



Developmental  
SERVICES

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# QAMClear

Updated June 2017

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## IMPORTANT INFORMATION

**QAM**Clear is a supplemental tool intended to guide Program Advisors, Program Supervisors and agencies addressing specific issues or questions they may have relating to the O. Reg. 299/10 Quality Assurance Measures (QAM), the Policy Directives, or in the Developmental Service (“DS”) Compliance Inspection Indicator List.

**QAM**Clear includes the following information:

- QAM or policy directive requirements;
- Intent of the requirement;
- Issue identified as a result of analysis and/or feedback from the sector; and
- Clarification - evidence for compliance or non-compliance.

Going forward, **QAM**Clear will be accessible at [www.qamtraining.net](http://www.qamtraining.net) and will be updated regularly.

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| Regulation   | Intent  | Issue   | Clarification  |
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| <b>1. Following Policies &amp; Procedures</b>  |   |   |  |
| <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>Can an agency be cited for not following their policies and procedures that are not QAM related?</p> | <p>No, only policies and procedures that are directly referenced in QAM or by policy directive can be cited for non-compliance during an inspection.</p> |

| Regulation   | Intent   | Issue   | Clarification  |
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| <b>2. Writing, Date, Current Practice</b>  |  |   |  |
| <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 agency 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 agency's expectations about the services and supports.</p> <p>As a good practice, agencies should have policies related to their respective programs if the practices and/or applications are different across their various programs/supports offered.</p> | <p>Do the agency's policies and procedures need to be approved or signed off by the Agency?</p> | <p>No, QAM does not require that policies and procedures be signed off by the Agency.</p> <p>If the agency's policies and procedures are dated, reflect the current practice, and are posted on the agency website or otherwise readily accessible for all agency staff, board members and volunteers, then the agency is in compliance.</p> |

| Regulation   | Intent   | Issue   | Clarification   |
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| <b>8. Do Not Resuscitate (DNR) obligations</b>   |  |   |   |
| <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>The agency must have policies and procedures describing how they monitor health concerns of persons with developmental disabilities receiving services and supports in cases where the supports have been identified in the individual support plans.</p> <p>Health concerns could include diabetes, high blood pressure, heart conditions, obesity, epilepsy, etc.</p> | <p>Do the quality assurance regulations, Reg. 299/10 (QAM) address the agency's responsibility when a "Do Not Resuscitate" (DNR) request by a substitute decision maker is on file?</p> | <p>No, O. Reg. 299/10 (QAM) does not address the issue of "Do Not Resuscitate" (DNR) requests.</p> <p>Under the Quality Assurance Measures regulation, agencies are responsible for developing their own policies and procedures relating to medical services, and would be expected to do so in accordance with all applicable laws.</p> <p>With respect to situations involving health concerns that are not specifically addressed by the Quality Assurance Measures regulation or the agency's policies and procedures; or where there is a conflict regarding health concerns of an individual receiving services and supports, the Ministry recommends that the agency and any concerned parties seek independent legal advice with respect to the specific issues.</p> <p>Parties should be mindful that other legislation relating to health care decisions and substitute decision-making, such as the Health Care Consent Act, 1996 and Substitute Decisions Act, 1992, may also be relevant to a fact situation.</p> |

| Regulation   | Intent   | Issue   | Clarification   |
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| <b>23. P &amp; Ps on Isolation/Confinement Time Out (CTO) &amp; Video Monitoring</b>   |  |   |   |
| <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 ensure that an agency's policies and procedures align with all applicable privacy legislation and privacy and confidentiality obligations under the funding agreement, in order to protect the privacy and personal information of persons receiving services.</p> | <p>Can the Ministry cite an agency in non-compliance for not including video surveillance in their policies and procedures?</p> | <p>No, neither QAM nor the Policy Directives for Service Agencies contain requirements regarding video monitoring/surveillance.</p> |

| Regulation  | Intent  | Issue   | Clarification   |
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| <b>34. Secure Isolation, Confinement/Time Out, Interval Monitoring</b>  |   |   |   |
| <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:</p> <p>Stages of interval monitoring.<br/>(Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p> | <p>To ensure the agency has clear policies and procedures with respect to secure isolation and confinement/timeout (CTO), and that staff are fully informed and aware of expectations, and have the skills to react appropriately to keep everyone safe.</p> <p>To provide information and support to the person with developmental disabilities, so that they may live as safely and independently as possible.</p> <p>If an agency has a CTO room being used for activities/purposes other than secure isolation/CTO, it would not necessarily need policies and procedures for those other activities/purposes.</p> <p>Only when a room is being used for isolation/CTO purposes are policies required in keeping with the ministry's policy directive.</p> <p>It is the purpose and use of the room that determines whether policies and procedures need to be developed.</p> | <p>Is an agency required to have policies and procedures on the use of a secure isolation/CTO room when the area designated for the use of secure isolation/CTO is used for other activities?</p> | <p>No, agencies are not required to have policies and procedures in place when the area designated for the use of secure isolation/CTO is used for other activities.</p> <p>The requirements set out in the secure isolation/CTO section of the Policy Directive for Service Agencies (pages 17 to 18 of the directives) are for agencies that are supporting individuals who have a behaviour support plan that includes secure isolation/confinement time out</p> |

| Regulation  | Intent   | Issue   | Clarification   |
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| <b>42. Third Party Review Committee, Membership and Roles</b>   |  |   |   |
| <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.</p> <p>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>Can the “approver” of the Behaviour Support Plan which includes intrusive measures be the same as the “clinician” for the third party review committee?</p> <p>Can the third party review committee be comprised of a clinician and another member only?</p> | <p>Yes, the third party review committee could allow for an “approver” to be the same person as the “clinician” as long as the third party review committee does not consist of just the “clinician” for its membership (i.e., cannot have a one person committee).</p> <p>Yes, the committee can be comprised of two or more people.</p> <p>The terms of reference of the third party review committee and/or the policies and procedures of the service agency determines the composition of the committee.</p> |

