The Host Family provider is not considered a “third party” under s. 3(2) of the regulation. The regulation applies to service agencies that contract with third parties, not families. If a family receives direct funding to purchase services and supports, such as a support worker, the support worker would not be considered a third party. A ministry-funded service agency hires staff from a temp agency, the temp agency would not be considered a third party; however, temp agency staff could be considered service agency staff and required to comply with respective QAM requirements.</p>	<p>To all service agencies.</p>	<p>Contract Document</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>2. Third Party, Monitoring</p> <p>Where a service agency contracts with a third party to provide services and supports to persons with developmental disabilities, the service agency shall monitor the performance of the contract to ensure that the third party complies with the quality assurance measures. (O.Reg.299/10, 3(2)(b))</p>	<p>O.Reg.299/10 does not stipulate the means by which service agencies must ensure compliance of third parties with quality assurance measures.</p>	<p>To all service agencies.</p>	<p>Contract document and monitoring process.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>3. Abuse, Annual P & P Review</p> <p>Each service agency shall conduct a mandatory review of its policies and procedures on the prevention, identification and reporting of abuse annually and update the policies and procedures as determined by the review. (O.Reg.299/10, 8(2)(d))</p>		<p>To all service agencies.</p>	<p>Annual reviews should be completed within 12 months of the last completion date</p> <p>Current date of revision on Abuse Prevention policy.</p> <p>Evidence that policy was updated as determined.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>4. Abuse, Police Reporting</p> <p>Where a service agency suspects any alleged, suspected or witnessed incidents of abuse of a person with a developmental disability may constitute a criminal offence, the service agency shall immediately report to the police the alleged, suspected or witnessed incident of abuse. (O.Reg.299/10, 8(4)(a))</p>	<p>The Regulation does not state who is required to report abuse, only that it must be immediately reported to the police. Therefore, service agencies will need to develop their own policies and procedures on abuse reporting. The following, however, should be considered:</p> <ul style="list-style-type: none"> • Many police departments have policies that will not accept a report from a person who was not involved; • As soon as a staff member reports to another person before notifying the police, contamination of evidence has begun, and • The police must complete their investigation before a service agency begins any internal investigation. 	<p>To all service agencies.</p>	<p>Serious Occurrence reports. Evidence that all incidents of suspected, alleged, or witnessed incidents of abuse of a person with a developmental disability that may constitute a criminal offence are immediately reported to the police.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>5. Abuse, Internal Investigation</p> <p>Where a service agency suspects any alleged, suspected or witnessed incidents of abuse of a person with a developmental disability may constitute a criminal offence, the service agency shall not initiate an internal investigation before the police have completed their investigation. (O.Reg.299/10, 8(4)(b))</p>		<p>To all service agencies.</p>	<p>Evidence that with any alleged, suspected or witnessed incidents of abuse of a person with a developmental disability that may constitute a criminal offence, the service agency did not initiate an internal investigation before the police completed their investigation.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>6. Abuse, Zero Tolerance</p> <p>A service agency shall complete a review of its policies and procedures to promote zero tolerance of abuse of persons with developmental disabilities at least once a year. (O.Reg.299/10, 8(5)(a))</p>		To all service agencies.	<p>Evidence that a review of policies and procedures to promote zero tolerance of abuse of persons with developmental disabilities has been completed at least once a year. Look for evidence of “zero tolerance for abuse” in all documentation.</p>	A letter and/or documentation confirming completion of corrective action.
<p>7. Abuse, Changes</p> <p>A service agency shall assess whether changes to its policies and procedures may be necessary to prevent occurrences of abuse. (O.Reg.299/10, 8(5)(b))</p> <p>Note that the requirement is for an annual review process, not after each incident of alleged, suspected or witnessed abuse.</p>		To all service agencies.	<p>Evidence that assessment has been completed to determine whether changes to policies and procedures may be necessary to prevent occurrences of abuse.</p>	A letter and/or documentation confirming completion of corrective action.

