



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

The Honourable Edward (Ted) Hughes, Q.C.,
Commissioner

Transcript of Proceedings
Public Inquiry Hearing,
held at the Winnipeg Convention Centre,
375 York Avenue, Winnipeg, Manitoba

MONDAY, JANUARY 14, 2013

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MR. J. BENSON, for Intertribal Child and Family Services

MR. J. GINDIN and **MR. D. IRELAND**, for Mr. Nelson Draper Steve Sinclair and Ms. Kimberly-Ann Edwards

MR. J. FUNKE, for Assembly of Manitoba Chiefs and Southern Chiefs Organization Inc.

MR. R. BUCHWALD, for Ms. Debbie DeGale

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2 PROCEEDINGS CONTINUED FROM JANUARY 11, 2013

3

4 THE COMMISSIONER: Well, are we ready for another
5 week, Mr. Olson?

6 MR. OLSON: Yes, we are, and our first witness is
7 ready to go.

8 THE COMMISSIONER: All right.

9 THE CLERK: It is your choice to swear on the
10 Bible or affirm without the Bible?

11 THE WITNESS: I'll affirm without the Bible.

12 THE CLERK: Okay. Just stand for a moment, and
13 state your full name to the court.

14 THE WITNESS: Cheryl Jacqueline Davidson.

15 THE CLERK: And if you could spell me the first
16 name.

17 THE WITNESS: C-H-E-R-Y-L.

18 THE CLERK: And your middle name, please.

19 THE WITNESS: J-A-C-Q-U-E-L-I-N-E.

20 THE CLERK: And your last name, please.

21 THE WITNESS: D-A-V-I-D-S-O-N.

22 THE CLERK: Thank you.

23

24 **CHERYL JACQUELINE DAVIDSON,**

25 affirmed, testified as follows:

1 THE CLERK: Thank you. You may seated.

2 MR. OLSON: Good morning.

3 THE WITNESS: Good morning.

4

5 DIRECT EXAMINATION BY MR. OLSON:

6 Q I understand that you have a bachelor of commerce
7 degree?

8 A I do.

9 Q And that was obtained in 1974?

10 A Yes.

11 Q You don't have any formal education in child
12 welfare; do you?

13 A No, just 22 years of service.

14 Q Twenty-two years of experience in the field?

15 A Yes.

16 Q You don't have a social work degree?

17 A No.

18 Q When did you begin working in child welfare?

19 A In the 1980s I started as a support worker.

20 Q That was with New Faces?

21 A It was with New Faces, yes.

22 Q What was New Faces?

23 A It was one of the smaller agencies I guess.
24 There had just been a devolution and New Faces was the
25 northeast part of the city, it eventually amalgamated with

1 the east area.

2 Q I see. What sort of work were you doing with
3 New, New Faces?

4 A I did support work to start and then I became an
5 After Hours worker.

6 Q And what was the support work, the type of
7 support work you were doing?

8 A I would do contracts with teenagers, gathering
9 information for the social workers for court cases, I did
10 some work in the hotels when children had to be placed in
11 hotels.

12 Q Okay. In the late 1980s you took a temporary
13 social work job at the east area Child and Family Services
14 covering for an intake worker who went on stress leave?

15 A Yes, I did.

16 Q How long did you do that for?

17 A About two years, I think.

18 Q When intake became centralized for the east area
19 you moved to the central intake unit on Provencher, did you
20 continue to do, do intake work there?

21 A Yes, I did.

22 Q And then you moved -- sorry, were you going to
23 say something?

24 A I also continued doing After Hours part-time.

25 Q So you were doing both at that time?

1 A Yes.

2 Q Then you moved from Provencher to Main Street
3 doing centralized after hours work for the whole city of
4 Winnipeg?

5 A Yes.

6 Q When was that, what year would that be,
7 approximately?

8 A The early 90s. I really don't remember.

9 Q I understand you're currently doing After Hours
10 work?

11 A I've just retired.

12 Q You just retired, when was that?

13 A December 31st.

14 Q Were you in a full-time position as an After
15 Hours worker?

16 A Yes, full-time since I started on Main Street in
17 the 90s.

18 Q And then since the 90s until you retired just
19 recently you've been a full-time --

20 A Full-time.

21 Q -- After Hours worker?

22 A Correct.

23 Q So you were an After Hours worker during the time
24 period in which you provided services to Phoenix Sinclair
25 and her family?

1 A Yes, I was.

2 Q When you were working as an After Hours worker,
3 just before your retirement, who was your employer?

4 A I was working for the province of Manitoba.

5 Q Okay. Now, After Hours is, is run by ANCR; is
6 that right?

7 A Correct. I was seconded.

8 Q You were seconded, but you were -- so you're
9 still a government employee, but you were seconded to ANCR?

10 A Correct.

11 Q When you began working in child welfare do you
12 recall whether you received any training with respect to
13 standards?

14 A Well I did the core competency training, the last
15 real standards training I got was probably in the last
16 three years. There was a, a standards manual that came
17 out that we looked at, that's the standards training that I
18 can remember.

19 Q Throughout your whole career?

20 A Yes.

21 Q Did you receive any training on using the CFSIS
22 system?

23 A Yes, I did.

24 Q Do you recall whether you received any training
25 as to what sort of information should go into a file

1 history?

2 A That would have been handled in core competency,
3 I believe.

4 Q Okay. And when did you take the core competency
5 training?

6 A The late 90s, the middle 90s.

7 Q Was there any specific training with respect to
8 being an After Hours worker?

9 A Well I did a lot of police training when it was
10 available, and that dealt with issues relating to emergency
11 work. We went to drug training and field training on how
12 they handle emergency calls, various police things over the
13 years.

14 Q How was that useful to you as an After Hours
15 worker?

16 A Well learning how to keep safe when you're going
17 into an unknown situation. You know, how to keep together
18 and how to always have your escape route in mind, and how,
19 how -- various methods for de-escalating people on keeping
20 situations calm.

21 Q Okay. Have you received any training with
22 respect to what you should review as an After Hours worker
23 upon receiving a call or an inquiry from the file?

24 A I don't know that I've received training other
25 than us discussing it in staff meetings, and having an

1 understanding in our unit of what our responsibilities are
2 for that.

3 Q What were your responsibilities for that?

4 A When we receive a call, or if the case is not
5 open, we're required to do a review of the history from
6 CFSIS to provide to the CRU, if the case is not open. As
7 far as file reviews it depends on the nature of the call we
8 get. If it's something of an emergent nature we would go
9 through CFSIS to see what information we can glean from the
10 notes of, of the worker, who, who the file was assigned to,
11 otherwise we would just go over -- all of our After Hours
12 reports are immediately logged into CFSIS so we would have
13 our own contacts with the family readily at hand.

14 Q I see. When -- you said you do a CFSIS review --

15 A Yes.

16 Q -- when you get a call? How much, how much of
17 CFSIS do you review with respect to that particular family?

18 A It varies call by call. I do what's necessary
19 for me to do my job that night. If I'm not going out on
20 the call, and it's open to somebody else, I would probably
21 do little, if any, CFSIS review because the assigned worker
22 knows the history. All I'm doing is recording the
23 information for the assigned worker, so in that case I
24 wouldn't do much CFSIS history. We do it mostly on new
25 cases that are coming in that aren't open to anyone.

1 Q Okay. And those are the two different types of
2 cases you can get, you can be asked by an existing worker
3 to go out on, on a field?

4 A Yes, we do. Issues in the family often happen
5 after hours, then workers from other agencies request that
6 we go out and check on families, check on sobriety, check
7 on child safety.

8 Q You also get calls directly from, for example,
9 the community, concerned neighbours or whomever --

10 A Yes, I would say that's the majority of our, of
11 our calls.

12 Q When you receive a call like that are you
13 required to do any sort of -- were you required to do any
14 sort of risk assessment or safety assessment?

15 A Well, things have changed now that the IM has --
16 it tells you when you need to do a safety assessment.

17 Q You're talking about the intake modules?

18 A Yeah, the intake module it, it will tell you when
19 a safety assessment has to be done. Prior to that I can't
20 remember doing formal ones.

21 Q Okay. The time period in which you were involved
22 in this particular file, this matter, that was prior to the
23 intake module being introduced; right?

24 A Yes, I believe so -- yes, it was.

25 Q Okay. So -- or at that time was there any

1 requirement for you as an after hours worker to do a safety
2 assessment or a risk assessment?

3 A Not a formal one, but that's part of every call.
4 As an after hours worker I'd have to immediately assess
5 risk to decide if we needed to respond that evening.

6 Q Okay. So whether it was an emergent situation
7 is, is something you would always have to look out for?

8 A That's, that's the main part of my job is to
9 decide whether we need -- a child's presently at risk and
10 we need to attend immediately. Whether it can wait a while
11 and just be attended to during our shift or over the
12 weekend, or whether the information just needs to be passed
13 on to CRU, or the assigned worker.

14 Q Okay. Was there any sort of former document you
15 would use to determine how to handle a call like that?

16 A No, we would just discuss it with our supervisor,
17 we do peer consults and supervisory consults all during our
18 shifts every night.

19 Q Okay. Can you just describe for the Commissioner
20 what, what it is you did as an after hours worker in the
21 period of 2004 and 2005, just in that timeframe.

22 A On this specific case or in general?

23 Q No, just, just generally what did you do as an
24 after hours worker.

25 A Well, I received calls, assessed them, decide --

1 check on history, if, if we had to go out, either take down
2 all the information I was given or attend to the home and
3 check on the safety of a child. We would assess for
4 neglect issues, substance abuse issues, food issues, a
5 whole range of things.

6 Q Did you actually go out and do fields?

7 A Yes.

8 Q Was there a period of time where you would be on
9 phones, and then we've heard about these three days on
10 phones, three days on fields; is that how it worked in your
11 unit?

12 A No, in After Hours we field our own calls, so if
13 I get a call that I need to go out with I go -- pick a
14 partner, somebody who has the time to go out with me, and
15 we always go out in pairs to assess.

16 Q Okay. Why is that, why do you go out in pairs?

17 A Safety mostly. If, if we get information in the
18 call let's say there's people smoking crack immediately we
19 would also call the police for assistance if we felt that
20 we needed it. Quite often we would go out and if we sort
21 of assess, and if we felt that we needed police assistance
22 we would call at that time. It's a safety issue.

23 Q So going in pairs is a safety issue?

24 A Yes.

25 Q How many workers were there in your unit?

1 A Well presently there's probably 45.

2 Q Okay. At that time, in 2004, 2005?

3 A Oh maybe 30. We usually -- at that time we were
4 working usually five or six a night.

5 Q So five or six workers --

6 A On, on every shift.

7 Q -- doing after hours work on any given night, is
8 that --

9 A Evening. At night there were two people, yes.

10 Q Okay. So what were your normal hours then?

11 A I worked from 4:00 p.m. until 2:00 a.m.

12 Q Okay. Was that Monday to Friday?

13 A No, we did four days on, three days off --

14 Q Okay.

15 A -- and our shifts changed every two months.

16 Q What was the working -- physically what was the
17 working environment like?

18 A We, we always work -- we call it the pit, we work
19 in an open area where we can hear each other's phone calls,
20 which helps you keep a -- you know, sort of know what's,
21 what's going on, what's happening, what's the hot call,
22 because with six people getting calls simultaneously quite
23 often you will get calls on a case that somebody else is
24 working on, so you want to always be conscience of getting
25 the information to the person who's already started the

1 call and -- or who is going out on a call.

2 Q Okay. Would you have situations where a lot of
3 calls are coming in, but workers have to go out on fields
4 to deal with emergency situations?

5 A Yes, but generally there's one person -- I mean
6 it's very rare that one person is not left back at the
7 office to deal with the other emergencies that are coming
8 in, and in that case they would have to direct another team
9 to do it.

10 Q Okay. If we could put page 19625 on the screen,
11 this is from Commission disclosure 992. Do you see that --
12 this is the front page of the Winnipeg Child and Family
13 Services Intake Program Description and Procedures manual.

14 A Um-hum. Yeah.

15 Q Dated July, 2001. Are you familiar with this?

16 A It's a long time ago. No, and I -- no, I don't
17 remember it. Maybe if we go farther it'll look familiar.

18 Q Okay. Could you just scroll through it and see
19 if the witness can recognize it based on that.

20 A Okay. Then I do, I do remember this, yes.

21 Q Okay. Is this a document you would consult as an
22 after hours worker?

23 A It was a document that I read. I wouldn't
24 consult it --

25 Q Okay.

1 A -- during my working hours.

2 Q Look at page 19628, there's a paragraph below,
3 Program Description.

4 A Um-hum.

5 Q I'm just going to read it for you, and can you --
6 I'll ask you to tell me if this generally covers what you
7 understood was your role as an after hours worker, okay.

8 It says:

9

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

17 The CRU and AHU mandate is to
18 process all referrals for service
19 to the Agency, to gather and
20 screen information, to determine
21 the validity of the referrals, and
22 to assign priority levels to
23 referrals to ensure further
24 assessment or investigation if
25 required. As well, the CRU and

1 AHU would have the primary
2 obligation to ensure the safety
3 and well-being of children at risk
4 (as prescribed in the Child and
5 Family Services Act, Part III;
6 Child Protection), which may
7 include responding to and
8 investigating allegations of
9 serious physical and/or sexual
10 abuse and/or neglect."

11

12 It goes on to say:

13

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

16 Is the referral eligible and/or
17 appropriate for Winnipeg Child and
18 Family Services?

19 Are the children safe or in need
20 of protection?

21 What immediacy of response does
22 the referral warrant?

23 Will the referral be opened to the
24 Agency, and (if so), under what
25 case category?

1 Can the case be opened and closed
2 at the CRU and AHU level? If so,
3 what are the criteria for doing
4 so?

5

6 Does that generally describe your understanding
7 of, of this -- the, I'm sorry, After Hours Unit at the
8 time?

9 A Yes.

10 Q What is the difference between the Crisis
11 Response Unit and the After Hours Unit?

12 A Well working in the evening in the After Hours
13 Unit doesn't have access to certain information. If we're
14 looking for addresses, if it's an emergency, of course we
15 call the police. If it's not an emergency addresses can be
16 -- and not just addresses, information on the families can
17 be gleaned from Employment and Income Assistance, from
18 Manitoba medical information. We also have no access to
19 physical files and back then there could be some forms that
20 were not attached to CFSIS, and information that could be
21 in the physical file that we wouldn't, wouldn't know about.

22 Q So your information as an After Hours Unit would
23 be limited to what you have on CFSIS?

24 A Yes.

25 Q And what you could obtain from collaterals, the

1 ones -- for example the ones you mentioned?

2 A Yes.

3 Q And was it a large part of your job then
4 collecting the demographic information for the, the people
5 that are being referred in?

6 A I wouldn't say it's -- we would collect the
7 demographic information that we could. I wouldn't say that
8 that was a large part of it because we didn't have access
9 to information. The most important part is getting all the
10 information from the sources of referral, and making sure
11 that all the concerns are properly documented for follow-
12 up.

13 Q Proper documentation then would be an important
14 part of your job function?

15 A Yes, and that would include whatever demographics
16 we could glean. Quite often we would have an approximate
17 age or maybe information on the school a child went to, but
18 not necessarily the exact birthdates.

19 Q How long would you deal with a file like that
20 that came in as a call?

21 A Reports are written and our involvement is ended
22 at the end of our shift.

23 Q Okay.

24 A If it needs to be followed up by the next shift
25 it is referred to them.

1 Q The next shift being the next After Hours shift?

2 A Or the next CRU day.

3 Q Okay. So when you're done with your, your call
4 you write up a report?

5 A Yes.

6 Q And then what do you do with that report?

7 A It is faxed over to -- it is either given to the
8 CRU or Intake, if they are the people involved, or it's
9 faxed over to the worker of the assigned agency.

10 Q Okay. If it's given to Intake or CRU was that
11 where -- were they both housed in the same physical
12 building?

13 A Yes, we are all in the same physical building.

14 Q As the After Hours worker do you determine
15 whether or not the case gets opened?

16 A No. It is opened by virtue of me writing a
17 report, it's opened.

18 Q So it is opened after you write the report and
19 submit it?

20 A Yes, yes.

21 Q And then in terms of keeping it open is that
22 something that's dealt with by the next level?

23 A Yes, it is.

24 Q Okay.

25 A Of course things have evolved over the years --

1 Q Um-hum.

2 A -- and in certain cases the supervisor at After
3 Hours can close a case.

4 Q Was that the case in 2004 and 2005?

5 A No.

6 Q Okay. So that's something that has happened
7 since?

8 A Yes.

9 Q Okay. When you would get a call and go on a --
10 would you always go on fields for the calls that you
11 received?

12 A No.

13 Q Okay. In which circumstances would you go on
14 fields?

15 A If I have information that a child is presently
16 at risk.

17 Q Tell me, if you can the factors that you would
18 have considered, and this is in 2004 and 2005, the factors
19 you would have considered in making that determination?

20 A Well, I always -- it's the immediacy of the
21 situation. If a child was left alone, if I heard that a
22 child had marks or bruises, and the alleged offender had
23 access to the child, if a child was left at school and a
24 parent didn't pick the child up, if a family didn't have
25 food in their home, that's what comes to mind now.

1 Q Okay. So those are all situations where you
2 would go out immediately to assess the safety of the child?

3 A Yes, or -- yes, to -- not just to assess the
4 safety of the child, to try and, and rectify the situation
5 and make sure that the child is home and safe.

6 Q Would it make any sort of difference how old the
7 child was?

8 A Yes. Age is always taken into account, but a
9 child in need of protection it doesn't matter as long as
10 they're 18 or under, or still in care of Child and Family.

11 Q As an After Hours worker did you use the Criminal
12 Risk Assessment Unit?

13 A Just -- if we had to put somebody in a place of
14 safety, a place of safety is a long involved process that
15 we had to do criminal records checks on every person in the
16 home if we were going to place a child with a family
17 member, instead of having to take the child into a shelter
18 or a hotel.

19 Q Can you tell me what, what you understand the
20 Criminal Risk Assessment Unit to be.

21 A The, the Criminal Risk Assessment -- well I'm
22 thinking of calling the police and they do prior contact
23 checks on criminal records that people have.

24 Q Is that something that you were able to access in
25 2004 and 2005?

1 A I believe so.

2 Q To me that sounds like something that would be
3 useful to you as an After Hours worker in terms of finding
4 out more information about the people you're dealing with;
5 was there a reason why you didn't typically use it other
6 than in the situations you described?

7 A Well we had safe, we had safe placements where
8 we could always put children. We're, we're sometimes
9 working in a vacuum as to what collaterals are -- what
10 their involvement is with the family. It might be a great
11 idea to place with an aunt, but we wouldn't necessarily --
12 we might place the child in a safe place until the assigned
13 worker who knows more about the case could figure out
14 placement for the child the next day.

15 Q Okay.

16 A And sometimes those forms would take hours, and
17 many visits -- at least two or three visits to the home to
18 figure out, and that often is not something that we can do
19 at After Hours.

20 Q How long would you be expected to have a file at
21 After Hours?

22 A No more than one shift -- well, no more than from
23 4:00 p.m. on Friday until 8:30 a.m. on Monday if it was a
24 weekend, otherwise from 4:30 p.m. until 8:30 the next
25 morning.

1 Q Would there -- would you ever contact the police
2 for information directly?

3 A Yes, on occasion. If we say encountered somebody
4 in the home that we were unsure of we might call and see if
5 there was a warrant out, or we might call for information
6 as to, can this guy be in the home.

7 Q Okay. Is that, is that -- would the police
8 generally be cooperative with you in terms of providing
9 information?

10 A It depends who you got on the other end of the
11 phone. Sometimes it's very difficult to get information
12 from the police. It depended on who the sergeant was.

13 We, we did work -- we've always had a very
14 cooperative relationship with the police.

15 Q Has that changed since 2004 and 2005?

16 A Yes, there's some, some -- I'm not quite sure
17 what happened because it just happened in November, and I
18 was leaving, and so --

19 Q Just before your ...

20 A So people were complaining that they could no
21 longer get information. I had one incident where I needed
22 to get information from an officer, and he was very
23 cooperative. He felt that we should continue our
24 cooperation, but I think from the sergeants up there was
25 supposed to be a more formal way of getting information,

1 so, yes, I've heard that it's recently changed because of I
2 believe privacy rules.

3 Q Okay. That would be something outside of Child
4 and Family Services in terms of policy for sharing
5 information, that would have been on the police side?

6 A I believe so.

7 Q Okay. Would, would there ever be a situation
8 where you would receive a call that would suggest a child
9 might be in need of protection where you would not --
10 despite receiving a call like that where you would not
11 respond?

12 A No.

13 MR. RAY: Maybe if you could just clarify for the
14 witness what you mean by "respond". I think "respond"
15 could be a number of things.

16 THE COMMISSIONER: Well, I assume it means making
17 contact with, is that right?

18 THE WITNESS: Well, I assumed it to be would I go
19 out and check the home or check on the child. In no
20 instance do we not go and check on a child.

21

22 BY MR. OLSON:

23 Q If there was a concern the child might be in need
24 in protection a field is done?

25 A Yes.

1 Q Are those types of calls always documented?

2 A Always.

3 Q Were records of all calls that came in to After
4 Hours documented somehow, and again this is in 2004 and
5 2005?

6 A It might be -- for After Hours it might have been
7 just our, our own written notes.

8 Q Where would your written notes go?

9 A They would be destroyed afterwards. There were
10 some forms that we would write brief descriptions on and
11 hand in. I'm not sure where they went.

12 Q Was there a policy to destroy the notes after the
13 calls?

14 A At After Hours, yes. We destroyed them after
15 every shift.

16 Q Do you know why that was?

17 A Well just that there's confidential information
18 on there, and if there was any confidential information
19 that needed to be kept it was kept in our written report.

20 Q So there might be more in your handwritten notes
21 than would be put into the written report?

22 A Nothing of a child protection relation. I mean
23 you might write down some information on trying to -- you
24 know, information on a certain person, but if you go to
25 CFSIS and you find that person you wouldn't include what

1 you've written in your notes because you've confirmed that
2 that person is already existing on CFSIS.

3 THE COMMISSIONER: But as I hear you, witness,
4 there wouldn't always be a written report; am I correct?

5 THE WITNESS: Right, but those would be on non-
6 child welfare things. Sometimes people call in about when
7 can I leave my child alone.

8 THE COMMISSIONER: But on child welfare issues
9 there always would be a written report?

10 THE WITNESS: Always a report.

11 THE COMMISSIONER: Thank you.

12 MR. OLSON: Mr. Commissioner, apparently there's
13 some trouble hearing you.

14 THE COMMISSIONER: Oh.

15 MR. OLSON: We're wondering if your mike is maybe
16 not turned on.

17 THE COMMISSIONER: Oh, I'm sorry.

18 MR. OLSON: It sounds like it's on.

19 THE COMMISSIONER: I wasn't speaking into it.

20 MR. RAY: That's better.

21 MR. OLSON: No, that's, that's much better.

22 THE COMMISSIONER: Yeah.

23 MR. RAY: Thank you.

24 THE COMMISSIONER: Yes. I -- my question was
25 whether there was a written report in every instance, and

1 her response was on child welfare matters the answer is
2 yes; correct?

3 THE WITNESS: Correct.

4

5 BY MR. OLSON:

6 Q Just to go a little further on that what sort of
7 matters would not be child welfare matters?

8 A Sometimes people call in for information on
9 parenting courses, they want to know when their child can
10 be left unattended, they are looking for food, information
11 on food banks, just general information that, that people
12 need questions (sic) on and think that we have the answers
13 for them.

14 Q Is, is the determination as to whether a call is
15 a child protection matter something that is left up to the
16 subjective discretion of the person answering the call, the
17 worker answering the call?

18 A Yes, yes, but always that would be -- every
19 report is read by our supervisor, so there are at least two
20 opinions.

21 Q Well, you wouldn't record a report though of
22 something that was deemed by yourself, for example, not to
23 be a child protection matter, would you?

24 A Right, but we're, we're very -- we all know, and
25 are very clear, on what a child protection matter is. A

1 child at risk is, is something that we can clearly
2 determine.

3 Q Would a situation, for example, or a family
4 member calls in and, and says, I haven't seen this child
5 for some time, and I'm concerned, would that be a child
6 protection matter?

7 A Well, it would depend on the other information
8 that I'm given. Sometimes I might call the home, or call
9 the school if it's still early, early enough. It, it just
10 -- there's a whole bunch of other information that I would
11 need.

12 Q So really it depends in that situation on other
13 factors?

14 A Yes.

15 Q You said you had received some training on CFSIS
16 when you were working at the After Hours Unit in 2004 or
17 2005?

18 A Yes.

19 Q What sort of role did CFSIS play for you as a
20 worker in the After Hours Unit?

21 A Well, it, it changed everything. Having access
22 to -- being able to identify people early, early on in the
23 investigation is very helpful.

24 Q Just before I get you to go on how would you use
25 CFSIS?

1 A I would look people up by name, see what files
2 they're attached to, read whatever case recording I could,
3 sometimes the case recording from the social workers was
4 not available but at least we would have information on
5 every single After Hours encounter which helps because
6 sometimes there's somebody in the room who was involved in
7 the previous intervention.

8 Q Okay. You didn't always have access to CFSIS as
9 an After Hours worker; is that right?

10 A No, not when I first started.

11 Q Okay.

12 A There were paper files.

13 Q And so is CFSIS then a big improvement in terms
14 of what you are able to do as an After Hours worker?

15 A It's a huge improvement, and it can always be
16 made better by having more information.

17 Q Did it become your main tool in terms of the work
18 you would do, gathering information?

19 A Not my, not my main tool. My main tool is my
20 assessment skills, but it would certainly become the first
21 tool I would go to for information.

22 Q Was there any limitations to CFSIS that, that
23 made your job more difficult?

24 A Yes. Not all agencies have recorded -- put all
25 their recordings on CFSIS. The more information that we

1 have from the assigned worker the better we can assess
2 situations, so yes CFSIS is only as good as the information
3 that's put into it, and some, some agencies and workers are
4 -- use the -- use CFSIS more regularly.