| Regulation   | Intent   | Issue   | Clarification   |
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| <b>2. Mission Statement, Service Principles, Statement of Rights, Annual Review</b>  |  |   |   |
| <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 the 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>Is an agency compliant or non-compliant if an annual review was completed in 2013 and 2014, but not in 2012?</p> <p>Can the ministry cite an agency for not having completed an annual review over two years ago?</p> <p>Can the ministry cite the agency in non-compliance if there is not evidence that <u>each</u> board member reviewed the mission statement, service principles, statement of rights on an annual basis?</p> | <p>An agency is considered non-compliant if an annual review is not completed every year.</p> <p>Yes, the Ministry may cite an agency for not having completed an annual review in a previous year.</p> <p>Agencies will be required to provide board records confirming completion of an annual review from the current year and the previous year. <u>An agency would not normally be asked to provide prior records confirming completion of an annual review unless they could not provide records from the current and previous year.</u></p> <p>No, individual acknowledgements (sign offs) are not required for each board member to confirm compliance.</p> <p>The service agency must also record the dates of all orientations, refreshers and reviews.</p> |

| Regulation  | Intent  | Issue   | Clarification  |
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| <b>7. References</b>  |   |   |  |
| <p>A service agency shall arrange for a personal reference check and require a police records check for volunteers and board members, if they will have direct contact with the persons with developmental disabilities who receive services and supports from the service agency.</p> <p>(O.Reg.299/10, 13(3))</p> | <p>O.Reg.299/10 does not define 'direct contact' so the common understanding should be adopted. Policies and procedures should specify where board members do not have direct contact with the persons with developmental disabilities.</p> <p>Consider that, if a volunteer or/and a board member do not have direct contact with people with a developmental disability when at the Service Agency (<u>or when receiving services from the service agency at a different location</u>) then a personal reference check and police records check for the board member would not technically be required.</p> <p>Consider, however, that direct contact could mean when board members, staff, volunteers provide <u>unsupervised</u> services and supports to persons with developmental disabilities, and/or as set out in the agency's policies/procedures.</p> | <p>Are board members required to have police record checks?</p> | <p>No, board members are not required to have police record checks <u>if</u> the board members do not have direct contact with people with a developmental disability receiving supports and services from the agency.</p> |

| Regulation  | Intent  | Issue   | Clarification   |
|---|---|---|---|
| <b>7. References</b>  |   |   |   |
| <p>A service agency shall arrange for a personal reference check and require a police records check for volunteers and board members, if they will have direct contact with the persons with developmental disabilities who receive services and supports from the service agency.</p> <p>(O.Reg.299/10, 13(3))</p> | <p>O.Reg.299/10 does not define ‘direct contact’ so the common understanding should be adopted. Policies and procedures should specify where board members do not have direct contact with the persons with developmental disabilities.</p> <p>Consider that, if a volunteer or/and a board member do not have direct contact with people with a developmental disability when at the Service Agency (<u>or when receiving services from the service agency at a different location</u>) then a personal reference check and police records check for the board member would not technically be required.</p> <p>Consider, however, that direct contact could mean when board members, staff, volunteers provide <u>unsupervised</u> services and supports to persons with developmental disabilities, and/or as set out in the agency’s policies/procedures.</p> | <p>Does the ministry require all board members to have police record checks and personal reference checks?</p> <p>Would an agency be considered non-compliant if they did not include the definition of ‘direct contact’.</p> | <p>No, board members are not required to have personal reference checks and a police record check if the board members do not have direct, unsupervised contact with people receiving supports and services from the agency.</p> <p>No. This is not a requirement in the regulation. “Direct contact” is not defined in QAM. Direct contact would be determined by the agency’s policies and procedures.</p> <p>Consider that if a board member’s focus is on governance only and the board member is not involved in any direct contact with any persons with a developmental disability, then a personal reference check and police records check would not be required .</p> |

| Regulation   | Intent  | Issue  | Clarification   |
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| <b>2. Mission Statement, Service Principles, Statement of Rights, Annual refresher</b>   |   |  |   |
| <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>To ensure mission statement, service principles and statement of rights are reviewed annually to remind and reinforce the content for staff and volunteers.</p> <p>The intent of the annual requirement is that refreshers are completed with staff and volunteers annually.</p> | <p>Are staff files required to include hard copy signed forms to confirm completion of a requirement (i.e., Orientation forms, affirmations, etc.)?</p> <p>Would the Ministry cite non-compliance if confirmation of training was completed though electronic signatures?</p> <p>Would the Ministry cite non-compliance when reviewing the staffing record of a staff who just returned from an extended leave of absence (i.e., maternity leave, sick leave, leave of absence)?</p> | <p>Staff files do not necessarily require hard copy signed training registration forms to be included as evidence of compliance. The Ministry will accept other reasonable evidence e.g., an electronic signature or computer generated list of participants via E-Learning as evidence of compliance.</p> <p>It is important to note that evidence of completion for specific training such as First Aid, CPI (or alternate) and training on the use of physical restraints will require documented evidence such as a certificate of completion or a signed notation by agency management or supervisor in the staff person's file.</p> <p>For the purpose of inspection, the Ministry will review staffing files of staff who have been working actively for a year. This would include staff returning from maternity leave, extended leave of absence, secondments, etc.</p> |

| Regulation   | Intent   | Issue   | Clarification   |
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| <b>4. Training, First Aid &amp; CPR</b>  |  |   |   |
| <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 intent of the section is that individuals have the support they need in a crisis - that staff in the area is trained in first aid or CPR so that they are able to respond in a timely way in the event of an emergency.</p> | <p>If re-certification is required for First Aid/CPR and the staff member is registered for an upcoming training session, is the requirement in non-compliance?</p> | <p>If the training is completed prior to sign off and/or training is scheduled at the time of the staff file review and it is to occur within 30 days of the inspection date, then the agency will be considered in compliance.</p> <p><u>There is an expectation that the service agency will provide proof/confirmation that the scheduled training has taken place after the fact.</u></p> |