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>8. Abuse, Implementation</p> <p>A service agency shall promptly implement the changes that are determined to be necessary as a result of the review. (O.Reg.299/10, 8(5)(c))</p> <p>Note that the requirement is for an annual review process, not after each incident of alleged, suspected or witnessed abuse.</p>		<p>To all service agencies.</p>	<p>Evidence that necessary changes were promptly implemented as a result of the review.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>9. Abuse, Written Record</p> <p>A service agency shall prepare a written record of its review of its policies and procedures to promote zero tolerance of abuse and of any changes to the policies and procedures that are determined to be necessary as a result of the review. (O.Reg.299/10, 8(6))</p> <p>The requirement is for an annual review process, not after each incident of alleged, suspected or witnessed abuse.</p>		<p>To all service agencies.</p>	<p>Written record of review of policies and procedures to promote zero tolerance of abuse and of any changes to the policies and procedures that are determined to be necessary as a result of the review.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>10. Abuse Notification, Consent</p> <p>The policies and procedures on notification shall require the service agency to obtain the consent of the person with a developmental disability before notifying others, if the person is capable of providing consent. (O.Reg.299/10, 9(2))</p>		<p>To all service agencies.</p>	<p>Signed consents kept on person's record. Notation on agency internal incident report</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>11. Emergency Preparedness Plan, Inside</p> <p>Each service agency shall have an emergency preparedness plan to address emergencies that may occur inside premises owned or operated by the service agency where persons with developmental disabilities are receiving services and supports from the agency, examples of which include power outages, fire, flood, storm damage, pandemic and medical emergency. (O.Reg.299/10, 11(1)(2)(i))</p>		<p>To all service agencies.</p>	<p>Evidence of an emergency preparedness plan that addresses the following emergency situations; emergencies that may occur inside premises owned or operated by the service agency where persons with developmental disabilities are receiving services and supports from the agency, examples of which include power outages, fire, flood, storm damage, pandemic and medical emergency. Monthly fire evacuation procedures;</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>12. Emergency Preparedness Plan, Outside</p> <p>Each service agency shall have an emergency preparedness plan to address emergencies that may occur outside premises owned or operated by the service agency where persons with developmental disabilities are receiving services and supports from the agency, examples of which include a medical emergency and instances where a person with a developmental disability runs away or becomes lost. (O.Reg.299/10, 11(1)(2)(ii))</p>		<p>To all service agencies.</p>	<p>Evidence of an emergency preparedness plan that addresses the following emergency situations; emergencies that may occur outside premises owned or operated by the service agency where persons with developmental disabilities are receiving services and supports from the agency, examples of which include a medical emergency and instances where a person with a developmental disability runs away or becomes lost.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>13. Continuity of Operation Plan</p> <p>Each service agency shall have a continuity of operation plan that ensures safety around agency owned or agency operated premises during a service disruption. (O.Reg.299/10, 11(1)(4))</p> <p><u>Note:</u> We are not looking for any specific requirements in the plan but rather that there is a plan in place in event of service disruption (example: labour disruption, relocation due to fire etc.)</p>		<p>To all service agencies.</p>	<p>Evidence of a continuity of operation plan that ensures safety around agency owned or agency operated premises during a service disruption. Confidentiality around “labour disruption” should be maintained in records and be available to managers only.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>14. Approved Fire Safety Plan, Document</p> <p>Upon the request of a Director, a service agency shall produce to the Director its approved fire safety plan where required under Ontario Regulation 213/07 (Fire Code) made under the Fire Protection and Prevention Act, 1997. (O.Reg.299/10, 11(2))</p>		<p>To all service agencies.</p>	<p>Evidence of an approved fire safety plan where required under Ontario Regulation 213/07 (Fire Code) made under the Fire Protection and Prevention Act, 1997.</p> <p>Approval indicates sign off by local Chief Fire Official.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>15. Equipment Maintenance</p> <p>A service agency shall have policies and procedures regarding the maintenance of equipment on premises owned or operated by the agency and shall maintain the equipment as recommended by the manufacturer. (O.Reg.299/10, 11(3))</p>	<p>To ensure that service agencies take all reasonable care to promote and maintain a safe environment.</p> <p>To ensure that equipment is maintained in good working order, as directed by the manufacturer.</p> <p>To ensure agencies are following their policies and procedures related to equipment maintenance.</p> <p>To ensure equipment is functioning efficiently and safely.</p>	<p>To all service agencies.</p>	<p>Inspection Certificates/ Service Invoices/Billing Statement confirming regular maintenance of fire extinguishers, sprinkler and alarm systems, mechanical lifts and elevators, heating equipment.</p> <p>Review Records and Documentation.</p> <p>Evidence may include:</p> <ul style="list-style-type: none"> • Documentation for maintenance of equipment. • Maintenance logs/ schedules. • Protocols recommended by the manufacturer. • Checklists 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>16. Adequate Support Staff</p> <p>A service agency shall maintain adequate support staff, at a level identified in the person's individual support plan, to address the safety, security and well-being of persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 12(2))</p>		<p>To all service agencies.</p>	<p>Staff schedule/ Communication Logs that adequate support staff is maintained at a level identified in the person's individual support plan, to address the safety, security and well-being of persons with developmental disabilities who receive services and supports from the service agency. Contact to supply workers agency; Schedule reflects 24 hour coverage for SGLR & ISR</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>17. Food and Nutrition</p> <p>Each service agency shall have policies and procedures on food and nutrition, which policies and procedures shall be consistent with the recommendations made under Canada's Food Guide and which shall recognize diversity, reflecting the culture and diversity of the persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 25(1))</p>		SGLR ISR	Meal records/Posted menus that food provided is nutritious and consistent with Canada's Food Guide and reflects the culture and diversity of the persons receiving support. Notes in ISP regarding nutritional preferences and needs; dietary considerations are noted on menu example: allergies, food consistency etc.	A letter and/or documentation confirming completion of corrective action.