5 Q Is that the case -- was that the case when you
6 retired as well?

7 A Yes.

8 Q Okay. Do you have an understanding as to why
9 some agencies didn't use CFSIS as much?

10 A My -- well, when I took CFSIS training my
11 understanding was that everybody was going to use CFSIS.
12 When that didn't happen I, I -- my understanding was that
13 they needed a few years to get up to speed with computer
14 skills, and that -- in the end I think that agencies can --
15 and this is just my own opinion, I think that some agencies
16 buy into it more than others. I, I don't know what they do
17 with their paper files. I mean their -- you know, that's,
18 that's ultimately the file. CFSIS is not the whole file and
19 never will be.

20 Q How did the, the lack of some information impact
21 your ability to do your work as an After Hours Unit worker?

22 A Well, at After Hours it, it didn't impact us as
23 much because we can work with no information at all. We
24 cannot have a name, we can, we can do our jobs with no
25 information other than here is a child at risk. That's how

1 we have to work as emergency workers.

2 Q Right. But is it true that the more information
3 you have, the more background information from CFSIS, the
4 easier it is to, to do your job?

5 A I don't know that it's -- the easier it is to do
6 my job, it's maybe the, the better way I can do my job. I
7 mean a child at risk is a child at risk. It can be -- it
8 is -- it can be as basic as, as that, and the information I
9 have doesn't impact on what I do for the child. It may
10 impact on the quality of the intervention, whether I can
11 assess other family members to assist.

12 Q Wouldn't the history that would be available on
13 CFSIS give you more information about the family situation,
14 and what the problems may have been in the past?

15 A Yes, but that doesn't impact After Hours. That
16 would be more, that would be more helpful for people who
17 are going to have to make decisions on the case. As I said
18 we're constantly prioritizing at After Hours, and we can
19 make it as simple as the problem in front of us. We can
20 solve it and make the child safe.

21 Q So what it comes down to then is either we have
22 to go out on this call now because it's an emergent
23 situation, or it can wait until the CRU can take it or
24 Intake can take it, or whoever; right?

25 A Or the assigned worker, yes.

1 Q Or the assigned worker, okay. So you're -- the
2 After Hours Unit it sounds like you're saying was really
3 just an emergency service that dealt with calls in the off
4 hours; is that ...

5 A We did more -- we did follow-up while -- we do
6 more when we have time, but we, we are ultimately an
7 emergency service. We do as much as we can during the
8 evening, and that, that varies night by night.

9 Q Okay. As an After Hours worker did you ever
10 refer to the paper file?

11 A Never.

12 Q Why, why was that?

13 A We would have no physical access to them, they
14 would be -- I don't know, workers' desks, file rooms,
15 nothing we could access.

16 Q Okay. In 2004 and 2005 what was your workload
17 like as an After Hours worker?

18 A It depends night by night as all emergency work
19 does. We constantly prioritize and do as much as we can in
20 a shift. No child is ever left at risk, that's the bottom
21 line.

22 Q But in terms of workload itself were, were there
23 enough workers to handle the volume of calls coming in?

24 A Well there were enough workers because we have
25 the luxury of prioritizing. We have more workers now which

1 is great, we can just do more work. The, the amount of
2 work that we can do at the front end at After Hours helps,
3 helps all the way down the line. It helps the CRU workers
4 the next day, it helps the intake workers, we're just --
5 we're, we're a cog in the flow of information.

6 Q We've heard evidence that the CRU was busy all
7 the time.

8 A Yes.

9 Q Was it the same with After Hours?

10 A Not to the same extent because we -- if we didn't
11 have -- say, say we didn't have a busy phone night we
12 didn't have files that we, that we had histories to do on,
13 or things left over from the day before so --

14 Q So, so like other jobs there'd be sometimes when
15 you'd have slow periods, sometimes they'd be busy?

16 A Yes.

17 Q And it would all depend on how often the phone is
18 ringing?

19 A Yes.

20 Q Okay.

21 A The phones ring a lot.

22 Q Okay. Who was your immediate supervisor when you
23 were involved in providing services to Phoenix Sinclair?

24 A Rick Manteuffel.

25 Q Okay. He was your supervisor?

1 A Yes.

2 Q What sort of supervision did he provide?

3 A He read all the reports. He was a very involved
4 supervisor. He loved After Hours so we would have all
5 sorts of discussions about what we should do, and -- he was
6 very involved.

7 Q Did he have to sign off on your reports?

8 A I'm assuming so.

9 THE COMMISSIONER: Was he on duty while you were
10 on duty?

11 THE WITNESS: For the most part, yes. It gets --
12 sometimes there's not a supervisor on site on Saturdays
13 because the supervisor has to do a 24 hour period from 8:00
14 a.m. on Saturday until 8:00 a.m. on Sunday, but if the
15 supervisor is ever not in the office we have a cell phone
16 and immediate access to the supervisor 24 hours a day.
17 There's never a moment that we don't have a supervisor, by
18 phone at least.

19

20 BY MR. OLSON:

21 Q You never had any problems getting a hold of the
22 supervisor when you needed him or her?

23 A No, it was part of their job. They were called
24 all night long sometimes.

25 Q I'm going to take you now to your specific

1 involvement in the file.

2 A Okay.

3 Q You were involved on two occasions?

4 A I was.

5 Q So the first was in January, 2004?

6 A Yes.

7 Q And then a second time in March, 2005?

8 A Yes.

9 Q So let's look first at your first involvement.
10 Commission Disclosure 1795, that's Samantha Kematch's file,
11 page 36973.

12 A Okay. Yes.

13 Q So this is an After Hours form, and it says it's
14 from you, it's dated January 15, 2004?

15 A Yes.

16 Q And your signature appears on the next page,
17 36974?

18 A Yes.

19 Q At the bottom?

20 A Correct.

21 Q Did you prepare this document?

22 A I did.

23 Q And the information recorded in the document, for
24 example the demographic information with respect to
25 Samantha Kematch on the, on the first page --

1 A Yes.

2 Q -- did you, did you obtain that information?

3 A I, I obtained it from the source of referral,
4 that's where she told me that Samantha was living.

5 Q Okay. Do you have any independent recollection
6 of receiving this phone call?

7 A Well not until I was shown it. I didn't know --
8 I guess I was shown this probably a couple of years ago.

9 Q And now that you've been shown it do you have any
10 independent recollection of the call itself?

11 A I think so.

12 Q Okay. Just tell me how this sort of call would
13 come in, and I take it under presenting problem that would,
14 that would tell you what the source of referral -- the
15 information that the source of referral was providing to
16 you?

17 A Yes.

18 Q Okay. So that's the information you received on
19 the call itself?

20 A Yes.

21 Q And then what would you do with that information?

22 A In this case I just passed it along to CRU.

23 Q Okay. So the -- what is the concern that was
24 here?

25 A The concern was that Samantha was leaving her

1 child there with her mother, who was allegedly smoking
2 rock, so grandma was babysitting and smoking rock while
3 caring for the child.

4 Q And rock would refer to crack cocaine?

5 A Crack cocaine was my assumption.

6 Q Okay. So you get that call and then you would do
7 a CFSIS search to look at the history?

8 A Yes.

9 Q Okay. And first of all why is it that you look
10 at the history?

11 A We, we were trying to assist CRU, we were trying
12 to make sure we could gather as much information as, as we
13 needed. Histories gathered at the After Hours Unit are --
14 we always expected that CRU will, will also do a history.
15 I mean we, we write down what we see, and it depends on the
16 night. Some nights we have more time to explore histories.
17 In this instance I determined that it wasn't an emergency
18 so the, the history didn't impact my, my decision of
19 whether we were going to go out that night as much.

20 Q How did you determine that it wasn't an
21 emergency?

22 A Well, she had -- this was January 15th, she
23 hadn't heard anything about the family since Christmas, and
24 so I had no information that there was -- that, that
25 Phoenix was at present being babysat by somebody who was

1 smoking crack.

2 Q If, if the information had been that this was
3 occurring at that time, that Phoenix was left with someone
4 smoking crack, would that have made it an emergency?

5 A Yes, I would have attended immediately.

6 Q And so what had changed between the time that
7 that had occurred and the time you received the call that
8 would make it less of an emergency?

9 A I didn't have information that it was happening
10 at that time. We don't -- people can -- people call in
11 every night saying that something's going wrong in a house,
12 it's not plausible that we could go out on every single
13 call. It also was information that certainly didn't --
14 well it wasn't important to the source of referral while
15 she was living there, and she, she clearly indicated that
16 she was angry at the family because her goods were
17 vandalized, so she, she just didn't give me anything to
18 make me think that, that it was happening now, that the
19 child was at risk.

20 Q Did the fact that she -- that the source of
21 referral was, was not happy with the family impact your
22 assessment as to whether or not this was an emergency
23 situation?

24 A Well I obviously did ask her that question, this
25 wasn't a problem when you lived there, why, why are you

1 calling tonight, and that's when I got the information
2 about the belongings.

3 Q Okay. So you would have put that specific
4 question to the source of referral, why --

5 A Yes.

6 Q -- call tonight?

7 A Yes, always when, when somebody's complaining
8 about something that was -- that they just -- they'd be --
9 you know, for example say a, a father has called to
10 complain about his, his wife doing something that was of no
11 issue to him while he was in the home, that's certainly
12 something I would take into concern, however, at any time
13 that somebody says it's happening right now we go.

14 Q Would there be more -- you would have -- would
15 you have taken notes of the telephone conversation with the
16 source of referral?

17 A Yes, that's how I do my job. I talk on the
18 phone, take notes as quickly as I can, and try and get all
19 the information.

20 Q What we see here when you've written what the
21 presenting problem is is that just a summary of what you
22 would have taken down in terms of your notes?

23 A Yes, probably.

24 Q So if we had --

25 A It was the pertinent information that --

1 Q Right. But if we had the notes there may be more
2 information, I understand you say may not be significant,
3 but there may be more information from those notes that we
4 would have?

5 A That would be possible.

6 Q When you've written for follow-up by CRU what did
7 you mean by that?

8 A That somebody would contact the family and meet
9 with them, and see -- explain that there were concerns
10 about Phoenix being babysat by somebody who was under the
11 influence of drugs.

12 Q As I recall it says that Samantha goes out
13 drinking frequently leaving Phoenix with the mother who
14 allegedly smokes rock, did you explore what was meant by
15 that in terms of the frequency?

16 A I did not explore the frequency, other than the
17 fact that Phoenix (sic) goes out drinking frequently, so I
18 assumed it was frequent.

19 Q That is Samantha, Samantha goes out drinking
20 frequently?

21 A Yeah.

22 Q What would you expect CRU would do in terms of
23 follow-up -- first of all what would be the timeframe you
24 would have expected them to follow-up?

25 A Well I -- what night was this? This was a -- I

1 don't know, if it was a Tuesday night -- I guess it would
2 depend on -- I would, I would think that they would go out
3 in the next few days.

4 Q Okay. There's no recommendation here from you in
5 terms of the emergent nature of the response. For example,
6 this is a 24 hour response, this is a 48 hour, we've seen
7 that from other workers; is there -- was it your -- part of
8 your job to determine how quickly someone should get out?

9 A No, it was not After Hours responsibility at all.

10 THE COMMISSIONER: How did your report get to
11 CRU?

12 THE WITNESS: We were in the same building, so
13 they would just come and pick it up in the morning.

14 THE COMMISSIONER: From your desk?

15 THE WITNESS: No, from -- there's After Hours
16 staff that faxes reports to other agencies, and because
17 we're in the same building as CRU and intake somebody --
18 I'm not sure who because I didn't do overnights, somebody
19 would come and deliver it to the CRU supervisor, or the
20 Intake supervisor, and the workers would get the reports
21 promptly as soon as they got to work, is my understanding.

22

23 BY MR. OLSON:

24 Q Now, when we -- if you turn to page 36973, it's
25 up on the screen, under "Children" you have "Phoenix" here.

1 A Yes.

2 Q And you have her date of birth listed as the
3 23/08/01?

4 A Yes.

5 Q Okay. So she was a young child at the time?

6 A Yes.

7 Q And it says she's been placed with mother or
8 grandmother. Did the fact that she was that young have any
9 impact on you in terms of determining whether this was an
10 emergency?

11 A Well, we always take age into account, but her
12 age didn't impact whether I thought I needed to go out that
13 night.

14 THE COMMISSIONER: What is that, DOB, is that
15 date of birth?

16 THE WITNESS: Yes, it is.

17 THE COMMISSIONER: And what date did -- birth did
18 you record?

19 THE WITNESS: The 23rd of August, '01.

20 THE COMMISSIONER: Where would you get that
21 information?

22 THE WITNESS: I must have got it from CFSIS.

23 THE COMMISSIONER: Thank you.

24

25

1 BY MR. OLSON:

2 Q So that date wouldn't have come from the source
3 of referral?

4 A No.

5 Q Now we know that, that Phoenix wasn't in fact
6 born on that date.

7 A Oh.

8 Q Do you have any idea where, where you would have
9 gotten that information from?

10 A CFSIS would have been the only place that I could
11 have got it, but CFSIS is constantly updated. If -- when
12 we get new addresses or correct birth dates the next worker
13 can change that information on CFSIS. If the source of
14 referral had given me a birth date for Phoenix I would have
15 included that in the body of my report, and I obviously
16 accessed CFSIS to get a history.

17 Q Okay. It could have just been an error on your
18 part?

19 A I suppose so. I have no recollection.

20 Q The history section you've recorded would that
21 also come from CFSIS?

22 A Yes, it would have.

23 Q And you said that it was more of sort of a
24 cursory review of the history, not a, not a fulsome
25 detailed review, I'm paraphrasing but is that what you

1 were ...

2 A Well, I would have, I would have reviewed all the
3 history available on CFSIS. I wouldn't necessarily have --
4 I may have cut and paste part of it from a recent history,
5 I'm not sure what I did on this occasion, but it's
6 certainly -- the history that I provide is, is an overview
7 of the history with the family.

8 Q Now this is --

9 A We weren't expected to do exhaustive words.

10 Q Now this -- the intent was that this report would
11 be sent up to CRU for further investigation?

12 A Yes.

13 Q Would you expect CRU to rely on the history that
14 you wrote here?

15 A No, I don't believe that any worker relies on a
16 history from a previous worker. We, we do our own work as
17 far as -- if you're responsible for the file you're
18 responsible for getting the information.

19 Q Once this document's passed up to CRU is it
20 immediately put onto CFSIS?

21 A Back then I'm not sure how quickly things were
22 attached. Right now we type directly into the intake
23 module. I'm, I'm not sure how quickly this was attached on
24 CFSIS.

25 Q Do you know, do you know who would take -- you

1 know, would it be a matter of days before it went on CFSIS
2 or ...

3 A I have no idea.

4 Q No idea, okay. You were next involved in this
5 file on March 5, 2005, go to page 36931.

6 A Yes.

7 Q This is another AHU form and this is dated March
8 5, 2005 from you and your signature does not appear on the
9 document, and I'm going to ask you to explain that, but is
10 this a document that you wrote?

11 A To the end of page 36932 it is.

12 Q So at the end of the page where the last line is,
13 For consideration by CRU?

14 A Yes.

15 Q And so all that information is information that
16 you wrote?

17 A Well, that's not my writing to the side of it.

18 Q You're talking about --

19 A Otherwise -- yeah, there's some --

20 Q Handwriting.

21 A -- handwriting that's not me.

22 Q Okay.

23 A But to my knowledge that is the history that I
24 provided.

25 Q And so maybe you can just explain what this

1 document is.

2 A It's my After Hours report.

3 Q Okay. Just like the one we looked at before, the
4 same thing?

5 A Exactly.

6 Q Okay. Do you have any recollection of receiving
7 a call with respect to this matter?

8 A I do.

9 Q Why is that?

10 A Because it -- I was dealing with an agency foster
11 mother and it was -- I was trying to make her understand
12 how important it is that we get the direct information from
13 the person who actually saw the incident because there's
14 all sorts of details that help us do our job more
15 efficiently, and more effectively, so we had, you know, a
16 memorable discussion about me trying to get information
17 about a child at risk.

18 THE COMMISSIONER: Was it an ex-foster child or
19 an ex-foster parent that called you?

20 THE WITNESS: It was a foster parent who called
21 me about an ex-foster child.

22

23 BY MR. OLSON:

24 Q Now, before we get into the details of the call I
25 just wanted to ask you some questions about the information

1 you have recorded here on page 36931.

2 So you see under, under "History" it starts by
3 saying "Taken from CRU open/close Dec 1/04."

4 A Yes.

5 Q What does that mean?

6 A To me it means that I cut and paste the history.

7 Q Okay. And this history would have been taken
8 from that particular document on CFSIS?

9 A Yes, from, from a CRU document from December 1,
10 '04.

11 Q Now, it doesn't appear that -- if you, if you
12 look through the history, and if you need a minute to look
13 it that's fine, but when you look through it it doesn't
14 appear that the last intake you had on this file appears
15 here.

16 A Yes, that was an error on my part.

17 Q And so how would that happen?

18 A I just cut and paste, and then didn't read the --
19 like didn't summarize the last intervention.

20 Q Okay. So it's not that you didn't have access to
21 it, or it wasn't on the system, it's just somehow you, you
22 missed it?

23 A Yes.

24 THE COMMISSIONER: Mr. Olson, I didn't get what
25 it was that she said she missed or you put it to her, did

1 she miss something, what was that?

2 MR. OLSON: Yeah, the, the first call she had on
3 this file that we were talking about earlier --

4 THE COMMISSIONER: Oh, yes, yes.

5 MR. OLSON: -- there's no mention of that call in
6 this summary.

7 THE COMMISSIONER: Okay.

8

9 BY MR. OLSON:

10 Q And did you know if you had -- if that call would
11 have been reflected on CFSIS at the time?

12 A No. If it was the beginning of CFSIS everything
13 wasn't on it, so, no, I don't know.

14 THE COMMISSIONER: Did you recall that you had a
15 previous association with this file?

16 THE WITNESS: Absolutely none.

17

18 BY MR. OLSON:

19 Q Just so it's, it's clear the call I was asking
20 you about was the call that you took in January, that one
21 is not documented here; is that what you were referring to
22 as well?

23 A No.

24 Q Okay. What were you referring to?

25 A I was referring to -- I cut and paste a

1 history --

2 Q Right.

3 A -- and obviously there was another intervention
4 by the agency --

5 Q Okay.

6 A -- and I didn't write down that intervention.

7 Q Okay. So that's, that's the December 1, 2004
8 intervention that this history is taken from?

9 A Right. Yes.

10 Q But you didn't record actually what happened at
11 that intervention?

12 A I didn't, no.

13 Q Right.

14 A No, I didn't. That of course would be picked up
15 immediately by the person who had the paper file.

16 THE COMMISSIONER: Was that -- the intervention
17 you missed was that your intervention on the previous
18 occasion?

19 THE WITNESS: No. It was the assigned worker's
20 intervention on the, on the previous occasion as obviously
21 she followed up on a call, and I didn't write down what she
22 did.

23 THE COMMISSIONER: Do you mean --

24 THE WITNESS: I didn't summarize --

25 THE COMMISSIONER: Where did, where did she write

1 her --

2 THE WITNESS: -- from my history.

3 THE COMMISSIONER: -- piece?

4 THE WITNESS: It's not on this document.

5 THE COMMISSIONER: Mr. Olson, do you want to take
6 a break to straighten matters out here, or are you ready to
7 proceed?

8 MR. OLSON: I could proceed but it would be fine
9 to take a break now, too, if you'd prefer.

10 THE COMMISSIONER: No, we'll carry on until 11
11 o'clock if you're ready to go ahead.

12 MR. OLSON: I'm ready to go. The -- and just,
13 and just for -- hopefully to help you, Mr. Commissioner,
14 this is the intervention done by Shelly Wiebe that the
15 witness is referring to now.

16

17 BY MR. OLSON:

18 Q That's right?

19 A Yes.

20 Q And you said you would have expected the worker
21 with the paper file to have seen the results of that, what
22 happened?

23 A Right, it would have been immediately evident
24 that I'd cut and paste a, a history.

25 THE COMMISSIONER: Well, what I don't understand

1 is how does she know about this intervention in that it's
2 not included in this document?

3 MR. OLSON: Well, this intervention, the one that
4 we're talking about, is December 1, 2004.

5 THE COMMISSIONER: Yes.

6 MR. OLSON: And this document's created on March
7 the 5th, 2005, so --

8 THE COMMISSIONER: Yes.

9 MR. OLSON: -- it would have been -- so what the
10 witness did, and you can correct me if I'm wrong, she went
11 to the recording of that intervention when she prepared
12 this --

13 THE COMMISSIONER: Yes.

14 MR. OLSON: -- and she copied from that recording
15 the history, but --

16 THE COMMISSIONER: Yes.

17 MR. OLSON: -- she, she did not record what
18 actually happened at that intervention, so she was familiar
19 with it, but she didn't put the information in the
20 document.

21 THE COMMISSIONER: Is that a correct summary,
22 witness?

23 THE WITNESS: That's correct. I did not
24 summarize what Shelly did.

25 THE COMMISSIONER: But you know there was such an

1 intervention by virtue of the fact that there was a record
2 of, of an involvement by the, by the CRU, I guess it was on
3 December 1st?

4 THE WITNESS: Correct.

5

6 BY MR. OLSON:

7 Q And so to have a more complete picture it would
8 have been good to reference what happened?

9 A Yes, yes, and it's always great to have more
10 information, but that's certainly something that -- it
11 would be immediately discovered.

12 Q Okay. That information also if it was here would
13 have indicated that Steve Sinclair's involvement in the
14 file being opened and closed and that all would have been
15 apparent in your summary?

16 A Yes.

17 Q Okay. And so if a worker read this, if it didn't
18 go to your summary, they may not see that?

19 A If a -- well a worker would -- I'm not sure I
20 understand the question, sir.

21 Q Sorry, I probably didn't ask that the best way.
22 If a worker were to read your history --

23 A Correct.

24 Q -- but not go to the specific intake recording,
25 done by Shelly Wiebe, her report --

1 A Yes.

2 Q -- they would miss what happened?

3 A Well I would think that they -- the worker would
4 immediately realize that I've just done a cut and paste,
5 and didn't write down what happened in December. I mean
6 that would be the first clue.

7 Q Okay. But you agree it would have been better to
8 have that information?

9 A I agree totally.

10 Q Now, the other, the other point, and I think it
11 lead to some of the confusion minutes ago, is that the call
12 you took earlier in the year --

13 A Um-hum.

14 Q -- in January, that also isn't reflected in, in
15 this history; is it?

16 A No.

17 Q So that's also something that's missing?

18 A From the previous person's history, yes.

19 Q Okay. But you took that, you took that previous
20 call?

21 A But I certainly -- I had absolutely no idea they
22 were the same people. I mean I take hundreds of calls,
23 it's not like I met anybody or ...

24 Q But had you, had you looked on CFSIS to prepare
25 your history would you not have seen your call recorded

1 there?

2 A Perhaps, but at After Hours our job is to provide
3 as extensive a history we can on the given night. If it
4 was a busy night then -- I'm, I'm assuming it was busier
5 because I did a cut and paste instead of reading through
6 all the information. A history by After Hours is never
7 considered to be complete. It's a time related thing.

8 Q But you do try to be as complete as possible?

9 A We do, yes.

10 Q And accurate?

11 A Yes.

12 Q Now the presenting problem is recorded on page
13 36932. You were explaining this before, and maybe I'll,
14 I'll read it out first. It says:

15

16 "The source of referral spoke to
17 an ex foster child today. She
18 refused to provide me with the
19 person's name. This person told
20 the source of referral that she
21 suspects that Samantha Kematch is
22 abusing her daughter Phoenix.
23 Source of referral does not have
24 any details as to what this
25 alleged abuse might be. Also this

1 person suspects that Samantha may
2 be locking Phoenix in her bedroom.
3 I explained that we need to speak
4 directly to the foster child's
5 SOR, but despite being an agency
6 foster home she refused to
7 disclose the name. Source of
8 referral does not have an address
9 or phone number for Samantha other
10 than she lives in apartment one
11 beside the Maryland hotel. I
12 explained that without an address
13 we will be unable to follow up.
14 The last address on CFSIS is on
15 McGee.

16 For consideration by CRU."

17

18 Does that accurately reflect the call you had?

19 A It accurately reflects the information that I
20 received.

21 Q Okay. What's the distinction you're making
22 there?

23 A It's very -- we take information from any source
24 and if it's not somebody who saw, saw the incident directly
25 or had any direct knowledge of something, we always try to

1 either get the person's name or phone number, or get our
2 source of referral to have her source of referral call us
3 directly anonymously. It's just that she must have told me
4 that -- suspect -- that she suspected Samantha was abusing
5 her daughter. Well abuse means so many things to so many
6 people that details of what the abuse is is vital in doing
7 our job correctly.

8 Q Because you had -- you wrote the word "abuse"
9 here does that tell you that the caller would have used the
10 word "abuse" with you on the phone?

11 A Yes, we try to use -- we write down the call as
12 verbatim as we can.

13 Q Okay. So you wouldn't interpret whatever she
14 told you as being abuse, she would have actually used the
15 word "abuse"?

16 A Yes.

17 Q Okay. Did the caller give you her name?

18 A I believe so, I have it in the front page.

19 Q And she told you she was a foster parent?

20 A Yes.

21 Q Did she tell you she also worked with CFS?

22 A Not to my knowledge.

23 Q Okay. Did the fact that she was a foster parent
24 change at all the way you viewed the call?

25 A Yes, it, it surprised me that she didn't realize

1 the importance of having her source of referral's direct
2 information.

3 Q Did you recall her discussing with you the source
4 of referral's concern about making this report, how
5 difficult it was for her to do so?

6 A I don't have a recollection of that, but it's
7 difficult for every source of referral.

8 Q She -- it appears she gave you Samantha's name?

9 A Yes.

10 Q So you could have looked her up on CFSIS?

11 A Yes.

12 Q It looks like you did.

13 A Yes.

14 Q And she gave you Phoenix's name as well?

15 A Yes.

16 Q Okay. And she said the source of referral
17 suspected that she may be locking Phoenix in her bedroom?

18 A Yes.

19 Q Did -- you'd have handwritten notes of this call
20 as well?

21 A Yes, I did.

22 Q And would those notes also have recorded more
23 information than we have in your summary?

24 A Yes -- possibly.

25 Q So today if we had those notes they may be

1 helpful to us in understanding exactly what happened in the
2 phone call?

