COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

Commission Disclosure 0992

WINNIPEG CHILD AND FAMILY SERVICES

INTAKE PROGRAM

DESCRIPTION AND PROCEDURES

July 2001

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CRISIS RESPONSE UNIT AND AFTER HOURS UNIT

PROGRAM DESCRIPTION

In creating a working definition as to what the mandate, duties and protocols could be for the AHU and CRU, we have borrowed from the definition and philosophy of the Agency's Case Management Standards Intake definition:

The CRU and AHU mandate is to process all referrals for service to the Agency, to gather and screen information, to determine the validity of the referrals, and to assign priority levels to referrals to ensure further assessment or investigation occurs if required. As well, the CRU and AHU would have the primary obligation to ensure the safety and well-being of children at risk (as prescribed in the Child and Family Services Act, Part III; Child Protection), which may include responding to and investigating allegations of serious physical and/or sexual abuse and/or neglect.

The case management decisions at the CRU and AHU would include:

- Is the referral eligible and/or appropriate for Winnipeg Child and Family Services?
- Are the children safe or in need of protection?
- What immediacy of response does the referral warrant?
- Will the referral be opened to the Agency, and (if so), under what case category?
- Can the case be opened and closed at the CRU and AHU level? If so, what are the criteria for doing so?

SERVICE PROVISION AND ASSESSMENT

With respect to the day-to-day provision of services the CRU and AHU will:

a) Interface with Intake and Abuse Units as well as with the Agency as whole and with external Agencies.

b) Respond to any crisis involving assessing and intervention in situations where a child may be at acute risk of abuse or neglect. The CRU will respond to all situations where a response is required within 24 hours or within 48 hours (on cases not open to other agency units).

Situations requiring a response between 48 hours and 5 days or longer will be the responsibility of the Intake and Abuse units; a file will be opened and forwarded to the appropriate unit. Where the Abuse units cannot respond within the 24 or 48 hour time period the CRU will conduct a preliminary investigation, establish safety and then transfer the file to the appropriate abuse unit.

The AHU will also respond to any situation necessitating a 24 or 48 hour response. The AHU will do a preliminary investigation and establish safety if the Abuse units cannot respond before a designated 24 or 48 hour time period has elapsed. The CRU will follow any matter referred by AHU needing a 24 or 48 hour response, excepting abuse cases which will be opened to the appropriate abuse unit which will be opened to the appropriate abuse unit.

c) Provide telephone screening, date gathering, redirecting clients (collateral's, other Agency's) to other resources, and generating (typewritten) Case Standards forms, including the 'Face Sheet', and (when necessary) the 'Safety Assessment' form, placement sheet, abuse investigation forms, and apprehension forms.

d) Facilitate any requests for repatriations, providing this service can be provided within a 24 hour time period from the time of the initial referral. If this can not be facilitated, then this request is to be referred to Intake Unit for follow-up.

e) Respond to requests for information from closed Protection files from other Child Welfare agencies, the court, Family Conciliation, or clients wishing to access information. This response would be documented in the file and would be open and closed to the CRU. The AHU will share information with collateral agencies from ongoing AHU cases and CFSIS as the mandate warrants.

f) Provide services to all 'walk-in clientele, which would include information gathering, assessment, referral to other community resources, or referral to ongoing Intake and that no further services are needed by an ongoing Intake Unit.

g) Provide any information (which could include visiting schools, law enforcement and any other collateral agencies or groups) concerning Agency programs and services.

h) Provide court document services to other child welfare agencies, possibly in collaboration with the Legal Department staff (i.e. selective use of 'contract' Process Servers); after such services are completed, CRU to open and close the case.

i) Provide assessment to parents and newborn children – which might include attending to the hospital to complete a 'Safety Assessment' – in cases which there is either a history of Agency involvement and/or reasonable concerns regarding the parent(s) capacity and/or willingness in providing adequate care to the newborn. The CRU (and possibly the After Hours Unit) should only be required to attend if

there is reason to believe that the parents and child could be discharged. Intake can reasonably respond.

REFERRAL PROCESS

CRISIS RESPONSE UNIT:

The CRU will respond to all new calls and previously open cases (closed for more than 30 days) coming to the agency's attention whether by phone, fax, letter or by client or any other concerned party attending to the CRU office.

The CRU will also respond to matters referred by the AHU if the response time dictated is 24 or 48 hours. Cases coming to the CRU from the AHU requiring a response time of 48 hours to 5 days or 5 days or more will be opened and forwarded to the appropriate Intake or Abuse Unit.

AFTER HOURS UNIT:

Service Requests General

- All service requests need to be **typed.**

- Service requests can either be faxed to the After Hours Unit or hand delivered. For the aforementioned please check that the fax transmission was successfully sent/received.

- All service requests require a start date and an expiry date. Otherwise all service requests will be shredded after 7 days.
- All service requests that instruct the After Hours Unit to apprehend a child(ren) require **Supervisor's signature.**

- Please ensure that the Service Request includes all pertinent details i.e. copy of supervision order, description of children or offenders, alternative placement for children etc. This information can be in point form.

Service Requests For Apprehensions

All service requests that instruct the After Hours Unit to apprehend a child(ren) require a **Supervisor's signature.**

All service requests that instruct the After Hours Unit to apprehend a child(ren) require the Social Worker to contact the After Hours Supervisor to discuss the following:

- Is this a planned apprehension?

- Do the parents know and understand the details of this apprehension?

- Do the children know and understand the details of this apprehension?
- Is there a possible Place of Safety for these children?
- Is there a potential for violence?
- What are the visiting arrangements for the time that the children are in care over the weekend or evening? Who can visit? Supervised?

If the request for apprehension is **CONDITIONAL** i.e. apprehend if a certain person is with the child, the following must accompany the Service Request:

- A copy of the Supervision Order (if there is one)
- A description of the person who is to have no access to the child(ren)

For these **CONDITIONAL APPREHENSIONS** the Service Request needs to include a point regarding the following:

- If the After Hours Social Worker attends the home and the individual is there but the Social Worker asks the person to leave (and they do). Is this situation ok?
- If the After Hours Social Worker attends the home and the individual is there but another adult is present. Is this situation ok?

Service Requests for **HOSPITAL APPREHENSIONS** take on a slightly different arrangement then the above. The following must be included in a Service Request for **HOSPTIAL APPREHENSIONS:**

- Detailed information as above.
- If the apprehension is to occur what are the arrangements for parental visits? Relative visits? Supervised or unsupervised? **Note: Hospitals will not supervise visits. CFS needs to make arrangements.**

The After Hours Unit will keep all Birth Alerts on file until such a time that the parent has given birth. Having stated that above please be advised that if Social Worker sends the Birth Alert to the Hospitals and the Directorate please send the Birth Alert to the After Hours Unit.

After receiving the call from the Hospital that mom has given birth, the After Hours Social Workers will wait a reasonable amount of time to allow the mother to recover before attending (usually 4 to 6 hours). In the interim, the Hospital will be advised that the parent should not be allowed to leave the Hospital with the newborn. Should the

mother attempt to leave the Hospital with the child, the Hospital will be instructed to contact the After Hours Unit, who will attend.

If birth should take place late at night or in early hours of the morning on a weekday, the hospital will be advised not to release as above and the apprehension will be left for the family's Social Worker.

Service Requests For Monitoring A Family

The After Hours Unit receives Service Requests requesting Social Workers check on a family due to concerns with drinking, neglect, and associated issues over the course of a weekend. Generally, the After Hours Unit will attend once to the home during the course of the weekend. The exceptions will be as follows:

- Social Workers will continue to return to the home if on the first visit no one is home, or if we are not able to fully assess on the first visit.
- Social Worker will pay subsequent visits if the children are in care or under a supervision order and the concerns are substantial.
- Social Workers will continue to return to the home if in our assessment the situation raises some concerns but does not presently warrant the removal of the children.

If your Service Request indicates that you would like the After Hours Unit to **ASSESS** a home or a situation, please detail what you would like the Social Workers to assess.

Time Specific Service Requests

As the nature of the After Hours Unit is to respond to emergency, crisis situations service requests, time specific arrangements cannot always be honoured. For example, a request asking the After Hours Social Worker to pick up a child in care at the 9:00pm Greyhound Bus on Saturday. This request will be prioritized, however, there may be more pressing intakes that the Social Workers will need to attend. This may lead to confusion or anger on the client and/or foster parents' part

The After Hours Unit **cannot guarantee** time specific requests.

Service Requests For Taxi Authorization

Please be advised that all taxi's that the After Hours Unit requests come out of the After Hours budget. Daytime Social Workers are encouraged to prearrange taxis for their clients. Also the After Hours Unit will access each request by a client for a taxi on an individual basis. Clients will be encouraged to use the transit system or wait until Social Workers can pick them up. We will give clients bus tickets.

Service Requests For Food Vouchers

The After Hours Unit does **not** provide food vouchers to families.

Service Requests Requesting, Searching For AWOL Wards

The After Hours Unit will at times search for AWOL wards if the level of risk is high. Other such requests will be prioritized. If the After Hours Unit is to search for an AWOL ward a physical description and/or a photograph should accompany the Service Request.

Service Requests To Place Children

The agency strives to not place children in hotel rooms. Having said that, the reality is that most of the placements for children brought into care after 4:30 p.m. will be in a hotel room. If daytime Social Worker has apprehended a child prior to 4:30 p.m. it is **strongly** encouraged that the Social Worker contact the Placement Desk. The Placement Desk has an obligation to place children in resources prior to 4:30 p.m. The Placement Desk has access to a wide range of foster homes and placements then does the After Hours Unit.

Service Requests Requesting Crisis Stabilization Unit Admission

Frequently Service Requests will ask that the After Hours Unit place a child in the CSU. If you believe this to be the most appropriate resource for a child, then you need to articulate the reasons/criteria for admission. As well, if you have spoken to someone at the Mobile Crisis Team (MCT) during the day and you receive an indication that a child is being considered for admission there, do not consider this to be a commitment from the CSU. No permission commitments are made in our experience, please have an alternative listed on your Service Request.

RECORDING OUTLINE, TRANFERS AND CLOSINGS

The After Hours Unit and the Crisis Response Unit share the same form. Please see attached for the outline.

Recording Outline: General Information – AHU

a) All reports returning to the Crisis Response Unit, new cases and reopens will be addressed to the Crisis Response Unit Supervisor.

b) Cases on CFSIS marked 'waiting closure' will be addressed to the unit supervisor for that particular unit the case belongs.

c) The **30 day rule.** If a case has been closed and the After Hours Unit receives a concern that warrants the file be reopened, then the file is passed to the CRU supervisor. The CRU supervisor reopens the file and transfers the file back to the Unit Supervisor of which the file belongs.

d) Multi-family reports will be saved separately to each family name. i.e. there will be several identical reports that are named differently.