| Regulation   | Intent  | Issue   | Clarification   |
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| <b>5. Training, Specific Needs</b>   |   |   |   |
| <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.</p> <p>(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>Can an agency record a training session given by a qualified professional to use for future training of new staff?</p> <p>For example, an agency would like to video tape training conducted by a medical professional (Registered Nurse) and use it for training new staff.</p> | <p>It is not the role of the Ministry to approve a training technique, only to verify that a training technique is in place and reflected in the agency's policies and procedures.</p> <p>A videotaped training session is acceptable for meeting a training requirement under O. Reg. 299/10 when in-person training is not available.</p> |

| Regulation   | Intent   | Issue  | Clarification  |
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| <b>14. References, Staff</b>   |  |  |  |
| <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>Checking references is a precautionary measure designed to ascertain whether employees/volunteers providing direct service to vulnerable adults have a criminal history or character which could potentially make them unsuitable for certain positions of trust. Such checks can assist agencies in attempting to ensure the safety and well-being of people who receive services from them.</p> | <p>Some agencies have “assistants” that they hire from abroad, but they only have criminal reference checks from the country of origin. The agency does not initiate a police check in Canada. Would the Ministry cite non-compliance if there is not a Canadian criminal reference check with vulnerable screening on file?</p> | <p>The onus is on the agency to demonstrate that it has attained a background check on employees from foreign jurisdictions, e.g., Interpol, RCMP. It can be assumed that the employees were required to obtain some form of security clearance before coming into Canada, so there should be some evidence that the employer or agency can produce. <u>These situations will be considered on a case by case basis.</u></p> |

| Regulation   | Intent  | Issue   | Clarification   |
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| <b>19. Training, Physical Restraints</b>   |   |   |   |
| <p>Each service agency shall train all staff members who work directly with persons with developmental disabilities on the use of physical restraint.</p> <p>(O. Reg. 299/10, 17(2))</p> | <p>Seeks to ensure the safety of all persons with developmental disabilities who receive services and supports, as well as the safety of staff members who work directly with persons with developmental disabilities, regardless of whether or not those persons receiving services and supports have and display challenging behaviour (either currently or in the past),</p> <p>Appropriate training and use of physical restraints is important to the security that any person would want to feel in their home, recreational space, or workspace.</p> | <p>Can the ministry cite an agency for non-compliance if the agency modified the physical restraint package and exclude the practical hands-on physical restraint training as part of the training curriculum and provided certificates without completing all the elements in the training package?</p> <p>Our agency does not support any individuals with existing behaviour challenges. Do our direct care staff still need to be trained on all components of the curriculum?</p> <p>Can an agency select which staff and which components it would like to provide refresher training on?</p> | <p>Yes, they would be cited for non-compliance. An agency will be deemed non-compliant with the requirement if the agency is not able to provide evidence that all direct care staff have successfully completed <u>all</u> components of the curriculum (both theory <u>and</u> practice of all physical restraint holds).</p> <p>Yes. All direct care staff <b>must</b> be trained on <u>all</u> components of the curriculum (both theory <u>and</u> practice of all physical restraint holds).</p> <p>Agencies must follow the recertification schedule developed by their selected training provider or the schedule that is identified as a best practice by the training provider, and complete <u>all</u> components of the prescribed refresher training for all direct staff.</p> |

| Regulation  | Intent  | Issue  | Clarification   |
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| <b>19. Training, Physical Restraints (cont.)</b>  |   |  |   |
| <p>Each service agency shall train all staff members who work directly with persons with developmental disabilities on the use of physical restraint.</p> <p>(O. Reg 299/10, 17(2))</p> | <p>Seeks to ensure the safety of all persons with developmental disabilities who receive services and supports, as well as the safety of staff members who work directly with persons with developmental disabilities, regardless of whether or not those persons receiving services and supports have and display challenging behaviour (either currently or in the past),</p> <p>Appropriate training and use of physical restraints is important to the security that any person would want to feel in their home, recreational space, or workspace.</p> | <p>Would an agency be cited for non-compliance if they complete some but not all components within a selected training package?</p> <p>If an agency does not complete certain components within a selected training package because they do not believe it applies to the clients they serve, would they be cited for non-compliance?</p> <p>Can agencies work with training providers to customize the selected curriculum?</p> | <p>Yes, they would be cited for non-compliance. Agencies are required to complete <u>all</u> components of the curriculum within a selected training package (that is, both theory <u>and</u> practice of all physical restraint holds outlined in the curriculum). This means that agencies cannot select which modules to be trained and which modules to omit.</p> <p>Yes, they would be cited for non-compliance. While agencies may feel that certain components within a given training package may not apply to the clients they serve, they are required to complete the entirety of the selected training program to ensure that their direct care staff are ready and capable of responding to emergency situations at all times.</p> <p>Agencies are unable to customize, tailor, or alter a selected training package and must complete all modules (both theory <u>and</u> practice of all physical restraint holds) in order to achieve compliance.</p> |

| Regulation  | Intent   | Issue   | Clarification   |
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| <b>21. Physical Restraint, Training Package/Emergency Situation</b>   |  |   |   |
| <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 Ontario Regulation 299/10, it is important to note that the service agency shall ensure that it selects a training package from the list of training packages and providers, which was reviewed and identified for use by the Community Networks of Specialized Care - Ontario.</p> <p>Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour</p> | <p>The Policy Directive regarding Supporting People with Challenging Behaviour enables agencies to assess their staff training needs and to select a training curriculum from a list of training providers that addresses those training needs, so that staff, at all times, are able to respond to emergency situations that may arise during the provision of service. Agencies that support individuals who have challenging behaviour require more intensive training to address emergency situations in a safe and appropriate manner.</p> <p>The ministry agrees with the philosophy that physical restraints should be used solely as a last resort in crisis situations. Notwithstanding this, the ministry also seeks to ensure that agency staff are equipped with both the requisite knowledge and practical skills to react quickly and effectively in the event of a crisis situation, in order to keep everyone safe and reduce the possibility of injury.</p> | <p>What if the agency’s policies and procedures prohibit the use of physical restraints and that police should be contacted in the event of a crisis situation?</p> | <p>The ministry would expect that a service agency’s policies, procedures and practices concerning how to respond to people with a developmental disability who may have, and may display, challenging behaviour in a crisis situation would not rely exclusively on involving the police.</p> <p>A service agency may wish to contact their local police department to discuss how the agency and the police can best respond to situations involving law enforcement in a safe and effective manner (e.g., during a crisis where the safety of agency staff and/or others in the vicinity is at immediate risk and attempts at de-escalation and other means to address the person with challenging behaviour and/or the situation have been ineffective).</p> <p>However, regardless of the agency’s policies and procedures, the agency will be cited for non-compliance if the agency is not able to provide evidence confirming the successful completion of all components of the training provider’s curriculum (both theory and practice of all physical restraint holds).</p> |