<p>18. Pets and Service Animals</p> <p>Each service agency shall have policies and procedures on pets and service animals in the residence. (O.Reg.299/10, 25(3))</p>		SGLR ISR	Immunization records. Checklist for care of the pet	A letter and/or documentation confirming completion of corrective action.

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>19. Water, 49 degrees Celsius</p> <p>Each service agency shall have policies and procedures on scalding prevention, which shall ensure that the service agency has a method of temperature control, monitoring and documentation to ensure that in each residence water from a faucet is not hotter than 49 degrees Celsius. (O.Reg.299/10, 25(4))</p>		SGLR ISR	Daily/Weekly Checklists/ Shift Duty Lists and Records Staff communication book Maintenance checklist	A letter and/or documentation confirming completion of corrective action.
<p>20. Clean and Safe, Residence</p> <p>Each service agency shall ensure that the residence is kept safe and clean. (O.Reg.299/10, 26(1)(a))</p>		SGLR ISR	Daily/Monthly Health & Safety Checklists, Workplace Inspection Checklists.	A letter and/or documentation confirming completion of corrective action.

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>21. Clean and Safe, Inside and Outside</p> <p>Each service agency shall ensure that the recreation and common areas, both inside and outside the residence, are kept safe and clean, where these areas are owned or operated by the service agency. (O.Reg.299/10, 26(1)(c))</p>		SGLR ISR	<ul style="list-style-type: none"> • Daily/Monthly Health & Safety Checklists, • Workplace Inspection Checklists 	A letter and/or documentation confirming completion of corrective action.
<p>22. Exits, Clear</p> <p>Each service agency shall ensure that all exits in the residence are kept clear at all times. (O.Reg.299/10, 26(1)(d))</p>		SGLR ISR	Daily/Monthly Health & Safety Checklists, Workplace Inspection Checklists	A letter and/or documentation confirming completion of corrective action.

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>23. Appliances and Furnishings</p> <p>Each service agency shall ensure that appliances and furnishings in the residence are clean and are in good condition and working order. (O.Reg.299/10, 26(1)(e))</p>		<p>SGLR ISR</p>	<p>Daily/Monthly Health & Safety Checklists, Workplace Inspection Checklists.</p> <ul style="list-style-type: none"> • Maintenance schedule according to manufacturer requirements 	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>24. Hazardous Household Products</p> <p>Each service agency shall ensure that hazardous household products are stored and used safely within the residence. (O.Reg.299/10, 26(1)(f))</p>		<p>SGLR ISR</p>	<p>Evidence that hazardous household products are stored and used safely within the residence. (WHIMIS training records)</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>25. Feedback/ Complaints, Individual</p> <p>A service agency shall have written policies and procedures regarding the process for receiving and addressing feedback and complaints about the services and supports that it provides that may be received from:</p> <p>An individual with a developmental disability who receives services and supports from the service agency.</p> <p>(Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>Serious Occurrence, written complaints processes and logs/ records</p> <ul style="list-style-type: none"> • Paper and electronic records 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>26. Feedback/ Complaints, Person Acting on Behalf</p> <p>A service agency shall have written policies and procedures regarding the process for receiving and addressing feedback and complaints about the services and supports that it provides that may be received from: A person acting on behalf of the individual with a developmental disability who receives services and supports from the service agency. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>Serious Occurrence, written complaints processes and logs/ records</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>27. Feedback/ Complaints, Public</p> <p>A service agency shall have written policies and procedures regarding the process for receiving and addressing feedback and complaints about the services and supports that it provides that may be received from: The general public. (Policy Directives for Service Agencies: 1.0 Complaints/ Feedback Process)</p>		To all service agencies.	<p>Serious Occurrence, written complaints processes and logs/ records</p> <ul style="list-style-type: none"> • Electronic and Paper records 	A letter and/or documentation confirming completion of corrective action.
<p>28. Information, Plain Language</p> <p>A service agency must provide information in plain language on the complaints/feedback process to all individuals with a developmental disability who come in to service with the agency, and/or a person acting on their behalf (where applicable). (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	Presence or absence of pamphlets and other materials written in plain language; brochures; welcome package	A letter and/or documentation confirming completion of corrective action.