Recording Outline: Closings – AHU

a) Cases that do not have a previous CFSIS History, child protection matter dealt with, lack of child protection concern can be closed by the After Hours Supervisor. The After Hours Social Worker will make the recommendation to the After Hours Supervisor who will determine if the case requires to be closed.

b) To the extent that service allows, the After Hours will take the additional steps required to bring the case to closure, even if the matter has no degree of urgency.

Recording Outline: General Information – CRU

a) For all matters addressed that are determined to be open, reports shall be forwarded to the case manager (social worker).

b) Cases on CFSIS marked 'waiting closure' shall be addressed to the Unit Supervisor for that unit.

c) If a case has been closed for less than 30 days and warrants reopening it shall be opened to unit last handling the care.

d) Multi family situations shall be opened under each family (if warranted). If the matter involved physical or sexual abuse, a file will also be opened on the alleged offender.

Recording Outline: Closings – CRU

a) Cases warranting no response or no further response after AHU or CRU intervention may be closed. If there is a previous case history, a file review shall be conducted prior to closing.

b) Generally speaking, if a matter may be resolved and the case closed with limited further intervention (a few phone calls or a field) the case may be kept by the CRU beyond 48 hours to facilitate the case disposal.

c) All cases opened to Intake, Abuse or any other unit shall remain with that unit for assessment, intervention or closing. Cases shall not be returned to the CRU except when the receiving unit cannot reasonably respond in the time frame required to ensure safety. Such a return shall be negotiated between receiving unit supervisor and the CRU supervisor. Once cases are opened to an Intake or Abuse Unit they shall not be returned for the sole purpose of further information gathering.

SAFETY ASSESSMENT

CRU and AHU social worker will assess the immediate safety of children. This may include but is not limited to the following factors:

a) The children's physical living conditions are hazardous and may cause moderate to severe harm.

b) Caregiver's behaviour is violent and out of control..

c) Caregiver blames child for problems/acts toward child in predominantly negative terms/or extremely unrealistic expectations.

d) Caregiver caused moderate to severe harm, or has made a plausible threat of moderate to severe harm to the child.

e) Caregiver has not, or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical care.

f) Caregivers' alleged or observed mental illness or intellectual limitation(s) may seriously effect his/her ability to supervise, protect, or care for the child(ren).

g) Caregiver has previously or may have previously abused or neglected a child, and the severity of the maltreatment or the caregivers response to the prior incident.

h) Caregiver may be a victim of domestic violence, which affects caregivers' ability to care for and/or protect child from imminent, moderate or severe harm.

i) Child sexual abuse is suspected and circumstances suggest that the child safety may be an immediate concern.

j) Caregivers' alleged or observed drug or alcohol use seriously affects his or her ability to supervised, protect or care for the child(ren).

k) The family is about to flee or refuse access to the child.

l) Child(ren) is fearful of people living or frequenting the home.

m) Child(ren) is vulnerable because of age or other factors (eg. Disability).

Once an **immediate safety assessment** has been completed and a child is deemed to be **unsafe,** the Social Worker will take action, which will protect each child in the family as they relate to the safety concern. This may include but is not limited to:

n) Locating alternative caregivers for children.

o) Providing in home supports.

p) Having child(ren) seen by a physician.

q) Referral to appropriate resource.

r) Having the alleged abuser removed from the home.

s) Apprehension of child(ren)

All cases in which safety or risk is a factor shall be assigned a response time of 24 hours, 48 hours or 5 days. The criteria for determining a response time based on severity and vulnerability is as follows:

24 HOUR RESPONSE

a) **Severity**

HIGH PRIORITY (IMMEIDATE RESPONSE OR WITHIN 24 HOURS) (LIFE THREATENING/DANGEROUS)

- **Suspicious Death** (safety of remaining siblings)
- **Severe Or Serious Physical Abuse** (disabling or life threatening injuries, head injuries, internal injuries, multiple injuries, comatose state, 2nd – 3rd degree burns, multiple lacerations, bruises or welts, injury which disfigure or result in permanent impairment.
- **Severe Or Serious Sexual Abuse** (vaginal, anal, or oral penetration, rape, ritualistic or bizarre sexual activities or sexual acts where both parents are involved, multiple offenders)
- **Life Threatening/Serious Medical Neglect** (failure to consent to blood transfusion where the physician is of the opinion that the child's life will be endangered without this procedure; failure to obtain medical care for a child who appears to be very ill; failure to provide medication, as a result which, the child's life may be endangered, lack of medical care or unnecessary delay of medical treatment for an injury/serious illness; lack of medical care which results in permanent damage, impairment to the child, severe failure to thrive (non-organic).
- **Severe Or Serious Lack Of Supervision** (young or disabled child without supervision, abandoned or found wandering, inadequate or no caretaker, children who are not protected from serious hazards such as stoves, wood stoves, machinery/tools, open windows in high rise buildings etc.)

- **Parent Behaving In Bizarre Manner** (out of control behaviour, potential threat to safety of child.)

b) **Vulnerability**

HIGH PRIORITY (IMMEDIATE RESPONSE OR WITHIN 24 HOURS) (LIFE THREATENING/DANGEROUS)

- **Young Child Or Developmental Age**

- **Child Attempts Or Threatened Suicide** (child advises agency of planned suicide, if parents are unwilling or unable to seek appropriate help for their child, child attempts suicide.

- **Child<12 Kills Or Injures Someone** (determine if child is in need of protection as there is no role of criminal justice system.

- **Homeless** (child without a parent and has no place to live including youth who are evicted from their homes and for whom no alternate living arrangements have been made).

- **Sudden Death Of A Parent** (traumatized by nature and suddenness of parent's death, witness to parent's death and without supervision or guardianship because of parent's death).

- **Child Unable To Protect Self**

- **Access By Perpetrator**

- **No Protector Present**

48 HOURS RESPONSE

a) **Vulnerability**

MEDIUM PRIORITY – DAMAGING AND POTENTIALLY DAMAGING – RESPONSE REQUIRED WITHIN 48 HOURS

- **Moderate Physical Abuse / Potential Of Physical Harm** (minor bruising on extremities, bruises in places near vital organs, multiple bruising on buttocks, requires medical attention but not a medical emergency, parent knowingly allows child to be cared for by person with history of previous assaults on children, parent threatens physical harm, where a child has been previously been harmed under

similar circumstances, and parent without parental capacity with no effective support system.)

- **Moderate Sexual Abuse / Potential Or Sexual Abuse** (isolated instance of fondling or touching, adult exposing self to child, making sexual suggestions to the child, sexual kissing, adult voyeurism, invitation to sexual touching, situations or parental behaviours which could result in child being sexually abused; knowingly allows child to be cared for by person with history of previous sexual interference, engaged in prostitution, child present at or exposed to incidents of sexual abuse, conditions of previous incident of sexual abuse present).

- **Moderate Medical Treatment** (serious lack of medical and/or dental care causing suffering to the child).

- **Moderate Lack Of Supervision** (children frequently out late at night and their whereabouts are unknown to the parents or they are without appropriate supervision; child who is left on their own for extended periods of time.

- **Emotional Abuse / Potential Of Emotional Harm** (chronic rejection, isolation, humiliation and emotional deprivation of child – hate the child, deprive child of affection or cognitive stimulation, inappropriate or unrealistic criticism, threats, humiliation, accusations or expectations of or towards the child, terrorizes the child, isolates the child in an unreasonable manner for inappropriate periods or corrupting the child, unwanted child, child is viewed and treated differently, where conditions of previous emotional abuse are present, inadequate parental capacity with no effective support system).

- **Neglect** overall care chronically/persistently inadequate.

- **Family Violence** (exposed child to family violence or severe conflict, child witness to serious or repeated family violence, potential victim of assault if continues).

b) **Vulnerability**

MEDIUM PRIORITY – DAMAGING AND POTENTIALLY DAMAGING – RESPONSE REQUIRED WITHIN 48 HOURS

- **Runaway, Or Missing Child** (based on frequency/duration of previous episodes of running away, length of absences and child of special needs, disability of vulnerability.

WITHIN 5 DAYS RESPONSE

a) Severity

- **Parents Refuse Treatment (Non-Medical) For Child** (mentally, developmentally or emotionally needy child or denied treatment which could result in harm or developmental impairment for the child.

- **Low Medical Neglect** (failure to make appointments for routine medical/dental care; no follow up on plan of medical treatment or medication, failure to make appointments for routine medical/dental care (e.g. immunizations); no follow up on plan of medical treatment of medication).

- **Lack Of Supervision** (children frequently left alone or truant and/or whereabouts generally unknown.

- **Low Sexual Abuse** (exposure to child pornography)

- **Low Physical Abuse** (a single bruise, excessive discipline – spanking, hair pulling, scratches – incidents where no medical attention is required, where the child is not afraid to be at home and the minor injury may be completely innocent.

b) Vulnerability

- **Child <12 Causes Significant Property Damage** (child out of control of parents, vandalized extensively, set fire to property or has stolen or damage cars.

INTAKE

PROGRAM DESCRIPTION

The Intake Program is located on the 2nd floor, 835 Portage Avenue, and can be accessed by a common Reception area located on the main floor.

The Intake Program is comprised of four (4) Intake Units, with each Unit having a complement of one (1) Unit Coordinator, six (6) social workers, and one (1) Administrative staff. The Intake Units provide services to a specific geographical area, with the Units being identified by the catchment areas they service: Central, South, Northeast and Northwest Units.

The Intake Program's mandate is to provide assessment, investigation, intervention and planning on all cases which fall within the confines of the Child and Family Services Act, in particular the provision of services under both Part II (Services to Families) and Part III (Child Protection) of the Act.

Under Part II (Services to Families)of the Act, the Intake Units are responsible for assessing whether children and families would be eligible for such services within this section. Such services would include assessing if a child (or family) requires 'special needs' services, day care service, emergency assistance, volunteer services, in-home supports (i.e. homemaker, family intervention or 'special friend' services), Voluntary Placement Agreement services, and Voluntary Surrender of Guardianship services.

Under Part III (Child Protection) of the Act, the Intake Units would be responsible for assessing whether children are in need of protection ' where life, health, or emotional well-being of the child is endangered by the act or omission of a person.' (CFS Act, Part III, 17(1))
Such assessment, investigation, intervention, and planning would include investigating all allegations of a child being in need of protection, as set down in Section 17(1) and (2) of the Child and Family Services Act.

REFERRAL PROCESS

Referrals to the Intake Program can be made by telephone, correspondence, Fax and / or in person, and are all screened for suitability by the Intake Program's two (2) Crisis Response Units (CRU), which are located on the main floor at 835 Portage Avenue. Referrals that are assessed by the CRU staff as meeting the criteria for further Agency involvement are then forwarded to the appropriate Intake Unit for further assessment and follow-up. **All referrals to the Intake Units come through the CRU.**

SERVICE PROVISION AND ASSESSMENT

Intake Unit social workers provide short-term intervention which often involves crisis management and critical decisions. The quality of decisions made is dependent on:

- Obtaining sufficient and accurate information.
- Determining the appropriate risk factors associated with the case.
- Assessing the availability of helping networks and resources for the family.