3 A Yes.

4 Q Now, it doesn't look like she was able to
5 actually give you the address, Samantha's actual address,
6 but she told you she lived in apartment 1 beside the
7 Maryland Hotel?

8 A Yes.

9 Q Were you familiar with that area of the city?

10 A Well not -- I'm familiar with it just from
11 driving by. I mean I don't know what's on what corner
12 there. I know where the Maryland Hotel is.

13 Q But in any case when you looked it up on CFSIS
14 you saw that the last address was on McGee?

15 A Yes.

16 Q That would be consistent with what she told you
17 in the call?

18 A So I've figured out since.

19 Q We've heard evidence from the source of referral
20 that when she called, and she started telling you that her
21 foster child had a concern with respect to Kematch you told
22 her to stop right there because this was -- you couldn't
23 accept this information because it was third hand.

24 A Well "stop right there" doesn't sound like the
25 vernacular that I use, but I certainly do -- if people are

1 giving me information too quickly for me to record I, I ask
2 them to slow down. I, I never would have said that I
3 couldn't take the information. In fact I did take the
4 information and we take information from anonymous callers
5 regularly.

6 Q Was the fact that this -- as you say it was an
7 anonymous caller, did that impact on your viewing it in
8 terms of its veracity or --

9 A Not at all. Anonymous callers are common.

10 Q Earlier you said you, you thought she would --
11 the source of referral being a foster parent would
12 understand how important it is to speak to that source
13 directly?

14 A Yes.

15 Q Why is that?

16 A Well, as I said abuse means many different,
17 different things. I mean I would ask details on what
18 exactly did you see, when did this happen, what else have
19 you noticed about Samantha's care, I mean there's all --
20 that source of referral could have provided a much more
21 detailed picture of what was going on.

22 Q Did you suggest to the caller that maybe she
23 should ask her foster daughter those questions, and, and
24 see if she can get more information from you and call you
25 back?

1 A Perhaps. I, I can't remember all the options I
2 provided, but I -- before that I know I would have
3 suggested that her foster daughter -- or ex-foster daughter
4 could have called in anonymously.

5 Q But she had already -- the caller had already
6 given you her name?

7 A I believe so. I'm not sure. I mean ...

8 THE COMMISSIONER: You don't remember the exact
9 conversation, I take it?

10 THE WITNESS: No.

11 THE COMMISSIONER: What you're going on is what
12 you've recorded here?

13 THE WITNESS: Right, but once I read this -- I
14 mean I must have put a name about the source of referral,
15 it's blacked out, and it says agency foster parent, so I'm
16 assuming she gave me a first name or something, otherwise I
17 would have said anonymous, or maybe that's what's blacked
18 out, but I'm assuming she gave me a name, and then I
19 identified her position.

20

21 BY MR. OLSON:

22 Q Okay.

23 A And I do -- when I -- you know, years later, when
24 I was provided with this, I did remember the conversation
25 simply because I was -- I thought it was odd that I wasn't

1 getting help in, in getting direct information. That's the
2 only reason I remember it.

3 Q She used the word "abuse" with you and then she
4 said that Samantha may be locking Phoenix in her bedroom?

5 A Correct.

6 Q In terms of whether or not that would be an
7 emergency, when you, when you have a young child like
8 Phoenix at the time, would that factor into it, Phoenix is
9 young and the allegation is of a general abuse, being
10 locked in a bedroom as well?

11 A Well locking young children in a bedroom is --
12 it's not, it's not an uncommon thing. Sometimes kids,
13 sometimes -- it, it depends on the level of parenting.
14 Sometimes parents sleep in and kids are too young to be
15 wandering the streets alone, and have opened their bedroom
16 door and gone out on the streets, and are wandering around.
17 I mean it's something that we certainly go and speak to the
18 parent about, and the dangers of a child being locked in in
19 case of a fire, but I mean again is it better to have a
20 child wandering the streets? I mean we encourage parents
21 to always be awake and care for their children, and not
22 have the need to lock the child in their room.

23 Q So that's one possibility of what this call might
24 be about?

25 A Yes.

1 Q But it also could be equally consistently with it
2 being some severe abuse and maltreatment?

3 A That certainly wouldn't spring to mind
4 immediately, that wouldn't be my first thought.

5 Q When you're considering a call like this would
6 you have looked through Samantha's history to see if there
7 were other concerns with abuse, child abuse allegations?

8 A I would have -- yes, I would have perused it to
9 the extent of the history that I wrote.

10 Q We've been through Samantha's history and there's
11 a fairly extensive history there that I think you're aware
12 of now.

13 A Um-hum.

14 Q Would that history have suggested that this may
15 be more serious than the child wandering the streets?

16 A It wouldn't have been, it wouldn't have been ...

17 MR. RAY: If I could just have a moment with Mr.
18 Olson for a moment, please?

19 THE COMMISSIONER: Yes.

20 MR. RAY: Thank you. Thank you, Mr.
21 Commissioner.

22

23 BY MR. OLSON:

24 Q So are you able to answer that question?

25 A Could you repeat it, please?

1 Q So based on -- you said you would go back and you
2 would look at Ms. Kematch's history?

3 A Yeah.

4 Q And you've heard throughout the course of these
5 proceedings that Ms. Kematch had a fairly extensive history
6 with CFS?

7 A I've not listened --

8 MR. RAY: I don't -- yeah, I don't think the
9 witness has been here, and has, has not heard any evidence
10 from anybody so.

11 THE COMMISSIONER: I, I guess -- like the
12 question would be does she know from reviewing the file at
13 that time that --

14 MR. OLSON: Yeah, I could put it in a different
15 way.

16

17 BY MR. OLSON:

18 Q And having access to CFSIS -- I mean the
19 information was on CFSIS about Samantha Kematch; right?

20 A Right. Yeah.

21 Q So if you had reviewed CFSIS and it's, you know,
22 whatever information was there, you would have been aware
23 of that history that had been recorded?

24 A Right, but as I said the, the job at After Hours
25 is to do condensed histories and depending on the night I,

1 I don't know how much I read about her history.

2 Q Do you recall whether the concern raised by the
3 SOR was that the foster daughter thought she heard
4 whimpering from behind the door when it was locked, and
5 they would go out; did you, did you hear any of those
6 concerns?

7 MR. RAY: I'm just going to --

8 THE COMMISSIONER: Just -- what is the question?

9 MR. OLSON: Whether or not you, you recall
10 hearing concerns from the source of referral that Kematch
11 would go out and lock the bedroom door, and there was --
12 her foster daughter heard whimpering behind the door.

13 MR. RAY: And I'm rising, Mr. Commissioner,
14 simply because the ...

15 THE COMMISSIONER: Well, let me ask this
16 question, which might clarify it.

17 Does the witness know anything more about the
18 locking door incident than what is recorded in her
19 statement?

20 MR. RAY: I think that's a fair question, Mr.
21 Commissioner. Thank you.

22 THE WITNESS: You're asking me that question?

23 THE COMMISSIONER: Yeah,

24 THE WITNESS: Okay. I, I don't know anything
25 more than what I've written down.

1 MR. OLSON: Okay.

2 THE COMMISSIONER: I think that clarifies it.

3 MR. OLSON: Thank you, that does.

4

5 BY MR. OLSON:

6 Q With this concern, the concern that, that was
7 raised here, what, what sort of priority level would you
8 give it? You said you prioritized things.

9 A I, I -- well, I don't prioritize things. It
10 would go to CRU and I would assume that somebody at CRU
11 would follow-up to try and confirm an address, perhaps read
12 the physical file and get more information on the family
13 than is provided in my, you know, very short history, and
14 would follow-up with the family, that would be my
15 assumption.

16 THE COMMISSIONER: Well I take it you made a
17 decision that this wasn't a, a situation that required a
18 field visit that night, but rather the proper course for
19 you to follow was to refer it to CRU?

20 THE WITNESS: Correct.

21

22 BY MR. OLSON:

23 Q Did you have an expectation as to how soon CRU
24 should get out there and see --

25 A No. That in, in no way was an After Hours

1 worker's ...

2 Q And there's no indication of it in what you've
3 recorded in terms of this is my recommendation, or anything
4 like that?

5 A Correct. We were not to, we were not to instruct
6 CRU on how to do their job.

7 Q We, we have heard evidence from the source of
8 referral that she told you she would hold you personally
9 accountable if anything were to happen to the child, and I
10 know it's not recorded here, and you've told us you don't
11 recall anything else.

12 A That's not an unusual threat from somebody who --
13 that's not a fact or anything that has anything pertaining
14 to the incident, so it's not something that I would record.

15 Q Would that be -- so you're not saying that she
16 didn't say that, it's just it wouldn't be recorded here
17 because it's not the type of information you would record
18 in your summary?

19 A Correct, and it's not something that I would
20 remember. It's ...

21 Q Would you record that sort of information in your
22 notes when you're on a call with a caller?

23 A I doubt it. It's, it's not a piece of child
24 welfare information.

25 MR. OLSON: Maybe this is a good time to take the

1 morning break.

2 THE COMMISSIONER: All right. That's reasonable.
3 We'll take a 15 minute break, witness, and then you'll have
4 to return to the chair.

5 THE WITNESS: Okay.

6 THE COMMISSIONER: Thank you.

7

8 (BRIEF RECESS)

9

10 BY MR. OLSON:

11 Q This morning you told me that you have some
12 independent recollection of this phone call?

13 A Correct.

14 Q What is it that you, that you recall about this?

15 A That I was speaking to a foster parent who is
16 involved with keeping children safe, and I was having -- I
17 was surprised I was having difficulty in making her
18 understand how important it was to get the information
19 firsthand.

20 Q Were you reluctant to speak with the foster
21 parent as opposed to trying to get information firsthand at
22 that point?

23 A No, not, not at all. I take all information and
24 more information is better, but I, I wasn't reluctant to
25 talk to her at all.

1 Q Would you have, would you have asked sort of
2 probing questions to see if there was more information that
3 she might be able to share with you?

4 A Yes.

5 Q That's not really recorded in your summary.

6 A Well, obviously she told me that Samantha abused
7 Phoenix and I know I asked her the question, what, what was
8 -- what kind of abuse because I, I wrote down that she had
9 no idea what type of abuse it was.

10 Q Okay. You also said that you expected the next
11 worker to review the file, review the paper file, is that
12 -- do I have that right?

13 A Well, I'm not sure what happens at CRU. I would
14 assume that as well as getting our After Hours report I
15 guess I just assumed they always get a physical file, too.
16 Maybe that doesn't happen now, I don't know.

17 Q So that's just based entirely on an assumption by
18 you?

19 A Yes, entirely on assumption.

20 Q Okay. And in terms of -- I think you said that
21 you wouldn't expect the next worker to rely on your
22 history?

23 A That's correct.

24 Q So, first of all, I guess what's, what's the
25 purpose then of you even taking a history?

1 A Well providing some assistance for CRU to provide
2 them with a thumbnail of what has happened before.

3 Q And on what basis would you understand that the
4 CRU would not rely on what you wrote in terms of the
5 history?

6 A Because as social workers when we're responsible
7 for the file we're responsible for them, and I would not
8 take somebody else's history that could have been done on a
9 busy night as gospel. I would want -- I think that all
10 social workers do try to read all the information provided
11 on their cases.

12 THE COMMISSIONER: Including your statement?

13 THE WITNESS: Including my statement.

14

15 BY MR. OLSON:

16 Q You also said as a CRU worker it's not your
17 responsibility to make a determination as to how, how
18 quickly to respond to a concern?

19 A Correct, as an After Hours worker. We're talking
20 about at that time. Things have changed. Now CFSIS,
21 depending on the problem that I put into CFSIS CFSIS
22 generates an appropriate response time. I don't believe
23 that happened then.

24 Q Okay. So that's, that's a change from 2004,
25 2005?

1 A It is a change. There have been many changes
2 since that time.

3 Q You, you are fairly certain at that time, and
4 we're talking 2004, 2005, it was not part of your role to
5 determine the immediacy of the response?

6 A That was not part of my role.

7 Q When we looked earlier this morning at the intake
8 program description that was -- it's page 19628, Commission
9 Disclosure 992, if we can scroll down the page a little
10 bit, right there, that's great. I read this part to you
11 where it said:

12

13 "The case management decisions at
14 the CRU and AHU would include ..."

15

16 The third bullet there is:

17

18 "What immediacy of response does
19 the referral warrant?"

20

21 A Yes, meaning does After Hours need to go out, or
22 does After Hours need to write a report.

23 Q Okay.

24 A That's --

25 Q So that's ...

1 A -- that's what that means to me.

2 Q That's your understanding of what that, that
3 means, rather than saying this is a 24, 48, five day --

4 A Correct.

5 Q The -- if you go to page -- the same document,
6 page 19635, under "Safety Assessment" it says:

7

8 "CRU and AHU social worker will
9 assess immediate safety of
10 children. This may include but is
11 not limited to the following
12 factors."

13

14 And it has a number of factors below. Is that
15 something that, that would guide your practice in terms of
16 assessing --

17 A Yes.

18 Q -- the safety of the children?

19 A Yes.

20 Q Would you have any -- receive any training with
21 respect to this, this document in general? You said you
22 had reviewed it, but did you get any specific training on
23 it?

24 A I don't remember. It's a long time ago. I've
25 been through many changes in the system.

1 Q Okay. If you continue on, if we go to the next
2 page, it starts to talk about the different response times,
3 do you see where it says "24 Hour Response" and a list of
4 -- "Severity". It talks about high priority responses
5 being an immediate response within 24 hours. Those are the
6 types of situations that you would be responding to as an
7 After Hours worker?

8 A Correct.

9 Q Okay. So -- and it's one of these situations you
10 would actually go out on, on a call, and do a field?

11 A I suppose -- we don't necessarily have to go out
12 to provide consent for medical attention. We can fax a
13 form over. That's the only time I can think of that -- we
14 wouldn't necessarily have to go out on severe or serious
15 sexual abuse if the child was in the hospital or in a safe
16 place, and the alleged offender had no access to the child.

17 Q Okay.

18 A Some of these things are more medical things that
19 we may be providing consent and checking on safety of
20 siblings.

21 Q What about severe or serious lack of supervision?

22 A Yes, we -- well, if it was happening now, yes, we
23 would go out.

24 Q So if it was an immediate concern --

25 A Yes.

1 Q -- rather than historical?

2 A Yes.

3 Q There's, there's -- there are two sections under
4 this. (A), can you see right below the "24 Hour Response"
5 heading? It says "a) Severity"; right?

6 A Yes.

7 Q And then if you go to the next page it has "b)
8 vulnerability"?

9 A Yes.

10 Q And then the first thing under the heading is
11 "Young Child or Developmental Age".

12 A Correct.

13 Q Now we've talked about that somewhat. What, what
14 was your understanding in terms of what that meant in the
15 context of a caller like this where you're dealing with a
16 child under five?

17 A Well the younger the child the more vulnerable
18 the child. If you're given a situation where maybe you
19 wouldn't have to response for a 12 year old you may have to
20 respond for a young child.

21 Q Would the fact that the child is, is of a young
22 age be a risk factor in and of itself?

23 A Yes. Younger children are more vulnerable, yes.

24 Q And would it tend to be making the situation more
25 of a higher priority?

1 A Depending on the situation, every situations is
2 different.

3 Q Here the concern -- you said it was a general
4 concern of abuse and locking a child in a room?

5 A Correct.

6 Q And we looked at the factors of Phoenix being of
7 a young age, and then you had the prior history of the
8 mother, and the other concerns raised over the -- you know,
9 over the years. How is it you didn't determine that to be
10 of an immediate risk?

11 A Because I had no information that any of the --
12 anything was happening at that time.

13 Q Is it fair to say you really didn't know what was
14 happening at that time one way or the other?

15 A It's fair to say that I did not know what was
16 happening at that time, but I certainly had no information
17 that something was happening at that time.

18 Q But wouldn't part of your job be to investigate,
19 you know, is, is this an allegation of abuse, is this
20 something serious?

21 A This is not something that would have been
22 considered an emergency by the After Hours Unit, by myself
23 or by my supervisor.

24 Q Did you see this as an abuse call at the time you
25 took it?

1 A No.

2 Q What, what is an abuse call, does it have a
3 specific meaning to you?

4 A Well abuse is always determined by the Abuse
5 Unit, but I had no information that a child was being
6 physically harmed, sexually harmed, emotionally harmed at
7 that time.

8 Q Okay. So if the caller had said Phoenix was
9 being physically abused would that change this to an abuse
10 call?

11 A I would have asked what the physical abuse is.

12 Q And if there was no more information how would
13 that -- what would that do?

14 A I wouldn't have responded immediately.

15 Q You would not have?

16 A Not, not knowing what the physical abuse is.
17 Some people call in and say that I saw somebody at Safeway
18 spanking their child, they consider that a physical abuse,
19 but it -- spanking is not against the law. I mean somebody
20 would attend to the issue, but not as an emergency.

21 Q But here you got a history, you have a long
22 history on CFSIS with the respective mother, wouldn't --
23 doesn't that change how you review -- how you view an
24 allegation of abuse?

25 A In no way did I consider this an emergency. I

1 mean I, I don't -- we don't go out on, on every call. We
2 don't have the capacity to go out on every call, and -- nor
3 a child who may be locked in a room, and a child who may be
4 abused with no information that -- what the abuse is, or
5 that it actually even was abuse is not considered an
6 emergency by the After Hours Unit.

7 Q Okay. And that was based on your training as a
8 worker?

9 A Based on my training and my experience, and also
10 how my supervisor viewed this instance.

11 Q Okay. If you had this call just before you had
12 recently retired, if you got the same call come in with the
13 same history, would that -- would you have changed the way
14 you dealt with it?

15 A No, no. No, I would not have changed. I would
16 have referred this call.

17 Q Again referred it to CRU?

18 A Yes, I would have.

19 Q Okay. If the call had been considered an abuse
20 referral would it have been treated differently?

21 A It would depend on the abuse.

22 Q Can you explain what you mean by that?

23 A Well, if, if somebody told ...

24 MR. RAY: She's not an abuse worker, and I don't
25 believe she's had any experience as an abuse worker, so I'm

1 not sure she's in a position to testify about what an abuse
2 worker might have done in the situation, Mr. Commissioner.

3 THE COMMISSIONER: I, I think it's been worked
4 over pretty well, Mr. Olson, this abuse business.

5 MR. OLSON: Well my understanding, Mr.
6 Commissioner, is there is a difference between an abuse
7 referral and a, and a normal referral, there is a different
8 type of worker, and I understand this, this worker would
9 have had occasion in the past to have referred files up to
10 the Abuse Unit, rather than regular intake.

11 THE COMMISSIONER: Well, you can ask that.

12 MR. OLSON: That's, that's -- and that's what I'm
13 getting at, that's why the question was why, why -- would
14 it differ if it was determined to be an abuse call.

15 THE COMMISSIONER: Well, what you're saying is
16 she had a -- you, you think she had a choice between
17 referring to CRU or to an abuse worker?

18 MR. OLSON: That's right. I think so.

19 THE COMMISSIONER: And is the abuse worker in
20 Intake or, or in, in After Hours, or in CRU?

21 MR. OLSON: My understanding is that there are
22 two different intake units. There's regular intake and
23 there's abuse intake, and if the call is an abuse call, if
24 it's determined to be an abuse call it goes right up to
25 abuse, and I may be wrong about that, but I just wanted to

1 explore that with this witness.

2 MR. RAY: I'm happy if he asks where would she
3 decide the call goes, but I don't think she can ask (sic)
4 if she did refer it to abuse then what would happen because
5 she wouldn't know what would necessarily happen because --

6 THE COMMISSIONER: No, but I, I think he can ask
7 questions whether that was an available option to her.

8 MR. RAY: I agree, Mr. Commissioner. Thank you.

9 MR. OLSON: Thank you.

10

11 BY MR. OLSON:

12 Q Was, was it available to you to refer it to
13 abuse?

14 A Not with the information I was given. The only
15 calls that I would refer to the Abuse Unit would be say I
16 got a call from the police, or from the hospital that
17 somebody has shown up physically abused or -- I, I get
18 calls like that from Children's Emergency or sexually
19 abused. Only when there is some evidence, a professional
20 has determined that this is abuse, would I refer directly
21 to the Abuse Unit.

22 Q Okay.

23 THE COMMISSIONER: The abuse what?

24 THE WITNESS: The, the Abuse Unit is a
25 specific --

1 THE COMMISSIONER: All right. Now, is the Abuse
2 Unit within the After Hours Unit?

3 THE WITNESS: No. A day side, a day side unit
4 called the Abuse Unit.

5 THE COMMISSIONER: And that's separate from CRU?

6 THE WITNESS: It is.

7 THE COMMISSIONER: It's not part of CRU?

8 THE WITNESS: It's not part of CRU.

9 THE COMMISSIONER: Okay. And, and so that option
10 was available to you if you thought this fitted there,
11 rather than CRU?

12 THE WITNESS: Correct. If I, if I knew for a
13 fact that there was abuse -- it's very seldom that After
14 Hours refers to Abuse. It's only when it is confirmed
15 abuse, or suspected abuse by a medical professional.

16 THE COMMISSIONER: All right. In selecting CRU
17 what was your expectation that CRU would do when they got
18 the file in the morning?

19 THE WITNESS: They would follow up and visit with
20 the family and find out what was happening.

21 MR. OLSON: Thank you.

22

23 BY MR. OLSON:

24 Q Do you know what happened after you referred the
25 file on to CRU?

1 A I have a vague knowledge, I've never read
2 anything in the paper or listened to anybody's testimony.
3 I -- from the notes I've been given I, I do know what
4 ultimately happened.

5 Q Okay. Did you have any further involvement in
6 this file?

7 A None. I had no idea -- there were three previous
8 inquiries, I had no idea that I was involved in this file
9 at all until 18 months ago.

10 Q So that -- one of the questions I was going to
11 ask you is about some of the reports that came out. You
12 had, you had no involvement in those reports then?

13 A No involvement, and I never read any of them.

14 Q Just so -- you can maybe clarify it for the
15 witnesses coming up. We looked at your report, this is --
16 it starts at page 36931?

17 A Correct.

18 Q And you said you, you wrote the report up to the
19 second page where it ends at "For consideration by CRU"?

20 A Correct.

21 Q Now the report appears to go, another page,
22 36933, where --

23 A Yes.

24 Q -- it's signed by Richard Buchkowski with Ms.
25 Verrier being the supervisor?

1 A Yes.

2 Q Can you just, just explain why that, that
3 happens, why your report looks this way, if you can.

4 A I'm assuming he just added to it on the computer.
5 I think he just -- it was opened by me, and he added a note
6 to it. I know that once, once files change workers -- I
7 don't know who does it, but the assigned worker's name is
8 changed on CFSIS. It would have been opened to me with my
9 supervisor, and then when it goes to CRU it would be opened
10 to the CRU worker and their supervisor. It's just an
11 evolution of the, of the report.

12 Q Okay. Would you have any involvement, or any
13 knowledge, that these changes were being made later?

14 A None.

15 THE COMMISSIONER: What?

16 MR. OLSON: That the changes had been made to the
17 report.

18 THE COMMISSIONER: What changes?

19 MR. OLSON: After, after her involvement and when
20 her report initially ended it was at the bottom of page
21 36932 --

22 THE COMMISSIONER: Yes. You mean the, the
23 addition?

24 MR. OLSON: The addition.

25 THE COMMISSIONER: Okay.

1 THE WITNESS: I, I had no knowledge what was
2 done.

3

4 BY MR. OLSON:

5 Q You wouldn't have -- you would see your report
6 again after that, I, I take it?

7 A Never. I never see the reports after I hand them
8 in that evening.

9 Q There have been several changes to the system
10 following Phoenix's deaths, and the various reports that
11 have come out after; are you, are you aware of that?

12 A Yes.

13 Q Okay. Based on your experience, because you
14 continued as an After Hours Unit worker until recently --

15 A Yes.

16 Q -- what sort of changes did you notice?

17 A Well the number one change is that we are
18 required to see all children in the home --

19 Q Okay.

20 A -- and even if we're going out with a concern
21 about one child we are required to physically see every
22 child in a family.

23 Q And what was -- how did that differ from what the
24 case had been prior to this change?

25 A There was no requirement that we see every child

1 in the family. If we were say going out with a concern
2 about one child we may just speak to that one child. I
3 mean generally when we're, generally when we're in a home
4 we see -- most of the children are home because it's the
5 evening, whereas if you're going out during the day other
6 children are in school, so it just became, it just became a
7 complete change in practice.

8 Q As an After Hours worker would you -- what would
9 you do if you didn't see a child following this change?

10 A Following this change?

11 Q I mean there must have been occasions where you
12 would go out on a field --

13 A And, and all the children weren't in the home?

14 Q Right.

15 A CRU will -- the case cannot be closed until all
16 the children are seen so CRU would have had to physically
17 see the child.

18 Q And is that a change that -- that was a
19 requirement to see all the children; right?

20 A Yes.

21 Q And is that something you were able to meet in
22 practice?

23 A With After Hours?

24 Q Right.

25 A No, because if children were at their dad's for

1 the weekend, or whatever, no, we can't always see all the
2 children, although this -- we just did it the best we
3 could. If it was an assigned case of course the assigned
4 worker could see the child the next day.

5 Q Was it always a requirement to see the child that
6 was the subject of the referral, who was the subject of the
7 referral?

8 THE COMMISSIONER: When?

9 MR. OLSON: Always.

10 THE WITNESS: Always?

11 MR. OLSON: Prior to --

12 THE WITNESS: Yes.

13 MR. OLSON: -- now and 2004, 2005?

14 THE WITNESS: Yes, if we got a call about a
15 specific child we always saw that child.

16

17 BY MR. OLSON:

18 Q So that hadn't changed?

19 A No.

20 Q We've heard that there's been a structured
21 decision making tool that's recently been implemented?

22 A Correct.

23 Q Have you had a chance to use it?

24 A Rarely because I retired, and the structured
25 decision making tool is for new cases that come into After

1 Hours, so it's kind of hit and miss. If it's an open case
2 you don't use it, so my, my usage is limited, but I have
3 used it.