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>29. Request, Policies and Procedures</p> <p>A service agency must provide a copy of its written policies and procedures to any person who requests it. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>	<p>The agency should provide a copy of the complaints/feedback P&P when asked for a copy.</p>	<p>To all service agencies.</p>	<p>P&P are transparent and accessible to anyone</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>30. Complaints/Feedback, Way Received</p> <p>The policies and procedures shall account for differing ways that complaints/feedback may be received (example: complaints/feedback submitted in writing, or provided verbally to an agency representative). (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p> <p>Note: Serious Occurrences shall be seen by authorized personnel only</p>		<p>To all service agencies.</p>	<p>Serious Occurrence, written complaints processes and logs/ records</p> <ul style="list-style-type: none"> • Paper and electronic forms 	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>31. Complaints/ Feedback, Expected Timelines</p> <p>The policies and procedures shall identify: Expected time period for the complaints/feedback processes (example: for each step of the process). (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p> <p>Note: Serious Occurrences shall be seen by authorized personnel only</p>		To all service agencies.	Serious Occurrence, written complaints processes and logs/ records <ul style="list-style-type: none"> • Paper and electronic forms should be dated to account for the timelines 	A letter and/or documentation confirming completion of corrective action.
<p>32. Complaints/ Feedback, Process for Responding</p> <p>The policies and procedures shall identify: The process for responding to complaints/ feedback. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	Serious Occurrence, written complaints processes and logs/ records	A letter and/or documentation confirming completion of corrective action.

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>33. Complaints/ Feedback, Roles and Responsibilities</p> <p>The policies and procedures shall identify: The roles and responsibilities of persons who may be involved in receiving complaints/ feedback, documenting, investigating, resolving and providing notification or confirmation with the individual who submitted the complaint/feedback. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	Serious Occurrence, written complaints processes and logs/ records <ul style="list-style-type: none"> • Documents signed and dated 	A letter and/or documentation confirming completion of corrective action.
<p>34. Complaints/ Feedback, Board of Directors/Roles and Responsibilities</p> <p>The policies and procedures shall identify: The role and responsibilities of the Board of Directors in the complaints/feedback processes. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	Serious Occurrence, written complaints processes and logs/ records	A letter and/or documentation confirming completion of corrective action.

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>35. Resolution, Reasonable Efforts</p> <p>The service agency shall receive, document, and review all feedback, and receive, document, review, and attempt to resolve all complaints. Wherever possible, the service agency shall make reasonable efforts to resolve or address the matter to the mutual satisfaction of both the person who has made the complaint and the service agency. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>Serious Occurrence, written complaints processes and logs/ records</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>36. Resolving complaints/Serious and Frivolous</p> <p>A service agency shall take all complaints seriously, and review and investigate all matters. A service agency is not, however, expected to attempt to resolve complaints that it may determine to be frivolous or vexatious. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	Serious Occurrence, written complaints processes and logs/ records	A letter and/or documentation confirming completion of corrective action.
<p>37. Complaints/ Feedback, No Risk to Person</p> <p>A service agency shall ensure that a person who submits a complaint or provides feedback is not at risk of having his/her services and supports negatively impacted or withdrawn, as a consequence of submitting the complaint/ feedback. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	<p>Serious Occurrence, written complaints processes and logs/ records</p> <p>Record of follow up with the person providing feedback/making complaint</p>	A letter and/or documentation confirming completion of corrective action.

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>38. Complaints/ Feedback, Reporting to Police</p> <p>The service agency's policies and procedures on the complaints and feedback process shall comply with reporting requirements set out in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and its regulations. Where necessary, a service agency shall ensure that a complaint/feedback is: Reported to the police (example:., as in the case of alleged, suspected or witnessed abuse that may constitute a criminal offence, as required by O.Reg.299/10 regarding quality assurance measures made under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008). (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		To all service agencies.	Serious Occurrence, written complaints processes and logs/ records	A letter and/or documentation confirming completion of corrective action.