In all intakes, the strengths within the family network must be considered. The family has a key role in identifying issues and resources and has the right to be informed and involved in decisions throughout the case management process.

Assessment is an ongoing dynamic process of gathering and analyzing information about a family or child. The needs, strengths, life circumstances, and issues as presented by family members and all relevant collaterals are identified. Services and resources required (including those not currently available) and the ability and willingness of formal - and informal - support networks to assist are also identified. The assessment provides the basis for planning and the provision of services.

As part of a 'family systems' approach of identifying problems and intervening with children and families, the Intake social worker would explore such issues as environmental stresses and resources, parent's / caregivers psychosocial functioning, parenting skills, parent's values, and the family's strengths, skills and motivation to change. This assessment would also include a determination of 'risk to the child' vis-à-vis the presenting issues at the time of referral, or any other issues which, during the course of the Agency's intervention, were felt to have an impact on the child.

The Intake Unit social workers, after completing the 'assessment' phase, will develop a plan to address the needs and issues of families and children. Planning defines specific, measurable case goals, service activities and time lines based on assessment information. Whenever possible, the Intake social worker includes the child and family in participating in the plan.

When there are protection issues, the plan states how the risk factors identified in the case will be addressed so children are safe and family functioning is enhanced.
(Refer to a copy of the 'Risk Assessment form' in the Appendices).

RECORDING OUTLINE

The Intake Units have committed to a standardized 'Recording Package', which includes a formalized method of recording data and completing the 'Transfer and Closing Summary' required on each case transfer and / or closing. (Refer to examples of these formats in the Appendices). As part of the recording package, on either Voluntary Family Service or Protection files, the Intake social worker records all contacts with

families, children, extended family and other service providers. Each recording includes:

- date
- purpose of contact
- summary of contact
- observations and brief assessment
- planned activities

Along with the aforementioned recording package, the Intake Units are also responsible for conforming with Agency's policy, procedures and protocols around utilizing other Agency Program forms, as well as Provincial forms whenever this is warranted.

TRANSFER / CLOSING CRITERIA

As Intake is essentially a short-term intervention that may involve crisis management, in situations that require a more intensive, longer-term response cases are transferred from the Intake level for ongoing services, primarily to 'Services to Children and Families' casework Units within our Agency.

1. CRITERIA FOR TRANSFER OF CASES:

Basically, the general criteria for transfer of cases from Intake for ongoing involvement is that the child and / or family have been assessed as requiring further intervention to address the following issues:

Voluntary Family Service issues, including provision of services to children and families to prevent circumstances requiring the placement of children in protective care or in treatment programs. They involve services to families experiencing childcare difficulties, families with children with special needs, and single parents requiring support, advocacy, etc.

Protection Service issues, where the assessment conclusion is that there are ongoing safety and protection concerns related to the parents or guardian's abilities and willingness to meet the needs of the child. Cases under this category could involve both children who are in Agency's care, or at risk of coming into care, due to current child protection concerns.

2. CRITERIA FOR CLOSURE OF CASES:

For cases involving Voluntary Family Service issues, closure of a case would be made based on an evaluation of the current needs of the child or family and the determination that the presenting issues which necessitated our Agency's involvement had been addressed.

For cases involving Protection Service issues, closure of a Protection case occurs when the child's care and safety requirements can be adequately met by a parent or guardian without Agency involvement, the family is refusing voluntary services, or there is insufficient evidence to proceed under Part III of the Act.

It is therefore understood that in some instances cases which contain some element of 'low to medium' risk to children may be closed at the Intake level.

Closure involves a reassessment of the needs and strengths of a family. The Closing Summary states how child safety and risk factors have been or will be addressed in the future.

On all Transfers and Closings, the Intake social worker must consult with the Unit Supervisor, who is responsible for reviewing the case disposition, category, and plan. The Transfer and Closing Summaries are then signed off by the Unit Supervisor.

ABUSE INTAKE

PROGRAM DESCRIPTION

The Abuse Intake Units provide an intake, investigation and assessment function on all new abuse cases being referred to the Agency.

The Abuse Intake Units were created at the onset of reorganization in 1999 to ensure that there was a consistent approach to all abuse investigations.

The goal of the "program", was that the creation of Abuse Intake Units would ensure that investigations would be completed by specifically abuse trained workers, that would result in efficient, well conducted investigations, assessments and treatment plans, which then would result in the required quality control and standardization of approach to investigating allegations of abuse.

Other positive aspects that were considered in the development of the Abuse Intake Units, were a recognition that training needs could be contained to a limited amount of social workers, thereby allowing training to become more focussed and specialized; that presentations at the Child Abuse Committee would be handled by a smaller number of people, thereby ensuring that social workers had a solid working knowledge about the functions and responsibilities of the Committee, and what information is relevant to the Committee in meeting it's legislative requirements and that a smaller number of social workers completing abuse investigations would develop strong working relationships with the police and hospital, thereby ensuring that all investigations were in keeping with a multi-disciplinary approach.

As well as being responsible for all new abuse intake cases, the Abuse Intake Units are responsible for investigating all allegations of abuse in foster homes, daycares and schools. As these investigations almost always involve Agency social workers and/or other outside systems, the Abuse Intake Unit's added role is to ensure that appropriate coordination of the investigation occurs. The Abuse Intake Units do not investigate allegations against Agency staff, abuse allegations against Agency staff, abuse allegations in Residential Facilities or Agency Receiving and Group Homes, where staff are employees of the Agency. These are being investigated by Alana Brownlee, the Provincial Investigations Coordinator.

REFERRAL PROCESS

Criteria For Referral To Abuse Intake/Definition

Role of Abuse Unit:

Investigation of all new reports of suspected physical or sexual abuse, including intrafamilial abuse, third party incidents, position of trust investigations (daycare, school teachers, etc.) and Winnipeg licensed foster homes.

Definition of "Abuse" from the Child and Family Services Act:

"abuse" means an act or omission by any person where the act or omission results in

a) physical injury of the child

b) sexual exploitation of the child with or without the child's consent

Referral(s) to Abuse Intake for Investigation:

- any allegation of sexual abuse/assault (including concerns re: sexualized behaviour in children).
- an allegation of physical abuse where there is a current injury and a disclosure from child
- suspicious death of a child
- where there is no disclosure, but an injury is suspicious
- where the injury was caused by an implement
- where there is a disclosure of a specific incident of physical aggression, without an injury, of such severity that an injury could have occurred, i.e. punching, slapping, shaking (dependent on the age of child and the area of injury)

Grey Cases Requiring Flexibility / Cases That Could be Assessed by Intake and/or Abuse Intake:

a) on cases where there are elements of both an abusive incident and neglect – recommend partnering of abuse intake worker and intake worker

b) situations of physical discipline rather than "abuse"

~ minor use of a common implement where there is no injury, no specific incident and no use of unreasonable force, i.e. infrequent spanking with a wooden spoon

~ use of physical discipline with/without specific incident that does not result in injury, does not cause fear or distress in child, is not severe nor intended to injure, i.e. spanking on buttocks, slap on hand, cuff on the head

c) situations involving suspected mutual altercation between adolescent and parent where there is no injury or the stated "injury" is not severe (i.e. faint grab mark or faint single bruise?)

d) cases of domestic violence where there is no specific incident, nor any disclosures by children nor any recorded history of abuse concerns. If the child is a witness, but not involved, case goes to general intake.

SERVICES PROVISION AND ASSESSMENT

Procedures for Abuse Investigations

Interview Referral Source
To be done before interviewing the child to gain as much information as possible.

Child Agency Previous Involvement
- Check CFSIS
- Have unit secretary do a file check, including miscellaneous contacts
- Abuse Registry Check on CFSIS – have designated person check

Background Check With Winnipeg Police Service Abuse Unit / RCMP Detachment

Check regarding previous investigations involving both the child and the alleged offender. If there is a concern of violence in the home, have police check regarding past criminal involvement and domestic interventions.

Background Check With The Child Protection Centre

Check previous contact with the child's family and the offender's family.

Determine Response Time With Supervisor

When – response time determined based on safety assessment.

Interview Victim

Where - Child should be interviewed alone in a quiet, safe place. In interfamilial cases, this should be done away from the family home if at all possible.

How - Child should be interviewed alone. Exceptions could be made if the child is very young and needs the support of someone he/she knows. (Note that certain school divisions require that the child be specifically asked if/who they would like in the room). This person should be notified of the interview process beforehand and should be a silent observer only during the interview. This person should also be neutral to the proceedings..

Arrange Medical Appointment

In cases of acute or visible injury, this should be done immediately, ideally through the Child Protection Centre. Private practitioners may be used to document minor physical injuries, but Child Protection Centre is preferred as they keep background information. Child Protection Centre should always be used for cases of complex physical abuse and for all cases of sexual abuse. In cases of sexual assault, Child Protection Centre should be notified immediately, but may book a future appointment at the sexual assault clinic depending on the abuse described.

Interview Siblings

In intrafamilial abuse cases, siblings should be interviewed before parents, if possible. In all other cases, siblings should be interviewed if they have also had contact with the alleged offender. This could be done after the parents have been interviewed, but should be done before the investigation is concluded.

Interview Parents

In cases of intrafamilial abuse where the police investigation is pending or ongoing, the parents should not be interviewed without the investigating officers' consent. If an apprehension is necessary, parents must be notified of such, but are only informed that the child has been found in need of protection and an investigation is pending. (If parents are persistent, consult with unit supervisor). Parents are interviewed only when the police have completed their investigation or give their consent for the agency to proceed. There are exceptions in interviewing the non-offending parent, e.g. non-offending parent has no knowledge of the abuse, as reported by the victim, and may be supportive. All exceptions should be discussed with the police and abuse unit supervisor before proceeding. The agency co-ordinator is available for consultation to the family service workers if an abuse investigation required is on an open protection family file.

Interview Offender

The offender should be interviewed only at the conclusion of the investigation. In all cases of abuse, the offender should always be interviewed unless he/she refuses. In instances where the offender is dangerous, intervention should be discussed with unit

supervisor or abuse co-ordinator to ensure worker safety. Where a criminal investigation has occurred, consultation with the assigned officer or Sergeant to occur when criminal interview completed.

Report To Police For Investigation

Police should be notified immediately after interviewing the victim if there is a disclosure. **In cases of severe injury or death (such as shaken baby syndrome, multiple sexual assaults, or offenders in positions of trust, these cases need to be reported to police prior to investigation as police may want to interview prior to agency worker).** In cases where the worker is unsure of procedures, the abuse supervisor or the abuse coordinator should be consulted. Even if there is not enough information to launch a police investigation, police should be given the details as information which they will hold pending further details. Reports to the police should always be made through the Child Abuse Unit (986-6378). They will priorize and may assign the case to the Abuse Unit, the Youth Division/Sex Crimes Unit, or the local district. All of the information, however, is coordinated and funneled through the Winnipeg Police Service, Child Abuse Unit. In rural areas and dependent on the jurisdiction where the offense occurred, a report may also be made to a specific detachment of the RCMP.