| Regulation   | Intent   | Issue  | Clarification   |
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| <b>9. Individual Support Plan</b>  |  |  |   |
| <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.<br/>(O.Reg.299/10, 5(1)(1))</p> | <p>To promote individualized approaches to services and supports.</p> <p>Persons will receive available services to meet their individual needs.</p> | <p>Can an individual support plan (ISP) be developed to include all of the services provided by the service agency or does the agency need to develop an ISP for each program such as SGLR, CP, etc.?</p> <p>Can an ISP be developed between two agencies?</p> <p>Would an agency be cited for non-compliance if a person with a developmental disability refuses to participate in the development of his/her Individual Support Plan?</p> <p>Is an Individual Support Plan required if a person with a developmental disability is only in a 4 hour respite program?</p> | <p>If the service agency provides more than one funded service, one ISP can identify the specific strategies to assist in achieving the goals and outcomes.</p> <p>If more than one agency provides services, the agencies could consider jointly developing an ISP for a person. Both should have a copy of the ISP in their records.</p> <p>No, if the person receiving service does not want to participate if the development of his/her Individual Support Plan there should be a signed acknowledgment from the person to this effect; however a plan based on service delivery for the person must still be developed by the service agency.</p> <p>Yes. An Individual Support Plan is required for each person with a developmental disability receiving services and supports from an agency where the service is funded under SIPDDA.</p> |

| Regulation   | Intent   | Issue  | Clarification  |
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| <b>9. Individual Support Plan</b>  |  |  |  |
| <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.<br/>(O.Reg.299/10, 5(1)(1))</p> | <p>To promote individualized approaches to services and supports.</p> <p>Persons will receive available services to meet their individual needs.</p> | <p>Is an Individual Support Plan required if a person with a developmental disability is only in a 4 hour respite program?</p> | <p>Yes. An Individual Support Plan is required for each person with a developmental disability receiving services and supports from an agency where the service is funded under SIPDDA .</p> |

| Regulation   | Intent  | Issue   | Clarification   |
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| <b>26. Adequate Staff Support</b>  |   |   |   |
| <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.<br/>( 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.<br/>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.</p> | <p>What does the ministry consider as ‘adequate support staff’?</p> | <p>The regulation does not define “adequate support staff.”</p> <p>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 were involved in the development of the individual support plan.</p> <p>Information that may be contained in Individual Support Plans regarding required levels of staff support may include:</p> <ul style="list-style-type: none"> <li>• Staffing ratios</li> <li>• Level of staff support required for community outings, medical appointments,</li> <li>• participation in work or volunteer activities</li> </ul> |

| Regulation   | Intent  | Issue  | Clarification   |
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| <b>28. Financial Records, Annual Review</b>  |   |  |   |
| <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</p> <p>The service agency shall ensure books of accounts and financial records prepared and maintained in accordance with [the] subsection [above] are independently reviewed by a third party annually; the independent review shall include a report to the board of directors.<br/>(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.</p> | <p>Can the Ministry cite an agency for non-compliance if the third party reviewer prepares a report that is based on only a sampling of files?</p> | <p>The third party may conduct an annual review as they deem appropriate.</p> |

| Regulation   | Intent   | Issue   | Clarification  |
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| <b>47. Service Record, Application for Developmental Services and Supports</b>   |  |   |  |
| <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>To ensure that the agency has documentation from the DSO that may inform the agency’s support for the person and assist in developing the individual support plan.</p> <p>The agency is responsible for obtaining this record from the DSO if it is not provided upon service initiation.</p> | <p>Would the Ministry cite an agency in non-compliance if the service record produced by the agency only contained a copy of the Assessor Summary Report (ASR) rather than the Application for Developmental Services and Supports?</p> | <p>Yes, the ASR (Assessor Summary Report) as a stand-alone document does not meet the compliance requirements.</p> |

| Regulation   | Intent  | Issue   | Clarification  |
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| <b>52. BSP Involvement</b>   |   |   |  |
| <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 Ontario Regulation 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 Providers: 2.0 Supporting People with Challenging Behaviour</p> | <p>To allow persons receiving behavioral support and persons acting on their behalf to be included in development of the plan where intrusive interventions are used; to promote a shared responsibility in the success of the support strategy implementation.</p> | <p>If signed consent is provided on the Behavior Support Plan and/or other agency consent form, is this sufficient evidence to indicate the plan documents the person and/or person’s acting on their behalf’s involvement in the development of the plan?</p> <p>If an outside agency writes the BSP, are they responsible for indicating how they involved the person during development of the BSP or, is it the service agency accountable for ensuring the individual or the person acting on their behalf is involved in the development of the behaviour support plan.</p> | <p>No, a signature consenting to the use of intrusive measures would not necessarily mean that the person was involved in the development of the plan.</p> <p>It is the responsibility of the service agency to ensure and to indicate how the person was involved with the development of the BSP containing intrusive behaviour interventions, and that the plan documents their involvement .</p> <p>Indicators may include:</p> <ul style="list-style-type: none"> <li>• Person’s or others acting on their behalf’s signature on the plan</li> <li>• Meeting minutes</li> <li>• Attendance at clinician appointments</li> <li>• Notation in the file <ul style="list-style-type: none"> <li>• e.g. comments and/or input of individual</li> </ul> </li> </ul> |