4 Q Okay. Are you able to comment on whether or not
5 it has resulted in an improvement to the way things work?

6 THE COMMISSIONER: What's it called?

7 MR. OLSON: The structured decision making tool,
8 or S --

9 THE COMMISSIONER: Structured decision making
10 tool.

11 MR. OLSON: Right, or SDM is the acronym.

12 THE WITNESS: I don't feel able at all to answer
13 that question because what we did at After Hours went on to
14 another worker, so I don't know if that helped them. As
15 far as After Hours went it put a larger onus on us
16 completing certain tasks if it was opening a case. You
17 know, we tried -- we're not always in, in a position to ask
18 all the questions on the SDM. Some of them would require
19 more privacy, or -- we're only out there because there's an
20 emergency, so sometimes gathering the historical and more
21 private questions that need to be asked that's not possible
22 for us.

23

24 BY MR. OLSON:

25 Q Okay. Are there any other changes you're aware

1 of that came about as a result of these reports?

2 A Nothing that I can think of.

3 Q Okay. Are you able to say whether changes to the
4 system have made it a system that's safer or better able to
5 protect Manitoba children?

6 A Yes, the changes do help in keeping children
7 safe, as long as everybody is doing their job.

8 MR. OLSON: Those are my questions for you, and
9 other counsel will now have a chance to ask you some
10 questions.

11 THE WITNESS: Okay.

12 MR. OLSON: Thank you.

13 THE WITNESS: You're welcome.

14 THE COMMISSIONER: Thank you, Mr. Olson.

15 Who's ...

16 MR. RAY: Just, just before cross-examination,
17 Mr. Commissioner, may I speak with Mr. Olson just about one
18 question?

19 THE COMMISSIONER: Sure.

20 MR. RAY: Thank you.

21 THE COMMISSIONER: Before Mr. Gindin starts?

22 MR. RAY: Yes.

23 THE COMMISSIONER: Yes, do so.

24

25 (PAUSE IN PROCEEDINGS)

1 MR. RAY: Thank you, Mr. Commissioner.

2 THE COMMISSIONER: All right. Mr. Gindin.

3 MR. GINDIN: Thank you.

4

5 CROSS-EXAMINATION BY MR. GINDIN:

6 Q Ms. Davidson, my name is Jeff Gindin. I appear
7 for Kim Edwards and Steve Sinclair.

8 I want to take you directly to the, the two
9 calls, or the two involvements that you had.

10 A Okay.

11 Q First of all, it was January of, January of
12 '04 --

13 A Um-hum.

14 Q -- and based on the information that you have
15 from that call you did not determine that an immediate
16 field was necessary; correct?

17 A Correct.

18 Q Now, if we could just go to that call, which I
19 think is summarized at page 36974, if we could have that
20 up.

21 A Yes.

22 Q Now, before we do that you told us that you --
23 when you receive a call you would make some handwritten
24 notes; right?

25 A Yes.

1 Q And then later you would make your report from
2 those notes?

3 A Yes.

4 Q And that sometimes there were things in the
5 handwritten notes that weren't included in the report?

6 A The only things that wouldn't be recorded would
7 be things that weren't of a child welfare issue, that
8 needed to be passed on to another worker.

9 Q But you would make the determination of, of what
10 was relevant and what wasn't --

11 A Yes.

12 Q -- in terms of putting it into the report?

13 A Correct.

14 Q And the reason that we don't have those notes, as
15 I understand it, was that they would be destroyed quite
16 quickly really, and the main reason would be for
17 confidentiality reasons; is that so?

18 A From my understanding that would be the reason.

19 Q I suppose another option would be to -- rather
20 than destroy them keep them in some secure place, just in
21 the event they might be necessary?

22 A That is an option.

23 Q But that wasn't the option that you used?

24 A No.

25 Q Okay. Now, if you look at this particular call

1 at 36974, which is the next page, where it says "Presenting
2 Problem/Intervention" that's kind of your summary of the
3 call; correct?

4 A Correct.

5 Q And, again, the call might have taken more than
6 just a minute or two?

7 A Yes.

8 Q But you're trying to hit the highlights of the
9 call by, by what you put into the report; right?

10 A Yes.

11 Q Okay. So you're getting a call here from someone
12 telling you that Samantha's mother, the grandmother, is
13 smoking rock when she's babysitting Phoenix essentially;
14 right?

15 A Allegedly.

16 Q That's the call you're getting?

17 A Correct.

18 Q Obviously you weren't there and don't know
19 anything else other than what you've been told; right?

20 Q So this call refers to Samantha going out
21 frequently; right?

22 A Yes.

23 Q And that word is in that report, "frequently"?

24 A Yes.

25 Q And the babysitter we're talking about is the

1 grandmother; right?

2 A Yes.

3 Q And that's someone who's likely to babysit again,
4 not some strange babysitter, it's a family member?

5 A Correct.

6 Q So you're being told that Samantha goes out
7 drinking frequently and obviously would need a babysitter
8 frequently; right?

9 A Yes.

10 Q And the babysitter involved was the grandmother,
11 who's a family member, who according to this is smoking
12 rock in front of Phoenix while she's babysitting?

13 A Yes.

14 Q It strikes me as a pretty serious situation;
15 wouldn't you say?

16 A Well, yes, it's a serious situation.

17 Q Yeah. And your reason for not going out was
18 because it happened a few weeks earlier around Christmas
19 time?

20 A That's the last time that the source of referral
21 has information that it happened.

22 Q You had no information how often the grandmother
23 babysat exactly?

24 A I would assume frequently because Samantha goes
25 out frequently.

1 Q Yes. So this complaint that was made of what was
2 happening at Christmastime, based on the information you
3 had, could easily be repeating itself because she goes out
4 frequently and the grandmother is the one who babysits?

5 A I had no -- we -- I had no information that it
6 was going on now, that, that is -- was my basis for
7 determining that it wasn't an emergency.

8 Q So when you're not sure about something you just
9 assume it's not going on?

10 A No, I consult with my supervisor, we prioritize
11 according to what other things are going on in the unit
12 that night, we use our manpower as effectively as, as
13 possible.

14 Q Okay. And is there anything in these notes about
15 you consulting with your supervisor --

16 A No.

17 Q -- about this call? And since really you can't
18 remember these things now you have to rely on your notes;
19 correct?

20 A Correct.

21 Q So if there's nothing there about you consulting
22 with a supervisor we can assume it didn't happen, or you
23 made no notes?

24 A Perhaps it didn't happen, but my supervisor
25 certainly reads all my reports. My reports do not go, go

1 in without having been reviewed by my supervisor.

2 Q And if your supervisor wanted to talk to you
3 about this more, or question anything about what you did,
4 or didn't do, he would make that known to you or not?

5 A Yes.

6 Q And who was that again?

7 A Rick Manteuffel.

8 THE COMMISSIONER: Who?

9 THE WITNESS: Rick Manteuffel.

10 THE CLERK: Could you spell that, please.

11 THE WITNESS: M-A-N-T-E-U-F-F-E-L.

12 THE CLERK: Thank you.

13

14 BY MR. GINDIN:

15 Q So this call was January the 15th, just so I have
16 this correct; right?

17 A Yes.

18 Q And it referred to something occurring at
19 Christmastime which may be three weeks earlier or so;
20 correct?

21 A Um-hum.

22 Q And so for whatever reason there was no field to
23 the house --

24 A Not done by After Hours that evening.

25 Q Okay. Now -- and again you don't really recall

1 independently that call?

2 A No.

3 Q And I think you told us that there were hundreds
4 of calls that would come in and it would be hard to recall
5 the details of any one particular call, without your notes?

6 A Right.

7 Q Which is one of the reasons you take things down
8 and record them; right?

9 A Right.

10 Q Now the next call that you were involved with was
11 the March 5, 2005 call, and by the way just before we --
12 no, that's fine, we'll move to that call.

13 Now, with respect to that call your notes are on
14 page 36926 -- or your report is at page 36926, perhaps we
15 can get that call up, and at the bottom of that first page
16 there's a reference to parents abusing substances, do you
17 see that last -- towards the last line there; correct? On
18 page 36926.

19 A 36926?

20 Q Yeah, the second last --

21 A Okay.

22 Q -- line talks about parents abusing substances,
23 I'm just quoting directly, do you see that?

24 A Yes, I do.

25 Q Okay. Now, when you were involved with the call

1 on March the 5th I think you told us you really had no
2 recollection of the previous call we just talked about?

3 A That's correct.

4 Q And if you did have some recollection of that
5 call you would have recalled that it also dealt with drugs
6 and substances; right?

7 A Yes, yes.

8 Q But, but at that time you didn't have that
9 recollection; correct?

10 A Correct.

11 Q On the next page, 36927, there's a reference
12 there to an EIA worker receiving a call from Samantha, and
13 having some concerns about it, and mentioning that there
14 were some concerns about Samantha not taking care of the
15 child; right?

16 A Yes.

17 Q Now, is that something that you became aware of
18 at the time you were preparing this report? You must have
19 because --

20 A Yes.

21 Q -- it's in here, yeah. Now, this call I'm
22 talking about now, the March call --

23 A Um-hum.

24 Q -- that's -- I think you told us that you didn't
25 really remember anything about that call until you had a

1 chance to look at the notes; right?

2 A No, the --

3 Q This --

4 A Yeah, the March call. As soon as I read my
5 notes, yes.

6 Q Yeah. Prior to that you didn't have any sort of
7 recollection of your involvement in this matter at all?

8 A None.

9 Q So reading the notes refreshed your memory to
10 some degree; right?

11 A Yes.

12 Q Now, one of the reasons you say that is because
13 this was a foster mother who called?

14 A Yes.

15 Q Now, has that never happened before?

16 A Yes, foster parents call.

17 Q Okay. That's, that's something that's happened
18 on occasion?

19 A Yes.

20 Q Okay. This call is now about eight years ago,
21 approximately; right?

22 A Yes.

23 Q So obviously it's -- you'd have some difficulty
24 remembering details, you'd have to look at your notes to
25 refresh your memory?

1 A I had to -- yes, not my notes, my reports, yes.

2 Q And again this report comes partly at least from
3 those notes that you made that we don't have anymore as
4 well?

5 A Correct.

6 THE COMMISSIONER: Mr. Gindin, I'm going to
7 interrupt you for a minute. I want to ask Mr. Olson a
8 question. I've got, got two copies of a report on March
9 the 5th in front of me. One, the pages are 9250 and, and a
10 sequence after that, and the other is 36931 in a sequence
11 after that, and they, they both have the same history on
12 the first page, but I don't seem to have 36927, but yet --
13 if you'd look at these two tell me which ones it is that
14 Mr. Gindin is, is referring to.

15 MR. OLSON: You don't have 39627 (sic)?

16 THE COMMISSIONER: Tell me which one of those Mr.
17 Gindin's referring to.

18 MR. GINDIN: Perhaps -- yeah, we can refer to
19 9251 because I know that you have it. It's exactly the
20 same paragraph I'm referring to, but --

21 THE COMMISSIONER: Yes, it's --

22 MR. GINDIN: -- at least you'll have it in front
23 of you.

24 THE COMMISSIONER: -- a different document
25 though; was it?

1 MR. GINDIN: A different document, but it refers
2 to the exact same wording.

3 THE COMMISSIONER: Okay.

4 MR. GINDIN: Maybe we can get 9251 on so we're
5 all on the same page, so to speak.

6 THE COMMISSIONER: All right. Well, maybe you'd
7 better -- Mr. -- you'd better put it on the record what,
8 what the difference is.

9 MR. OLSON: So, Mr. Commissioner, the difference
10 between the documents are that they appeared in the file in
11 different places. They're essentially the same documents,
12 but when, when Ms. Davidson's report went on to be sent to
13 Mr. Zalevich, and it was changed, there were a few minor
14 changes to the reports, and you'll see that reflected on
15 page 36926. You'll see at the "From" line now beside
16 "Jacki Davidson AHU" you'll see added "Christopher Zalevich
17 (CRU)".

18 THE COMMISSIONER: Yes.

19 MR. OLSON: And then you'll see that -- the
20 document with Zalevich has more information following Ms.
21 Davidson's report, and that's essentially what she was
22 explaining when I was examining her this morning.

23 That after -- for consideration by CRU, the
24 balance of the document was prepared by Mr. Buchkowski and,
25 and I think he's going to tell us.

1 THE COMMISSIONER: So 36926 is the same as 9250?

2 MR. OLSON: That's right, essentially the same.

3 THE COMMISSIONER: Well --

4 MR. GINDIN: Well let's refer to 9251 because I
5 think you have it in front of you.

6 THE COMMISSIONER: Yes, I do.

7 MR. GINDIN: And towards the bottom of that page.

8

9 BY MR. GINDIN:

10 Q We have the "Presenting Problem/Intervention".
11 Can you see that? Ms. Davidson, can you see that?

12 A Yes.

13 Q Yes. So that's, that's the reference to the
14 phone call we're talking about --

15 A Yes.

16 Q -- that's your notes or, or your report of the
17 phone call? Okay.

18 Now, that's a short paragraph really that
19 summarizes the phone call that you receive?

20 A Correct.

21 Q Now, SOR number 7, who actually made this call to
22 you, testified to us that she recalls the call taking 10 or
23 15 minutes.

24 A That's possible. I have no --

25 Q That's possible.

1 A -- recollection.

2 Q If that's correct then your summary here would be
3 a pretty brief overview of that call, including the things
4 you obviously thought were the important things to record?

5 A Correct. There, there was a lot of discussion
6 though of trying to get to the original SOR and her -- you
7 know, this would not be an unusual summary for a call.

8 Q She testified that when she started to give the
9 information to you the way she recalls it was you said,
10 well, stop right there, and that there were things you had
11 to deal with of course in terms of where the information
12 came from, et cetera; correct?

13 A Correct.

14 Q You may not have said the words, Stop right
15 there, you might have said, Hold on, or -- but the effect
16 is the same --

17 A Correct.

18 Q -- that she was stopped until you --

19 A So that I could get -- catch up with all the
20 information, yes.

21 Q And she tells us that she may have said to you,
22 If nothing's done I'll hold you personally accountable;
23 that could very well have taken place, and that's something
24 also that you hear sometimes?

25 A Yes, it's, it's not an unusual comment.

1 Q Right. And, again, you wouldn't record it
2 because it doesn't give you specific information?

3 A Correct.

4 Q And if she said, for example, which she tells us
5 she said, that she was even shocked that Samantha had a
6 child with her again that's not something you would
7 necessarily record?

8 A No, that's her opinion. We would use our history
9 of involvement rather than somebody's opinion.

10 Q Okay. So you're not denying that she may have
11 said that, it's just not something you'd record?

12 A Correct.

13 Q Okay. In fact I think you said that when you
14 took this call at that time you didn't even recall if it
15 was the same family that you were talking about in January
16 of -- when the other call was made, I just don't have the
17 date handy, the first call that we talked about this
18 morning?

19 A Correct. I take dozens --

20 Q Yes.

21 A -- of calls every night.

22 Q Yeah, so you wouldn't have connected the fact
23 that this was now your second call dealing with this
24 family?

25 A I had no idea.

1 Q And when you make this kind of note in this
2 report are you trying to write down verbatim the
3 conversation or more of the gist?

4 A The gist using the important words, you know --

5 Q So clearly the word abusing was used; correct?

6 A Correct.

7 Q And clearly the phrase locking Phoenix in the
8 bedroom was used?

9 A Correct.

10 Q There doesn't seem to be anything in here about
11 any questions you would have asked like, did she stay home
12 when this happened, or did she leave, was the child left
13 alone, there's nothing in this paragraph about questions
14 like that.

15 A Well I mean I did ask questions, more related to
16 the abuse than the locking in the bedroom.

17 Q But we don't know now what those questions were,
18 they're not, they're not --

19 A I know that I asked what, what the abuse was
20 because she didn't -- she replied that she didn't know what
21 the abuse was, and, no, I, I just took down the information
22 that she may be locking Phoenix in the room.

23 Q So when you say "SOR does not have any details as
24 to what this alleged abuse might be" she's obviously not
25 using those words, that's just your sort of conclusion as

1 to what she was saying?

2 A That's my summary of my question, correct.

3 Q And you might not have asked about the locking in
4 the bedroom?

5 A I don't believe I did ask whether she was home or
6 not when she locked the child in the bedroom.

7 Q That would be an important question? There's a
8 big difference --

9 A Well, it's -- if she had told me that she was
10 locking her in the bedroom and leaving now that would
11 change everything, but that's not the information -- she
12 didn't provide me with any information that, that she was
13 not home when the child was locked in the bedroom.

14 Q Well if she said that Samantha may be locking
15 Phoenix in her bedroom isn't the next question anyone would
16 want to know, well, was she home, did she leave her there
17 alone, did she abandon her?

18 A Well, that's a whole different issue that wasn't
19 raised.

20 Q It wasn't raised by you.

21 A Perhaps not. I mean I had no reason to think
22 that Samantha would lock her child in a room when she was
23 gone, that's --

24 Q Did you have any reason to think she wouldn't?

25 A I don't, I don't deal in what could happen, I, I

1 deal in the, in the information that I have of what's going
2 on now, that's my job as an emergency worker.

3 Q It's also to ask specific questions that are
4 important; isn't that part of your --

5 A And we all do that every day.

6 Q And whether or not the child was locked in the
7 bedroom and left alone that's an important difference?

8 A It's an important difference, but that is not the
9 problem that I was presented with. I don't ask questions
10 about what else might be going on. If it's not happening
11 now then it's going to be followed up by somebody else I
12 feel that I answered -- that I asked questions that were
13 pertinent to the -- to see if it was an emergency now.

14 Q But when you're getting a call from someone
15 they're not necessarily right there where the child is at
16 the time of the call; correct? They might be reporting
17 something to you that they saw or heard earlier.

18 A Well there's different timelines. People do call
19 me and say, I was just at such and such a place and this is
20 going on. That was not the case with this call.

21 Q Okay. So according to the paragraph this person
22 suspects that Samantha may be locking Phoenix in her
23 bedroom; that's what we have in your notes?

24 A Correct.

25 Q There's nothing in here about you saying, well

1 when did that happen?

2 A Well she didn't have any details, that was the --
3 that's why it was so important for me to talk to the direct
4 source of referral. Those are the kinds of questions that
5 you ask somebody who actually saw the situation.

6 Q And she didn't want to give you the name of that
7 person?

8 A Correct.

9 Q So did you ask her, and I think this was asked
10 already, you could have asked her to get that information
11 and call you back?

12 A I'm sure I, I did tell her to have the -- her SOR
13 call me, and that she could call anonymously. We receive
14 anonymous calls all the time.

15 Q Where's that information that you just gave us,
16 is it --

17 A It's, it's not in my notes. As I said we are an
18 emergency service and I have no idea what was going on that
19 day other than this. There's -- in hindsight --

20 Q Okay. So you're -- and the last part you're just
21 assuming, the last part that you mentioned you're just
22 assuming that you would have told her to have the other
23 person call me, or something along those lines?

24 A Well that is how I practice, yes.

25 Q Okay. So you're assuming you did it here?

1 A I'm just assuming it, correct.

2 Q Yeah. It's not in your notes?

3 A Correct.

4 Q And you would agree there's nothing in your notes
5 such as, well, when did you see her being locked in the
6 bedroom, do you know whether she stayed home or left;
7 there's nothing like that in your notes, no questions like
8 that, right?

9 A No, because the person I was talking to hadn't
10 seen any of it.

11 Q But she was reporting something pretty
12 significant about a child being locked in a bedroom; right?

13 A Yes, and I, I believed that the intervention was
14 appropriate.

15 Q So, again, for the reasons you explained there
16 was no decision made to go and do an immediate field --

17 A Correct.

18 Q -- to the house; right? I think you said that
19 you take -- you take information from anonymous calls
20 regularly?

21 A Yes.

22 Q And if someone calls you and doesn't want to give
23 their name how do you respond usually; do you still take
24 the information?

25 A Always.

1 Q Okay. Did you explain to SOR 7 that if the other
2 person called you back you would take information from that
3 person without asking the name?

4 A I have no recollection if I specifically said
5 that.

6 Q Um-hum. That would have been not a bad idea if
7 you did?

8 A Well I don't know if I did or didn't do it.

9 Q No, but I'm suggesting --

10 A It's a good idea --

11 Q Yeah.

12 A -- it's a good practice, I agree.

13 Q Okay. And I think you said you remembered this
14 call because you weren't getting some of the information
15 you needed, but that must be a pretty regular occurrence
16 though?

17 A Yes, we try to gather as much information as, as
18 we can from the first phone call, but we also know that
19 many other phone calls are made after us to, to try and get
20 more information.

21 Q And having problems getting information is not
22 unusual?

23 A No, I wouldn't say it's unusual, but if people
24 are calling generally they're calling because they're
25 genuinely concerned about a child at risk, and try to offer

1 us as much information as they have.

2 Q Um-hum. You talked about the change that you've
3 seen since '04 and '05 and that was that there's now a
4 requirement to physically see all children in the home;
5 right?

6 A Yes.

7 Q You're not suggesting that prior to that change
8 it wasn't a good idea to do it?

9 A It was always a good idea to do it. I think
10 before if, if a child, who wasn't involved in a case at
11 all, wasn't seen it didn't mean the case couldn't be
12 closed.

13 Q Um-hum.

14 A I mean sometimes there are teenagers that really
15 have nothing to do with the problem at home, so --

16 Q So the difference is that now if you can't see
17 all of the children the file remains open --

18 A That's my --

19 Q -- until it's, until it's done?

20 A -- understanding, correct. Yes, not, not being a
21 person who closes files that's my understanding of how
22 things work now.

23 Q And in order to accomplish that it would be
24 necessary sometimes to go out to the home in the evenings
25 or a weekend?

1 A Yes.

2 Q That's a good time because people are more likely
3 to be home sometimes?

4 A Sometimes, yes. It depends on the age of the
5 children.

6 Q And the younger the age of the children the more
7 likely they're home in the evening?

8 A No, if they're pre-school -- if you want to see
9 all the kids, and we can quite often see pre-schoolers
10 during the day --

11 Q Yeah.

12 A -- we can also go to the school to see children.

13 Q Right. So those are some of the options --

14 A Yes.

15 Q -- for seeing children? Other options are to go
16 again in the evening if the daytime doesn't prove fruitful?

17 A Correct.

18 MR. GINDIN: All right. Those are my questions.
19 Thank you.

20

21 THE COMMISSIONER: Thank you, Mr. Gindin. Mr.
22 Paul.

23

24 CROSS-EXAMINATION BY MR. PAUL:

25 Q Good afternoon, Ms. Davidson. My name is Sacha

1 Paul. I'm one of the lawyers for Winnipeg Child and Family
2 Services, and the Department, and I have what I will call
3 some structural questions --

4 Q Okay.

5 A -- building upon some questions that the
6 Commissioner added, just so I can make sure I have things
7 straight in, in my own head structurally.

8 You are an After Hours worker?

9 A Right.

10 Q And one of the jobs as an After Hours worker is
11 of course to receive calls?

12 A Yes.

13 Q And your job is to get as many details as
14 possible during the context of those calls?

15 A Correct.

16 Q And your job then is to document those details
17 and put them in reports?

18 A Yes.

19 Q And you're trying to get as much detail as
20 possible to put them in the reports that you make; right?

21 A Yes.

22 Q So in the event that your reports are silent on
23 details it can be safely said that you weren't provided
24 with those details?

25 A Yes.

1 Q Because it's your job to get those details;
2 right?

3 A Yes.

4 Q In terms of again what an After Hours worker does
5 I think what you said, and we've heard this analogy before,
6 is that you're almost like an emergency room?

7 A Correct.

8 Q Right. Your job is to do essentially an
9 immediate safety assessment of whatever the presenting
10 problem is?

11 A Yes.

12 Q To see is that child safe right now; right?

13 A Yes.

14 Q This concept of immediate safety can be
15 contrasted to the concept of risk where risk is about
16 trying to project what will happen in the future; right?

17 A Yes.

18 Q And, again, your job is to look at the safety?

19 A Yes.

20 Q And, again, if we go to the structure of how the
21 system was set up back in 2005 if I can put it this way the
22 front line of the system consists of the Crisis Response
23 Unit, or CRU?

24 A Yes.

25 Q And After Hours?

1 A Yes.

2 Q In essence if you put CRU and After Hours
3 together they cover the 24 hour day; right?

4 A Yes.

5 Q And they're the front line?

6 A Yes.

7 Q The second line of the intake then would consist
8 of what is sometimes known as general intake?

9 A Yes.

10 Q And at that same level would also be the abuse
11 intake?

12 A Yes.

13 Q So if, if Rome was building a pyramid you have
14 After Hours and CRU at the top, the next level then would
15 be general intake and abuse intake?

16 A Right.

17 Q And then the final base of it would be the Family
18 Service Units?

19 A Correct.

20 Q And that's how the structure worked at that time?

21 A Yes.

22 MR. PAUL: Okay. Mr. Commissioner, I hope that
23 helps, and those are my questions.

24 THE COMMISSIONER: Yes, it did, Mr. Paul.

25 MR. PAUL: Thank you. Thank you, witness.

1 THE COMMISSIONER: Anybody else, Mr. Saxberg?

2 MR. SAXBERG: No questions.

3 THE COMMISSIONER: All right. I guess you're on
4 then Mr. Ray.

5 MR. RAY: May I just confer with Mr. Saxberg on
6 one issue --

7 THE COMMISSIONER: Surely, surely.

8 MR. RAY: -- at the moment. Thank you.

9 Mr. Commissioner, I'm just wondering whether --
10 it's 20 after 12. I think my questions may be
11 significantly shorter if I'm given an opportunity to go
12 through my notes to see -- to review the witness' material.
13 I'm just wondering if we could take a break now and then
14 come back and ask some questions afterward, if that would
15 be appropriate. I apologize to Ms. Davidson for keeping
16 her for the afternoon.

17 THE COMMISSIONER: That's all right. We'll do
18 that.

19 Now, Mr. Olson, I notice on the schedule this
20 afternoon there's one witness by video hearing. What time
21 is that set up for?

22 MR. OLSON: She's set up for two, but I think
23 we're going to try to move her until three o'clock, and --

24 THE COMMISSIONER: Well, you've still got -- are
25 you going to try your other witness ahead of her?

1 MR. OLSON: Yeah, yeah, he -- logically he needs
2 to come before the video witness.

3 THE COMMISSIONER: But might he turn out to be
4 longer than you expected like this morning, or ...

5 MR. OLSON: It's, it's possible. I hope not.

6 THE COMMISSIONER: I see. Well I'm just
7 wondering whether three o'clock leaves you enough time.
8 Mr. Ray is going to have -- may have some questions for
9 this witness, but you, you can confer it.