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>39. Complaints/ Feedback, Reporting to Ministry</p> <p>The service agency's policies and procedures on the complaints and feedback process shall comply with reporting requirements set out in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and its regulations. Where necessary, a service agency shall ensure that a complaint/feedback is: Reported to the ministry as a serious occurrence through the ministry's serious occurrence reporting process (based on the nature of the complaint/feedback). (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>		<p>To all service agencies.</p>	<p>Serious Occurrence, written complaints processes and logs/ records</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>40. Complaints/ Feedback, Review and Analysis</p> <p>In order to promote continuous quality improvement, a service agency shall conduct a review and analysis of the complaints and feedback received to evaluate the effectiveness of its policies and procedures, on an annual basis. A service agency shall also conduct a review and analysis of the complaints and feedback received to consider the need to revise any other policies and procedures that the agency may have in place. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>	<p>A review of the complaints/ feedback received in a complaints/feedback process can assist an agency in identifying issues and mitigating a risk to the organization where it may fail to meet expectations of the public, other clients, ministries or other stakeholders.</p>	<p>To all service agencies.</p>	<p>Serious Occurrence, written complaints processes and logs/ records; meeting minutes</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>41. Complaints/ Feedback/Risk Assessment</p> <p>A service agency shall share information about its complaints/feedback process, and/or about complaints/feedback, as part of the ministry's risk assessment process, upon request by the ministry. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)</p>	<p>Agency staff, volunteers and board members are aware of the agency policies and are informed of how these policies are applied in practice.</p> <p>Easy access to the policies and procedures ensures staff/volunteers are able to refer to them as necessary</p>	<p>To all service agencies.</p>	<p>Serious Occurrence, written complaints processes and logs/ records</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>42. Third Party Review Committee, Intrusive Behaviour Supports/Ethical</p> <p>A service agency shall have access to a third party committee that reviews the behaviour support plans of person(s) who have a developmental disability who have challenging behaviour who are receiving support from the agency, and provides advice as to whether the use of intrusive behavioural supports are: Ethical and appropriate to the person's needs and assessment results, based on professional guidelines and best practices. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Supporting materials may include Review Committee meeting notes, records, and sign off of Behaviour Support Plans.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>43. Third Party Review Committee, Findings and Recommendations</p> <p>A service agency shall ensure that the review committee's findings and any recommendations are documented and provided back to the clinician that oversees the behaviour support plan. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Supporting materials may include Review Committee meeting notes, records, and sign off of Behaviour Support Plans.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>44. Third Party Review Committee, Findings and Recommendations, Implementation</p> <p>A service agency shall review the committee's findings and recommendations and determine how the findings and recommendations may be implemented. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Supporting materials may include Review Committee meeting notes, records, and sign off of Behaviour Support Plans.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>45. Memorandum of Understanding Between Agencies</p> <p>A service agency shall develop a procedure (which may be formalized, as in a memorandum of understanding) to address situations where a person with a developmental disability who has challenging behaviour receives support from more than one agency, in order to ensure that the strategies outlined in the behaviour support plan are carried out in a consistent manner. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Written Agreement between agencies; notation in Behaviour Support Plan that all involved parties will follow plan strategies.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>46. Physical Restraint, Training Package, Agency Needs</p> <p>Further to the requirements to train direct care staff on the use of physical restraint, as listed in section 17(2), “General behaviour intervention strategies, training”, of O.Reg.299/10, it is important to note that the training package used by service agencies meet the criteria outlined below: The training curriculum addresses the agency’s needs. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Chosen training package from CNSC.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>47. Physical Restraint, Training Package/CNSC Ontario</p> <p>A service agency shall ensure that it selects a training package that has been identified for use by Community Networks of Specialized Care Ontario. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Chosen training package from CNSC.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>48. Physical Restraint, Training Package/Curriculum</p> <p>A service agency shall ensure that the curriculum of the training program it selects includes information on understanding human behaviour, how to effectively support a person in a manner that allows the individual to feel safe, engaged and respected, as well as early warning signs of, and means to prevent, a crisis situation. This may include information on early intervention techniques, strategies to assist a person to calm him/herself and de-escalate a situation, and ways to promote personal safety during a crisis situation (for staff and for the individual), in the event that a crisis situation arises.</p> <p>(Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Identified training package suitable for use in adult developmental services.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>49. Mechanical Restraint, Good Working Order</p> <p>A service agency shall ensure that where a mechanical restraint is recommended to be used to address a person's challenging behaviour as part of their behaviour support plan, any apparatus or device used as part of a mechanical restraint meets all of the following standards: It is checked by agency staff to ensure that it is in good working order at all times. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Documentation/Staff checklist according to recommendation by the manufacturer and according to agency P&PS; restraint protocol includes checking to ensure safe condition prior to use</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Records and Documentation	Intent	Applicable	Indicator	Required for Compliance