| Regulation   | Intent   | Issue   | Clarification  |
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| <b>52. Behavioural Support Plan , Individual's Involvement</b>   |  |   |  |
| <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 Ontario Regulation 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 Providers: 2.0 Supporting People with Challenging Behaviour</p> | <p>To allow persons receiving behavioral support and persons acting on their behalf to be included in development of the plan where intrusive interventions are used; to promote a shared responsibility in the success of the support strategy implementation</p> | <p>If signed consent is provided on the Behavior Support Plan and/or other agency consent form, is this sufficient evidence to indicate the plan documents the person and/or person's acting on their behalf's involvement in the development of the plan?</p> <p>If an outside agency writes the BSP, are they responsible for indicating how they involved the person during development of the BSP or, is it the service agency accountable for ensuring the individual or the person acting on their behalf is involved in the development of the behaviour support plan.</p> | <p>No, a signature consenting to the use of intrusive measures would not necessarily mean that the person was involved in the development of the plan.</p> <p>It is the responsibility of the service agency to ensure and to indicate how the person was involved with the development of the BSP containing intrusive behaviour interventions, and that the plan documents their involvement .</p> <p>Indicators may include:</p> <ul style="list-style-type: none"> <li>• Person's or others acting on their behalf's signature on the plan</li> <li>• Meeting minutes</li> <li>• Attendance at clinician appointments</li> <li>• Notation in the file               <ul style="list-style-type: none"> <li>• e.g. comments and/or input of individual</li> </ul> </li> </ul> |

| Regulation   | Intent  | Issue  | Clarification  |
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| <b>53. BSP Consent</b>   |   |  |  |
| <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 Ontario Regulation 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 Providers: 2.0 Supporting People with Challenging Behaviour</p> | <p>To ensure persons receiving behavioral support and persons acting on their behalf consent to the intrusive intervention strategies outlined in the plan.</p> | <p>If the list of participants is provided on the Behavior Support Plan, is this sufficient evidence to indicate the person and/or person’s acting on their behalf consents to the use of intrusive measures for managing challenging behaviour?</p> | <p>No, listing a person as one of the participants involved in the development of the BSP would not necessarily mean that the person consents to the use of intrusive measures. Consider that a person could participate in the development of the plan but he/she may not agree with what the doctor/behaviour therapist/other developer might recommend.</p> |

| Regulation  | Intent  | Issue  | Clarification   |
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| <b>61. Behaviour Support Plan, Review</b>   |   |  |   |
| <p>The service agency shall ensure that the behaviour support plan is reviewed at least twice in each 12-month period.<br/>(O.Reg.299/10, 18(3)(f))</p> | <p>The Behaviour Support Plan is reviewed by the service agency (and others as the service agency considers appropriate) at least two times a year to assess its effectiveness.</p> | <p>How far back does the Ministry look at records to verify compliance (i.e., 1 year, 2 years, 3 years or more)?</p> | <p>Given the inspection schedule involves each agency every year, the Ministry will review the record for the past 12 months.</p> |

| Regulation   | Intent   | Issue  | Clarification   |
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| <b>74. Intrusive Behaviour Intervention, Monitored</b>   |  |  |   |
| <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>To mitigate the potential risk of injury and ensure the safety of the person during the use of an intrusive behaviour intervention.</p> <p>Intrusive measures are to be monitored including physical, mechanical, secure isolation/confinement time out and PRNs in specific timed intervals.</p> | <p>Would an agency be cited as non-compliant if there was no documentation describing how the person was monitored on a regular basis when an intrusive behaviour intervention was used?</p> | <p>Yes, the agency needs to demonstrate how the person was monitored on a regular basis when intrusive behaviour intervention was used.</p> <p>Indicators may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>•Incident reports</li> <li>•Daily log/support journal</li> <li>•Data collection forms</li> <li>•MARS forms / prn tracking sheets</li> </ul> |

| Regulation   | Intent   | Issue   | Clarification  |
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| <b>84. Use of Intrusive Behaviour Intervention, Consent and Notification/ Crisis Situation</b>   |  |   |  |
| <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.</p> <p>(Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p> | <p>To ensure that there are notification policies and procedures relating to contact persons, including under what circumstances they will be contacted.</p> | <p>Is an agency required to arrange the notification options with the person acting on behalf of the individual in advance of a crisis situation?</p> | <p>Yes, the policy directive provides that the service agency's policies and procedures must address whether and under what circumstances to notify the contact person acting on behalf of a person with a developmental disability who has challenging behaviour, including in relation to the use of a physical restraint in a crisis situation.</p> <p>The policies and procedures must also have consideration for the individual's ability to provide consent regarding notification.</p> <p>(i.e. the agency needs to consult with the individual and receive consent prior to notifying the contact person. If the person, does not provide consent, then the contact person will not be notified. If the person with developmental disabilities does not have the capacity to provide consent, then the contact person is notified )</p> |

| Regulation  | Intent  | Issue  | Clarification  |
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| <b>97. Inventory, Personal Property</b>   |   |  |  |
| <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.<br/>(O.Reg.299/10, 25(2))</p> | <p>To ensure that persons with developmental disabilities' personal possessions and property are respected and support is provided for the care and maintenance of their personal property.</p> | <p>Can the Ministry cite non-compliance for programs such as Supported Independent Living (SIL) and Host Family for the Inventory requirement?</p> | <p>No, this requirement applies to service agencies that own or operate any of the following types of residential services and supports: Supported Group Living Residences (SGLR) and Intensive Support Residences (ISR).</p> <p>NOTE- But, consider as a best practice that an agency may wish to have these types of policies and procedures relating to programs for which it has oversight responsibilities.</p> |

| Regulation   | Intent   | Issue  | Clarification  |
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| <b>98. Supervision, Bathing and Showering</b>  |  |  |  |
| <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 mitigate the potential risk of injury and to ensure the safety of individuals during bathing and showering. Protocols need to clearly identify the level of supervision required for each individual, regardless of the level of support, and to provide clear direction to staff.</p> | <p>Would an agency be cited in non-compliance if the bathing protocols only identifies specific guidelines for bathing, such as hair washing, water temperature control, etc. but fails to include the level of supervision?</p> | <p>Yes, either the bathing protocols, Personal Profile Sheet and/or the person’s bathing routines must include supervision during bathing and showering, if needed, to ensure the safety of the person as appropriate to their needs.</p> <p>If the individual is completely independent in all aspects of bathing or showering, we recommend that this be documented in the Personal Profile Sheet.</p> |