10 MR. OLSON: I'll confer with my friends.

11 THE COMMISSIONER: I'm, I'm prepared to adjourn
12 now until two o'clock.

13 MR. RAY: Thank you.

14 MR. OLSON: Thank you.

15 THE COMMISSIONER: All right.

16

17 (LUNCHEON RECESS)

18

19 THE COMMISSIONER: All right, Mr. Ray.

20 MR. RAY: Yes, good afternoon, Mr. Commissioner.
21 Thank you for the break. I think it was useful for me to
22 go through those notes.

23

24 CROSS-EXAMINATION BY MR. RAY:

25 Q For the record Trevor Ray for MGEU, Ms. Davidson.

1 Ms. Davidson, you were asked about your recording, and what
2 you recorded in terms of -- the use of the word "abuse",
3 and in terms of the use of the phrase "maybe locked in a
4 bedroom", I'm paraphrasing somewhat. If the caller, source
5 of referral number 7, had told you on the phone that she
6 had information that Phoenix was being hurt would you have
7 recorded that?

8 A Yes.

9 Q Can you tell us why you would have recorded that?

10 A Well "hurt" defines a more specific kind of abuse
11 in my mind. It would lead me to believe that a child is
12 being physically abused.

13 Q And what about if the source of referral 7 had
14 told you that Phoenix has been locked in a room and left
15 alone unsupervised, and that the source of referral
16 understood there to be whimpering coming from behind the
17 door?

18 A That would definitely have been recorded.

19 Q Okay. And can you tell us why that would
20 definitely have been recorded?

21 A It's more information as to what's going on. A
22 child playing behind a door or being kept in a room
23 whimpering have two completely different connotations.

24 Q Mr. Olson asked you some questions about your not
25 going out. At the time you received the call that you did

1 not go out to determine whether Phoenix Sinclair was safe
2 on that -- during that March call --

3 A Yes.

4 Q -- okay, and, and my question for you is is that
5 call that you received that day, as you recorded it, is
6 that a call that is typical -- a typical call that the
7 After Hours Unit would receive?

8 A Yeah. They're not completely typical calls, but
9 that's certainly not an unusual call.

10 Q Are you able to say how often you might be
11 presented with that type of a generic allegation about
12 abuse?

13 THE COMMISSIONER: Is that the crack smoking?

14 MR. RAY: No, Mr. Commissioner, this is the
15 March, '05 call which said --

16 THE COMMISSIONER: Okay.

17 MR. RAY: -- Phoenix was being abused and locked
18 in her bedroom.

19 THE COMMISSIONER: Yes, all right.

20 THE WITNESS: I would think that probably one
21 person who is on shift at After Hours a night would get a
22 call about abuse.

23

24 BY MR. RAY:

25 Q If this type of call that you received on this,

1 as recorded by you, if that required an immediate field by
2 you how, how frequently would you be conducting immediate
3 fields?

4 A How frequently?

5 Q Yes.

6 A Over the years I -- I mean I, I can't think of
7 what an average would be. I, I would say that for sure I
8 go out every night.

9 Q Maybe you're not understanding my call (sic).

10 Your evidence was that this call did not require
11 you to conduct an immediate field in your, in your opinion?

12 A Yes.

13 Q Okay. If this type of call did require you to
14 conduct an immediate field how much more frequently would
15 you be conducting immediate fields?

16 A Oh, we would be, we would be out all the time.
17 Our workload -- there's not enough workers to do that.

18 Q Okay. You were asked some questions about what
19 types of questions you might have asked the caller in
20 response to what they were telling you, and in this case we
21 know you recorded the word "abuse" and we know you recorded
22 "the caller does not have any more details" and I think
23 your evidence was you, you believed that you recorded that
24 second part because you asked her, well, you know, what can
25 you tell me, what sort of abuse, can you give me some

1 details. You were then asked about your recording in terms
2 of also locking someone -- Phoenix in a bedroom, and you
3 acknowledged that you didn't record that you asked her for
4 additional details, and it's not recorded.

5 What would your practice have been in terms of
6 whether you would have asked her some follow-up questions
7 about that?

8 A Well, we ask whatever questions come to mind,
9 whatever questions we think need asking. Is that -- maybe
10 -- am I not understanding the question?

11 Q Well, based on your practice at the time do you
12 think you would or would not have asked her follow-up
13 questions to, to try to obtain details about what -- how,
14 how or why Phoenix was being locked in the bedroom?

15 A I, I think I would, but I don't have my notes.

16 Q And you've acknowledged that, I just wanted to
17 know what you think your practice might have been.

18 Now, you indicated that you didn't receive
19 standards training at first; is that correct, or you don't
20 recall receiving standard -- training about the provincial
21 standards at, at first?

22 A Well other than reading the, the Act.

23 Q Okay. Do you have a recollection of the specific
24 standards that existed at various points throughout your
25 career with After Hours or CFS?

1 A No, it's been a long time, and a lot of change.
2 I don't know -- I don't have a recollection of exactly what
3 was in force.

4 Q Okay. I'd like you to -- if we could bring up
5 page 20261, please.

6 THE CLERK: When it shows me a line like that I
7 have to reboot the computer.

8 MR. RAY: Okay. Unfortunately I don't think the
9 witness can answer the question until she sees the
10 document, so we'll have to wait.

11 THE COMMISSIONER: It wouldn't be a document I
12 would have, I don't think.

13 MR. RAY: I don't know, Mr. Commissioner, no.

14 THE COMMISSIONER: No, no.

15 MR. RAY: Probably not because --

16 THE COMMISSIONER: That's fine, that's fine.
17 I'll see it on the screen.

18 THE CLERK: Here you are.

19 MR. RAY: If we could scroll up to show paragraph
20 13, please.

21

22 BY MR. RAY:

23 Q Just, just take a moment to read paragraph 13,
24 and then I'll ask you a couple of questions about paragraph
25 13.

1 THE COMMISSIONER: Well, you'll also ask her what
2 this document is, I assume?

3 MR. RAY: Maybe if we could turn to the first
4 page of the document, go back to 260 -- 20260.

5

6 BY MR. RAY:

7 Q This is a -- these are the meeting minutes from a
8 CRU staff meeting effectively, and I know you were an After
9 Hours worker, and I know you were not present at this
10 meeting, so I'm not going to ask you whether you know what
11 CRU was doing or questions about CRU because I'm -- you
12 weren't a CRU worker, but I would like to ask you a
13 question about paragraph 13.

14 THE COMMISSIONER: What was the date of that?

15 MR. RAY: Sorry. February 3, 2004, at the top.

16

17 BY MR. RAY:

18 Q So have you had a chance to read the paragraph?

19 A Yes.

20 Q Okay. So starting with "As much as is possible",
21 just reading what the -- I'm just reading what the minutes
22 reflect was the observations or belief of CRU workers with
23 respect to how they felt they should conduct themselves
24 with CRU, and it says:

25

1 "As much as is possible, when
2 there is a concern about a child
3 in the home, the home and the
4 child should be seen by a worker."

5
6 Does that to your knowledge in roughly 2004, 2005
7 does that statement, "As much as is possible" should see
8 the child reflect what your understanding of the
9 requirement was for After Hours at approximately that same
10 time?

11 A Yes. Well, yes, according to how much time we
12 had that evening. I mean it's very open with us.

13 Q And just one more question on an area Mr. Gindin
14 canvassed with you. Mr. Gindin asked you whether you told
15 source of referral 7, which was the person you were
16 speaking to on the phone, to have her source of referral
17 call, and whether you told that person that they could --
18 to tell 6 they could call anonymously, their, their direct
19 source of information whether they could call anonymously;
20 do you recall that question?

21 A I recall it.

22 Q Okay. And your answer was, "I'm sure I would
23 tell her to get that SOR to call me, it's not in my notes".

24 And Mr. Gindin then asked you, "So you are
25 assuming that you told her that."

1 My question to you is what is the basis for your
2 making that assumption that you would have told SOR 7 to
3 tell that to SOR 6?

4 A I think I would have said it because I was having
5 such a difficult time in, in getting the information from
6 her, and she was clear that the SOR wanted to be anonymous
7 and I -- it's just good practice to remind somebody, who
8 doesn't want to give you information, that any information
9 can be divulged anonymously.

10 MR. RAY: Thank you. Those are my questions.

11 THE COMMISSIONER: Thank you, Mr. Ray. Mr.
12 Olson.

13 MR. OLSON: I just have a couple of questions.

14 THE COMMISSIONER: Yes.

15

16 RE-EXAMINATION BY MR. OLSON:

17 Q Just with respect to your call with SOR 7 do you
18 recall what the tone of the conversation was?

19 A The tone?

20 Q Right.

21 A I think that both of us were frustrated for
22 different reasons. I mean I believe that she genuinely
23 wanted to get information across and I genuinely just
24 wanted to get as much detail as possible from the person
25 who saw the actual incident, so that's why it stands out

1 because I think both of us were frustrated for different
2 reasons.

3 Q And you said you think she wanted to get her
4 information across?

5 A Yes. Well, I knew she -- I mean I, I believe she
6 was genuinely concerned about the care of the child, and,
7 and she was frustrated that I kept trying to encourage her
8 to somehow get the source of referral to call directly so
9 that we could get the information about the exact incident
10 that she witnessed.

11 Q Okay. Mr. Ray asked you if this -- if the call
12 was a typical call, the call from SOR 7 was a typical type
13 of call, and you said, I wouldn't say it was typical, but
14 it wasn't unusual. Do I have that right, that's ...

15 A Yes.

16 Q Okay. Even though it wasn't an unusual type of
17 call that would have -- would that have -- are you
18 suggesting that would have any impact on the decision
19 whether or not it was emergent or you needed to go out on
20 the call?

21 A No, none at all.

22 Q Mr. Ray asked you if you had to go out on all,
23 all these types of calls what would the effect be, and you
24 said we'd be out all the time; right?

25 A Correct.

1 Q But if you were getting calls all the time that
2 were of an emergent nature you, you would go out all the
3 time?

4 A All the time, yes.

5 Q So the fact that these calls came in regularly
6 again that has no bearing on whether or not you go out?

7 A None whatsoever.

8 Q Okay. It was -- and when it comes to just a
9 general allegation of abuse I think you said before even
10 having more information it could be serious or it could be
11 minor?

12 A Correct.

13 Q Okay. And the only way you're going to know
14 anything more about the abuse is if there's an
15 investigation into it?

16 A Right, which would happen either by After Hours
17 or by CRU.

18 MR. OLSON: Those are, those are my questions.

19 THE COMMISSIONER: I want to ask you a question
20 more, too, about this document that's on the screen. Go
21 back to the first page, will you, please.

22

23 EXAMINATION BY THE COURT:

24 Q Now, these are CRU joint meeting minutes, what
25 does "joint meeting" -- what's, what's that about?

1 A There are two teams on the CRU, I believe.

2 Q Yes.

3 A That's my understanding --

4 Q Oh, I see.

5 A -- and I believe they met together, that's what
6 it means to me.

7 Q And have you seen this document before?

8 A Never.

9 Q Well, would, would decisions made and procedures
10 recorded with respect to a CRU joint meeting be applicable
11 to you in the After Hours work?

12 A No, it's applicable to CRU, however, as After
13 Hours and CRU try to do the same emergency work at
14 different hours we, we try to work together. I mean above
15 this there would be meetings with supervisors, so my
16 supervisor would meet with CRU supervisors, and if
17 something had come up in a CRU meeting perhaps that would
18 be dealt with in a supervisor meeting. I've never been to
19 one of those meetings, but I assume that's how that
20 information would be transferred.

21 Q Well, did your After Hours group have meetings of
22 the same kind as this?

23 A Yes.

24 Q And did you ever discuss the -- have such a
25 meeting -- what was in that paragraph 13 that was on the

1 screen?

2 A I'm sure some time over the last decade we've --
3 it's, it's -- we discuss ongoing issues and so whatever
4 good ideas come up we, we discuss. We would have discussed
5 something similar because it changed for us that we had to
6 see every child in a house, so I'm, I'm sure it was
7 discussed at some meeting. I don't know when.

8 Q You don't have a record of that?

9 A No.

10 Q And when did the change come that you're to see
11 every child in the house?

12 A Some time after one of the reviews on Phoenix
13 Sinclair's death, one of the other three, I don't know
14 which one.

15 THE COMMISSIONER: All right. Does any counsel
16 want to ask any questions arising out of the questions I've
17 put to the witness?

18 MR. RAY: No, Mr. Commissioner.

19 THE COMMISSIONER: All right. It appears not so
20 we're through with you, witness. Thank you very much.

21 THE WITNESS: Thank you, sir.

22

23 (WITNESS EXCUSED)

24

25 MR. OLSON: We're ready to proceed with the next

1 witness.

2 THE COMMISSIONER: Right.

3 THE CLERK: I wonder if you could just stand for
4 a moment, please.

5 Is it your choice to swear on the Bible or affirm
6 without the Bible?

7 THE WITNESS: I'll swear on the Bible.

8 THE CLERK: Okay. Just take the Bible in your
9 right hand then. State your full name to the court.

10 THE WITNESS: Richard Stanley Buchkowski.

11 THE CLERK: And spell me your first name, please.

12 THE WITNESS: R-I-C-H-A-R-D.

13 THE CLERK: And your middle name, please.

14 THE WITNESS: S-T-A-N-E-L-Y (sic). Last name B-U-
15 C-H --

16 THE CLERK: I'm, I'm just pausing on the spelling
17 of Stanley, that's not a typical spelling.

18 THE WITNESS: Oh. Oh, pardon me. S-T-A-N-L-E-Y.

19 THE CLERK: Thank you. And the last name.

20 THE WITNESS: B-U-C-H-K-O-W-S-K-I.

21 THE CLERK: Thank you.

22

23 **RICHARD STANLEY BUCHKOWSKI, sworn,**

24 testified as follows:

25

1 THE CLERK: Thank you. You may be seated.

2

3 DIRECT EXAMINATION BY MR. OLSON:

4 Q You received a bachelor of arts degree from the
5 University of Winnipeg in 1984?

6 A I completed my education in '84. I would have
7 applied for graduation in 2001.

8 Q I see. You don't have a social work degree; do
9 you?

10 A No, I don't.

11 Q In terms of your work history in child welfare in
12 1984 you worked as a social worker for Sioux Valley?

13 A Correct.

14 Q And you worked there for a year?

15 A Yes.

16 Q What was your position?

17 A Social development administrator.

18 Q Okay. In 1985 you moved to the Children's
19 Hospital where you worked with the Child Advocacy Project
20 Coordinator?

21 A Yes.

22 Q And you did that for just over a year?

23 A Yes.

24 Q In '86 you went to work for the Seven Oaks Centre
25 for Youth as a juvenile counselor?

1 A Correct.

2 Q And during that time you also did some work with
3 Northwest Child and Family Services as a support worker?

4 A Yes.

5 Q In 1995 you went to work with Winnipeg Child and
6 Family Services?

7 A Yes.

8 Q And there you worked as a social worker in the
9 Protection Unit?

10 A Yes.

11 Q And what did that work involve?

12 A Case management of children who are in need of
13 protection, providing support, working with permanent
14 wards.

15 Q For how long did you do that?

16 A Approximately four years, I believe.

17 Q Then I understand you went to work for Intake for
18 a short period of time in 1999?

19 A I went to Intake for a few months and then I
20 moved over to the Crisis Response Unit.

21 Q Okay. And when -- so when did you start working
22 at the Crisis Response Unit?

23 A I was there right from the beginning. I'm not
24 quite sure of the exact date.

25 Q Okay. Some time in '99 or 2000?

1 A Probably in '99, yes.

2 Q That's a position you held while you were -- when
3 you were involved in this particular matter?

4 A Yes.

5 Q And are you in that position today?

6 A Yes, I am.

7 Q When you were involved in this matter, and I want
8 you to restrict your answers to that, unless I tell you --
9 you know, I'm asking you for your current position, when
10 you were involved in this matter can you just characterize
11 the role -- your role as a crisis response unit worker.

12 A We would respond to any type of child welfare
13 concerns that we felt it was a 24 hour or less response,
14 and we would go to the home to assess the safety of the
15 child.

16 Q That was limited to a 24 hour response time?

17 A Yes.

18 Q What would happen if it was a call that required
19 a response time beyond 24 hours?

20 A It would go to our -- a different intake unit.
21 We, we classified them as Tier 2.

22 Q Tier 2, can you, can you describe what tier is?

23 A Tier 2 would do a more in-depth assessment. They
24 would respond to matters where -- 24 hours or greater and
25 they would provide more of an plan than what we would plan

1 for, and if it felt services was needed they would refer on
2 to one of the designate agencies.

3 Q Okay. So as a CRU worker then you were a short,
4 you were a short term service basically?

5 A Correct.

6 Q As a CRU worker where would your referrals come
7 from?

8 A They would come from fellow CRU workers who would
9 be on the phones during the day. After Hours and some time
10 from other agencies they would fax over requests over to
11 our department.

12 Q Would you have access to the paper file if it was
13 an existing Child and Family Services file?

14 A No.

15 Q Would you ever have access to the paper file?

16 A No.

17 Q What's the difference between a paper file and,
18 and what you would see on CFSIS?

19 A There's probably more documentation, past
20 history, we evolved prior to the system. A lot of files
21 nowadays begin in 1995 when the computer system was first
22 started being used, so history prior to 1995 you'd see.
23 There's also other documentation in there that you don't
24 see, such as child and care instruction sheets, letters
25 that were written, a lot of that stuff isn't on there.

1 Q Okay. So the paper file would have more
2 information on it than what you would see on CFSIS
3 generally?

4 A The older files would, yes.

5 Q Okay. And if the file was newer than 1995 would
6 it have -- would CFSIS have the same information as, as the
7 paper file?

8 A Some, some files have more information than
9 others, so in general it would be the same.

10 Q How, how is CFSIS used by you in CRU?

11 A Well we use it on a daily basis. Any time
12 there's a call we look up the family, any history, attached
13 members, to see -- it's all part of the assessment. We'll
14 -- when -- we see if there's a history, we check to see if
15 the file's open to another agency at the time, when the
16 last time it was opened and try to gather as much
17 information that we can from there. Most of the time there
18 are attached reports in there such as closing summaries, so
19 we can read on what happened last with this family, and
20 also the demographic information is also available to us on
21 there, providing it was updated.

22 Q So you can get history and demographic
23 information from CFSIS?

24 A Yes.

25 Q Were there any problems with CFSIS, and again

1 this is limited to 2005?

2 A Yes.

3 Q And what were they?

4 A Inadequate information, basically there's -- a
5 lot of times there's a lot of mistakes in there. Histories
6 sometimes weren't always fully completed.

7 Q Did that cause you any problems as a CRU worker?

8 A Continually.

9 Q Has that changed?

10 A It's improved.

11 Q Do those problems still exist?

12 A Yes.

13 Q In terms of their impact on your ability to, to
14 carry out your work as you'd like to how would you
15 characterize the problems today?

16 A It delays us sometimes, but we still do what we
17 need to do.

18 Q In 2005 when you were assigned a file what
19 information would you review?

20 A I recall that I had the, the problem -- a brief
21 history was provided, the problem that the child was being
22 -- I would call abused and locked in a room, and we had one
23 of the surnames of the mother, and the child's name.

24 Q You're talking about in this specific case?

25 A Yes.

1 Q Okay. So where would you have received that
2 information from?

3 A Oh, sorry. I would have received that from my
4 supervisor who received that from the After Hours Unit.

5 Q Okay. Was it your supervisor who assigned that
6 particular file to you?

7 A Yes.

8 Q Who was your supervisor?

9 A Diana Verrier.

10 Q What was the relationship between the CRU and
11 After Hours Unit?

12 A It was workable. They would -- whenever there
13 was documents that came in through nights they would, they
14 would pass it on to us. We had some contact with them over
15 different styles of how to do reports, but that was done
16 primarily through the, the supervisors. Also at the time
17 we shared the same room with them, so we got to know them a
18 little bit on the personal side because when we'd be coming
19 off shift they'd be coming on shift, and people talk.

20 Q We heard that After Hours, from Ms. Davidson --
21 that After Hours would prepare a brief or a cursory
22 history; was that your experience with the work you'd
23 receive from After Hours?

24 A Well, they were like us. They were to provide a,
25 a shortened history that would give us a good snapshot of

1 what, what involvement the family did have with the agency.

2 Q Would you look at any information beyond the
3 history you were given by the After Hours worker?

4 A It depends. Some histories were better than
5 others, but generally we, we did look at, at the histories
6 that was, was provided to us --

7 Q Okay.

8 A -- by the worker.

9 Q Okay. Are you saying you didn't go beyond that
10 history most times?

11 A No, most times we would go with the history that
12 was provided because --

13 Q Okay. By the After Hours worker?

14 A By the After Hours worker because they had the
15 same standards as we did and when we were doing a history
16 we're supposed to do a fairly good summary of what the
17 history was.

18 THE COMMISSIONER: The question was in most
19 instances did you limit your review to that history you got
20 from the After Hours worker?

21 THE WITNESS: Sorry. Yes, I did.

22 THE COMMISSIONER: Thank you.

23

24 BY MR. OLSON:

25 Q And so if something was missing from the After

1 Hours' report you as a CRU worker wouldn't know necessarily
2 that anything was not in that history?

3 A Not necessarily, no.

4 Q Today we've heard a lot about workload and, and
5 stress caused by, by workload. What was your experience at
6 the time, 2005, with the CRU in terms of workload?

7 A I can't remember how busy we were.

8 Q You don't have any recollection?

9 A No, I don't, I don't know. I can just assume
10 from when I'm looking at the report that we were probably
11 busy at the time.

12 Q Okay. That's just an assumption?

13 A That's an assumption.

14 Q You said your supervisor was Diana Verrier?

15 A Correct.

16 Q What did her supervision consist of?

17 THE COMMISSIONER: Generally or on this case?

18 MR. OLSON: Generally.

19 THE WITNESS: We, we were supposed to meet I
20 believe fairly regularly, but because of the situation
21 where we had so many cases coming and going we consulted a
22 lot, so some days you could meet three or four times with
23 the supervisor, other times you'd go a couple of days. As
24 far as for official supervisory time we probably had it
25 just every couple of months.

1 BY MR. OLSON:

2 Q So every couple of months the official
3 supervision?

4 A Probably, we would sit down, yes.

5 Q Okay. And in your view was that sufficient for
6 you as a worker?

7 A Yes, because she was available any time that you
8 needed supervision.

9 Q Okay. We've heard evidence that you and, and
10 Debbie De Gale had concerns about reports being changed or
11 altered; is that, is that accurate?

12 A From my recollection the concerns that I had was
13 more for grammatic changes.

14 Q Can you explain what you mean by that.

15 A For typos, sometimes when you're writing out the
16 reports you do -- you maybe make a sentence that doesn't
17 make sense, or you have some spelling errors, so the
18 supervisor would, would change that, and we weren't aware
19 of that.

20 Q And you're saying that caused you some -- are you
21 saying that caused you some concern?

22 A No, it didn't cause me any concern.

23 Q Okay. What was, what was the nature -- first of
24 all did you have discussions with Ms. De Gale about this
25 issue?

1 A I don't recall those conversations. The only
2 conversation I believe that I did have was probably over
3 the, the spelling mistakes and that.

4 Q And you say that's the only conversation you
5 probably did have, do you actually have a recollection of
6 having that sort of a conversation?

7 A No, but I had that conversation with several
8 people about how, how our spelling mistakes are corrected.

9 Q Okay. Why would you have had that kind of
10 conversation, I'm just trying to understand the context?

11 A Just on, on -- sometimes, sometimes people make
12 more spelling errors than others and so every now and then
13 we would just talk about how fast we're doing the reports,
14 and the fact that perhaps we need better proofreading
15 because we'd read other workers' reports and we'd pick out
16 spelling errors, or grammatic errors in it.

17 Q Well, were certain changes made to reports that
18 you did without consultation?

19 A As far as I'm aware just for spelling.

20 Q You are aware of changes being made then is what
21 you're saying?

22 A Well, I do know from this inquiry that there are
23 -- was that -- a concern that was brought up.

24 Q No, but I'm talking about at the time back in
25 2005.

1 A At the time, no, I, I didn't think that there was
2 major changes happening.

3 Q You said you didn't think major changes --

4 A Any changes other than like I said for spelling
5 and that.

6 Q But you're saying you, you were aware of changes
7 being made for spelling and grammatical things, maybe
8 sentence structure?

9 A Correct.

10 Q Okay. So, so you were aware of that?

11 A That part, yes.

12 Q How is it you were aware of that?

13 A Every now and then somebody would bring up that,
14 that it was changed. We also knew that there are times
15 where you would get a report and -- well, you could, you
16 could see some -- sometimes there was -- sometimes you got
17 an old report of yours and you could see spelling mistakes
18 that were made. That was about it. I wasn't really that
19 aware of how many changes were, were being done.

20 Q And you're saying you would notice these minor
21 grammatical changes having been made?

22 A Every now and then I'd come across it, but ...

23 Q Who, who did you think was making these changes?

24 A I figured it was, it was either Dianna or one of
25 our clerical staff.

1 Q Okay. You said you'd have discussions about this
2 with other people fairly regularly or frequently?

3 A I wouldn't say regularly, very infrequently.

4 Q Okay.

5 A I, I couldn't really say, I shouldn't really say
6 that I, I had the discussion back in '05 of that, but I
7 know we have talked about how they're helping us with --
8 you know, how they proofread it for us.

9 Q Okay. You don't recall any specific conversation
10 with Debbie De Gale?

11 A No.

12 Q Do you recall any specific conversations with
13 anyone else --

14 A No.

15 Q -- any other coworkers?

16 A No.

17 Q Do you recall discussing the issue with Ms.
18 Verrier?

19 A No.

20 Q Are you saying you didn't discuss it with her?

21 A I don't believe I did. She may have mentioned
22 that she did change -- make some changes, I can't recall.

23 Q She may have mentioned that to you?

24 A She may have, she may have mentioned it, I really
25 can't recall if she did or not.

1 Q Well are you -- when you say that are you just
2 guessing that she may have said that?

3 A I'm, I'm guessing.

4 Q So you have no recollection at all?

5 A No.

6 Q And are you telling me that you don't have any
7 recollection of Ms. De Gale raising this concern with you
8 about reports being changed?