<p>50. Mechanical Restraint, Dedicated Manufacturer</p> <p>A service agency shall ensure that where a mechanical restraint is recommended to be used to address a person’s challenging behaviour as part of their behaviour support plan, any apparatus or device used as part of a mechanical restraint meets all of the following standards: It is purchased from a company that is dedicated to manufacturing such devices.</p> <p>(Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR RESP ADL CP</p>	<p>Recommendation by the manufacturer and according to agency P&PS.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>1. Medication, Responsibility</p> <p>Each service agency shall have policies and procedures for the responsibility for access to and the storage and administration of medication at each of the different locations. (O.Reg.299/10, 7(1)(5)(iii))</p>		<p>To all service agencies.</p>	<p>Evidence to confirm who is responsible for administration of medication as per agency policies and procedures; example: medications are clearly labeled; Medications are stored to minimize errors; stored in original packaging/containers; discontinued/expired medications are disposed of; medications are separated by persons and/or medication administration times.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>2. Equipment Maintenance</p> <p>A service agency shall have policies and procedures regarding the maintenance of equipment on premises owned or operated by the agency and shall maintain the equipment as recommended by the manufacturer. (O.Reg.299/10, 11(3))</p>		<p>To all service agencies.</p>	<p>Equipment is tagged and/or service sticker confirming regular maintenance example: portable fire extinguishers and automatic sprinklers and fire alarm systems; ceiling tracking and mechanical lifts, elevator license posted;</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>3. Adequate Support Staff</p> <p>A service agency shall maintain adequate support staff, at a level identified in the person's individual support plan, to address the safety, security and well-being of persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 12(2))</p>		<p>To all service agencies.</p>	<p>Staff schedule and/or communication logs showing adequate support staff is maintained at a level identified in the person's individual support plan</p> <p>Note number of staff on shift at time of inspection consistent with staff schedule.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>4. Record Retention and Storage</p> <p>Each service agency shall have policies and procedures on service record retention and secure storage. (O.Reg.299/10, 14(1)(b))</p>		<p>To all service agencies.</p>	<p>Records should be secured against loss, fire, theft, defacement, tampering and copying or use by unauthorized persons.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>5. Diet and Nutrition</p> <p>Each service agency shall ensure information, as applicable and appropriate, is provided to the person with respect to diet and nutrition. (O.Reg.299/10, 24(3)(ii))</p>		SGLR ISR	Canada Food Guide posted, menus, meal records as per agency policies.	A letter and/or documentation confirming completion of corrective action.
<p>6. Pets and Service Animals</p> <p>Each service agency shall have policies and procedures on pets and service animals in the residence. (O.Reg.299/10, 25(3))</p>		SGLR ISR	Pets are immunized and food kept separate of individual's food. Litter box/cages are clean and maintained- Individual is identified who is assigned responsibility.	A letter and/or documentation confirming completion of corrective action.

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>7. Water, 49 degrees Celsius</p> <p>Each service agency shall have policies and procedures on scalding prevention, which shall ensure that the service agency has a method of temperature control, monitoring and documentation to ensure that in each residence water from a faucet is not hotter than 49 degrees Celsius. (O.Reg.299/10, 25(4))</p>		SGLR ISR	Mixing valve is installed on the hot water heater or at the tap; thermostat installed on hot water heater reads below 49 C; water tested is observed below 49 degrees Celsius.	<p>A letter and/or documentation confirming completion of corrective action.</p> <p>Immediate action required by agency if the water tested at faucet exceeds 49 degrees Celsius.</p>
<p>8. Clean and Safe, Residence</p> <p>Each service agency shall ensure that the residence is kept safe and clean. (O.Reg.299/10, 26(1)(a))</p>		SGLR ISR	<p>Observations confirm there are no obvious hazards inside and outside of the home as per agency policies and procedures</p> <p>See agency inspection weekly/monthly checklist for specifics</p> <p>Refer to Assessment for Clean and Safe Conditions in Residence in shared drive/Resources</p>	<p>A letter and/or documentation confirming completion of corrective action.</p> <p>Immediate action may be required by agency.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>9. Recreation Area</p> <p>Each service agency shall ensure that the residence has a recreation area or common area. (O.Reg.299/10, 26(1)(b))</p>		<p>SGLR ISR</p>	<p>Observation confirms the residence has a recreation area or common area.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>10. Recreation Area, clean and safe</p> <p>Each service agency shall ensure that the recreation and common areas, both inside and outside the residence, are kept clean and safe, where these areas are owned or operated by the service agency. (O.Reg.299/10, 26(1)(c))</p>		<p>SGLR ISR</p>	<p>The recreation and common areas, both inside and outside the residence, are safe and clean; refer to agency inspection checklist for specifics</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>11. Exits, Clear</p> <p>Each service agency shall ensure that all exits in the residence are kept clear at all times. (O.Reg.299/10, 26(1)(d))</p>		<p>SGLR ISR</p>	<p>All exits in the residence are clear and unobstructed.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>12. Appliances and Furnishings</p> <p>Each service agency shall ensure that appliances and furnishings in the residence are clean and are in good condition and working order. (O.Reg.299/10, 26(1)(e))</p>		SGLR ISR	Appliances and furnishings in the residence are clean and are in good condition and working order.	A letter and/or documentation confirming completion of corrective action.
<p>13. Hazardous Household Products</p> <p>Each service agency shall ensure that hazardous household products are stored and used safely within the residence. (O.Reg.299/10, 26(1)(f))</p>		SGLR ISR	Hazardous household products are stored and used safely within the residence as per agency policies and procedures.	A letter and/or documentation confirming completion of corrective action.