| Regulation   | Intent  | Issue   | Clarification  |
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| <p><b>2. Third Party, Monitoring</b></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.<br/>(O.Reg299/10, 3(2)(b))</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 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.</p> | <p>Would a service agency be cited in non-compliance if the service agency contracted out the responsibility of monitoring the performance of the third party contract to another agency?</p> | <p>The intent of this requirement is to have the service agency who entered into the contract with the third party also be the same service agency to monitor the performance of the contract to ensure the third party complies with the quality assurance measures that would apply to the service agency, if it were providing the services and supports.</p> <p><i>Where necessary, the ministry recommends service agencies obtain independent legal advice to ensure they are meeting all ministry requirements.</i></p> |

| Regulation   | Intent   | Issue  | Clarification  |
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| <b>5. Internal Investigations</b>  |  |  |  |
| <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.<br/>(Regulation 299/10, 8(4)(a))</p> <p>The service agency shall not initiate an internal investigation before the police have completed their investigation.<br/>(Regulation 299/10, 8(4)(b))</p> | <p>Service agencies must report incidents where abuse has been witnessed, suspected or alleged before starting to conduct an internal investigation. This will help to prevent any possible contamination of evidence.</p> | <p>After contacting the police to report alleged, suspected, or witnessed abuse that may constitute a criminal offence, the police advised the agency to conduct an investigation.</p> <p>Can the ministry cite non-compliance if an agency conducted an internal investigation as a result of the direction the agency received from their local police department?</p> <p>Example: suspected financial abuse</p> | <p>No, the ministry would not cite non-compliance if the agency is able to provide evidence confirming the agency reported the incident immediately to the police and conducted their own internal investigation after the police indicated that they could do so.</p> <p>Once the police have conducted their investigation (or have indicated that no further investigation will be conducted), the service agency may undertake its own internal investigation.</p> <p>This does not prevent the service agency from taking appropriate steps to support the alleged victim (e.g., making sure the person is safe, has medical attention, etc.) and any other affected person(s).</p> |

| Regulation   | Intent   | Issue   | Clarification   |
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| <b>11. Emergency Preparedness Plan, Inside</b>   |  |   |   |
| <p>In addressing quality assurance measures respecting safety around the agency owned or agency operated premises, each service agency shall have the following:</p> <p>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>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.</p> <p>(O.Reg.299/10, 11(1)(2)(i))</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.</p> | <p>Can the Ministry cite an agency for non-compliance if they do not conduct monthly fire drills, <u>if monthly fire drills are part of the agency's emergency preparedness plan?</u></p> | <p>Yes, if the emergency preparedness plan, approved fire safety plan or the agency's policies and procedures indicate a requirement for the completion of monthly fire drills, then the agency would be non-compliant if the monthly fire drills are not completed (<u>i.e., the agency must comply with their own emergency preparedness plan</u>).</p> |

| Regulation  | Intent  | Issue  | Clarification  |
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| <b>14. Approved Fire Safety Plan, Document</b>  |   |  |  |
| <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 plan for emergencies and promote safety at the agency-owned or operated premises.</p> | <p>Can the ministry cite an agency in non-compliance for not producing a copy of the approved fire safety plan when the residence is in an apartment building not owned by the agency?</p> | <p>The <u>service agency</u> must have an approved fire safety plan, where required under the Fire Code, for each of the premises the service agency owns or operates. Subsection (2) provides that upon the request of a Director, a service agency shall produce <u>ITS</u> approved fire safety plan where required under the Fire Code.</p> <p>If an agency doesn't have an approved fire safety plan, the Ministry recommends the agency to obtain confirmation from the Office of the Fire Marshal that one is not required under the Fire Code. If confirmation is received indicating that a fire safety plan is not required under the Fire Code, this would be sufficient evidence for compliance purposes.</p> <p>Under QAM agencies are required to have an emergency preparedness plan to deal with the needs of the DS persons in their care in specified emergency situations (including fire).</p> |

| Regulation   | Intent   | Issue  | Clarification   |
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| <b>15. Equipment Maintenance</b>   |  |  |   |
| <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.<br/>(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 agencies are following their policies and procedures, as well as recommendations of the manufacturer, related to equipment maintenance.</p> <p>To ensure that equipment is functioning efficiently and is safely maintained in keeping with the manufacturer's recommendations.</p> | <p>Can the Ministry cite the agency for non-compliance if the agency has not inspected the equipment owned or operated by the agency as per their policies and procedures on equipment maintenance:<br/>Examples:</p> <ul style="list-style-type: none"> <li>• Wheelchairs</li> <li>• Ceiling tracks</li> <li>• Jacuzzi tubs</li> <li>• Fire extinguishers</li> <li>• Emergency lighting</li> <li>• Smoke detectors</li> <li>• CO2 detectors</li> <li>• Fire suppressions systems</li> <li>• HVAC</li> <li>• Fire alarm systems</li> </ul> | <p>If there is evidence to support that the service agency is not following their policies and procedures (which should accord with recommendations of the manufacturer regarding maintenance of equipment), the service agency will be cited for non-compliance.</p> |

| Regulation   | Intent   | Issue  | Clarification   |
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| <b>15. Equipment Maintenance</b>   |  |  |   |
| <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.<br/>(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 agencies are following their policies and procedures, as well as recommendations of the manufacturer, related to equipment maintenance.</p> <p>To ensure that equipment is functioning efficiently and is safely maintained in keeping with the manufacturer's recommendations.</p> | <p>Can the Ministry cite the agency for non-compliance if the agency has not inspected the equipment owned or operated by the agency as per their policies and procedures on equipment maintenance:<br/>Examples could include:</p> <ul style="list-style-type: none"> <li>• Wheelchairs</li> <li>• Ceiling tracks</li> <li>• Jacuzzi tubs</li> <li>• Fire extinguishers</li> <li>• Emergency lighting</li> <li>• Smoke detectors</li> <li>• CO2 detectors</li> <li>• Fire suppressions systems</li> <li>• HVAC</li> <li>• Vans</li> <li>• Fire alarm systems</li> </ul> | <p>If there is evidence to support that the service agency is not following their policies and procedures (which must accord with recommendations of the manufacturer regarding maintenance of equipment), the service agency will be cited for non-compliance.</p> |