9 A Correct.

10 Q I want to move into your involvement in Phoenix
11 Sinclair's file, okay. Now, you were involved with the
12 family in March of 2005?

13 A Yes.

14 Q Do you have any independent recollection of your
15 involvement?

16 A I do.

17 Q Okay. And why is that?

18 A There was an unusual unrelated incident that
19 happened when I went and did a field to the home.

20 Q Okay. Are you able to elaborate on that?

21 A Okay. I was approached by a prostitute.

22 THE COMMISSIONER: Well just a minute. Why don't
23 we find out what he did first, or -- he said he -- you went
24 to the home; is that what you said?

25 THE WITNESS: Yes, I went to the home.

1 MR. OLSON: Yeah, I, I just wanted to find out
2 why it is he had a recollection of being involved in the
3 file --

4 THE COMMISSIONER: Okay.

5 MR. OLSON: -- and then I was going to go through
6 his, his involvement.

7 THE COMMISSIONER: All right, all right. You go
8 ahead.

9

10 BY MR. OLSON:

11 Q So you were --

12 A Okay. Like I said when I was trying to get into
13 the building I was approached by a prostitute.

14 Q And that's why you remember being involved?

15 A That's how I remember this.

16 Q Okay. And based on that do you remember any of
17 the details of your involvement?

18 A I remember I couldn't get in, I remember I was by
19 myself.

20 Q Okay. I want to go to the CRU and AHU form.
21 This would be at page 36931, commission disclosure 1795.

22 It should be on the screen in front of you.

23 A Yes.

24 Q Do you recognize this document?

25 A Yes, I do.

1 Q Can you tell me what it is?

2 A It is the report that we get from the After Hours
3 or from a fellow CRU member --

4 Q Okay.

5 A -- detailing the concern that was raised, along
6 with the history summation.

7 Q And this particular report this would be the
8 report you received from Ms. Davidson, who was an After
9 Hours unit worker?

10 A Correct.

11 Q Now, she's told us that she wrote the report up
12 to the end of page 36932. You can put that on the screen.
13 Where it says "For consideration by CRU".

14 A Correct.

15 Q She also indicated that the handwritten notations
16 on the file are not hers.

17 A Right.

18 Q Do you know whose handwritten notations those
19 are, if you can go to page 36931?

20 A No, I don't.

21 Q Did you, did you have any input into these first
22 two pages at all, is any of this your work?

23 A Yes, it is.

24 Q Okay. Can you tell me which portions are your
25 work?

1 A I provided the address, and I would have provided
2 one of the surnames --

3 Q And you're referring --

4 A -- for Samantha.

5 Q For Samantha Kematch?

6 A Yes.

7 Q So you would have provided either Kematch or
8 Sinclair?

9 A Yes.

10 Q How is it you're able to tell me that?

11 A I know from my report when it says that we, we
12 first went looking -- we had to find an address so I
13 contacted social assistance and then they said they never
14 had any information of this family, so I contacted the
15 school board, and the school board provided me the address,
16 and so when I contacted social assistance back they were
17 able -- with the new information they provided me I was
18 able to get the information.

19 Q Okay. And to a lay person looking at this form
20 it would appear that this was information that Ms. Davidson
21 gathered. Are you saying you could actually go into the
22 document and make the changes?

23 A Yes.

24 Q Page 36933.

25 THE COMMISSIONER: Would you tell her you made

1 changes to her document?

2 THE WITNESS: No. That was something that was
3 done routinely.

4

5 BY MR. OLSON:

6 Q The page in front of you there it has your
7 signature and Ms. Verrier's signature on the bottom. If we
8 could scroll it up a little bit. Do you see that?

9 A Yes.

10 Q Okay. And your signature indicates that this is
11 your report that you prepared?

12 A Yes.

13 Q Okay. And you're saying it was practice, I take
14 it, that when you received a report like this from AHU you
15 would just add to their report?

16 A Yes.

17 Q And that's indicated then at the top of the page
18 where it says "File assigned to Richard Buchkowski on March
19 7, 2005?"

20 A Yes.

21 Q The initial call came in on the, on the 5th and
22 it looks like you were assigned the file on the 5th of
23 March; is that right?

24 A The file was assigned March 7, 2005, to me.

25 Q To you. Who, who assigned the file to you?

1 A It would have been my supervisor.

2 Q Did you have any discussion with her when she
3 assigned the file to you?

4 A I can't recall.

5 Q Was it typical that you'd have a discussion with
6 the supervisor before a file is assigned to you, about the
7 file?

8 A No.

9 Q So once you received this file what information
10 would you have reviewed?

11 A I would have reviewed everything that, that Jacki
12 wrote and proceed from there.

13 Q You would have reviewed the history that she
14 recorded?

15 A Yes.

16 Q And you would have reviewed her recording of the
17 presenting problem?

18 A Yes.

19 Q And that's all the information you would have had
20 on this file when you went out to do a field?

21 A Yes. I don't know if I checked CFSIS before I
22 went on it or not.

23 Q Okay. Was it your practice normally to check
24 CFSIS?

25 A Depending how busy we were and also depending on,

1 on the type of history it was, so on this particular matter
2 I don't know if I would have checked it or not.

3 Q Okay. And you're saying that based on the
4 history that you see recorded?

5 A Based on, based on the history and based on,
6 based on the type of report it was.

7 Q Okay. What type of report was it?

8 A Routine.

9 Q This was a routine matter?

10 A This was a routine call.

11 Q Okay. What about the history, what was it about
12 the history that makes you think you may not have?

13 A It gave, it gave me a good idea that the child's
14 been in care, that there was concerns, there was extensive
15 history.

16 Q Okay. Would -- what, what sort of priority would
17 you have assigned to this file?

18 A I'm, I'm assuming because I went out on it myself
19 I would have, I would have looked at it as a higher
20 priority than most.

21 Q Okay. Did you see it as being an abuse referral?

22 A No.

23 Q Why not?

24 A Because the abuse wasn't defined in the report.

25 Many, many people when they call they use the word "abuse",

1 so we need to define what abuse is because we've heard --
2 I've heard people referring to abuse on issues that don't
3 even come close to what abuse would be, and of course I've
4 also heard people say the word abuse and it is serious
5 abuse.

6 Q So at the point you received it you didn't know
7 whether it's serious abuse or something else?

8 A Correct.

9 Q And when you get that kind of a call what, what
10 do you do typically?

11 A When we get this type of call what we would do is
12 it would be up for us to assess what the abuse is, so like
13 in this particular case we'd go to the home and assess the
14 safety, and if there's any signs of abuse of the child.

15 Q So in this case if we look at your file recording
16 it says you placed a call to EIA, which you mentioned
17 before --

18 A Um-hum.

19 Q -- they told you they didn't have a listing, and
20 you placed a call to Winnipeg One School Division, who
21 provided demographic information of the last known address,
22 as well as Phoenix is inactive as she has not registered
23 for school since September, 2004, when she attended
24 Wellington School. This is information that the school
25 shared with you, the school division?

1 A Yes.

2 Q Is the school division a regular source of
3 information for you?

4 A Yes, it's one of the top ones that we use.

5 Q Have you had any difficulty obtaining information
6 from -- through the school system?

7 A Other than the fact that sometimes they could
8 take a few hours to get us the information, they've been
9 really good.

10 Q Okay. So you get the updated address information
11 and then it says you:

12

13 "Attended to the home at 10:45
14 a.m., could not get into the
15 building."

16

17 So that was your first attempt?

18 A Yes.

19 Q Then you:

20

21 "Placed another phone call to
22 Employment and Income Assistance
23 to find out family at that address
24 and was informed it is Samantha
25 which is an active file."

1

2 A Yes.

3 Q So it looks like EIA initially told you there was
4 no listing and then they told you it was an active file?

5 A Yes.

6 Q Can you -- do you have any idea as to why, why
7 that would be or ...

8 A What I'm assuming from the report is because
9 Winnipeg One gave me one of the surnames, and based on the
10 surname they had in their system that particular surname,
11 not the other one.

12 Q Okay. So when, when they ran -- you're
13 submitting that when they ran the new surname they got --

14 A Yes.

15 Q -- the file?

16 A Yes.

17 Q It looks like you went out again, you attended
18 the home at 2:30 p.m., waited for about five minutes, and
19 could not get into the building?

20 A Yes.

21 Q And then you recommend the file be opened to
22 Intake?

23 A Correct.

24 Q Why, why didn't you keep trying to, to make
25 contact?

1 A Why did I keep trying?

2 Q Why did you not keep trying after the 2:30 p.m.?

3 A My shift ended at -- basically at four o'clock
4 we, we wrap up our fields, and judging on how, how many --
5 like we could have been very busy that day, I'm not really
6 sure why. We generally try two, two or three times a day,
7 mostly two.

8 Q So your shift's ending and then you refer -- you
9 say the file should be opened to Intake?

10 A Back then we had a little bit of problems between
11 CRU and our Tier 2 intake, and so many times files would be
12 sent upstairs and then brought back down, so what I used to
13 do back then is I would sign off all my reports, just open
14 to Intake, and I would let the supervisor deal with whether
15 it's going to go to our secondary team in CRU, or to a Tier
16 2 unit, or also to After Hours.

17 Q So you're saying Intake could refer to any of
18 those?

19 A Yes.

20 Q You wouldn't make that decision?

21 A No.

22 Q What was your expectation with this particular
23 file in terms of where it would go?

24 A I would assume that it was going to our other
25 team.

1 Q Your other team being another --

2 A CRU team, yes.

3 Q -- CRU team? Okay. And why would you make that
4 assumption?

5 A Because the -- we didn't define what "abuse" was
6 yet, so at the time we would -- when -- with the CRU --
7 well still to this day CRU switches off between teams, we
8 do three days of phones and three days of fields. This was
9 my last day of fields, and so I wouldn't have been able to
10 continue on the next day, so I passed it off to, to my
11 supervisor to probably go out on the next day to go to the
12 home to do the same assessment that I was trying to do.

13 Q In terms of the level of priority for this file
14 where would you have placed it, based on the information
15 you had?

16 A I, I would put it at a higher priority.

17 Q High priority?

18 A High, high priority.

19 Q And what does --

20 A What -- sorry.

21 Q No, go ahead, please.

22 A What I'm basing that on is the fact that I went
23 out myself on this so it is telling me that we were, we
24 were probably very busy, or very short staffed because it
25 wasn't our practice at the time, or, or is it right now, to

1 be going yourself.

2 Q Okay. And that tells you you must have viewed it
3 as a high priority?

4 A Yes.

5 Q In terms of response time to get out there and,
6 and do a field what, what would a high priority require?

7 A I would say, I would say as soon as possible --

8 Q Okay.

9 A -- during the day shift.

10 Q Were there any factors in particular that you
11 would have looked at to determine that this was a high
12 priority?

13 A History.

14 Q Okay. What, what is it here about the history
15 that tells you it's a high priority?

16 A Well, it said the family does have an extensive
17 history, the child was in care.

18 Q Anything else?

19 A I don't really think so.

20 Q There's no indication in Ms. Davidson report in
21 terms of how soon someone should get out to see the child.
22 Did you -- would you expect that normally in an After Hours
23 report?

24 A Yes.

25 Q Would you -- what would you normally see in an

1 After Hours report?

2 A Basically what, what Ms. Davidson said. Back,
3 back in that style of system very few workers put the
4 response time in, but the fact that it came to our unit
5 tells us that it's expected within a 24 hour period.

6 Q Okay. Even without seeing anything in the report
7 you --

8 A Right.

9 Q -- know it's 24 hours?

10 A If, if it was felt it was more than 24 hour
11 response it wouldn't come to our department.

12 Q Where would it go?

13 A Tier 2.

14 Q Tier 2 intake?

15 A Intake, correct.

16 Q That would be because if it's more than a 24 hour
17 response it wouldn't be in your mandate to investigate?

18 A That's right. It's not believed it's as high a
19 priority as what less than 24 hours would be.

20 Q Okay. So the fact it came to you you knew it was
21 a high priority as soon as you got it?

22 A Yes.

23 Q What is it you were hoping to do when you got the
24 file, what was your goal?

25 A The goal would be go to the home, talk about the

1 allegations with the mother, and assess the safety of the
2 child.

3 Q Would you want to see -- actually see the child?

4 A Yes.

5 Q Was it important to see the child?

6 A I believe so.

7 Q And why is that?

8 A Well if the child's being abused there's physical
9 indicators a lot of times, the way the child walks, maybe
10 if there's bruises on the child, we also want to see the
11 condition of the child, if the child's been bathed, neglect
12 issues.

13 Q If you did go out to the home, and you saw the
14 child, and you determined this is an abuse matter, what
15 would, what would you do with the file at that point, would
16 you still send it up to Tier 2?

17 A It depends what type of an abuse matter you're
18 looking at. If, if it's -- if I'm -- if it's deemed that
19 the child is being physically hit, and in danger at that
20 moment, I would remove the child.

21 Q You'd actually apprehend the child?

22 A I would apprehend the child if the child's in
23 danger, yes.

24 Q Okay. Would -- we've heard about there being an
25 abuse intake.

1 A Correct.

2 Q Would the file go to abuse intake?

3 A It could have if the child wasn't in immediate
4 danger.

5 Q Okay. So if the child was in immediate danger
6 you would apprehend?

7 A Yes.

8 Q And if not in immediate danger then would you
9 make a referral to abuse intake?

10 A Yes.

11 Q Do you -- can you tell me how that would differ
12 from regular intake?

13 A Abuse intake deals with just strictly abuse
14 matters. They provide their own -- the workers will do
15 their own intervention interviewing, and they follow up the
16 matter in more detail of what we would do.

17 Q Okay. Were you aware of the criteria to send a
18 matter to abuse intake?

19 A Pardon me?

20 Q Were you aware of any criteria, specific
21 criteria, to refer a matter to the abuse intake?

22 A Yes, I would have been.

23 Q What would the criteria have been?

24 A We would look at if there's any bruises on the
25 child, if the child's being hit in any vulnerable spots

1 such as the temples, the neck, anything that could cause
2 injury like that. Excessive spanking or being used --
3 spanking with an object.

4 Q And is it you that makes the assessment as to
5 whether the abuse is occurring or signs of abuse is
6 occurring -- or occurring?

7 A I don't understand the question.

8 Q As, as the worker, as a CRU worker, you go out
9 and you, you see signs of abuse on a child.

10 A Yes, if we go out and we've seen signs of abuse
11 on a child we would definitely -- well, we'd definitely
12 assess it, but once again we were already in the home, so
13 if, if I see a child is being hit by an object by the
14 mother we're in a position that we would look at removing
15 the child. We're not going to leave a child in the home
16 knowing that the child could be hit with an object, for
17 example, and then the matter would be forwarded on to our
18 abuse team.

19 Q Okay. And then the abuse team would do their
20 investigation?

21 A It would do -- and also, too, they would also
22 have the child medicaled (phonetic), as it wasn't our role
23 to have to take the child to a hospital for -- to be
24 medicaled.

25 Q Did you need to have either a physician or a

1 medical professional determine that there was abuse, or at
2 least determine that there was abuse before you could make
3 a referral to the abuse team?

4 A No.

5 Q Did you have any involvement in the file after
6 you made the recommendation that the file be opened to
7 intake?

8 A No.

9 Q I want to ask you about some of the reports that
10 were commissioned following Phoenix's death. First of all,
11 there's a section 4 report by Mr. Koster. Are you familiar
12 with that report?

13 A It's not up in front of me, but I, I do know
14 about his reports.

15 Q Let's put it in front of you. It's Commission
16 Disclosure 1, and the recording of your involvement would
17 begin on page 49. You have the page on, on the screen in
18 front of you now.

19 A Yes.

20 Q You have the page on, on the screen in front of
21 you now?

22 A Yes.

23 Q Have you seen this page before?

24 A I believe I did, yes.

25 Q Okay. And when would you have first seen this

1 page?

2 A Probably when I met with, with Trevor, our agency
3 lawyer.

4 Q In the context of the inquiry then?

5 A Yes.

6 Q Do you recall if you were interviewed by Mr.
7 Koster?

8 A Yes, I was.

9 Q Before we, before we go to the report I just want
10 to put on the screen Mr. Koster's notes with respect to the
11 interview. They're at page 36877 under "Richard
12 Buchkowski".

13 Have you had an opportunity to read these notes
14 over before coming to testify today?

15 A That looks familiar to me, yes.

16 Q Pardon me?

17 A That looks familiar.

18 Q Okay. It says, I'll read it, it's very short, it
19 says:

20

21 "Richard was concerned that there
22 could have been abuse and that is
23 why he recommended that it be
24 passed on to Intake. However it
25 was returned and due to the

1 rotational system in place in CRU
2 it was then given to Chris."

3

4 Is that accurate?

5 A Not really.

6 Q What's inaccurate about it?

7 A Once again I sent it off to, to Intake, so there,
8 there could -- it could have been abuse, but I didn't know,
9 so we still had to, we still had to define that. Other
10 than that --

11 Q Okay. You -- go ahead.

12 A Other than that it's fairly accurate, yes.

13 Q You said there was an issue earlier about the
14 files going to Intake and being rejected?

15 A Yes.

16 Q Can you explain a little bit more what that was?

17 A When files would be brought up to our, our Tier 2
18 from our -- like CRU was what, what we would call -- CRU is
19 actually Tier 1, Tier 2 would be more of the, the detailed
20 intake. Sometimes a lot of the information that Tier 2
21 would need wasn't done, so they figured they would like us
22 to do more information seeking. Sometimes, sometimes an
23 immediate response was needed, and when Tier 2 would get
24 the file they would need more time to get it assigned to a
25 worker, so, for example, if there was movement of a child

1 being needed (sic), or if a child needed to be immediate
2 assessed they never had the ability to go out right that --
3 right at the moment they got the file, and so it would be
4 brought back downstairs to us.

5 THE COMMISSIONER: So you're talking about return
6 of files from Intake to CRU?

7 THE WITNESS: Yeah, from, from Tier 2 Intake --

8 THE COMMISSIONER: Yes.

9 THE WITNESS: -- to CRU and CRU is classified as
10 Tier 1.

11

12 BY MR. OLSON:

13 Q Just in terms of how that would happen the file
14 -- initially the file's with CRU?

15 A Correct.

16 Q And you sign your report, and you say, I want to
17 pass this off to Tier 2?

18 A Yes.

19 Q Where does it go, does the report ...

20 A The report's given to my, my supervisor.

21 Q Um-hum.

22 A My supervisor then gives it to the clerical
23 staff.

24 Q Okay.

25 A The clerical staff from CRU passes it on to the

1 clerical staff in the Tier 2 and then it's given over to
2 one of the supervisors in the Tier 2 units.

3 Q So it sounds like under that, assuming that's the
4 way this file was transferred up to Tier 2, assuming that
5 it was, the Tier 2 worker -- the supervisor wouldn't know
6 about the file until it actually came up, until it was
7 actually assigned?

8 A To my knowledge, yes.

9 Q Okay. There's been reference to a term "the walk
10 of shame".

11 A Yes.

12 Q Are you familiar with that term?

13 A Yes.

14 Q And what was that -- what did that refer to?

15 A That's just what we're talking about now is how
16 CRU would send the file upstairs. Tier 2 and Tier 1 are
17 two different floors --

18 Q Right.

19 A -- so what we would do is when we would send a
20 file up for the Tier, Tier 2 for follow-up they would
21 reject it and then it would come back down to us, and
22 that's what I said, it was such a, a frequent occurrence,
23 this is why I used to sign off just to Intake.

24 Q Did that cause problems to you as a CRU worker?

25 A Sometimes -- well nobody ever likes to have a

1 file returned, but ...

2 THE COMMISSIONER: What was the name you gave to
3 that?

4 MR. OLSON: A walk of shame.

5 THE COMMISSIONER: Is that term familiar --

6 THE WITNESS: Yes, it is.

7 THE COMMISSIONER: And what, what does it mean?

8 THE WITNESS: It means when the file is sent off
9 to Tier 2 Intake and it would be brought back to, brought
10 back to the worker who sent it to the Tier 2 Unit.

11 THE COMMISSIONER: And how did the name
12 originate, how did the name originate?

13 THE WITNESS: Oh, I, I have no idea. It's just a
14 term that came up and I have no idea who came up with that
15 term.

16

17 BY MR. OLSON:

18 Q Was it commonly used in CRU to refer to that
19 situation?

20 A I wouldn't say commonly used, but it was used,
21 and so when, when it was mentioned pretty much everybody --
22 I assume everybody in the unit knew what that meant.

23 Q Okay. Was it used -- was it your feeling that
24 when that happened it was a negative thing?

25 A Sometimes. Sometimes you, you thought that you

1 had done the work that was necessary, other times you would
2 think that, okay, you agree, maybe there is something that
3 you missed.

4 MR. RAY: I, I just was standing to ask him to
5 clarify "negative", what he meant by that, but I think
6 the --

7 THE COMMISSIONER: I can't hear you.

8 MR. RAY: I'm sorry. I was standing to ask the
9 Commission counsel to clarify what he meant by "negative",
10 and I think the worker has answered the question.

11 THE COMMISSIONER: All right. Thank you.

12

13 BY MR. OLSON:

14 Q Just going on with the notes that Mr. Koster
15 recorded from your meeting with him, the second paragraph
16 says:

17

18 "When Richard had it he did not
19 even begin with an address."

20

21 That's referring to the file from Ms. Davidson?

22 A Yes.

23 Q

24 "The name was also under Sinclair
25 and so EIA did not have any file."

1 You've us that already; right?

2 A Yes.

3 Q

4 "He asked them to recheck after he
5 had gone to the address and then
6 their computer."

7

8 A Yes.

9 Q

10 "He made two attempts the same day
11 he got the case to go out and
12 visit once he had determined it."

13

14 Yes.

15 Q

16 "He could not get into the
17 building."

18

19 You've told us that, all that already?

20 A Yes.

21 Q And that's, that's an accurate recording?

22 A Yes.

23 Q And then the last paragraph it says:

24

25 "It was not passed on to abuse

1 intake since there was no address
2 and the name was wrong. The
3 system has a six month ribbon and
4 you cannot go back into the
5 system. CFSIS desk."

6

7 Do you know what that means, or what he's
8 referring to?

9 A Not really. I don't agree with that statement
10 because that's not the reason why it didn't go to abuse
11 intake as we still needed to find what the abuse was, and
12 as far as for the ribbon part is concerned I'm, I'm
13 assuming that the discussion was to retrace the, the change
14 that I made because when I added, added the address he was
15 very concerned that I added the address, and there was no
16 record of me making the changes, and what I suggested to
17 him, if he wanted to check it out as back then our computer
18 system was able to hold information six months prior to the
19 date, so you would have been able to go back and see
20 Jacki's original intake report if you asked the computer
21 people to do that with -- if it was within a six month
22 period.

23 Q So is that something you told him then about this
24 six month period?

25 A I do believe -- I do recall that, that

1 conversation happening --

2 Q Okay.

3 A -- and the reason I know that is I'm used quite a
4 bit for my computer skills within the agency.

5 Q Okay. The part about the file not being passed
6 on to abuse intake since there was no address, and the name
7 was wrong, you're saying that is not accurate?

8 A That's not accurate.

9 Q Do you recall discussing abuse intake with Mr.
10 Koster?

11 A He, he asked several questions why it didn't go
12 to abuse --

13 Q Okay.

14 A -- and once again I, I still the same thing I am
15 now is that abuse needed to be defined.

16 Q Okay. When you talk about defining abuse --

17 A We, we need to explore what was meant by abuse on
18 that report.

19 Q When you're looking at abuse there could be
20 physical abuse, signs of physical abuse, bruising and, and
21 things like that?

22 A Correct.

23 Q What other, what other signs would there be of
24 physical abuse that you'd be looking for?

25 A The way the child walks, the way the child maybe

1 touches things, this way the child sits down is a real big
2 one.

3 Q Okay.

4 A Sometimes you, you go by how a child interacts
5 with you. If a child runs into another room and hides it
6 could be shy, it could be other reasons. I've had children
7 run up to me as soon as I walk in for almost protection
8 from knowing that here's a safe person. Different children
9 react differently.

10 Q And, and what about in a case of sexual abuse, is
11 there anything you, you do to determine if that's a
12 problem, if that's an issue?

13 A Can you rephrase that?

14 Q When it comes to assessing for sexual abuse how
15 do you, how do you make that assessment because I'm
16 assuming that you can't always see ...

17 A That's right. That's, that's more of an
18 interviewer role, so medical findings, or a child's
19 behavior such as maybe a child's excessively masturbating,
20 things like that. If the child is making sexual
21 suggestions to you or other people.

22 Q If you were able to actually get out and, and
23 have contact with Ms. Kematch and Phoenix would you have
24 had an interview with Phoenix, would you have interviewed
25 her?

1 A She was quite young, I don't believe I would have
2 interviewed her.

3 Q Okay.

4 A I would have seen her, I usually talk to the
5 child, say hello, but as far for actually interviewing and
6 asking if she's locked in the room, or she's being hit
7 probably not because of her age.

8 Q Yeah. But you did say it would be important for
9 you to actually physically see the child Phoenix in, in
10 this case?

11 A Yes.

12 Q Now, I want to go to Mr. Koster's report, the
13 page is 49. Under the -- you'll see under the -- number 7,
14 "The Seventh Protection Opening: From March 5, 2005 to
15 March 9, 2005."

16 A Yes.

17 Q And the second entry is March 7, 2005, that's
18 when you were assigned the file?

19 A Yes.

20 Q And this is basically a factual recording. Can
21 you -- have you had a chance to review this, what Mr.
22 Koster wrote?

23 A Yes, it looks familiar.

24 Q Do you have any comments with respect to anything
25 you wrote under, under the March 7, 2005 entries?

1 A Everything on the screen I agree with.

2 Q Okay.

3 A Other than -- okay, then on the, on the March 7,
4 2005:

5

6 "Worker #1 and his supervisor
7 recommended that it be opened at
8 Intake for assessment ..."

9

10 Once again I just signed off on it as in open to
11 Intake and let the supervisor decide where that was, I
12 don't recall any conversation I would have had with the
13 supervisor about that.

14 Q Okay.

15 A And I wasn't aware that it wasn't accepted
16 either. Once, once it left my desk I had no idea where the
17 file went.

