

ADMINISTRATIVE PROCEDURES

SUBJECT: REPORTING OF CHILD ABUSE AND NEGLECT

PREAMBLE

It is the policy of the Lambton Kent District School Board that all employees share in the responsibility for the reporting of suspected abuse and neglect of children.

A child is defined by the Child, Youth and Family Services Act as under the age of 16 (s 37(1)).

In compliance with the policy and the requirements outlined in the Child, Youth and Family Services Act, the Lambton Kent District School Board requires teachers, principals, and other professionals and personnel they employ, to report to the Sarnia-Lambton or Chatham-Kent Children's Aid Societies "reasonable grounds to suspect" abuse, neglect, or emotional harm to a student, with sufficient detail to enable the Society to undertake its investigation.

1.1 **LEGISLATION**

1.2 **Duty to Report**

Ontario's Child, Youth and Family Services Act, 2017 (CYFSA) requires those who perform professional or official duties with respect to children to report suspected child abuse where there are reasonable grounds. This requirement applies with respect to children who are under 16. However, if you have reasonable grounds to suspect that a child who is 16 or 17 is in need of protection, a report may be made even though it is not required.

You don't have to be certain that a child may need protection. Suspicion on reasonable grounds – information that an average person, using normal and honest judgment would need to decide – is reason enough to report. You have to report to a children's aid society so that they can assess and determine what the child needs.

The duty to report is also applicable in instances when abuse is reported in confidence to a professional (CYFSA, s 72 (7)). The professional must advise the source that the matter will be reported to the CAS immediately.

1.3 **Duty to Report Directly**

CYFSA s. 125(3) A person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the society and shall not rely on any other person to report on the person's behalf.

1.4 On-going Duty to Report

Under the CYFSA, professionals must report each additional suspicion of occurrence of abuse or neglect regarding the same child to the CAS.

Even if you know a report has already been made about a child who is under 16, you must make a further report to the society if there are additional reasonable grounds to suspect that the child is or may be in need of protection. [CYFSA s. 125 (2)]

2.0 LEGAL DEFINITIONS OF A CHILD IN NEED OF PROTECTION

[CYFSA, s 125 (1)]

Section 125 (1) of the Child, Youth and Family Services Act, 2017:

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society.

Definitions:

Physical Abuse

The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's, failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child.

There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's, failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child.

Sexual Abuse

The child has been sexually abused or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child.

There is a risk that the child is likely to be sexually abused or sexually exploited.

Medical or Mental Health Treatment

The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or where the child is incapable of consenting to the treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, the treatment on the child's behalf.

The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or where the child is incapable of consenting to the treatment under the

Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

Emotional Abuse

The child has suffered emotional harm, demonstrated by serious: anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development, and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

The child has suffered emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the harm.

There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v and that the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

The child's parent has died or is unavailable to exercise custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

Physical Harm to Others

The child is younger than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, treatment.

The child is younger than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

3.1 PROCEDURES FOR REPORTING ABUSE/NEGLECT

3.2 Step One: Determining When To Report

Some children will report to a staff member directly that they are being neglected, hurt, or abused or there will be indicators that the employee observes which lead him/ her to suspect a child is in need of protection. If this is the case the employee should **immediately** make a report to the

Children's Aid Society, following the procedures outlined in section 3.2 – "Reporting".

If it is determined through the above steps that there are insufficient grounds to report to the CAS, continue to document the case noting dates, specific situations and direct quotes from discussions with the child (see Appendix B).

3.3 Step Two: Reporting

- i) Where an employee has a reasonable suspicion of abuse or neglect, he/she will notify the principal immediately in person or by email.
- ii) Where an employee has a reasonable suspicion of abuse or neglect it is the responsibility of the employee to make a direct and immediate report to the CAS by calling Sarnia-Lambton CAS @ 336-0623 or Chatham-Kent CAS @ 352-0440. See Appendix C for oral reporting guidelines.
- iii) The employee will obtain a "Report - Child Suspected to be in Need of Protection" form (Appendix D) and provide the required written documentation. A hard copy of Appendix D can be located in the office or at: (<https://portal.lkdsb.net/Admin%20Forms/>)
- iv) Under the current Act, there is an ongoing duty to report, therefore, professionals must report each additional occurrence of abuse regarding the same child to the CAS. For example, if a staff member reported suspicions of child neglect to the CAS, and a new but similar set of circumstances comes to their attention, the staff member must report that new information to the CAS again, regardless of whether a CAS investigation is already under way.
- v) Once a report has been made, the principal follows the CAS instructions regarding care of the child.