Report To Employer

As per the legislation, some cases must be reported to employers. This process is never done without prior consultation with the abuse intake supervisor, the abuse co-ordinator, and/or the assistant program manager.

Abuse Submission To The Abuse Co-Ordinator

The initial submission is done within 30 days of the date of the referral to the agency. The legislation requires this. They are then passed on to the abuse intake supervisor for review/signoff and are then submitted to the abuse coordinator to be presented at the monthly regional abuse committee. This process must begin the first working day of the month in order to meet the regional committee deadline. Completion of these reports must be given priority in order to meet the necessary deadlines for profiling/presentation at Committee. A photocopy of this completed form is to be kept by the worker and placed in the family file.

Final submissions can be submitted prior to the final criminal court dispositions if offender is not in a position of trust (if applicable). The worker is still expected to make the abuse co-ordinator aware of any criminal court proceedings, however, and, at the final disposition, the abuse co-ordinator is to be notified through a memo. The abuse co-ordinator will add this information to the abuse submission form.

If the worker has been made aware of a criminal court conviction, the abuse co-ordinator needs to know what the conviction date is, as well as the offender's birthdate. This information is absolutely necessary in order to obtain proper documentation for the Abuse Registry. The police will always have the offender's birthdate if they have been

involved. If police have not been involved, it is the worker's responsibility to get this information.

Report To The Provincial Abuse Registry
This is the abuse co-ordinator's responsibility in consultation with the Regional Child Abuse Committee. The worker will be notified if registration process is to proceed.

PROCEDURES AND PROTOCOLS IN FOSTER HOME INVESTIGATIONS

a) Investigations into allegations of abuse by care givers in foster homes are coordinated and completed by the Agency which licenses the foster home. When Winnipeg Child and Family Services is the "licenser" of the foster home, allegations of abuse are forwarded to the respective North/South Abuse Intake Unit for investigation. This policy also applies to foster homes which are managed by other agencies or treatment agencies (i.e. Mamawi, Marymound, MYS) where Winnipeg Child and Family Services approved the foster home license.

- allegations against staff in residential facilities (not foster homes) are different and currently will be forwarded to Alana Brownlee, Provincial Investigations Coordinator, for investigation, following consultation with Supervisor, Abuse Coordinator, or Abuse Intake Supervisor.

b) Upon receipt of an allegation, information must be obtained about all individuals in the foster home (i.e. biological children, adoptions, children over 18), and the file will be opened as PRT under the foster parents.

– this information can be obtained, as well as clarification about the license, from the Resource Department or Foster Care Worker listed on CFSIS. If not on CFSIS, contact the Resource Department for clarification.

c) People who require information from the abuse social worker / supervisor once an allegation is received and the initial plan to investigate has been determined:

- Alana Brownlee, Provincial Investigations Coordinator, 114 Garry (as per Section 18.6 of the Act). Currently Alana does not directly investigate allegations in foster homes but does require notification of the allegation and the conclusion of the investigation. This can occur by phone, fax, e-mail.

- Resource Supervisor / Foster Care Social Worker for the foster home.

- Supervisors / Social Worker(s) for all children in care placed in the home.

- Winnipeg Police Service - Child Abuse Unit, or RCMP, in appropriate jurisdiction where home is located.

d) Where the severity of the allegation, the proximity of the offender, and the vulnerability of the children suggest that there is a moderate or high risk, a decision about removal of the children is necessary.

This decision is made in joint consultation between the abuse worker/supervisor, the children's workers/supervisors and the foster care worker/ supervisor. The abuse worker/supervisor will form an opinion about risk to all of the children, as well as about the need for removal and ensure this information is provided to all of the social workers involved. The child's worker/supervisor have the **final** decision with regard to their children in care.

When possible and an immediate intervention is not required (ie. acute injury, death, etc.), a meeting is recommended to include all of the parties named above in order that an initial plan for investigation can be presented and roles clarified. This is particularly recommended in cases where the plan is contentious or where there may be disagreement between the units or workers involved (ie. around removal of children). Should the disparity be unresolved, a larger forum should be convened that might include Assistant Program or Program Managers.

e) Once the plan to investigate has been clarified, the abuse worker begins to coordinate and complete the investigation.

- this worker determines when / who informs the foster parent and what information can be shared.
- the abuse worker determines who and how the children / alleged victims should be interviewed in consultation with the police. In some cases, it is requested that the child's worker interview the child, however, it may be recommended that a joint interview occur with the abuse worker (in order to assure the required "forensic" information is received) and the child's worker (to support the child). If the child's worker does not feel comfortable interviewing the child around abuse, the abuse worker is responsible for completing or assisting with this task.
- the abuse worker would coordinate and ensure the completion of all other tasks related to the investigation as in any intrafamilial abuse case. This may include consultation / medical examination at the Child Protection Centre, interviews of all family members or witnesses to the alleged incident, interviews with collaterals, liaison with the assigned police officers, etc.

f) The abuse social worker is responsible for sharing the details of the investigation with the foster parent in accordance with the general steps in abuse investigation. When interviewing the foster parents, the foster care social worker may request to observe / offer support during the interview.

g) The abuse social worker / supervisor is responsible for determining whether the investigation is concluded as follows:

- no abuse occurred
- inconclusive
- or abuse confirmed

and is responsible for making a statement of risk with regard to all the children in the foster home. Some recommendations may be made in these cases in consultation with the foster care worker and children's workers (particularly in "inconclusive" investigations).

Where recommendations or the ongoing plans are disputed, contentious, the matter is "high profile", or involves many social workers from various systems, a "findings" meeting may be necessary in order to jointly clarify a plan. The same principles as in Section 4 apply.

h) The investigation is complete when:
- all agency personnel have heard verbally from the abuse social worker about their conclusion, and the recommendations discussed.
- any criminal investigation has been concluded (including charges and conviction / court disposition)
- the case has been reviewed by the Abuse Coordinator, presented and closed to the respective Regional Child Abuse Committee. (In some cases of unfounded allegations the abuse coordinator may approve a conclusion prior to presentation to the committee.)

i) Once the investigation is complete with verbal findings shared and recommendations approved by all social workers involved, any criminal case disposed (including conviction), and the case is closed to an abuse committee (presentation registry process completed or not deemed necessary), then the abuse social worker/supervisor shall provide a letter of conclusion to the foster parent, indicating that the information has been provided to the foster care worker.

This letter is copied to:
- Alana Brownlee
- the foster care supervisor and social worker
- the child (children's) social worker(s) and supervisor(s)
- Ellen Peel, Program Manager, Resources in Support of Services

All of the above-named receive a copy of the letter. Additionally, Alana Brownlee, the Resource Supervisor and Ellen Peel, receive a full copy of the abuse closing summary. As a caution that the protection information does not get placed on the foster home file, the package to the Resource Supervisor and Ellen Peel should be marked with "read only –

not to be placed on the foster home file". The childrens' workers should have copies of any interviews of their children in care (or any other documentation they require).

As per provincial statute, the child (if over 12), the parents of the children, and the source of report, are entitled to the conclusion, however, the means of providing this information should be determined between the abuse social worker and family service worker (or other).

TRANSFER / CLOSING - CRITERIA AND PROCESS

Cases in the Abuse intake Units remain until the completion of the investigation, assessment and case plan formulation. For the most part, the logical point of conclusion is after there is a determination by the Police regarding criminal charges. In accordance with the Child and Family Services Act, all offenders need to be interviewed or at least minimally provided the opportunity of an interview. If the Police have interviewed the offender then this requirement has been fulfilled, however, in the absence of a criminal investigation/charges, the Abuse Intake worker is responsible for ensuring that this has occurred and is recorded on the file. Generally an investigation takes about one to two months to complete. Exception to this would be higher profile cases, foster home investigations, and cases where the offender is a teacher, daycare provider, etc. These cases, due to their complexity, will often remain within the unit for several months.

With the conclusion of this step, the Agency has generally completed its investigation and assessment. It is at this point, a determination is made about case closure or transfer. This is based on the identified level of risk and the needs of the family based on agency practice. The final step is the completion of the Abuse Incident Form and it's submission to the Regional Abuse Committee for their recommendation.

ABUSE COORDINATION

PROGRAM DESCRIPTION

The Act requires the agency to establish at least one Child Abuse Committee to review cases of suspected abuse and to advise the agency concerning what actions, if any, may in its opinion be required to protect a child or other children (including recommending an offender's name to the Manitoba Child abuse Registry).

As such, the role of the Child Abuse Coordinator is to coordinate information to the Child Abuse Committee and monitor abuse cases through to registration and/or closure.

REFERRAL PROCESS

Upon receiving an abuse allegation, the investigating worker and supervisor may consult with the Abuse Coordinator regarding the investigative process. In cases involving family services workers, the Abuse Coordinator may have a greater role in consultation and coordination of the abuse investigation.* Liason with the Abuse Coordinator is required when an allegation of abuse is made against foster parents or other position of trust caregivers (such as group home workers) outside of the agency's jurisdiction (ie. an allegation involving a foster home located in Gimli and licensed by Interlake). Coordination and referral of information to other agencies is then facilitated by the Abuse Coordinator. (ie. in the case of the foster home in Gimli, the Abuse Coordinator is responsible for obtaining the necessary details of the allegation from the social worker, and transmitting that information to the appropriate person in the Interlake agency).

At some point during or after the completion of the abuse investigation, the investigating worker is required to submit an abuse incident report (legislation states within 30 days of the referral to the agency) describing the details of the investigation and investigation findings. The Abuse Coordinator reviews all abuse incident reports to determine if : a) all legislative and regulatory requirements have been fulfilled and : b) to determine if the case needs to proceed to Abuse Committee for review.

In reviewing cases for the Committee, only those cases where the findings are substantiated or inconclusive are forwarded to the Committee for review, as these are suspected abuse cases. Unsubstantiated reports may or may not be forwarded to the Committee, depending on the circumstances of the case (ie. high profile and/or investigations involving foster parents, position of trust caregivers, etc. where the

finding is "no abuse" will be reviewed at Committee as per agency guidelines). Child Abuse Committees are required to meet at least once every 30 days.

*Abuse Coordinators are currently discussing a plan to increase awareness within the family services units of the procedures and policies for investigating allegations of abuse and subsequent reporting guidelines on existing caseloads, vis-à-vis the role of the Abuse Coordinator/Abuse Committee.

SERVICE PROVISION AND ASSESSMENT

If the Abuse Coordinator determines that a referred case needs to proceed to Committee, the Coordinator then determines the means by which the case will be heard (via *Profile+*, or *case presentation++*). A major task of the Committee is to make decisions based on the careful evaluation of information. The Abuse Coordinator's role is to ensure adequate information is available to the Committee, and to facilitate discussion on each case brought forth, including issues involving case management, investigation, and investigation conclusion/outcome. When deemed appropriate, the Abuse Coordinator facilitates a determination about abuse occurring (or not) and whether the alleged offender should be considered for registry. After the Committee has thoroughly assessed all of the information that has been presented, the Committee then has two main decisions to make with regard to a given case of suspected child abuse:

a) Is the Committee of the opinion that the person abused the child?
If yes...
b) Is the Committee of the opinion that the person's name should be entered onto the Manitoba Child Abuse Registry?