18 Q Was that typical in these cases once you, once
19 you sign off on your report it was off your desk, and you
20 didn't know what happened after?

21 A It's very typical even to this day.

22 Q Okay. That's just the way it works?

23 A The way CRU is, yes.

24 Q Are you ever called by the next worker on the
25 file, and, for example, if it goes to Intake are you ever

1 called for information about a file?

2 A Rarely, but sometimes it does happen.

3 Q That didn't happen in this case though?

4 A No.

5 Q Okay. Page 51, it would be the first paragraph
6 on the page, "Interview with Worker #1." This appears to
7 be you, and maybe you can confirm that this is consistent.
8 It says:

9

10 "The worker indicated that he was
11 concerned that there could have
12 been abuse and that is why he
13 recommended that it be passed on
14 to Intake. However it was
15 returned and due to the rotational
16 system in place in CRU it was then
17 given to another CRU worker."

18

19 A Um-hum.

20 Q

21 "He related that when he started
22 his worker he did not even begin
23 with an address. The name was
24 also under Sinclair --"

25

1 Et cetera. It goes on to say you made two
2 attempts, you couldn't get into the building.

3

4 "It was not passed on to Abuse
5 Intake since there was no address
6 and the name was wrong. This was
7 made more difficult since the
8 computer data system (CFSIS) had
9 what he called a six month ribbon
10 and one could not get back into
11 the system."

12

13 And we've covered most of that already. Is there
14 anything else in this recording that you want to clarify or
15 explain?

16 A Well like I said I don't necessarily agree with
17 everything in there. The ribbon part is -- I don't really
18 understand the ribbon part.

19 Q Some of the findings are on page 53 of the
20 report. I want to ask for your comments on these findings.

21 The first finding -- well, you'll see there are
22 two finding 39s.

23 A Yes.

24 Q The first finding 39 says:

25

1 "The previous involvement section
2 of the CRU recording does not
3 include the December 2004 CRU
4 contact.

5 This may have been a CFSIS glitch
6 in which recording which was not
7 open at least to the intake level
8 may not have been readily cross-
9 referenced."

10

11 Now, I went over this morning with Ms. Davidson
12 about that entry not being on the report. Is that -- I
13 think you said earlier today that it would have been -- you
14 rely on the history recorded by the AHU worker?

15 A Yes.

16 Q And so that portion of the history not being on
17 the report would that cause you any problems?

18 A Well it's always good to have as much information
19 as possible, but when --

20 Q Do you --

21 A Sorry.

22 Q I was going to -- you could go into CFSIS though
23 to get the information if you needed it?

24 A I could.

25 Q But that wasn't your practice at the time?

1 A Depending on the situation. From what I read I
2 had enough information for me to go to the home to -- over
3 concerns that the child was in need of protection.

4 Q The next finding, 38, says:

5

6 "The Agency erred in not treating
7 this as an alleged abuse call and
8 not allowing it to be opened as an
9 abuse referral assigned to the
10 abuse Unit."

11

12 It goes on to explain:

13

14 "When the CRU did not find any
15 reason to overturn the intake
16 decision they had little choice
17 but to close it. The CRU did not
18 have the agency mandate to
19 continue on with cases on there
20 own that did not meet intake
21 criteria for opening."

22

23 I realize that doesn't apply to all of your
24 involvement, but what -- do you have any comments with
25 respect to this being an error, not treating it as an abuse

1 call? You've talked about it a lot already; is, is there
2 anything you can add?

3 A No, there's nothing to add from me.

4 Q If you go to finding 40 it says, and again it's
5 talking about this being an abuse investigation. It says:

6

7 "This decision had dire
8 consequences for Phoenix because
9 it meant that the 14 required
10 steps in an abuse investigation
11 which would have potentially saved
12 her life were not met."

13

14 Do you have any comments with respect to that
15 finding?

16 A No, I don't.

17 Q The last area I wanted to briefly ask you about
18 were changes to the system, and you may have noticed, or
19 have been aware of since these reports were commissioned.
20 First of all are you aware of any changes since Phoenix's
21 death was discovered?

22 A Yes, we've had several changes.

23 Q And can you tell me what some of the more
24 significant changes have been?

25 A Computer entry, we're working off an intake

1 module now where any, any time there's changes to the
2 reports it's, it's noted. Electronically a worker can't go
3 in and change another worker's information. When you add
4 histories -- no pardon me, pardon me.

5 When, when you add addresses you can also check
6 on prior addresses as well, so it's, it's helpful sometimes
7 when we're looking for families to see where they were
8 living because sometimes past addresses can track them
9 down.

10 Q So those sound like improvements to the system?

11 A Those are improvements.

12 Q Okay.

13 A We've also stepped back in some areas such as
14 social assistance and Manitoba Health, under the PHIPA Act
15 are refusing to give us information.

16 Q Okay.

17 A So now we're stuck in a situation where many
18 times we're guessing where we're going. We're going into
19 homes -- I know it's happened to myself, I don't know how
20 many children are there, and there's always a fear that one
21 of these times we're going to remove children, but miss
22 one.

23 Q Miss one child because you don't know how many
24 should be --

25 A Because we don't know how many are there because

1 they're refusing to give us the information, and the system
2 that they do have in place to get the information sometimes
3 takes way too long for us. When we need to make an
4 immediate decision or go to the home immediately we can't
5 get that information.

6 Q For how long has that been an issue?

7 A I would say at least six months or more now, but
8 I'm not sure when all of this started.

9 Q Okay. Have there been any other changes that
10 have been significant in terms of improvements to the
11 system?

12 A We've been encouraged to go into more detail on
13 our reports. I believe there's also -- well, there's also
14 been some standards that were made. It's standard now to
15 see the children, not only the, the child that the concern
16 is about but all the children are, are supposed to be seen.

17 Q Okay. And that's something that's different than
18 what it was previously?

19 A Correct.

20 Q What about just seeing the child who the call's
21 about, is that ...

22 A That -- I'm not sure when that policy was
23 actually put down. It was always my practice to see the
24 child, it's just the way I did my work. I don't know if
25 the policy actually back then was to see the child.

1 Q Okay.

2 A It's just, it's just something I, I know I always
3 did.

4 Q Right. I mean it seems fairly common sense that
5 if there's an abuse allegation of a child you'd want to see
6 the child?

7 A Correct.

8 Q We've heard about a structured decision making
9 tool; is that something you're familiar with?

10 A Yes.

11 Q That's a change from what was in place
12 previously?

13 A Yes.

14 Q How has that impacted your work in CRU?

15 A The, the tool's helpful in making us standardized
16 in asking questions, but the tool is not 100 percent
17 helpful.

18 Q Um-hum.

19 A It, it unfortunately leaves, it leaves some error
20 in there. For example, we're, we're to be -- we're to ask
21 the family now if they've had any diagnosis of mental
22 health. Well they can easily say, no, but we have no way
23 to check that to see if they're telling us the truth.

24 Q Okay.

25 A So a lot of the assessment tool is based on what

1 they tell us, and not what's actually factual.

2 Q Based on what the, what --

3 A What the client tells us.

4 Q Okay. And you don't have an independent way to
5 verify what is being told is accurate?

6 A No, not with mental health.

7 Q Okay. Are there any other issues with the
8 structured decision making tool?

9 A Sometimes with domestic violence we can't always
10 get from the police whether or not there's been domestic
11 violence. They're only, they're only to give us the
12 information if there's a child in the home.

13 Q Okay.

14 A They're restricted as well.

15 Q Is -- overall is this, this new tool something
16 that's positive in terms of your practice?

17 A I feel it's positive because the workers are, are
18 more inclined to ask the same questions, and so to, to fill
19 that out, yes, because it, it does cover most areas of, of
20 an investigation.

21 MR. OLSON: Those are all my questions for this
22 witness.

23 THE COMMISSIONER: All right.

24 MR. OLSON: Thank you.

25 THE COMMISSIONER: I, I guess it's appropriate we

1 take our mid-afternoon break now; is it?

2 MR. OLSON: Yes.

3 THE COMMISSIONER: All right. We'll adjourn for
4 15 minutes.

5

6 (BRIEF RECESS)

7

8 THE COMMISSIONER: All right. Mr. Gindin,
9 please.

10 MR. GINDIN: Thank you.

11

12 CROSS-EXAMINATION BY MR. GINDIN:

13 Q Mr. Buchkowski, my name is Jeff Gindin and I'm
14 appearing for Kim Edwards and Steve Sinclair.

15 A Hi.

16 Q You were talking this afternoon a little bit
17 about the value of looking at past history when you get a
18 file; right?

19 A Correct, yeah.

20 Q And you said some histories are better than
21 others, I'm not sure what you meant; you mean more detailed
22 than others, is that what ...

23 A Yeah, some workers provide more detailed
24 histories than other workers do.

25 Q And when you see these histories you can't really

1 tell if anything important has been left out, because
2 that's all, that's all you've got; right?

3 A Well depending on how some histories are written
4 you could tell that there's a definite lack of information.

5 Q And that would lead you to do other things?

6 A And then we would look it up, yes.

7 Q Now, with respect to your involvement on March
8 the 7th, right --

9 A Um-hum.

10 Q -- we know that you went to the house, the
11 address on McGee twice that day?

12 A Yes.

13 Q You obviously thought it was important, first of
14 all, to attend there, and, secondly, to go a second time --

15 A Correct.

16 Q -- in the same day; right?

17 A Yes.

18 Q And that's because you thought this was a high
19 priority situation; right?

20 A Yes.

21 Q Now, when you went there the first time, or the
22 second time, did you leave a card?

23 A I couldn't get into the building, so there's no
24 reason to leave a card because --

25 Q There's nowhere to leave it, you mean?

1 A Pardon me?

2 Q Nowhere to leave it, you mean?

3 A Well, yeah, there's no mailbox for her, so it
4 was, it was just an outside door for an apartment --

5 Q Okay.

6 A -- so my leaving a card would have been useless
7 because there's -- she didn't have a mail slot.

8 Q I see. You never tried to shove anything under
9 the door or -- with your name on it --

10 A Well, no --

11 Q -- addressed to her, for example?

12 A No.

13 Q No. All right.

14 A No, it's also not a practice we do because then
15 it's kind of telling everybody in the block that we're
16 looking for her, it's an invasion of her privacy.

17 Q I see. All right. Did you consider calling SOR
18 number 7, who we know is the one who gave the information
19 to Jacki Davidson, did you consider calling her to try and
20 get more information about the word abuse and what it might
21 mean?

22 A I didn't bother calling her because she was
23 somewhat negative towards Jacki about giving information,
24 so if she was going to give the information I would have
25 figured she would have given it there, so I didn't bother

1 calling her, and as far as I was concerned I had enough
2 information to make my field and assessment.

3 Q One of the things you mentioned though was that
4 you weren't quite sure what the abuse was that was being
5 referred to in that call?

6 A Correct.

7 Q And when you didn't get in either time calling
8 SOR number 7 for more information might have helped, if you
9 got some?

10 A But I already said that Jacki, who's an
11 experienced worker, couldn't get that information --

12 Q Um-hum.

13 A -- so I didn't bother calling.

14 Q So you didn't think that maybe a different
15 approach might work?

16 A No.

17 Q No. All right. You did call, you did call EIA?

18 A Yes.

19 Q And I think you said you called them twice?

20 A Correct.

21 Q The first time you called them you didn't have as
22 much information as the second time?

23 A Correct.

24 Q And that's why you called back a second time?

25 A Yes.

1 Q Did you ever ask them if there was anyone else
2 living in the house?

3 A I don't recall the exact conversation, but I must
4 -- in the way I work I believe I would have expressed the
5 fact that I knew that I was going to the home myself, so I
6 definitely wanted to know how many adults were in the home,
7 and who were they.

8 Q So that's something you would want to know
9 whether there's anything on their files that related to
10 anyone else possibly being on the budget, or living there?

11 A Yes.

12 Q And had you been advised of that would you have
13 made a note of that somewhere?

14 A Yes, I also would have added it onto the details
15 of the, of the people in the home.

16 Q So it can be assumed that either you didn't ask,
17 or if you did you weren't given any real information?

18 A I'm going to assume that I wasn't given that
19 information because any time I do call I always ask who's
20 all in the home.

21 Q Now, you've talked about the fact that sometimes
22 there's changes to documents --

23 A Yes.

24 Q -- and I think you said that was done routinely?

25 A Yes.

1 Q And are you referring to things you would become
2 aware of, or see them for yourself, or how, how do you mean
3 that?

4 A More so demographic information just like in this
5 particular one there was no address --

6 Q Um-hum.

7 A -- so I provided the address.

8 Q All right. Now, you were being asked about
9 whether there was any discussions that you overheard about
10 supervisors changing documents --

11 A Correct.

12 Q -- and I think you were specifically referred to
13 Ms. Verrier I believe when you were asked that question.

14 Now, are you saying you, you recall no
15 discussions --

16 A No, about, about specific, specific information
17 being altered and taken out, no, I don't recall any
18 conversation like that.

19 Q Well do you recall Debbie De Gale making it known
20 to you that that was her view that changes were made?

21 A I don't recall her telling me that.

22 Q Do you recall ever saying that to anyone that
23 Debbie De Gale came to you --

24 A No.

25 Q -- and told you about changes?

1 A No, I have no recollection of anything like that.

2 Q So you have no recollection that you may have
3 said that before?

4 A I don't recall any conversation like that.

5 Q Okay. But do you have any recollection that you
6 may have actually told anyone that you had a discussion
7 like that with Debbie De Gale?

8 A No, because if I was aware of that information I
9 probably would have confronted my supervisor, have gone
10 over to our program manager to discuss that.

11 Q Um-hum. But you have no specific recollection of
12 a lot of this; correct?

13 A A lot of conversation with Debbie, no. Yeah.

14 Q So you're not saying it didn't happen?

15 A I'm going to say that if she did tell me I would
16 have followed up on it, I probably would have -- I would
17 have spoken to somebody about that.

18 Q Um-hum. And if you did?

19 A I, I believe I would have remembered. If I, if I
20 went and spoke to a supervisor about that I would have
21 remembered that.

22 Q And the discussions you say you had with some
23 people about supervisors making changes you say was about
24 spelling mistakes and typos?

25 A Correct.

1 Q You had time to discuss things that trivial?

2 A We do have some time between us when we're
3 talking, sure.

4 Q And you happen to recall that type of discussion
5 which --

6 A Well, I know we had those discussions often
7 because there were some people that made more typos than
8 others, and they would be teased about it.

9 Q Um-hum. Do you remember who was involved in
10 those discussions about grammatical changes?

11 A I would probably assume most people that was in
12 our cubicle.

13 Q All right.

14 A I'm just assuming on, on who would be involved in
15 that conversation.

16 Q It might have been Debbie De Gale at some point?

17 A It could have been Debbie.

18 Q When you use the word "routine", and we've heard
19 that so often here, that "this was a routine call", the
20 fact that it might be routine doesn't make it any less
21 serious than it might be? Just because you've heard it
22 before, and it's fairly routine, you're not saying that
23 means it's not serious?

24 A Correct.

25 Q You say that on March the 7th, after your second

1 attempt to get in to see Samantha, you didn't go back that
2 day because your shift ended at four; right?

3 A Correct.

4 Q Did you ask anyone else to go back the very next
5 morning, or that evening, or anything?

6 A I handed it to my supervisor with the assumption
7 that the CRU team would go out the next day.

8 Q Did you specifically make a note that --

9 A No.

10 Q -- somebody ought to?

11 A No. Like I said I signed off all my reports back
12 then, Refer to Intake, and I let the supervisor make that
13 decision.

14 Q Your goal with respect to what you did was to see
15 the mother and see the child?

16 A Yes.

17 Q And that, for obvious reasons, would be very
18 important to do?

19 A Yes.

20 Q You talked about the word "abuse" and exactly how
21 that's defined.

22 A Um-hum.

23 Q And you talked about how you needed that to be
24 defined, are you -- do you mean that you needed that to be
25 looked into and investigated so you know more about it?

1 A We needed to find out more information what was
2 meant by abuse and what's happening with the child because
3 when one person sees abuse another person may not see it as
4 abuse.

5 Q Um-hum. And if you did see the child you told us
6 the kinds of things you would be looking for?

7 A Yes.

8 Q Certain things would be signs of physical harm --

9 A Yes.

10 Q -- having been caused? Such as bruises, or
11 marks, or things of that nature?

12 A Um-hum.

13 Q And that's an obvious thing you'd look for;
14 right?

15 A Correct.

16 Q There's certain things that aren't so obvious of
17 course, such as emotional abuse, not something you could
18 have a look at a child and necessarily see right away;
19 right?

20 A Right.

21 Q Things like neglect --

22 A Um-hum.

23 Q -- that would be hard to observe from a brief
24 visit as well?

25 A Sometimes yes, sometimes no.

1 Q But not an obvious thing?

2 A It's not an obvious statement.

3 Q And in the interview that you were shown with Mr.
4 Koster --

5 A Um-hum.

6 Q -- and we just referred to it earlier, and he
7 quoted you as being concerned that there could have been
8 abuse is the way it was put; do you recall that just a
9 minute ago?

10 A Yes.

11 Q The fact that there could have been abuse
12 obviously was enough to concern you to go out there and see
13 -- try to see the child twice on the same day; right?

14 A Right.

15 Q Now, this term "walk of shame" you've heard that
16 before?

17 A Yes.

18 Q And I, and I take it it refers to someone having
19 to bring a file back that they're, they're rejecting
20 essentially?

21 A Yes.

22 Q And does it, does it connote to you that there's
23 some embarrassment in having to do that, or some shame in,
24 in rejecting a file and bringing it back?

25 A I wouldn't say shame, sometimes -- like sometimes

1 there's obvious errors that you missed --

2 Q Um-hum.

3 A -- let's mark it down so it's understandable.
4 Other times you, you felt that the file was, was provided
5 enough information to go upstairs, so you may not
6 necessarily agree that the file came back to you, but if it
7 did you would get the information needed and pass it on.

8 Q Sometimes you could understand why it was being
9 returned; right?

10 A Yes.

11 Q But other times you really couldn't, couldn't
12 understand it?

13 A Sometimes we didn't agree that it would be
14 returned, but it still was.

15 Q A few more questions about your last bit of
16 evidence about changes that were made.

17 You said something about computer entries are
18 different now, and by "now" you mean what, the last few
19 years or do you have the time you were referring to?

20 A Several years ago we, we switched over to what we
21 call an Intake Module where everything that's, that's put
22 in it's kind of like a drop down system --

23 Q Um-hum.

24 A -- where you add the demographic information in
25 the body of the report, and when you put it in the body of

1 the report when, when a worker signs off on it, and closes
2 it, it's electronically noted that that worker is the one
3 that entered it, and one worker can't touch another's
4 worker's information, and if a supervisor goes in and does
5 make any changes it's, it's electronically documented that
6 the supervisor made that change, or made a change to it.

7 Q So if changes are made now you can tell --

8 A Yes.

9 Q -- whereas prior to that you wouldn't be able to
10 tell?

11 A You couldn't tell.

12 Q And I presume that you think that's a good
13 change?

14 A Yes.

15 Q I presume that no one likes it if there's changes
16 made to their report without some discussion, or some talk
17 about it; right?

18 A Yes.

19 Q And that would have been an issue back -- a few
20 years back?

21 A Yes.

22 Q Okay. One of the things that is worse you say is
23 the, is the sharing of information, that is now more
24 difficult?

25 A Yes.

1 Q And you gave an example of how you might go to a
2 house, and you don't know how many children are in the
3 house --

4 A Correct.

5 Q -- you might, you might miss one; right?

6 Another example of something you might not know
7 now is whether there was a, a violent partner that is part
8 of the family now, for example?

9 A Yes, there's a criminal risk assessment that
10 we're able to do, and it just tells us high, medium or low.

11 Q That's something that would cause you some
12 difficulty now?

13 A It's always -- it just gives us a classification
14 high, medium or low, it's difficult to find out exactly why
15 they're high, medium or low. Like I said most of the time
16 when the police give us information now there's -- it has
17 to be a child in a home is often -- when you phone dispatch
18 -- no, pardon me. When you phone the districts they, they
19 only provide you information if you let them know that
20 you're investigating for a child welfare concern, and there
21 was a child present during the incident.

22 Q When you say "a child in the home" do you mean
23 physically present?

24 A Physically present at the time.

25 Q That day?

1 A Physically present at the time that the officers
2 attended.

3 Q You're not referring to the fact that the child
4 ought to be there, and is living there?

5 A Correct.

6 Q You're talking about whether the child is
7 physically present at that particular visit?

8 A At that moment. Some officers will give -- will
9 not give you the information. Others do.

10 Q Another change you talked about was that now you
11 have to see all the children, you mean before closing a
12 file; right?

13 A Yes.

14 Q Earlier, years ago, that wasn't the requirement,
15 and the files would be closed?

16 A Correct.

17 Q Your practice, however, was always to see the
18 child --

19 A Yes.

20 Q -- if you were going to the house?

21 A Yes.

22 Q And if the child wasn't there you would certainly
23 ask where the child is?

24 A Correct.

25 Q And then try again I suppose to see the child;

1 right?

2 A Or forward it.

3 Q Or to make sure someone else did?

4 A Yes.

5 Q You were talking about the SDM tool, you know
6 what I mean by that?

7 A Yes.

8 Q And you said that one of the problems with it is
9 that certain things are based on what people tell us?

10 A Correct.

11 Q Isn't that the way it is with most things, for
12 example if you were investigating substance abuse I suppose
13 you'd have to ask the mother, or whoever, are you abusing
14 substances, and then you'd be left with whatever they told
15 you?

16 A Well, once again, that's the trouble that we're
17 having with The Freedom of Information Act.

18 Q Um-hum.

19 A At one time if someone said they attended
20 Pritchard House --

21 Q Um-hum.

22 A -- we were able to actually contact Pritchard
23 House and say, hey, has this person been here, and if they
24 did what did they do, and, you know, we'd get information
25 back. For example, if someone attended one of these

1 programs they would let us know that they, they completed
2 three weeks out of the 10 week program --

3 Q I see.

4 A -- but we were able to get that information. Now
5 that information is relatively hard to get, and I'm just
6 using Pritchard House as an example. I have no problem
7 with them, they've always been good, but like I said we are
8 running into these problems now because everybody is scared
9 to provide us information due to the Freedom of Information
10 Act, even though from what I understand is the Child
11 Welfare Act supersedes it.

12 Q And if the particular mother you were talking to
13 simply said, no, I don't have substance abuse issues,
14 you're pretty much stuck with that?

15 A Exactly.

16 Q One of the things that I think you said was a
17 good improvement was that because of this tool there's more
18 consistency in what the workers are doing?

19 A Yes.

20 Q Whereas before it was quite a bit of a judgment
21 call in terms of how things were handled?

22 A Yes, different workers have different styles.

23 Q Yeah. And this new tool, you say, provides a
24 little more consistency?

25 A Yes.

1 MR. GINDIN: Thank you.

2 THE COMMISSIONER: Thank you, Mr. Gindin. Mr.
3 Paul.

4 MR. PAUL: Sorry, Mr. Commissioner.

5

6 CROSS-EXAMINATION BY MR. PAUL:

7 Q My name is Sacha Paul. I am one of the lawyers
8 for Winnipeg CFS, and the department. Just a quick small
9 technical matter for you.

10 My understanding of your evidence again is that
11 again you are a CRU worker?

12 A Yes.

13 Q You prepare reports that you give to your
14 supervisor?

15 A Yes.

16 Q And I think your evidence was once you give it to
17 your supervisor you're not entirely privy as to what
18 happens next?

19 A Yes.

20 Q Right. And then as I understand the structure it
21 goes from you, as the worker, to the CRU supervisor, and
22 then through the matrix of I guess clerical staff, it could
23 go to a CRU -- or, pardon me, an Intake supervisor --

24 A A --

25 Q -- and then to an Intake worker?

1 A A Tier 2 Intake supervisor --

2 Q Right.

3 A -- and then ...

4 Q And, again, you're not privy to any discussions
5 that may happen between the CRU supervisor and a Tier 2
6 supervisor?

7 A Correct.

8 Q And you wouldn't be privy to any discussions if
9 they happened here on this particular case?

10 A Correct.

11 MR. PAUL: Right. Those are my questions.

12 THE COMMISSIONER: Just stay there for a minute.
13 I want to ask a question, and you may want to follow up on
14 it.

15

16 EXAMINATION BY THE COURT:

17 Q You've, you've told us two or three times that
18 you -- that it could go in either place.

19 A Yes.

20 Q Why is it you just recommended that the file be
21 opened to Intake if it could have also -- an option was to
22 go to Tier 2?

23 A I let the supervisor decide that because if I
24 would have recommended it, for example, to, to Tier 2 then
25 the report would have came back to me, and I would have had

1 to make the physical change which takes time because if it
2 would have come back to me I may not have been able to get
3 the report off to the next worker, so to save physical time
4 I signed it off that way.

5 Q Well, the recommendation was to your supervisor;
6 was it not?

7 A The recommendations are more in general, or
8 that's where I felt -- yeah, I'm recommending it to my
9 supervisor, that it goes to --

10 Q Yeah. Well, why didn't you recommend that it go
11 to one of the other, why, why were you -- why did you just
12 reference it go to Intake?

13 A Because I let the supervisor make the decision
14 on, on whether it's going to go to Tier 1 Intake or Tier 2
15 Intake.

16 Q Well, how do you know she'd make a decision when
17 you recommended that it should go to Intake?

18 A That's the kind of relationship that I had with
19 my supervisor at the time, that she would make that
20 decision.

21 THE COMMISSIONER: I see. All right.

22 MR. RAY: Mr. Buchkowski, in just speaking to Mr.
23 Olson --

24 THE COMMISSIONER: Are you through, Mr. Paul? Is
25 there anything Mr. Paul wants to ask?

1 MR. RAY: Oh.

2 THE COMMISSIONER: I'll allow him to do that.

3 MR. RAY: Of course. I'm sorry. I think Mr.
4 Paul will deal with that. It's just a clarification
5 matter.

6 MR. PAUL: I hope so.

7

8 CROSS-EXAMINATION CONTINUED BY MR. PAUL:

9 Q Sometimes I get lost in the detail of these
10 things, but again your assessment in your report was that
11 you wanted -- if I can put it generally you wanted further
12 work done; right?