3.4 Step Three: Documentation

- i) It is not the employee's responsibility to prove that the student has been abused or neglected or to determine whether the student is in need of protection. Once reasonable grounds have been established, the employee should not conduct any additional investigation with the child. The Children's Aid worker has prime responsibility for the protection of the child and the investigation of the alleged abuse under the Child and Family Services Act. The police officer has prime responsibility for investigation of the alleged offence under the Criminal Code of Canada.
- ii) Apart from the form required (Appendix D) by the Board, the teacher, support staff person, and principal, must keep detailed records (Appendix B) at all stages of the process with regard to their involvement.
- iii) All documentation with respect to a child in need of protection is confidential and is to be safeguarded as such. This documentation is not considered part of the Ontario Student Record but should be kept in a file in the principal's office.
- iv) Documentation should:
 - a. Be factual (including dates and times)
 - b. Be brief and to the point
 - c. Contain questions asked of the student, information seen or heard by the teacher, principal, or other observers.

3.5 Step Four: Informing Parent(s)/Legal Guardian(s)

- i) The principal or designate, in consultation with the Children's Aid Society, will determine when the parent will be informed of the referral and by whom. Unless agreed upon by both parties, it is the obligation of the Children's Aid Society to inform the parent of the referral.

- ii) Note: Informing the parents prematurely of Children's Aid involvement may seriously jeopardize the investigation and may interfere with the protection of the child.
- iii) In the case of an apprehension, every attempt will be made by the CAS to inform parents/guardians of the situation. Where this is not possible, CAS will contact the school.

3.6 Step Five: CAS/Police Investigation

The following can be expected when an abuse allegation is made:

- i) When the CAS receives a report of alleged abuse or neglect pertaining to a child under the age of 16, it must make a determination of whether or not to proceed with an investigation.
- ii) Once a decision is made to proceed with an investigation a CAS worker will determine the need for police involvement. If a joint investigation is warranted, the CAS worker and the police officer, as a team, collect evidence and interview the child, the parents, any professionals or witnesses involved.
- iii) A decision as to whether the child should be interviewed on school premises will be determined by the CAS worker in consultation with their supervisor. The seriousness of the allegation, the safety of the child, the integrity of the investigation and relevant child welfare file history are factors considered when making this decision. The CAS worker will attend the office to advise of their need to interview the child on school property. For the purpose of an investigation a consent is not required to be signed by caregivers.
- iv) Upon arrival at the school the CAS worker will present appropriate child welfare identification. At this point, the CAS (and Police, if applicable) are in charge and responsible for the investigative plan.
- v) Having the interests of the students at the forefront, the school will co-operate and collaborate with the CAS/Police during the investigation.
- vi) The CAS worker and their supervisor have the responsibility of determining at what point in the investigation the parents should be notified of the allegation. It is important to note that a decision to notify a parent about a referral to the CAS could seriously jeopardize the safety of the alleged victim, their siblings and compromise the integrity of the investigation.
- vii) If the CAS worker is attending the school to interview a child and it is not part of an investigation the consent of the parent is required.
- viii) The CAS worker will carry out detailed interviews with any person (i.e. siblings, staff member who received the referral information) witness to the alleged child protection concerns.
- ix) A decision to utilize the Police in the investigation is the responsibility of the CAS worker in consultation with their supervisor.
- x) At the conclusion of the investigation, the CAS worker, in consultation with their supervisor, will review all relevant information and determine whether the reported child protection allegation is substantiated.
- xi) Following the investigation, the CAS will notify the school with any relevant information to assist the school in supporting the child.