| Regulation   | Intent   | Issue   | Clarification   |
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| <b>19. Water, 49 degrees Celsius</b>   |  |   |   |
| <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.<br/>(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>If an agency is inconsistent in recording water temperature would they be cited for non-compliance?</p> <p>Would an agency be cited for non-compliance if they were missing a week of monitoring but are otherwise testing and recording the water temperature on a regular basis?</p> | <p>If the agency is testing and recording the water temperature on a regular basis and the water temperature is consistently recorded below 49 degrees, the requirement would be considered in compliance.</p> <p>The Ministry would be reasonable and consider the circumstances. For example, If the ministry is satisfied that the agency noted the error and took steps to ensure that a similar error would not occur again (e.g., by updating and tightening policies, practices and procedures, and/or implementing quality checks on water temperature records, etc.) the agency would not be considered non-compliant.</p> |

| Regulation   | Intent  | Issue  | Clarification  |
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| <b>19. Water, 49 Degrees Celsius</b>   |   |  |  |
| <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.<br/>(O.Reg.299/10, 25(4))</p> | <p>To ensure the health and safety of persons receiving residential services. To prevent scalding injuries.</p> | <p>Would an agency be cited in non-compliance for monitoring and documenting the hot water temperature weekly?</p> | <p>No, the regulation does not specify how often monitoring and documentation of water temperature should occur.</p> <p>The regulation provides that each service agency have policies and procedures on scalding prevention which shall ensure that the service agency has a method of temperature control, monitoring and documentation so that water from a faucet in each residence is not hotter than 49 degrees Celsius.</p> <p>The ministry strongly recommends <u>daily</u> monitoring to ensure that the water from a faucet is not hotter than 49 degrees Celsius.</p> |

| Regulation  | Intent  | Issue  | Clarification  |
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| <b>51. Screening Criteria, Family Member</b>  |   |  |  |
| <p>Host Families cannot be a family member, as defined in the definition section of the policy directive, of the individual with a developmental disability. (Policy Directives for Service Agencies regarding the Host Family Program 1.0)</p> | <p>To match an individual with a non-family Host Family</p> | <p>Can a person who has legal custody become a Host Family provider for the individual they have legal custody of?</p> | <p>Yes, the person who has legal custody of the individual with developmental disabilities is eligible to apply to become a host family provider as long as they are not a family member, as defined in the Policy Directive as follows:</p> <ul style="list-style-type: none"> <li>• parent</li> <li>• child</li> <li>• sibling</li> <li>• spouse</li> <li>• common-law partner</li> <li>• adoptive parent</li> <li>• adopted child</li> <li>• stepparent</li> <li>• Stepchild</li> </ul> |

| Regulation   | Intent   | Issue  | Clarification  |
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| <b>60. Host Family, Re-Assessment/New Adult</b>  |  |  |  |
| <p>Service agencies are required to re-assess a host family's suitability in the following circumstances; when a new person is living in the home on a full-time or part time basis.</p> <p>Policy Directives for Service Agencies regarding the Host Family Program 1.0</p> | <p>To ensure that the impact on the individual supported can be assessed and appropriate action taken as necessary.</p> <p>This requirement allows an agency to be aware of all persons who live in the host family's home and to reassess the host family's suitability to continue to be a host family provider when there are changes in the membership of the household.</p> | <p>Would college boarders be counted towards the cap of two individuals in a host family home?</p> <p>Will the ministry cite an agency in non-compliance if the host family provider is boarding college students?</p> | <p>No. The policy directive requires that there can be no more than two "placements" in a host family's home. Only adults who are placed in a host family provider's home through an agency funded by MCSS and children placed in the home where the home is also a foster home under a foster care licence issued by a Director of MCYS are counted towards the cap of two individuals.</p> <p>No. However, the presence of a boarder will be a consideration during the initial home study of a potential host family provider and will trigger a re-assessment of an existing host family provider if the boarder becomes a new addition to the home.</p> |

| Regulation   | Intent   | Issue  | Clarification  |
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| <b>62. Re-assess, Relevant Concerns</b>  |  |  |  |
| <p>Service agencies are required to re-assess a host family's suitability in the following circumstances: where the service agency, individual or natural family has any significant concerns about the placement (Policy Directives for Service Agencies regarding the Host Family Program 1.0)</p> | <p>To reassess the host family's suitability to continue to be a host family provider when there are relevant concerns about the placement .</p> | <p>Does the ministry require annual re-assessments of the host family's suitability?</p> | <p>No. The ministry requires that agencies re-assess a host family's suitability in any of the following circumstances:</p> <ul style="list-style-type: none"> <li>• any significant changes involving the Host Family, the individual, and/or their living situation –(e.g. physical/mental illness, death of a family member, accident);</li> <li>• when a new person is living in the home on a full-time or part-time basis;</li> <li>• when the primary caregiver in the host family is unable to continue providing care to the individual;</li> <li>• where the service agency, individual or natural family has any significant concerns about the placement.</li> </ul> |

| Regulation  | Intent   | Issue  | Clarification   |
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| <b>63. Signed Written Agreement</b>   |  |  |   |
| <p>The service agency must have a signed written agreement in place with the host family for new placement and existing placements that includes certain minimum requirements regarding the provision of services to the individual with a developmental disability. (Policy Directives for Service Agencies regarding the Host Family Program 2.0)</p> | <p>To provide a shared understanding of the agency's expectation of the host family and the oversight the agency will provide.</p> | <p>Does the ministry require the signed service agreement the service agency has in place with the home provider to be updated annually?</p> | <p>The policy directive does not specify how often a service agreement has to be reviewed and signed.</p> <p>MCSS recommends that the service agency seek independent legal advice when developing a service agreement template and develop a schedule for reviewing the agreements with host families to ensure agreements are up to date and meet all of the ministry requirements.</p> |