The Abuse Coordinator, as chairperson, ensures the Committee considers all of the available information appropriately in discussing the case and making its decisions around a finding of abuse and registration. This may take several different discussions and reviews to complete adequately, and may include serving the alleged offender with a *Notice Of Opportunity to Provide Information* to the Committee.

When a decision is made to forward an offender's name to the Child Abuse Registry, the Abuse Coordinator again arranges for the offender to be served with a *Notice Of Intended Entry On Child Abuse Registry*, and the necessary documentation for submission to the Child Abuse Registry is completed (CAR-2). If there is an objection to this decision by the offender, the Abuse Coordinator then acts as a liason to the agency legal counsel in coordinating the matter through to Court of Queen's Bench for trial.

In addition to the above responsibilities, the Abuse Coordinator is responsible for recruitment, orientation, and maintenance of Committee memberships, as well as agenda setting for each meeting.

The Abuse Coordination program also ensures timely tracking of charges/court proceedings on abuse cases so that cases disposed of within the criminal justice system may be concluded at the Committee level as well.

It is also the Abuse Coordinator's role to provide consultation regarding abuse investigation process and protocol, to all family services workers and/or supervisors who are undertaking abuse investigations within their existing caseloads. In most cases, it is recommended that the abuse-related matter first be discussed with the social worker's unit supervisor, who may then contact the abuse coordinator for further consultation or direction regarding investigation protocol. The family services worker then documents the investigation details, and forwards to the appropriate Abuse Coordinator an abuse incident report, which is subsequently screened for Abuse Committee. In the event that a case presentation is required at the Abuse Committee, the family services worker who conducted the abuse investigation is requested to attend the committee meeting in order to verbally present the pertinent investigation information to the committee.

+Refers to a written summary of the abuse investigation details and conclusions. The written summary is provided to the Abuse Committee for review, and a verbal discussion is not pursued unless requested by the Committee members.
++Refers to a verbal presentation to the Committee, of the abuse investigation details and conclusions, by the investigating worker.

BACK-UP COVERAGE

In the event that the Abuse Coordinator cannot attend a Committee meeting due to vacation or illness, the designated Abuse Intake Unit Coordinator acts as a back-up, fulfilling the function of chairing the Abuse Committee for that particular meeting.

The Abuse Coordination program has one full-time position designated to fulfill the Abuse Coordinator's function. This position is currently job-shared by two individuals and responsibilities are divided based on area boundaries, which define the four intake units (ie. Ildiko oversees cases originating in northwest, northeast and north rural areas; Alison oversees cases originating in central, south, and south rural areas). Family Services Units falling within each of these catchment areas are the responsibility of the respective Abuse Coordinator. The Abuse Coordinators provide back-up to each other in terms of abuse investigation consultation requested by Family Services Units.

LIASON RESPONSIBILITIES OF THE ABUSE COORDINATOR

Much of the work as Abuse Coordinator involves facilitating linkages and information sharing between various groups and/or individuals connected to child abuse cases. For example, the Abuse Coordinator acts as a liaison between: 1) The Committee and the Agency by networking with the investigating worker whose case will be presented at Committee, and also by educating Committee about the Agency's procedural activities.

Similarly, the Abuse Coordinator provides a link between: 2) The alleged offender and the Committee, via service of notices and sharing information provided directly from the alleged offender, to Committee. Further, there is a need for liaison between: 3) The Committee and the Support Branch to ensure legislative requirements are properly interpreted, and to provide the necessary documentation to the Support Branch related to abuse cases and registry decisions of the Committee. Finally, the Abuse Coordinator provides linkages to: 4) Other agencies in transferring case information that may require further investigation and Committee review, outside of Winnipeg Child And Family Services' jurisdiction.

INVESTIGATIONS CONDUCTED BY THE PROVINCIAL INVESTIGATIONS COORDINATOR

On cases requiring abuse investigations to be completed by Alana Brownlee of the Support Branch (those cases involving agency employees, residential care facilities, conflict of interest cases), the Abuse Coordinator ensures that the details of these investigations are referred to the appropriate Abuse Committee for review. Essentially, once the Provincial Investigations Coordinator's investigation is complete, the Abuse Coordinator organizes and reports information on CFSIS and facilitates the referral and necessary discussion of the matter at the Abuse Committee level.

RECORDING OUTLINE

When an abuse case is referred to the Abuse Coordination Program via an abuse incident report, an abuse file is created. All relevant information pertaining to the abuse investigation, as well as abuse Committee involvement and final outcome are placed on the abuse file (ie. all reports from the investigating worker, medical reports, police reports, legal documents, copies of notices sent, minutes and/or profiles from Committee meetings)

Minutes are taken on each case presented to the Committee, and distributed to the assigned workers/supervisors for attachment to their file. For cases not verbally presented, but profiled at the Committee, the written profile is distributed to the assigned/investigating worker for placement on their file.

For each child alleged to be a victim of abuse, the abuse coordination unit is required to complete a non-identifying statistics form, which is then forwarded to the Support Branch for compilation provincially.(see attached).

In abuse cases that are investigated by Alana Brownlee of the Support Branch, a file is opened on CFSIS by the Abuse Coordinator, under the Abuse Coordinator's name. These cases remain open on CFSIS until such time that the Abuse Committee closes the case at the Committee level (or pending appeal in Court Of Queen's Bench, if applicable) and upon all relevant information being recorded on CFSIS by the Abuse Coordinator regarding the investigation outcomes and Abuse Committee findings.

TRANSFER/CLOSING - CRITERIA AND PROCESS

A case may be closed to the Abuse Coordination Program at various levels, depending on the nature of the case and the recommendations of the Committee. The Abuse Coordinator may determine that a case may be closed after reviewing an abuse incident report and deeming the abuse allegations to be unfounded. These cases would not proceed to Committee level.

As well, cases that are assessed to be inconclusive may be presented to the Abuse Committee in the form of a *Profile*. Once the Committee has had an opportunity to review the Profiles, the case would then be closed to the Abuse Coordination Program.

Some cases that are inconclusive or assessed to be inappropriate discipline may proceed to Committee for review, but may be closed after all information has been reviewed and a determination has been made that registry is not warranted. Cases that would fall into this category would include situations where there was insufficient evidence to conclude that abuse occurred, or that extenuating circumstances existed that made registry considerations inappropriate or inapplicable.

Lastly, a case would be closed to the Abuse Coordination Program after the case has been reviewed by Committee, all requirements for registry have been met, and the alleged offender's name has been placed on the Child Abuse Registry.

APPENDIX A *

CFSIS FACE SHEET

(Form used to open cases (in duplicate white/yellow)

*** APPENDIX**

WINNIPEG CHILD AND FAMILY SERVICES
SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG

CRU INTAKE & AHU FORM

TO: Worker's name or Crisis Response Unit Supervisor
Worker's Office

FROM: AHU/CRU Worker's Name
Identify Unit

DATE: i.e. 2001 Jun 01

RE: Primary Caregivers Name, File Name
Date of Birth
Address
Phone Number

FILE #: File Number
Opened or Closed
If closed, when? (i.e. 2000 May 15)
Brief Post History i.e. reports of neglect, physical or sexual abuse

CHILD(REN)	D.O.B.	
PLACEMENT		
First name, last name	(yr. Mth. Day	current residence

SOURCE OF REFERRAL: Individuals full name
Address (if given)
Phone number (if given)

TIME OF REFERRAL:

WPS INCIDENT #: BADGE #: CAR#:

PRESENTING PROBLEM/ INTERVENTION:

For One Family Reports:

1. Chronological order of events.

2. Must Indicate: Who
   What
   Why
   When
   Where
   How

3. Workers then, at the end of the report, put in **RECOMMENDATIONS**. Here the worker can specifically identify what needs to occur next. This section will be used **ONLY** when the report is going to followed up by the Crisis Response Team.
   i.e. CRU Worker to contact school counselor and recommend child goes to lunch program.

4. At the end of each worker's involvement, the Worker's name will appear.

5. Save the report
   Client last name, Client first name, year, month and day.
   I.E. Smith, John 2001 May 19

For Two Family Reports:

1. Same information as above

2. Save the report under both names.
   I.E. smith, John 2001 May 19
   Doe, Jane 2001 May 19

3. Please **do not** save the report only under one name or Double names i.e. Smith XX Doe 2001 May 19

SAFETY ASSESMENT

APPENDIX C

FAMILY INFORMATION: **FAMILY NAME:**

CAREGIVER'S NAME: (A) _____(B)

(C) _____(D)

CHILD'S NAME(S):

(1) _____Age __ (2) _____Age

(3) _____Age __ (4) Age

PURPOSE: to help assess whether any children are likely to be in immediate danger of serious harm, and to determine what interventions should be maintained or initiated to provide protection.

WHEN TO USE: (1) within 24 hours after investigator sees the child(ren)
(2) if non-accidental death reported, within 24 hours on surviving child(ren)
(3) whenever safety is an issue

DIRECTIONS: Interpret "unknown" as serious problem which requires follow-up by securing info and/or addressing in safety plan.
Use full use of "other" to add any further information which raises concerns for safety of child(ren).
FOR EACH QUESTION, IDENTIFY THE SPECIFIC PARENT OR CHILD IN SUPPORTING INFORMATION.