3.7 On-going CAS Involvement

In order to share information with CAS at this stage signed consent needs to be on file. This consent form will be faxed to school from the assigned ongoing child protection worker.

If a worker attends the school to interview a child and it is not part of the investigation a consent is required.

It is the school's responsibility to ensure a private meeting space for the worker and child to meet if needed.

It is the responsibility of CAS to share information with parents about their meeting with the child. The school can redirect parents if needed.

4.1 SHARING OF INFORMATION

4.2 CAS may initiate contact with a school, or with the Board office, when investigating a report of abuse initiated from sources outside of the school.

4.3 When initiating a protection investigation, the CAS worker must establish the whereabouts of a child, collect information from a variety of collateral sources regarding the protection and safety of the child, and make arrangements to interview the child in the school either with or without parental permission.

4.4 During an investigation, information may be sought without a Release of Information, as parental contact to acquire a release may seriously impede the investigation.

4.5 The CAS will contact the principal or designate to inform them that they are investigating an allegation that a child is in need of protection and they require information to assist in the investigation. .

5.1 COMMUNITY RESOURCES

See Appendix E.

Implementation Date: March 8, 2000
Revised: October 26, 2006
August 30, 2018
April 17, 2023

Reference: Policy and Regulations
Child, Youth and Family Services Act



APPENDIX A

DEFINITIONS AND INDICATORS OF ABUSE

Taken from the:

- a) [Ontario Association of Children’s Aid Societies](#) website
- b) [Sarnia Lambton Children’s Aid Society](#) website
- c) [Child Youth and Family Services Act](#)

Child abuse can be subdivided into four categories:

- a) Physical Abuse
- b) Sexual Abuse
- c) Emotional Abuse
- d) Neglect

PHYSICAL ABUSE

Physical abuse is any deliberate physical force or action, by a parent or caregiver, which results, or could result, in injury to a child. It can include bruising, cuts, punching, slapping, beating, shaking, burning, biting or throwing a child. Using belts, sticks or other objects to punish a child can cause serious harm and is also considered abuse.

It also includes a child who is at risk of or has suffered physical harm inflicted by a person having charge of the child. It also occurs when a person fails to adequately supervise, protect, care for or provide for a child. Physical abuse also includes a pattern of neglect in supervising, protecting, caring for or providing for a child.

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Injuries that are not consistent with explanation (could include bruises, welts, cuts, fractures, burns, internal injuries) • Presence of several injuries that are in various stages • Facial injuries in infants and preschool children • Injuries inconsistent with the child’s age and developmental stage 	<ul style="list-style-type: none"> • Cannot recall how injuries occurred or offers an inconsistent explanation • Wary of adults • May cringe or flinch if touched unexpectedly • Infants may display a vacant stare • Extremely aggressive or extremely withdrawn • Eager to please

SEXUAL ABUSE

Sexual abuse occurs when a child is used for the sexual gratification of an adult or an older child. The child may co-operate because he or she wants to please the adult or out of fear. It includes sexual intercourse, exposing a child's private areas, indecent phone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, and allowing/forcing a child to look at or perform in pornographic pictures or videos, or engage in prostitution.

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Unusual or excessive itching in the genital or anal area • Torn, stained or bloody underwear • Pregnancy • Injuries to the genital or anal areas (e.g. bruising, swelling or infection) • Venereal disease 	<ul style="list-style-type: none"> • Age-inappropriate play with toys, self or others displaying explicit sexual acts • Age inappropriate sexually explicit drawing and/or descriptions • Bizarre, sophisticated or unusual sexual knowledge • Seductive behaviours • Prostitution

EMOTIONAL ABUSE

Emotional abuse is a pattern of behaviour that attacks a child's emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse includes constantly criticizing, teasing, belittling, insulting, rejecting, ignoring or isolating the child. It may also include exposure to domestic violence.