| Regulation  | Intent  | Issue  | Clarification  |
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| <b>86. Support and Oversight/Training and Orientation Sessions</b>  |   |  |  |
| <p>At a minimum, service agencies must provide training and orientation sessions to the host family including, but not limited to: initial certification of CPR, first aid, confidentiality, abuse prevention and reporting,(as may be applicable in the agency’s policies and procedures) complaints, rights, care and any other topic the agency considers relevant. (Policy Directives for Service Agencies regarding the Host Family Program 3.1)</p> | <p>The ongoing support and oversight of a host family placement must promote safety of the individual and the host family.</p> <p>It is [delete: important] required that the service agency provides training and orientation sessions to the host family.</p> | <p>Will the ministry cite a service agency in non-compliance if the First Aid training was not completed before the individual moves in?</p> | <p>No, although the directive requires that a least one of the primary caregivers is required to have certified CPR and First Aid for all new placements, the directives do not stipulate a timeframe for the training to be completed.</p> <p>However, the Operational Guidelines for the Host Family Program states that at least one of the primary caregivers receive training to be certified in CPR and first aid at the beginning of the placement.</p> |

| Regulation   | Intent  | Issue  | Clarification  |
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| <b>94. Monitoring/Unannounced Meeting</b>  |   |  |  |
| <p>At a minimum, service agencies must oversee and monitor the host family’s compliance with their service agreement; meet with the host family and the individual in person at least once every 60 days (or more often as needed, at the agency’s discretion), including at least once unannounced annual visit, with the purpose of ensuring that minimum performance standards continue to be met. (Policy Directives for Service Agencies regarding the Host Family Program 3.2)</p> | <p>To ensure the service agency is meeting its obligations by:</p> <ul style="list-style-type: none"> <li>• Overseeing and monitoring the host family’s compliance with the service agreement</li> <li>• Meets with the host family and the individual in person at least once every 60 days</li> <li>• Conducts at least one unannounced annual visit</li> </ul> | <p>Is the annual unannounced visit according to the fiscal or calendar year?</p> | <p>The Policy Directive for Service Agencies Regarding the Host Family Program does not specify whether “annual” relates to the fiscal or calendar year.</p> <p>For compliance purposes, the agency would be assessed against its operational practice.</p> <p>To confirm compliance , the agency would need to provide documentation indicating no more than 12 months have elapsed between unannounced visits.</p> |

| Regulation  | Intent  | Issue   | Clarification  |
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| <b>101. Monitoring/Inspection Results</b>   |   |   |  |
| <p>At a minimum, service agencies must provide copies of visit reports to the host family provider and the individual and/or the individual's family/legal guardian. (Policy Directives for Service Agencies regarding the Host Family Program 3.2)</p> | <p>To promote transparency and create a record of events the service agencies must provide copies of visit reports to:</p> <ul style="list-style-type: none"> <li>• the host family provider</li> <li>• the individual;</li> <li>• and/or the individual's family/legal guardian</li> </ul> | <p>What records are a service agency expected to share with a host family provider and the individual and/or their family/legal guardian after a visit or inspection?</p> | <p>The policy directive does not specify. The ministry recommends the agency's policies and procedures identify what will be contained in a visit report that will be shared with the host family provider and the individual (and/or the individual's family/legal guardian). As well, the service agency should ensure the individual and the provider understand what the visit reports will include.</p> <p>In listing who should receive copies of visit reports, the directive uses "and/or" because it is not always appropriate to share information, depending on the individual's preferences, their relationship with natural family, and the individual's capacity. The sharing of information is supposed to be an additional mechanism in promoting transparency and for monitoring and oversight.</p> |

| Regulation   | Intent  | Issue  | Clarification  |
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| <b>3. Adequate Staff Support</b>   |   |  |  |
| <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.<br/>( 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.</p> | <p>Can an agency be cited as non-compliant if the agency is not maintaining the adequate support staff, identified in the person’s ISP?</p> <p>What would an inspector do if he/she believed there was not adequate staff support at the time of inspection?</p> | <p>Yes, the service agency is required to provide the level of support as outlined in the individual(‘s) support plans.</p> <p>If the service agency cannot provide the appropriate level of staff support, then alternative services and supports should be considered.</p> <p>If the agency was not maintaining adequate support staff at a level identified in the individual support plans, the agency can be cited as non-compliant.</p> <p>If the Ministry assesses that the staffing resources available at the time of the site inspection are not consistent with the staffing support identified in the individuals’ ISP <b>and</b> there is an imminent health and safety risk to the individuals, the risk rating for this requirement can be escalated to <b>*immediate*</b> risk rated non-compliance. As a result, corrective action must be immediately addressed by the agency. The program advisor may remain on-site until the agency arranges for adequate staff support.</p> <p>An <b>*immediate*</b> risk rated non-compliance is where the ministry deems there is an immediate risk to the health and safety of the individuals with developmental disabilities.</p> |

| Regulation   | Intent   | Issue   | Clarification  |
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| <b>7. Water, 49 degrees Celsius</b>  |  |   |  |
| <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.<br/>(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>Can the Ministry cite non-compliance if the agency does not have control of the hot water temperature and the water temperature exceeds 49 degrees Celsius (i.e., in an apartment building)?</p> <p>What is required to meet compliance where the agency does not have control of the water temperature?</p> | <p>No, the agency will not necessarily be cited in non-compliance if the water temperature exceeds 49 degrees Celsius.</p> <p>It would depend on whether the agency has policies and procedures to prevent scalding where it cannot automatically control the maximum hot water temperature in a residence.</p> <p>For example, specific individual bathing, hygiene protocols outlining safeguards and how persons receiving service are supported to prevent scalding (e.g., steps outlined to keep persons safe) may be used to demonstrate compliance with this requirement.</p> |