SECTION A: FACTORS TO ASSESS SAFETY

1. The child's physical living conditions are hazardous and may cause moderate to severe harm.	☐	Yes	☐	No	☐ Unk
Supporting information:					
2. Caregiver's behaviour is violent and out of control	☐	Yes	☐	No	☐ Unk
Supporting information					
3. Caregiver blames child for problem/ acts toward child in predominantly negative terms/ or has extremely unrealistic expectations.	☐	Yes	☐	No	☐ Unk
Supporting information:					
4. Caregiver caused moderate to severe harm, or has made a plausible threat of moderate to severe harm to the child.	☐	Yes	☐	No	☐ Unk

	☐	[redacted]	☐ [redacted]	☐ [redacted]

Supporting information:

5. Caregiver has not, will not, or is unable to provide sufficient supervision to protect child from potentially moderate to severe harm.	☐	[redacted]	☐ [redacted]	☐ [redacted]

Supporting information:

SECTION A: SAFETY FACTOR INFORMATION (continued)

6. Caregiver has not, or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical care.	☐	[redacted]	☐ [redacted]	☐ [redacted]

Supporting information:

7. Caregivers' alleged or observed mental illness or intellectual limitation(s) may seriously effect his/her ability to supervise, protect, or care for the child(ren)	☐	[redacted]	☐ [redacted]	☐ [redacted]

Supporting information:

8. Caregiver has previously or may have previously abused or neglected a child, and the severity of the maltreatment or the caregivers' response to the prior incident, suggests that the child's safety may be an urgent and immediate concern.	☐	[redacted]	☐ [redacted]	☐ [redacted]

Supporting information:

9. Caregiver may be a victim of domestic violence which affects caregivers' ability to care for and/or protect child from imminent, moderate to severe harm.	☐	[redacted]	☐ [redacted]	☐ [redacted]

Supporting information:

10. Child sexual abuse is suspected and circumstances suggest that the child safety may be an immediate concern.	☐	[redacted]	☐ [redacted]	☐ [redacted]

Supporting information:

11. Caregivers' alleged or observed drug or alcohol use seriously affects his or her ability to supervise, protect, or care for the child (ren).	☐	YES	☐	NO	☐	UNK

Supporting information:

12. The family is about to flee or refuse access to the child.	☐	YES	☐	NO	☐	UNK

Supporting information:

SECTION A: FACTORS TO ASSESS SAFETY (continued)

13. Child (ren) is (are) fearful of people living in or frequenting the home.	☐	YES	☐	NO	☐	UNK

Supporting information:

14. Child(ren) are vulnerable because of age or other factors (eg, disability)	☐	YES	☐	NO	☐	UNK

Supporting information:

15. Other (please identify)	☐	YES	☐	NO	☐	UNK

Supporting information:

SECTION B: SAFETY DECISION (mark with "X")		
UNSAFE ☐	A safety protection plan must be developed and implemented or one or more children will likely be in danger of moderate to severe harm.	DIRECTIONS: Identify your safety decision by checking the appropriate box. (Check one box only). IF ANY AREA WAS ANSWERED YES OR UNKNOWN, "UNSAFE" SHOULD BE INDICATED. This decision should be based on the assessment of all safety factors and any other information known about this case.
SAFE ☐	There are no children likely to be in immediate danger of moderate to severe harm at this time.	

SECTION C: SAFETY PROTECTION PLAN	DIRECTIONS: Describe the safety protection plan as follows: • What actions have or will be taken to protect each child in the family as they relate to the current safety concerns; and • Who is responsible for implementing each plan component.

Actions/services to protect child(ren)	Completed By Whom

AGENCY	PHONE
WORKER	DATE OF ASSESSMENT
SUPERVISOR	DATE REVIEWED

APPENDIX D

Family Name:
File Number:

INTAKE TRANSFER SUMMARY

Demographics:

Mother:		Father:	
Maiden Name:			
DOB:		DOB:	
Address:		Address:	
Phone:	(hm)	Phone:	(hm)
	(wk)		(wk)
Race:		Race:	
Aboriginal Status:		Aboriginal Status:	

Children	Date of Birth	Location

Significant Others:

Source of Referral:
Date:
Name:
Relationship to Case Reference:
Method of Referral:

Presenting Problem:

History:

Data/Interventions:

Assessment:

Child Profile

Statement of Risk:

Plan:
A. Legal:
B. Placement Issues:
C. Recommended Interventions:

Transfer Date:
Intake Worker:
Intake Supervisor:

APPENDIX E

Family Name:
File Number:

INTAKE CLOSING SUMMARY

Demographics:

Mother:		Father:	
Maiden Name:			
DOB:		DOB:	
Address:		Address:	
Phone:	(hm) (wk)	Phone:	(hm) (wk)
Race:		Race:	
Aboriginal Status:		Aboriginal Status:	

Children	Date of Birth	Location

Significant Others:

Source of Referral:
Date:
Name:
Relationship to Case Reference:
Method of Referral:

Presenting Problem:

History:

Data:

Assessment:

Child Profile:

Statement of Risk:

Comments/Recommendations:

Closed on Intake: Effective _____
Intake Worker:
Intake Supervisor:

APPENDIX F

CHILD PROFILE

Name:

Birth Date:

Race:

Aboriginal Status:

MHSC/PHIN:

SAHS:

Legal Status:

Date of Admission:

Date of Discharge:

Current Placement:

Reaction to Placement:

Current Access Arrangements:

Current School Placement:

Medical/Social/Special/Immediate Needs:

APPENDIX G

Note: Draft only.

RISK ASSESSMENT SUMMARY
(General)

Vulnerability of the Child to Maltreatment N/A LOW MODERATE HIGH

1. The age of the child:
2. The child's health, stage of development, personality, etc.

Type of Maltreatment of the Child

1. Type of maltreatment:
2. Frequency of maltreatment:

Enviornmental Stressors and Resources

1. Economic and environmental needs:
2. Availabililty of support systems and resources:
3. Health of support systems and resources:
4. Ability of family to engage with support systems and resources:

Caregiver's Psychosocial Functioning

1. Mental Illness/Mental Health Problems:
2. Cognitive Potential/Developmental Limitations:
3. Substance Abuse:
4. Interpersonal Relationships:
5. Coping Skills:
6. Level of Interpersonal Maturity:

Parenting Skills:

1. Caregiver's knowledge of basic child care skills:

Caregiver's Values:

1. Caregiver's understanding and compliance with community values:

Caregiver's Strengths, Skills and Motivation to Change

1. Caregiver's motivation to change:
2. Caregiver's strengths/skills:
3. Caregiver's willingness to acknowledge maltreatment and to take steps to protect the child:

APPENDIX H

INFORMATION TO BE GATHERED AT CRU / AHU LEVEL IN REGARD TO ABUSE CASES

Demographics:

- Names
- Birthdates
- Addresses
- Identified victim
- Composition of the family (all members the home)
- Alleged Offender (full name, address or whereabouts, birthdate if known)
- Identified SOR and their relationship to the family/victim
- Where the children/victims attend school

History:

- Previous agency involvement, dates and the nature of the referral

Re: Abuse Incident or Concern:

- Description of the incident or concern
- Precise description of the abuse as possible (physical or sexual, level of intrusion, frequency, injuries (verified or perceived), severity, use of implements. If sexual abuse, what exactly occurred (fondling, penetration, exposure, etc.)
- Where the abuse occurred (location and jurisdiction)
- When the most recent incident of abuse occurred
- When the abuse happened or between what dates, if known
- Were there multiple victims
- Relationship of the alleged offender to the victim, including proximity of the offender to the victim at the time of reporting

- If the SOR is the victim, obtain as much information as possible from the source as to the contextual detail, particularly with regard to physical abuse (accidental vs. purposeful incident, the general context of the event surrounding the incident, frequency, demeanor of parent or abuser) if there is no injury try to determine as much as possible whether there was intent to injure or hurt vs. excessive attempts at discipline. What is the age of the child, are they afraid to go home, do they want CFS or police involvement, do they have a safety plan?
- With adolescents, thorough gathering of history/context necessary

Environmental Factors:

- Supportiveness or protectiveness of the parent toward the child. Is there a protective parent or guardian?
- Characteristics of the family, or parents (mental health issues, drug and alcohol issues, use of pornography, parents are victims of abuse themselves, losses, deaths, etc.)

Offender Factors:

- Possibility of other victims of the offender (names, addresses, whereabouts)
- Other children that could be at risk by the alleged offender (if third party report, does that alleged offender have a family of their own).
- Is offender in significant position of trust in the community (teacher, doctor, coach, childcare worker, religious figure, etc.), If so, where is person employed or where does their contact with children occur?

If SOR is Police:

- Get incident numbers and /or Officers' names.
- What is the police plan with regard to the process of the investigation – do they want agency to proceed with interviews of victims first or will they. This differs as per the specific Division, District and Detachment.

- If an arrest has occurred – what is the exact charge and conditions (contact restrictions with victim, other children, residence requirements)

<u>If the referral is regarding a foster home</u>:

- Case is opened as protection under the foster parents with all the children attached in CFSIS (see further section on abuse case openings).
- Names, birthdates, and status of all the children in the home.
- Identify Foster Care Worker
- Children's worker and agencies
- Whether an agency foster home or specialized (MYS, New Directions, Marymound, Mamawi) and foster care person from that system.
- Who has been informed to date by SOR (foster parent, resource supervisor etc.; CRU Worker should *<u>not</u>* coordinate the informing).

APPENDIX I

COMPETENCY BASED TRAINING - RISK ASSESSMENT SUMMARY (ABUSE)

* Please use this sheet to record your risk assessment conclusions at the time of an abuse investigation and when considering returning children to a home situation where abuse was confirmed. Attach a copy to both copies of the Abuse Submission. This risk assessment tool has the potential to be used in neglect and other protection cases.

Child's Name:		Date of Birth:	

The Vulnerability of the Child to Maltreatment	N/A	Low	Moderate	High
1. The age of the child:				
2. The child's temperament, behaviour, condition and constitutional make up				

Explanation:

The Type of Injury to the Child	N/A	Low	Moderate	High
1. Location of Injury				
2. Type of Injury				
3. Frequency of Injury				

Explanation:

	N/A	Low	Moderate	High
The Role of Emotional Harm in Determining the Level of Risk				

Explanation:

Characteristics of the Parents	N/A	Low	Moderate	High
1. The parent's willingness to acknowledge maltreatment and to take steps to protect the child				
2. Parental conditions that affect their functioning				
3. The physical location of the perpetrator				
4. The ability of the perpetrator to gain physical access to the child				
5. The willingness and ability of other family members to control the access of the perpetrator				

Explanation:

	N/A	Low	Moderate	High
Condition of Home and Immediate Environment				

Explanation:

	N/A	Low	Moderate	High
Previous Reports or Incidents of Maltreatment				

Explanation:

	N/A	Low	Moderate	High
Family Proneness to Crisis				

Explanation:

In this model, risk and safety are viewed as the behavioural expression of opposite ends of a continuum of an identified characteristic or trait. A condition of "low risk" is not simply the ***absence of destructive behaviours***. Rather, low risk requires the ***presence of constructive reciprocal behaviours*** that provide for healthy development and protection from harm. The presence of these constructive and healthy elements are, by definition, the safety factors that mitigate risk, and the presence of these factors in a family constitutes a family strength.

While each contributing factor can be ranked individually, ***the overall risk of harm is the result of the interaction of all present factors.***

	N/A	Low	Moderate	High
Overall Risk of Harm				

Conclusion and Explanation:

Worker: _____ **Supervisor:** _____

Date: _____

*** APPENDIX J**

WINNIPEG CHILD AND FAMILY SERVICES
CHILD ABUSE INCIDENT REPORT

DATE SUBMITTED: _____ INTAKE DATE: _____

INTAKE WORKER: _____ ASSIGNED WORKER: _____

UNIT: _____ ABUSE COMMITTEE: _____

SEXUAL ABUSE ☐ NEGLECT ☐ PHYSICAL ABUSE ☐ EMOTIONAL ABUSE

FAMILY SURNAME(S) _____ File No.: _____

	PARENTS (full names)	Birthdate	Age	Address
Mother:				
	nee:			
Father:				
Other:				
	Relationship:			
Other:				
	Relationship:			

X	CHILDREN (full names) (list in birth order - X if alleged victim of abuse)	M/F	Birth Date	Age	Address

Legal Status of victim at time of abuse:		Current Status of victim:	

ALLEGED OFFENDER

Full Name:		Male / Female:	
Birthdate and Age:		Occupation:	
Address:			
Relationship to victim:			
If under 18 yrs: Parents:		Address:	

Professionals Involved: (Name of Person and Agency/Organization)

1)		2)	

SOURCE OF REFERRAL:		Referral Date:	
Relationship of source of referral to Victim:		Stat. No.	