Emotional abuse also includes a child who is at risk of or has suffered emotional harm demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviours or delayed development and there are reasonable grounds to believe this harm results from the actions, failure to act or pattern of neglect by the person having charge of the child. It also occurs when a child exhibits the above serious behaviours and the person having charge of the child does not provide services or treatment to alleviate the harm. Emotional abuse can also include exposure to domestic violence.

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Bed wetting that is non-medical in origin • Frequent psychosomatic complaints, headaches, nausea, abdominal pains • Child fails to thrive 	<ul style="list-style-type: none"> • Bed wetting that is non-medical in origin • Frequent psychosomatic complaints, headaches, nausea, abdominal pains • Child fails to thrive

NEGLECT

A child or youth can be in need protection due to concerns regarding neglect. Neglect requires a pattern where a person having charge is not able or willing to meet the child’s needs.

Signs of neglect may include (but are not limited to): poor hygiene, continually tired, lacking energy, unkempt, frequent absence from school, missing many basic clothing items for the season, regularly missing meals.

None of these indicators on their own necessarily constitutes neglect. Remember, poverty is not a cause of child maltreatment. These indicators may also be opportunities for community support and assistance.

POSSIBLE SIGNS OF NEGLECT

Subtle Signs of Neglect Include (But Are Not Limited to)	Behavioural Indicators in Children
<p>An infant or young child may:</p> <ul style="list-style-type: none"> • not be growing as expected • be losing weight (height and weight significantly below age level) • have a ‘wrinkly old face’ • look pale • not eating well • not dressed properly for the weather/missing key articles of clothing • dirty or unwashed, severely unkempt, body odour • bad diaper rash or other skin problems • always hungry 	<ul style="list-style-type: none"> • does not show skills as expected • appears to have little energy • cries very little • does not play with toys or notice people • does not seem to care for anyone in particular • may be very demanding of affection or attention from others • older children may steal • takes care of their needs on their own • has a lot of adult responsibility at home • discloses neglect (e.g. says there is no-one at home)

<ul style="list-style-type: none"> • lack of medical and/or dental care • signs of deprivation which improve with a more nurturing environment (e.g. hunger, diaper rash) 	<p style="text-align: center;"><i>Behaviours Observed in Adults Who Neglect Children</i></p> <ul style="list-style-type: none"> • does not provide for child’s basic needs • has a disorganized home life, with few regular routines (e.g. always brings the child very early, picks the child up very late) • does not supervise the child properly (e.g. leaves the child alone, in a dangerous place, or with someone who cannot look after the child safely) • may indicate that the child is hard to care for, hard to feed, describes the child as demanding • may say that the child was or is unwanted • may ignore the child who is trying to be loving • has difficulty dealing with personal problems and needs • is more concerned with own self than the child
	<ul style="list-style-type: none"> • is not very interested in the child’s life (e.g. fails to use services offered or t keep child’s appointments, does not do anything about concerns that are discussed) <p>Sometimes a subtle sign is nothing; however, when several exist, there could be a problem.</p>

**APPENDIX B****SUGGESTIONS FOR KEEPING A DOCUMENTATION DIARY**

1. Document observations/conversations as they happen
2. Ensure observations contain only facts and not opinions or assumptions
3. Dates and times are essential as it helps to establish any potential pattern of behavior and the seriousness of the concern
4. State direct quotes where possible.

SAMPLE DIARY

<u>DATE</u>	<u>TIME</u>	<u>OBSERVATIONS</u>
Thursday, September 16, 2022	9:30 a.m.	Jane came to school and reported not feeling well. Jane presented with circles under her eyes and was observed to be withdrawn from her peers, teacher attempted to reach mom to discuss but was unsuccessful
Monday, September 20, 2022	9:25 a.m.	Jane came to school today and disclosed to the teacher that she was tired because she was up late the night before taking care of her younger siblings, when asked where her mom was she stated she was out , school again attempted to reach mom but was unsuccessful
Thursday, September 30, 2022	11:15 a.m.	Jane attended school today with no lunch, when asked why she did not have a lunch Jane responded, "my mom wasn't home when I left for school" , Jane was not able to offer any answer as to where mom was this morning
Friday, October 1, 2022	10:00 a.m.	Jane's friend Samantha attended the office today to report worries she had for Jane. Samantha reported that Jane's mom is not often home, and Jane is left to care for her siblings. Samantha is worried that Jane is struggling but does not want to get her mom into trouble.