<p>14. 20 degrees Celsius</p> <p>Each service agency shall ensure that a residence that is owned or operated by the service agency has a minimum temperature of 20 degrees Celsius throughout the residence from October 1 to May 31 each year. (O.Reg.299/10, 26(1)(g))</p>		SGLR ISR	Observations confirm that a minimum temperature of 20 degrees Celsius is maintained throughout the residence from October 1 to May 31 each year.	A letter and/or documentation confirming completion of corrective action.

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>15. Bed, Appropriate Size</p> <p>Each service agency shall ensure that the sleeping accommodations for each person with a developmental disability that the service agency supports is provided with a bed of appropriate size. (O.Reg.299/10, 26(1)(h)(i))</p>		SGLR ISR	Each person has a bed of appropriate size.	A letter and/or documentation confirming completion of corrective action.
<p>16. Suitable Mattress</p> <p>Each service agency shall ensure that the sleeping accommodations for each person with a developmental disability that the service agency supports is provided with a suitable mattress. (O.Reg.299/10, 26(1)(h)(ii))</p>		SGLR ISR	Each person has a suitable mattress.	A letter and/or documentation confirming completion of corrective action.

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>17. Bedding, Weather</p> <p>Each service agency shall ensure that the sleeping accommodations for each person with a developmental disability that the service agency supports is provided with bedding appropriate to weather. (O.Reg.299/10, 26(1)(h)(iii))</p>		<p>SGLR ISR</p>	<p>Each person is provided with, bedding appropriate to weather.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>18. Furniture and Clothing Storage</p> <p>Each service agency shall ensure that the sleeping accommodations for each person with a developmental disability that the service agency supports is provided with appropriate individual furniture and clothing storage (in the bedroom, where possible). (O.Reg.299/10, 26(1)(h)(iv))</p>		<p>SGLR ISR</p>	<p>The sleeping accommodations for each person is provided with, appropriate individual furniture and clothing storage (in the bedroom, where possible).</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>19. Space, Personal Possessions/Hobbies</p> <p>Each service agency shall ensure that the sleeping accommodations for each person with a developmental disability that the service agency supports is provided with sufficient space to keep their personal possessions and to pursue hobbies and interests without unwanted or unwarranted intrusion from others. (O.Reg.299/10, 26(1)(h)(v))</p> <p>Note: The Regulation does not set a requirement for the size or square footage of a bedroom in a supported group living residence or an intensive support residence.</p> <p>For persons who share a bedroom, ask how privacy is maintained and unwanted intrusion from others.</p>		<p>SGLR ISR</p>	<p>The sleeping accommodations for each person provides sufficient space to keep their personal possessions and to pursue hobbies and interests without unwanted or unwarranted intrusion from others</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>20. Exterior Window/Coverings</p> <p>Each service agency shall ensure that the sleeping accommodations for each person with a developmental disability that the service agency supports is provided with an exterior window and window coverings. (O.Reg.299/10, 26(1)(h)(vi))</p>	<p>The intent of the requirement is that the room would have natural light and a source of ventilation.</p>	<p>SGLR ISR</p>	<p>The sleeping accommodations for each person is provided with, an exterior window, screen and window coverings</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>
<p>21. Cooling Room</p> <p>Each service agency shall ensure that the residence has at least one cooling room for extreme heat days. (O.Reg.299/10, 26(2)(a))</p>		<p>SGLR ISR</p>	<p>The residence has at least one air conditioned room for extreme heat days.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p> <p>Immediate action required by service agency.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>22. Humidex Level</p> <p>Each service agency shall ensure that the cooling room is maintained at a humidex level below 35 degrees Celsius at all times. (O.Reg.299/10, 26(2)(b))</p>		<p>SGLR ISR</p>	<p>The cooling room is maintained at a humidex level below 35 degrees Celsius at all times.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>23. Secure Isolation, Confinement Time-Out, Bedroom</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person's challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency will ensure that the physical space of the secure isolation/ confinement time- out room: Is not used as a bedroom for a person with a developmental disability who has challenging behaviour. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Physical space of the secure isolation/ confinement time-out room: Is not used as a bedroom for a person with a developmental disability who has challenging behaviour.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>24. Secure Isolation, Confinement Time-Out, Physical Space</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person's challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency will ensure that the physical space of the secure isolation/ confinement time- out room: Is of an adequate size for the person with a developmental disability who has challenging behaviour. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Physical space of the secure isolation/ confinement time-out room: Is of an adequate size for the person with a developmental disability who has challenging behaviour</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>25. Secure Isolation, Confinement Time-Out, Objects</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person’s challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency will ensure that the physical space of the secure isolation/ confinement time- out room: Does not contain any objects that could be used by the person to cause injury or damage to him/herself or others (example:., staff who may enter the room). (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Physical space of the secure isolation/ confinement time-out room: Does not contain any objects that could be used by the person to cause injury or damage to him/herself or others (example: staff who may enter the room).