RESENTING SITUATION BY REFERRAL SOURCE:

_____

_____

_____

_____

_____

RAUMA TO CHILD:

] Bruises	☐ Welts	☐ Lacerations	☐ Burns	☐ Fractures	☐ No Physical Markings
] Shaken Baby	☐ Other Physical	☐ Death	☐ Fondling	☐ Intercourse	☐ Attempted Intercourse
] Emotional	☐ Failure to Thrive	☐ Munchhausen	☐ Bestiality	☐ Other Sexual	☐ Digital Penetration

EDICAL:

Pending: ☐
No: ☐
Yes: ☐ _____
Date Place Doctor

Findings: (attach letter from doctor)

Abuse Confirmed ☐ Inconclusive ☐ Unsubstantiated ☐

OLICE:

Reported ☐ Pending _____

☐ No

☐ Yes: Date: _____ Reported to: _____
(Name of Officer)

Incident Number: _____ Police Intervention:
Information only ☐
Investigation continuing ☐
Investigation completed ☐

Charges: ☐ No: List reasons: _____

☐ Yes: List charges: _____

Conviction: ☐ No: List reasons: _____

☐ Yes: List charges: _____

Date: _____

Sentence: _____

CHILD AND FAMILY SERVICES INVESTIGATION

TERVENTION TO DATE: (include dates where relevant)

Interview with Child (disclosure in child's own words)

Interview with Caregiver(s): (if two parents, both should be interviewed)

] Mother ☐ Father ☐ Sibling ☐ Other: _____ Name: _____

Interview with alleged offender: (if not, why not)

*(continue on **Page 5** if necess*

Other relevant information: (i.e. previous history of abuse, other agencies involved with family, etc.)

Action taken to protect child:

] Offender removed / left ☐ Child removed

] Family removed / left ☐ Other, specify _____

Plan:

Date(s) of this (alleged) abuse (from/to): _____

Have there been any previous abuse incidents concerning this child/family?: ☐ No ☐ Yes

ıte(s):_____

Winnipeg Child and Family Services Investigation
(to be completed by worker)

In Progress ☐ Concluded ☐ Date _____
Abuse Confirmed ☐ Inconclusive ☐ Concluded no abuse ☐

M:RLSI/Risk Assessment Tool ☐ Yes ☐ No

Reviewed by Supervisor: _____

Reviewed by Abuse Coordinator: _____

ıtervention to Date (continued from page 3).....

) *Interview with Child....*

_____

_____

) *Interview with Caregiver(s)....*

_____

_____

) *Interview with Alleged Offender....*

_____

_____

) *Other relevant information....*

_____

_____

_____

* APPENDIX K *

WINNIPEG POLICE SERVICE

CHILD ABUSE UNIT - INTAKE FORM

PHONE: (204) 986-6378 FAX: (204) 986-2979

DATE REPORTED: _____ INCIDENT NUMBER: _____

NFORMANT: _____

ADDRESS: 835 Portage Avenue, Winnipeg, Manitoba PHONE: 944-

ICTIM:	DOB / AGE:	ADDRESS:	PHONE:

PECIAL NEEDS: _____

BUSE: _____ SEXUAL _____ PHYSICAL _____ HISTORICAL

CCURRED WHEN: _____ OCCURRED WHERE: _____

ISCLOSED TO: _____ DISCLOSED WHEN: _____

IN CARE, LOCATION: _____ HOSPITAL: _____

DOCTOR: _____

CFS NOTIFIED PER: _____ DATE: _____

CASE WORKER: _____ PHONE: 944- AGENCY: Winnipeg Child and Family Services

SUSPECT: _____ DOB / AGE: _____

ADDRESS: _____ PHONE: _____

RELATIONSHIP: _____ IRN#: _____ FPS#: _____

MOTHER (VICTIM)	DOB	ADDRESS	PHONE
FATHER (VICTIM)	DOB	ADDRESS	PHONE
SECONDARY VICTIM (1)	DOB	ADDRESS	PHONE
SECONDARY VICTIM (2)	DOB	ADDRESS	PHONE
SECONDARY VICTIM (3)	DOB	ADDRESS	PHONE

DETAILS OF SEXUAL OR PHYSICAL ASSAULT:

*** Please call worker before contacting family*

INITIAL REPORT RECEIVED BY: _____ DATE: _____

ASSIGNED WPS INVESTIGATORS: _____ DATE: _____

DATE:

POLICE AND CHILD AND FAMILY SERVICES NOTIFICATION OF CHILD WITH UNWITNESSED OR INCOMPLETELY EXPLAINED INJURY (PART I) and REQUEST FOR INFORMATION (PART II) (Where A Consult Has Been Made To The Winnipeg Children's Hospital Child Protection Centre)

APPENDIX L

PART I - NOTIFICATION

Date:_____ Date Of Admission: _____ Time: _____

Name: _____ AKA: _____

Date Of Birth: _____ Sex: ____ H.S.C. Number: _____

Mother: _____ Date Of Birth: _____

Father: _____ Date Of Birth: _____

Band: _____ Treaty Number: _____

Alternate Caregiver: _____

Address: _____ Telephone: _____

Sibling: _____ DOB: _____ Sibling: _____ DOB: ___

Sibling: _____ DOB: _____ Sibling: _____ DOB: ___

Sibling: _____ DOB: _____ Sibling: _____ DOB: ___

Type Of Injury: _____

Explanation at Time of Admission to hospital: _____

Other Relevant Information Known At This Time: _____

Assigned MD: _____ Assigned Social Worker: _____

For further information, please call:

Intake: _____

Phone: _____

CPC/FORMS&BLANKS/MISCELL – 1/99

POLICE AND CHILD AND FAMILY SERVICES NOTIFICATION FORM –
OF CHILD WITH UNWITNESSED OR INCOMPLETELY EXPLAINED INJURY
(Where A Consult Has Been Made To The Winnipeg Children's Hospital Child Protection Centre)

PLEASE COMPLETE THIS PAGE IMMEDIATELY AND RETURN TO THE CHILD PROTECTION CENTRE, 685 WILLIAM AVENUE, WINNIPEG MB R3A 1R9 AT FAX # 204-787-2800.

PART II – REQUEST FOR INFORMATION

RESULTS OF PRIOR CONTACT CHECK FOR:

_____ _____
NAME OF CHILD DOB

PROTECTION RECORD:

☐ CHILD PROTECTION CASE **OPEN**

☐ CHILD PROTECTION CASE **CLOSED**

☐ **NO** PROTECTION RECORD

NAME OF AGENCY INVOLVED:

_____

NAME AND SIGNATURE OF AGENCY DESIGNATE:

_____

ADDITIONAL COMMENTS:

_____

_____

CPC/FORMS&BLANKS/MISCELL –1/99

INFORMATION SHEET
RE
PROTOCOLS BETWEEN CHILD PROTECTION CENTRE, CHILD AND FAMILY SERVICES AGENCIES AND POLICE

1. Upon receiving a referral of an unwitnessed or unexplained injury which may be suspected abuse, the Child Protection Centre (the Centre) as a mandated reporter, will advise the appropriate child and family services agency (the agency) and police detachment.

2. The Child Protection Centre will share relevant details which are required by the agency and the police.

3. The agency will check records and return Part II of the Police and Child and Family Services Notification form to the Centre.

4. In accordance with Manitoba Regulation 60/86, the agency and police will continue the mutual sharing of information with the Centre to determine the need for ongoing investigation and involvement.

5. Upon conclusion, the Centre will share the results of its assessment with the agency and police.

6. Upon completion of an investigation, the agency and police, in accordance with *The Child and Family Services Act*, will share their conclusions with the Child Protection Centre.

Effective July, 1998
CPC/FORMS&BLANKS/MISCELL (Child in Hospital)

APPENDIX M

ABUSE RECORDING OUTLINE

Abuse Intake Opening and Closing (Transfer) Summary

Family Demographics:

Mother: Birth date:
Address:
Telephone #:

Father: Birth date:
Address:
Telephone #:

Child(ren): Birthdates:

Significant Others:
Alleged Offender:
Birthdate:
Address, if different from above:

1) **Source of Referral:**
2) **Nature of Referral:**
3) **Priority:**
4) **History:**
5) **Medical:**
6) **Police:**
7) **Interventions and Interviews:**
8) **Conclusion:**
9) **Assessment:**
10) **Statement of Risk:**
12) **Recommendations / Case Plan:**
13) **Status:**

Case Opened and Closed (Transferred) / Abuse Intake Unit

Abuse Intake Unit Social Worker

Abuse Intake Unit Supervisor

(date)

APPENDIX N

NOTICE OF OPPORTUNITY TO PROVIDE INFORMATION

Child Abuse Committee of ??? (Name of Agency)

Please note that the following information has been received by: ??? (Name of Agency)

The Child Abuse Committee under subsection 19(3) of *The Child and Family Services Act* will be reviewing this matter. ***As the named alleged abuser, you can provide written information to the Committee. The information must be received by the Committee within 30 days after the date this Notice was given or received by you. Please complete the attached form and forward it to:***

Name of Child Abuse Co-ordinator: ???
Name and Address of Agency: ???
Fax number of Child Abuse Co-ordinator: ???

PLEASE NOTE THAT IF THERE IS NO RESPONSE FROM YOU WITHIN 30 DAYS AFTER THE DATE THIS NOTICE WAS GIVEN OR RECEIVED BY YOU, THE COMMITTEE WILL PROCEED UNDER s. 19(3) OF THE CHILD AND FAMILY SERVICES ACT AND SHALL:

- **Form an opinion whether you abused the child(ren) mentioned above; and**
- **Form an opinion whether your name should be entered on the Child Abuse Registry.**

Please see the attached brochure: "THE CHILD ABUSE REGISTRY" for further information. If you have any questions, please call ??? (name of Child Abuse Co-ordinator) at ???. (phone number)

Information to Child Abuse Committee of ???. (Name of Agency)

A. DEMOGRAPHIC INFORMATION		
Name of Alleged Abuser	Last	First
Maiden Name or Other Known Names ☐		
Most Current Address		City/Town
Province	Phone (h)	Phone (o)

B. INFORMATION TO BE SHARED WITH CHILD ABUSE COMMITTEE

use other pages and attach if needed

Date Completed	Signature

AGENCY USE ONLY

Agency Name	Date Sent
Date Received	Action Completed

APPENDIX

NOTICE OF INTENDED ENTRY ON CHILD ABUSE REGISTRY

THE CHILD AND FAMILY SERVICES ACT
C.C.S.M. c. C80 - subsection 19(3)

O: ???