**APPENDIX C****WHAT INFORMATION IS REQUIRED BY THE C.A.S.?**

All professionals referring alleged cases of child abuse are asked to follow up their initial oral report to the Children's Aid Society (CAS) worker with a written referral.

1. Oral Report Should Include:

- Child's name, age, sex, address, and phone number.
- Family names, addresses and phone numbers.
- Synopsis of the situation
- Information about other children in the family, including their names, ages, and addresses.
- Current worries for the child and the family (including any other children or adults in the family)
- What is going well for the child/family, what are the current supports in place and can any of the supports provide more information
- On a scale of 0-10 how worried are you (child is not safe in the home with current caregivers and 10 child is completely safe)
- What is the school's next steps (i.e. are parents going to be made aware, is school putting any supports in place)
- Your name, professional address and phone number, and your professional duties which led to the concern expressed

2. Written Referral

See Appendix D for written report form.



APPENDIX D

REPORT - CHILD SUSPECTED TO BE IN NEED OF PROTECTION

SCHOOL NAME: _____

STUDENT'S NAME: _____ D.O.B.: _____

GRADE: _____ ADDRESS: _____

_____ PHONE: _____

PARENT(S)/GUARDIAN(S):

Mother/Father/Guardian Name Phone: Home/Work

Mother/Father/Guardian Name Phone: Home/Work

Emergency Contact Name Phone: Home/Work

1. Nature of Alleged Incident

- Physical Emotional Sexual Neglect

Comments:

2. Alleged Incident Reported to Children's Aid Society by:

NAME: _____ POSITION: _____

DATE: _____ TIME: _____

Report – Child Suspected to be in Need of Protection (continued)

3. Children’s Aid Society Contact Person:

NAME: _____ POSITION: _____

PHONE: _____

4. Immediate Action Taken by Children’s Aid Society and/or School Officials:

5. Report Completed by:

SIGNATURE: _____ POSITION: _____

DATE: _____

c: Principal’s File

**APPENDIX E****RESOURCES****Child Youth and Family Services Act****Ontario Association of Children's Aid Societies**

COMMUNITY RESOURCE AGENCIES FOR THE PROTECTION OF CHILDREN	COMMUNITY RESOURCE AGENCIES FOR THE TREATMENT OF CHILDREN
<p>Sarnia-Lambton Children's Aid Society 161 Kendall Street, Point Edward, Ontario. N7V 4G6 519-336-0623 Fax: 519-336-7541</p> <p>LINCK Child, Youth and Family Supports 495 Grand Avenue, West, Chatham, Ontario. N7L 1C5 519-352-0440 Fax: 519-352-4152</p> <p>Sarnia Police Service 555 N. Christina Street, Sarnia, Ontario. N7T 7X6 519-344-8861</p> <p>Ontario Provincial Police – Sarnia/Lambton 4218 Oil Heritage Road, Petrolia, Ontario. N0N 1H0 519-882-1011</p> <p>Chatham-Kent Police Service P.O. Box 366, Chatham, Ontario. N7M 5K5 519-352-1234</p> <p>Ontario Provincial Police – Chatham-Kent 535 Park Avenue, East, Chatham, Ontario. N7M 1X1 519-352-1122</p>	<p>Family Counselling Centre 1086 Modeland Road, Sarnia, Ontario. N7T 7H2 519-336-0120</p> <p>St. Clair Child & Youth Services 129 Kendall Street, Point Edward, Ontario. N7V 4G6 519-337-3701</p> <p>Family Service Kent 770 Richmond Street, Chatham, Ontario. N7M 5J5 519-354-6221</p> <p>LINCK Child, Youth and Family Supports 495 Grand Avenue, West, Chatham, Ontario. N7L 1C5 519-352-0440</p>