</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>26. Secure Isolation, Confinement Time-Out, Safe</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person's challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency will ensure that the physical space of the secure isolation/ confinement time- out room: Is a safe area, with modifications (as appropriate) that would protect the person from self-injury.</p> <p>(Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Physical space of the secure isolation/ confinement time-out room: Is a safe area, with modifications (as appropriate) that would protect the person from self-injury.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>27. Secure Isolation, Confinement Time-Out, Emergency Escape</p> <p>Where a service agency is required to have policies and procedures in respect of its quality assurance measures, the agency shall follow the policies and procedures and shall ensure that its staff members, volunteers and members of its board of directors follow them, to the degree that is appropriate given the role of the staff member, volunteer and board member.</p> <p>(O.Reg.299/10 , 1(3)(a))</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Fire escape plan includes provisions for escape from the secure isolation/confinement time-out room, in the event of an emergency example: magnetic locks automatically release in event of fire alarm sounding; designated staff responsible for unlocking door in emergency situation</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>28. Secure Isolation, Confinement Time-Out, Constant Observation/ Monitoring</p> <p>Where a service agency is required to have policies and procedures in respect of its quality assurance measures, the agency shall follow the policies and procedures and shall ensure that its staff members, volunteers and members of its board of directors follow them, to the degree that is appropriate given the role of the staff member, volunteer and board member.</p> <p>(O.Reg.299/10 , 1(3)(a))</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Physical space of the secure isolation/ confinement time-out room: Has means to allow for constant observation and monitoring of the person by service agency staff (example: a window, a video-camera).</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>29. Secure Isolation, Confinement Time-Out, Adequate Lighting</p> <p>A service agency shall ensure that, where secure isolation/confinement time out is recommended to be used to address a person's challenging behaviour as part of their behaviour support plan, the following performance standards and measures are adopted: A service agency will ensure that the physical space of the secure isolation/ confinement time- out room: Is adequately illuminated so that the person inside the room may be seen. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Physical space of the secure isolation/ confinement time-out room: Is adequately illuminated so that the person inside the room may be seen.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>30. Secure Isolation, Confinement Time-Out, Ventilation, Heated/Cooled</p> <p>Where a service agency is required to have policies and procedures in respect of its quality assurance measures, the agency shall follow the policies and procedures and shall ensure that its staff members, volunteers and members of its board of directors follow them, to the degree that is appropriate given the role of the staff member, volunteer and board member.</p> <p>(O.Reg.299/10 , 1(3)(a))</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Physical space of the secure isolation/ confinement time-out room: Is adequately ventilated and heated/ cooled.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>31. Secure Isolation, Confinement Time-Out, Lock Easily Released</p> <p>If the secure isolation/ confinement time-out room has a lock on the door to prevent the person from leaving the room, the service agency will ensure that the lock can be easily released from the outside in an emergency. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>If the secure isolation/ confinement time-out room has a lock on the door, ensure that the lock can be easily released from the outside in an emergency.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>32. Mechanical Restraint, Manufacture and Designed</p> <p>A service agency shall ensure that where a mechanical restraint is recommended to be used to address a person’s challenging behaviour as part of their behaviour support plan, any apparatus or device used as part of a mechanical restraint meets all of the following standards: It is designed and manufactured for use as a mechanical restraint. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>The policy directive does not speak to who or what we would consider to be a “manufacturer”. An occupational therapist could be considered to be a manufacturer of a mechanical restraint, if the creation of such devices is part of the occupational therapists work.</p>	<p>SGLR ISR CP ADL RESP</p>	<p>Inspection of device.</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>33. Mechanical Restraint , Appropriate Size</p> <p>A service agency shall ensure that where a mechanical restraint is recommended to be used to address a person's challenging behaviour as part of their behaviour support plan, any apparatus or device used as part of a mechanical restraint meets all of the following standards: It is appropriate for use with the individual (example:, the size of the device or apparatus is appropriate to the size and weight of the person). (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Inspection of device/notes on individual file from OT or medical professional</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>

Site Inspection	Intent	Applicable	Indicator	Required for Compliance
<p>34. Mechanical Restraint, Good Repair</p> <p>A service agency shall ensure that where a mechanical restraint is recommended to be used to address a person's challenging behaviour as part of their behaviour support plan, any apparatus or device used as part of a mechanical restraint meets all of the following standards: It is maintained in good repair by the manufacturer or by a person or organization recommended by the manufacturer. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>		<p>SGLR ISR CP ADL RESP</p>	<p>Inspection of device/ checklist</p>	<p>A letter and/or documentation confirming completion of corrective action.</p>