Name and address of person

AKE NOTICE that a report has been received from the Child Abuse Committee of ??? (name of agency) on the ' ay of ???, ???, stating that the child ??? born on the ??? day of ???, ??? was abused.

ND TAKE NOTICE that a report has been received from the Child Abuse Committee of ??? (name of agency) on ?? day of ???, ???, stating that ??? abused this child.

ND TAKE NOTICE that the circumstances surrounding the above as reported by the Child Abuse Committee of ame of Agency) are as follows:

The Agency's Child Abuse Committee has formed an opinion that ??? (name of child) was physically/sexually/emotionally abused ???.

[type detailed particulars here -- who, what happened, when and by whom]

ND FURTHER TAKE NOTICE that ???'s name (name of alleged offender) and circumstances surrounding the abuse entered on the registry unless ??? (name of alleged offender) objects to the placement of his/her name on the registr

(a) by filing with the Court of Queen's Bench of Manitoba (Family Division) a notice of application for a heari together with a true copy of this notice given under subsection 19(3.2); and

(b) serves this agency with a true copy of the notice of application;

ithin 60 days of the date of the giving of this notice.

ND FURTHER TAKE NOTICE where no notice of application is received by this agency within 60 days of the date e giving of this notice, this agency shall report ???'s name (name of alleged offender) and circumstances of the abuse e Director of Child and Family Services for entry in the Child Abuse Registry.

HE ADDRESS of this agency is: ???

(Insert Agency Address here)

ATED this ??? day of ???, ???.

Executive/Area/Regional Director, Name of Agency

Form CA3

APPENDIX

ORM: CAR-2

Report on a Person who has Abused a Child

Manitoba Child Abuse Registry

Manitoba Family Services

The Child and Family Services Act

EASON FOR REPORT

'lace "X" in appropriate box(es) below) Agency Reference #:_____

19(3.4) Report to director where no objection;

19(4) Report to Director re. abuser

(a) the agency has information that the person, in a court in Manitoba, was found guilty of, or pleaded guilty to, an offence involving the abuse of a child;

(a.1) the agency has information that the person is, or is likely to be, present in Manitoba and the person, in a court outside Manitoba, was found guilty to, an offence involving the abuse or a child; or

(b) the person has been found by a court in a proceeding under this Act to have abused a child.

entification of Abuser

.ast Name		First Name	

Sex ☐M ☐F	Birthdate	M	D	Y

lso Known As

.ast Name		First Name	
.ast Name		First Name	

ailing Address

Street			
City		Province ☐ Manitoba ☐ Other	Postal Code

Relationship to Child/Victim	

;ident Information

Date Abuse Occurred	M	D	Y	Ongoing From	M	D	Y	To	M	D	Y	Date of Initial Referral to Ag/Ro	M	D	Y

Place of Incident	Specify
☐Child's Home	☐Other

Nature of Abuse

☐(P)hysical ☐(S)exual ☐(E)motional ☐(D)eath

Criminal Justice Status	Date M	D	Y	Criminal Justice Status	Date M	D	Y
1) ☐No Charges				3) ☐Convicted			
2) ☐Charged				4) ☐Pardoned			

lentification of Child/Victim

Last Name		First Name	

Sex ☐M ☐F	Birthdate	M	D	Y

eporting Agency

Agency/Regional Office	
Last Name of Investigating Social Worker	
First Name	Phone #
Last Name of Supervisor/Abuse Coordinator	
First Name	Phone #

Date reviewed by hild abuse Committee	M	D	Y	Date Submitted for Registration	M	D	Y

Date Received by Director Child and Family Services	M	D	Y

FORM CAC-C ATTACHED
(CHILD ABUSE COMMITTEE - CASE INFO)

Signature of Agency/Regional Director

m CAR-2 March 1999

OMPLETE ONLY IF ABUSER UNDER 18 AT TIME OF INCIDENT
rental Information of Abuser

other's Information

ast Name of Mother		First Name	

aiden Name (if applicable)

ast Name of Mother		First Name	

lso Known As

) Last Name of Mother		First Name	
) Last Name of Mother		First Name	

Birthdate	M	D	Y

Mailing Address

Street	

City		Province ☐Manitoba	Specify ☐Other	Postal Code

ather's Information

ast Name of Father		First Name	

lso Known As

) Last Name of Father		First Name	
) Last Name of Father		First Name	

Birthdate	M	D	Y

Mailing Address

Street	

City		Province ☐Manitoba	Specify ☐Other	Postal Code

rm CAR-2 March 1999

uardian information of Abuser (if any)

Last Name of Guardian		First Name	

lso Known As

1) Last Name of Guardian		First Name	
2) Last Name of Guardian		First Name	

Birthdate	M	D	Y	Sex ☐M ☐F

lailing Address

Street		City	

Province ☐Manitoba	Specify ☐Other	Postal Code	Relationship to Child	

SUPPLEMENTAL FORM

In order to comply with The Child and Family Services Act 19.1(3) which states that the director shall cause a notice of the report in prescribed form to be given to:

(1) the child who is alleged to have been abused where the child is twelve years or older; and
(2) the parent/guardian of the child who is alleged to have been abused,

the Child Abuse Registry requires the following:

Identification of Child

Last Name		First Name	

Mailing Address

Street	

City		Province ☐Manitoba	Specify ☐Other	Postal Code

Identification of Parent/Guardian

Last Name		First Name	

Mailing Address

Street		City	

Province ☐Manitoba	Specify ☐Other	Postal Code

APPENDIX Q

REPORT ON AN ALLEGED ABUSE OF A CHILD
NON-IDENTIFYING STATISTICAL INFORMATION FOR BRANCH USE ONLY

1. AGENCY_____ DISTRICT OFFICE_____

2. AGENCY ID #_____ Date of Disclosure/Referral:_____ (D/M/Y)

   Date of Alleged Abuse:_____ (D/M/Y)

3. TYPE OF INVESTIGATION: ABUSE INVESTIGATION ☐ THIRD PARTY ASSAULT ☐

4. ABUSE REFERRAL SOURCE:
   - ☐ Unknown/Anonymous
   - ☐ Victim
   - ☐ Parent (not an offender)
   - ☐ Sibling of Victim
   - ☐ Abuser
   - ☐ Other Relative
   - ☐ School
   - ☐ Police
   - ☐ Community Member
   - ☐ Day Care
   - ☐ Foster Parent/Residential Care Worker
   - ☐ Clergy
   - ☐ Social Worker
   - ☐ Physician
   - ☐ Nurse
   - ☐ Private Counselor/Therapist/Psychologist
   - ☐ Friend of Family
   - ☐ Criminal Court/Inquest
   - ☐ No Relationship
   - ☐ Other _____

5. ALLEGED CHILD VICTIM:
   MALE ☐ DOB:_____ (D/M/Y)
   FEMALE ☐
   State Age If DOB is Unknown:_____

6. PRIMARY TRAUMA TO CHILD
   - ☐ Physical abuse
   - ☐ Sexual abuse
   - ☐ Emotional abuse

7. RELATIONSHIP OF THE ALLEGED ABUSER TO THE VICTIM:

   Gender Of Alleged Abuser: ☐ Male ☐ Female ☐ Unknown

   DOB:_____ (D/M/Y) State Age If DOB Is Unknown:_____

   - ☐ Parent
   - ☐ Step-Parent
   - ☐ Parent's C/L Partner
   - ☐ Legal Guardian (not parent)
   - ☐ Sibling
   - ☐ Grandparent
   - ☐ Uncle/Aunt
   - ☐ Cousin
   - ☐ Other Family Member
   - ☐ Neighbor
   - ☐ Foster Sibling
   - ☐ Group Home Resident
   - ☐ Unknown
   - ☐ Friend of Family
   - ☐ Babysitter
     - ☐ Daycare Worker
     - ☐ School Employee
   - ☐ Foster Parent
   - ☐ Foster Family Child
   - ☐ Residential Care Worker
   - ☐ CFS Employee
     - ☐ Psychologist
   - ☐ Physician
   - ☐ Other_____

8. LEGAL STATUS OF CHILD AT TIME OF ALLEGED ABUSE:
- ☐ Not in Agency care
- ☐ Voluntary Placement Agreement
- ☐ Under Apprehension
- ☐ Temporary Ward - Manitoba
- ☐ Permanent Ward - Manitoba
- ☐ Ward of another jurisdiction
- ☐ Order of Supervision
- ☐ Other_____

9. LEGAL STATUS OF CHILD AT TIME OF DISCLOSURE:
- ☐ Not in Agency care
- ☐ Voluntary Placement Agreement
- ☐ Under Apprehension
  - ☐ Temporary Ward - Manitoba
  - ☐ Permanent Ward - Manitoba
  - ☐ Ward of another jurisdiction
- ☐ Order of Supervision
- ☐ Other _____

10. AGENCY ACTION TO PROTECT CHILD - CHILD NOT IN CARE AT TIME OF DISCLOSURE:
- ☐ Investigation only
- ☐ Child in home/being monitored
- ☐ Child in home/abuser removed
- ☐ Change in custody only
- ☐ Child placed privately-community
- ☐ Child placed in Agency care
- ☐ Child deceased - investigation only
- ☐ Other_____

OR AGENCY ACTION TO PROTECT CHILD - CHILD IN AGENCY CARE AT TIME OF DISCLOSURE:
- ☐ Placement unchanged
- ☐ Placement unchanged/abuser removed
- ☐ Moved to new placement
- ☐ Other_____

11. CURRENT DISPOSITION OF ALLEGED ABUSER AS OF:_____ (D/M/Y)
- ☐ Sent to police as information only
- ☐ Under investigation by police
- ☐ Police investigation completed - no charges ☐ No
- ☐ Police investigation completed - charges laid ☐ No
  - ☐ Criminal Court pending
  - ☐ Found not guilty
  - ☐ Charges stayed
  - ☐ Conditional/Absolute discharge
  - ☐ Probation
  - ☐ Alternative measures
  - ☐ Jail
  - ☐ No Police involvement
  - ☐ Other_____

12. AGENCY INVESTIGATION RESULT:
- ☐ Substantiated
- ☐ Unsubstantiated
- ☐ Inconclusive

13. ABUSE COMMITTEE STATUS:

Referred to Child Abuse Committee ☐ Yes ☐ No

Alleged offender provides information ☐ Yes ☐ No

Abuse substantiated by the Committee ☐ Yes ☐ No

Committee recommends registration ☐ Yes ☐ No

Alleged offender objects ☐ Yes ☐ No

Court supports registration ☐ Yes ☐ No

Agency forwards name to CAR ☐ Yes ☐ No

14. FURTHER EXPLANATION (if necessary):

_____

15. ABUSE COORDINATOR/DESIGNATE:_____ DATE:_____ (D/M/Y)

Revised March, 1999