13 A Yes.

14 Q And you used the term "Intake" which under your
15 understanding could mean both Tier 1 and Tier 2?

16 A Correct.

17 Q And it was your intention, as I understand your
18 evidence then, when you made that recommendation to Ms.
19 Verrier --

20 A Yes.

21 Q -- that she make the decision as to what
22 particular level of Intake --

23 A Yes.

24 Q -- it goes to, that's your evidence?

25 A Yes.

1 MR. PAUL: Okay. I hope that brings some clarity
2 to the matter, Mr. Commissioner. I have no further
3 questions.

4 THE COMMISSIONER: Thank you. Anybody else with
5 questions? All right. Mr. Ray, do you have anything?

6 MR. RAY: Just a couple of quick questions, Mr.
7 Commissioner.

8 I think just, just for the record, and perhaps to
9 help you with that last area we were talking about, there's
10 no -- this isn't in question amongst counsel, or the
11 evidence, but just so you're aware, and I wasn't sure if
12 you were confused, Intake as the, as the witness has used
13 that word is, is generally the word for Tier 2, and I
14 understand that the witness has explained what he means by
15 that when he says "Intake" but just so you know that Intake
16 and Tier 2 are one in the same, and then there is a Tier 1,
17 which is often referred to as CRU.

18 Maybe I'm making things more complicated. Okay.

19 THE COMMISSIONER: Thank you.

20

21 CROSS-EXAMINATION BY MR. RAY:

22 Q Mr. Buchkowski, if you could just, if you could
23 just open your report. Sorry, Madam Clerk, I'm just
24 grabbing the page.

25 THE COMMISSIONER: 36933?

1 MR. RAY: Yes, if, if we could look at 36932,
2 please.

3

4 BY MR. RAY:

5 Q And you see, you see under "Presenting
6 Problem/Intervention" recorded by Jacki Davidson?

7 A Yes.

8 Q And it says:

9

10 "This person told --"

11

12 Blank.

13

14 "-- that she suspects Samantha
15 Kematch is abusing her daughter."

16

17 A Um-hum.

18 Q Okay. And you gave evidence about the fact that
19 you would -- you made a couple of calls to EIA -- and you
20 made one call to EIA and then you made a call to the school
21 division, got more information from the school division,
22 and then you made another call to EIA?

23 A Correct.

24 Q The first time that you called EIA what name do
25 you believe you would have given to them?

1 A I can't recall what name I used. I'm, I'm
2 assuming it was Sinclair.

3 Q Okay. And why do you assume it was Sinclair, if,
4 if in the "Presenting Problem/Intervention" it said
5 Samantha Kematch? You have, you have a referral regarding
6 Samantha Kematch.

7 A Yeah, just from the body of the report because I
8 understand that she was known as, as Samantha Kematch, so I
9 had the name that she was now known as.

10 Q Okay. So, so because you, because you had
11 Samantha Kematch you would have asked EIA about Samantha
12 Kematch, you think?

13 A No.

14 Q Okay.

15 A I'm assuming -- like I said I can't remember
16 which name that, that I was provided, but I know that she
17 was also more so known as, as Kematch rather than Sinclair.

18 Pardon me, I also -- when I look back -- I think
19 I just got a recollection. I would have probably had
20 Samantha Kematch, and it was Sinclair is the name that I, I
21 would have been provided with because Samantha Kematch is
22 right in the body of the report.

23 Q Okay. So --

24 A Yeah.

25 Q -- you probably started with EIA, and started

1 with Samantha Kematch, and then obtained an additional
2 surname, Sinclair --

3 A Correct, yes.

4 Q -- is that correct?

5 A Yes, sorry.

6 Q Okay.

7 A I said that backwards.

8 Q Okay. And then you called Winnipeg One School
9 Division?

10 A Yes.

11 Q And they provided you with additional demographic
12 information; right?

13 A Yes.

14 Q And then you called EIA back, and now they were
15 able, the second time, as I understand your report, to, to
16 give you or confirm that Samantha did have an open file --

17 A Yes.

18 Q -- is that my understanding?

19 A Yes.

20 MR. RAY: That's my only question. Thank you.

21 THE COMMISSIONER: Thank you, Mr. Ray.

22 Mr. Olson.

23

24 RE-EXAMINATION BY MR. OLSON:

25 Q When a file would come back to CRU, after being

1 sent out to Intake, would -- what was the expectation as to
2 what you would do with the file?

3 A When files would come back the worker would have
4 a direct conversation with the supervisor, and what
5 information was missing, or what work needed to be done in
6 order to get it back to the Tier 2 level, or close it.

7 Q Back to Tier 2 or close it?

8 A Correct.

9 Q Were those the two options that were available,
10 either close the file or send it back up?

11 A Yes.

12 Q Was -- we've heard from other witnesses that it
13 was often to see if you could validate the concern --

14 A Well -- pardon me. Okay. When it would come
15 back you'd be asked to do more work on the file, and they
16 would give you direction on what, what was needed, so you
17 would do more investigation into it, maybe a field, maybe
18 make some phone calls. There's various reasons why it came
19 down. It was, it was a very common problem, so you would
20 provide the work that's done, and if you provide the work
21 that's done and it's felt you've done enough work, that the
22 child is safe, then you would close it. If it's felt that
23 once you've done the work and there's still need for follow
24 up services you would send it on to Tier 2.

25 MR. OLSON: Okay. That was my only question.

1 THE COMMISSIONER: Thank you, Mr. Olson. You're
2 finished, witness. Thank you very much.

3

4 (WITNESS EXCUSED)

5

6 MR. OLSON: So our next witness is to testify by
7 video. She -- I don't anticipate she'll be very long.

8 THE COMMISSIONER: Is she ready? Do you want a
9 brief adjournment or is ...

10 MR. OLSON: Maybe if we could take five minutes
11 to get it set up.

12 THE COMMISSIONER: Sure. We'll, we'll adjourn
13 for five minutes, and then take the next witness.

14

15 (BRIEF RECESS)

16

17 MR. OLSON: Mr. Commissioner, it looks like we've
18 lost counsel for this witness.

19 THE COMMISSIONER: Oh. Well, we'll have to wait.

20 MR. RAY: I'll see if I can find him.

21 MR. OLSON: In the meantime I understand the last
22 time the witness testified there was some problems with the
23 microphones in terms of hearing okay. I wonder if maybe
24 she could just confirm that she can hear me okay.

25 You can hear me okay?

1 THE WITNESS: I, I can, and I have the volume
2 button as well.

3 MR. OLSON: Thank you.

4

5 **DIANA LYNN VERRIER**, previously
6 sworn, testified as follows:

7

8 DIRECT EXAMINATION BY MR. OLSON:

9 Q I want to take you directly to your March, 2005
10 involvement in this file. The last time you spoke you, you
11 told us about your involvement in May, 2004 and before
12 that; right?

13 A Yes.

14 Q In front of you you should have the disclosure.
15 If you look at the Samantha Kematch file, CD 1795, page
16 36931.

17 A I've got it.

18 Q This is the After Hours form prepared by Ms.
19 Davidson, Jacki Davidson?

20 A Yes, it is.

21 Q And my understanding is up to page 36932 -- if
22 you just put that -- put it on the screen. The end of
23 36932.

24 Up to that -- there, up to that point in the
25 document is what you would have received as a supervisor of

1 CRU from After Hours; is that right?

2 A That would be correct.

3 Q How would the document get up to you?

4 A I'm not sure what you're asking, how had I
5 received it?

6 Q How did you receive it?

7 A It would have been given to me in the morning
8 when I, when I arrived for work. Was it on -- I don't know
9 where exactly it would be, but I would have received it in
10 the morning.

11 Q It's dated -- if you look on page 36931, March 5,
12 2005, is the date of the document?

13 A Correct.

14 Q Okay. Can you tell me from looking at the
15 document the date it came into CRU?

16 A No, I can't, however, I believe that that date
17 was a Saturday, so we would have gotten it Monday morning,
18 which I'm guessing is the March 7 of what Richard had
19 started.

20 Q Page 36933, the document says "File assigned to
21 Richard Buchkowski on March 7, 2005." That's the day you
22 believe CRU would have actually received the file?

23 A Yes.

24 Q Do you have any independent recollection of your
25 involvement at this point?

1 A I don't have any recollection of this
2 (inaudible).

3 Q When the file came in to you did you recognize
4 that you had had previous contact with the family, with Ms.
5 Kematch, previous involvement I should say?

6 A So being that I can't remember this file I don't,
7 I don't know. I would have seen in the history that there
8 had been previous involvement.

9 Q You say you would have seen it in the history
10 that there was previous involvement?

11 A Yes.

12 Q When the file came to you what would you do, how
13 would you deal with it?

14 A I believe that I would have -- I would have
15 looked at it to determine (inaudible) opened up to Intake,
16 is there something that needs to be done on it, or is this
17 a matter for CRU, that would have been the question that I
18 would have asked myself.

19 Q So those are the initial questions you'd
20 consider, and because you, you ended up assigning it to Mr.
21 Buchkowski I take it you decided that it should stay with
22 CRU?

23 A I suspect the reason I assigned it to Richard was
24 because it didn't have an address, the address was
25 uncertain, and to determine, to determine the address.

1 Q Based on the concern, the presenting problem, did
2 you view this as being an emergency or an urgent file?

3 A No, it wouldn't be an imminent danger, or we'd go
4 out on that right away.

5 Q When would you -- what would be the timeframe
6 you'd expect the worker to go out on this file, based,
7 based on the presenting problem?

8 A I wouldn't really be able (inaudible) -- eyes
9 from today, so I can't speak to what I would have thought
10 almost eight years ago, so looking at it today I probably
11 would have looked at 48 hours, but again that's looking
12 with today's eyes.

13 Q Are you able to say whether or not your view
14 would be that -- in the past you would have let a longer
15 time go past before requiring someone to see the child, to
16 go out on the call?

17 A No, no, I just haven't been in the business for
18 eight years, so I really can't -- it's hard to put myself
19 back in that position.

20 Q It doesn't appear that there's any formal safety
21 assessment prepared by Ms. Davidson on this file; is that
22 something that you would have expected to see?

23 A I believe that the person who started the report
24 started the safety assessment. I am not certain whether
25 the After Hours Unit made the assessment or not.

1 Q I'm sorry, I'm not sure I understood what you --
2 the first part of your answer. Can you ...

3 A So -- that normally the person who started the
4 report would do a safety assessment --

5 Q Okay.

6 A -- for the person who completed the report
7 (inaudible).

8 Q That'll be Jacki -- would that be Jacki Davidson
9 in this case?

10 A Correct.

11 Q Okay. So normally she would have started the
12 safety assessment is what you're saying?

13 A That, that would have been my, my thought. I
14 can't remember if After Hours Unit staff did safety
15 assessments or not, that's my confusion.

16 Q And so you just can't remember if, if they
17 actually did them or not, safety assessments?

18 You can't remember --

19 A Pardon me?

20 Q You're saying you can't recall whether or not
21 After Hours prepared safety assessments at the time?

22 A That's true. That's correct.

23 Q What about CRU, did CRU prepare safety
24 assessments at the time?

25 A We prepared safety assessments, yes, when we

1 started the, the report.

2 Q There doesn't appear to be a safety assessment on
3 this file, on this portion, do you know why that would be?

4 A I, I don't.

5 Q What, what is your understanding of the concern
6 that brought this file, brought this file to the agency's
7 attention?

8 A So when I look at what the presenting problem
9 states it says that there's a concern by a third party,
10 limited details, but they suspected Samantha was locking
11 Phoenix in her bedroom.

12 Q That would be your understanding of the concern?

13 A Yes.

14 Q When you assigned the file to Mr. Buchkowski what
15 did you expect him to do?

16 A Again I, I don't -- I have limited recollection,
17 and I'm guessing that what I would have had -- he would --
18 find out the address of where they were living.

19 Q When you look at what he actually did, he, he
20 made two attempts to actually get -- go to the home and see
21 Samantha Kematch and Phoenix; is that, is that something
22 you would have expected him to do on a file like this?

23 A I don't -- I, I can't say specifically again
24 (inaudible). I had no concerns with his work, however.

25 Q Did you see this as -- based on reading this file

1 would you see it as an abuse file?

2 A So my, my recollection is that there were
3 specific times or specific guidelines when it would go to
4 the Abuse Unit, and when it would not, so I do not believe
5 it followed the -- those guidelines.

6 Q What information would you have expected Mr.
7 Buchkowski to review when he received the file from you?

8 A I would have expected him to, to look at the
9 history that was provided here, to gather the address, so
10 that it be assigned to the proper intake unit, and then to,
11 to transfer or open the file to the appropriate intake unit
12 for assessment.

13 Q That would have been your expectation, it would
14 have gone to Intake?

15 A Yes.

16 Q When you say look at the, the history that was
17 given are you referring to the history provided by Ms.
18 Davidson?

19 A Yes, the history on the, on the report, yes.

20 Q Would you have expected Mr. Buchkowski to do a
21 further review of CFSIS, for example, to look at prior
22 history?

23 A No. Certainly because we were opening the file
24 to Intake that would have been reviewed at that level, and
25 certainly they would have ordered the file, I believe, at

1 that point.

2 Q At what point would the file -- would it be
3 determined that the file should be going to Intake? In
4 other words did you know right when you reviewed the, when
5 you reviewed the, the CRU -- the After Hours form?

6 A Yes. Certainly I would see it as being
7 something that would have gone to Intake, again in today's
8 eyes. I, I can't speak to almost -- that timeframe.

9 THE COMMISSIONER: I take it you're telling us
10 you didn't expect that he would have gone out and made
11 those two calls to the house that day; is that, is that
12 what you're saying?

13 THE WITNESS: So in today's -- by looking at it
14 today, yes, I'm saying that. I can't speak for what I
15 would have thought in this timeframe.

16

17 BY MR. OLSON:

18 Q If you could look at page 36933 at the bottom
19 under "Recommendations".

20 A Correct, yes.

21 Q Mr. Buchkowski's written, "It is recommended that
22 this file be opened to Intake."

23 As his supervisor what did you believe that
24 meant, what was the recommendation?

25 A That it was to, to move the file to the Intake

1 team for further assessment.

2 Q We've heard of there being a Tier 1 and a Tier 2
3 Intake, are those terms you're familiar with?

4 A I, I never heard of Tier 1 or Tier 2 prior to
5 some involvement in, in (inaudible).

6 Q The options at this point would have been to send
7 it up to what I'll call regular Intake or keep it in CRU;
8 were those the two options?

9 A Yes. So this one is open to Intake, it would
10 then go to the Intake team upstairs.

11 Q Okay. Now Mr. Buchkowski's just testified that
12 when he wrote the file should be opened to Intake he left
13 it to you as his supervisor to determine whether that meant
14 the file stays back -- stays with CRU or if it goes
15 upstairs to regular Intake; was that --

16 A So is it -- go ahead. Sorry.

17 Q Was, was that, was that the practice at the time
18 that Mr. Buchkowski could write, send the file to Intake,
19 and you'd know what that meant?

20 A So if I'm -- if, if this was one to stay with CRU
21 it would, it would have been reopened to CRU, or to be
22 transferred within CRU, so to me it means it wasn't
23 (inaudible) and that's how I would have viewed it, and I, I
24 would have approved it as well.

25 Q What did you expect Intake would do once the file

1 went to it?

2 What did you expect --

3 A I'm sorry?

4 Q What did you expect the Intake worker to do once
5 the file went up to Intake, what would your expectation be?

6 A I, I can't speak for what the Intake worker would
7 have done. I would have expected -- you know, other than
8 an assessment.

9 Q A further assessment?

10 A A further assessment, yes.

11 Q Would that involve seeing Phoenix Sinclair?

12 A Would that, would that involve ...

13 Q Seeing the child who was the subject of the
14 concern, Phoenix.

15 A I, I can't speak to what -- again what I would
16 have expected another worker to do with, with this
17 information. Certainly they would have gathered some more
18 information so I can't speak to what I would have be
19 expected.

20 Q Can you recall what happened -- first of all, did
21 you send this file up to Intake?

22 A It looks, it looks like I did. I signed it off,
23 that's, that's where it was intended to go, so I assume it
24 went there.

25 Q Is that -- that's just an assumption on your part

1 though, you don't actually know what happened to it?

2 A I don't, no.

3 Q Have you heard of the term walk of shame?

4 A I've heard it again within the last couple of
5 years, but I didn't hear it, you know, back six, seven
6 years ago.

7 Q Okay. Mr. Buchkowski testified that that was a
8 term that was used by workers when a file would be sent by
9 CRU to Intake, and it would get rejected and sent back down
10 to CRU for maybe some further work to be done, or, or
11 whatever.

12 A Right.

13 Q Were you aware -- are you able to say -- does
14 that refresh your memory as to whether or not you were
15 aware of that term?

16 A Certainly that I've heard. I don't, don't know
17 that I heard it called a walk of shame again back then.
18 Recently I have.

19 Q Okay. But that was occurring back in March,
20 2005, files were being returned to CRU?

21 A There were instances that that might occur,
22 absolutely.

23 Q Was that viewed by your workers and yourself as a
24 negative thing, that the file would come back to your unit?

25 A Definitely it would be a concern. If we felt

1 that the file needed to be transferred for further
2 assessment, you know, we had (inaudible) for that, and so
3 it would be a concern to have it come back to our unit.

4 Q Did you do anything to address that concern,
5 would you take any steps to deal with that concern?

6 A Certainly if, if I -- certainly if I didn't agree
7 on a particular file I would take that to my supervisor Rob
8 Wilson and certainly I'd imagine, and again I, I have
9 limited recollection, but I'd imagine I would have spoken
10 to him about that as well.

11 Q Do you have any recollection of having spoken to
12 him about that issue?

13 A I don't have recollection of talking to him about
14 that issue. I do recall disagreeing on some files, and
15 taking them to him to say, I think they should stay with
16 Intake.

17 Q Are you able to say whether or not -- well, do,
18 do you know what happened -- I think you said you don't
19 know what happened to the file after you signed off on it,
20 and handed it in.

21 A No, I, I would have seen this, this -- up to this
22 point. (Inaudible).

23 Q Can you just explain for the Commissioner what
24 the process would be after you signed off on the file, what
25 would happen with it?

1 A So, again, I can't remember the specific process,
2 but I would give it to one of our, our secretaries. They
3 would open it on CFSIS and they would then get it upstairs.
4 The (inaudible) or the specifics of each I don't remember,
5 but that was the process.

6 Q So you'd hand it in to an admin. person and that
7 person would get it upstairs?

8 A Yes, yes.

9 Q Would you ever personally walk a file upstairs?

10 A So there may be instances where I felt that they,
11 that they should be aware in advance of a file coming up.
12 Certainly in that -- there, there were instances. I can't
13 recall specifics, but I, I have walked them up to the
14 second floor, and given them to the Intake supervisor.

15 Q What sort of cases would you do that with? Let
16 me put it another way.

17 Is this the type of case you would walk upstairs?

18 A I can't -- I don't, I don't think so, but again
19 I'm using -- I'm going on this from today, and not
20 necessarily knowing whom I'm speaking for at this time, but
21 I don't think I would have.

22 Q We've heard a few witnesses say that the concerns
23 here, the allegations and the history, were fairly -- like
24 the word was typical --

25 A Yes.

1 Q -- would you normally walk a typical -- first of
2 all, do you agree with that?

3 A Yeah, it wasn't -- the, the history and the
4 allegation is, is fairly typical.

5 Q Would you normally walk a file with typical
6 allegations like this upstairs to the supervisor of Intake
7 before formally handing it off?

8 A I, I don't think I would, again me looking at it
9 today, but I don't think I see anything in here that would
10 cause me to want to walk this upstairs. I mean more
11 quickly than it would have got there had I gone through the
12 process.

13 Q I wanted to ask you a couple of questions about
14 some of the recommendations made by Mr. Koster in his
15 report.

16 A Okay.

17 Q Now, you've, you've been provided with a copy of
18 those specific pages, and you've seen them before today;
19 right?

20 A This is page 38?

21 Q Page -- I want to take you to page 53.

22 A Fifty-three. Yes, okay, I have 53.

23 Q Okay. Finding 38 says:

24

25

1 "The Agency erred in not treating
2 this as an alleged abuse call and
3 not allowing it to be opened as an
4 abuse referral assigned to the
5 abuse Unit."

6

7 Do you have any comments with respect to that
8 finding?

9 THE COMMISSIONER: Which one did you read?

10 MR. OLSON: Finding 38, in the middle of the
11 page.

12 THE COMMISSIONER: Yes, okay.

13 THE WITNESS: So I would, I would have to
14 disagree with that because certainly opening an abuse file
15 would not have been an option to us, based on the
16 eligibility for the abuse team, and I would have to
17 disagree.

18

19 BY MR. OLSON:

20 Q What do you mean by that, it wouldn't have been
21 an option?

22 A There was a specific situation when a file could
23 be opened to abuse, and this would not have fallen under
24 one of those situations.

25 Q When you look at the next finding, 39, it's right

1 below finding 38 --

2 A Yes.

3 Q -- it says:

4

5 "The determination not to treat
6 this as an abuse case because it
7 did not in their opinion, meet the
8 strict definition of the Act was
9 inappropriate and not in the
10 spirit of the legislation. It was
11 a direct reflection of an agency
12 adjusting its practice to meet an
13 overload situation."

14

15 The first part of that when he says it didn't
16 meet the strict definition of the Act is that what you were
17 referring to, just not meeting the criteria?

18 A No. So I was referring to it didn't meet the
19 definition to go to the Abuse team.

20 Q What is the definition to go to the Abuse team,
21 are you able to tell us that?

22 A So from my recollection of today I believe a
23 child needed to have bruises, an injury, and this may not
24 be (inaudible) as well as -- or a sexual abuse allegation,
25 I believe those were the -- that was generally the case.

1 Q Okay. But at the point you were involved in the
2 file no one had actually seen -- no worker had gone out to
3 actually -- sorry. No worker had actually seen Phoenix;
4 right?

5 A Correct, and that, that was based on the -- what
6 was given in the information as the presenting problem.

7 Q So would it be right that at least at the period
8 of time you were the supervisor supervising Mr. Buchkowski
9 you didn't know what the abuse would, would have consisted
10 of?

11 A So based on whether something would be opened to
12 the Abuse Unit this, this --

13 THE COMMISSIONER: No, no. Well, witness,
14 that's, that's not the question. The question --

15 THE WITNESS: The question?

16 THE COMMISSIONER: -- related to your knowledge
17 of the abuse, what knowledge did you have of the abuse when
18 you had the file.

19 THE WITNESS: So what I see -- I have -- my
20 knowledge is strictly related to what's written here, that
21 the child may be being locked in a bedroom.

22

23 BY MR. OLSON:

24 Q Well, I just want to make sure you have the
25 correct allegation. If we could just put up for a minute

1 page 36927.

2 A 36927.

3 Q That's the -- Ms. Davidson's summary, After Hours
4 Unit summary.

5 A Mine, mine says 36931.

6 Q That's, that's fine, too. Yeah, that same
7 document. Go the next page, 36932.

8 A Yes. Okay, I got that.

9 Q Under "Presenting Problem".

10 A Yes.

11 Q It says:

12

13 "The source spoke to an ex foster
14 child today.

15

16 A Yes.

17 Q

18 "She refused to provide me with
19 the person's name. This person
20 told the referral that she
21 suspects that Samantha Kematch is
22 abusing her daughter, Phoenix.
23 The referral does not have any
24 details as to what this alleged
25 abuse might be. Also this person

1 suspects that Samantha may be
2 locking Phoenix in her bedroom."

3

4 Would, would that not be the specific concerns
5 being, being raised?

6 A So apparently whenever people would phone in to
7 the organization they often would use the term so and so,
8 the child is being abused, and when you dig down for more
9 detail -- so, so what I'm looking at here is the more
10 detailed, around maybe being locked in her room, and we
11 don't know any more than that at this point.

12 Q Part of the role then I guess of, of CRU would be
13 to determine what, what this call was about, what the abuse
14 was; right?

15 A Generally that would have been the role of --
16 when we take the phone call. The person answering the
17 phone would certainly want to gather as much information as
18 possible about what are the concerns.

19 Q Once you had that information, once there's a --
20 the concern about abuse to a young child, as well as the
21 issue of locking the child in the room, isn't that
22 something that you would want to determine, is this, is
23 this really abuse or not?

24 A So apparently based on what's written here is
25 that the allegation is that she's abusing her daughter, but

1 there's no detail on how this might be, so at this point
2 there is not any details around the abuse (inaudible) or
3 what it looks like. There is a specific piece around maybe
4 locking Phoenix in her bedroom.

5 Q So in other words at this point all you know is
6 there's a concern about abuse of Phoenix; right?

7 A All I know is that there's a concern about
8 Phoenix's care. I, at this point, don't know that there's
9 abuse in the true sense of the word, but I know that
10 there's a concern raised about her care, absolutely.

11 Q Would there be a requirement then to investigate
12 that concern?

13 A Yes.

14 Q That was your job as, as CRU?

15 A That was why we'd open it up into Intake to
16 assess and, and determine what -- you know, what, what was
17 going on in the home.

18 Q And you can't -- you're not able to tell me when
19 you expected that to actually happen?

20 A So I would say, based -- like I said based on
21 today I would see this being within 48 hours, but again
22 this is -- you're just -- six or seven years ago I've been
23 out of this, this position, so I can't speak for that
24 timeframe.

25 Q Going back to Mr. Koster's report did you have

1 any comments with respect to finding 39? Sorry, that's
2 page 53.

3 A Yes, I've, I've got that. Thank you. I don't, I
4 don't have any comments on this. I don't know that I agree
5 with him that it was a direct reflection of an agency
6 adjusting its practice to meet an overload situation.

7 Certainly I, I would probably question that, but
8 that would be my only comment on the (inaudible).

9 Q Was there an overload situation at CRU at the
10 time?

11 A Apparently I think CRU, again not remembering
12 this day, to the time, the CRU was, was often, and it was
13 constantly having new, new phone calls come through and we
14 had to manage the work, so it was always, it was always
15 looking at capacity and how we were going to address it and
16 manage the work.

17 Q The characterization as this being an overload
18 situation do you agree with that?

19 A So generally I would -- the, the fact that I'm
20 agreeing with is that, that service would occur based on
21 the overload, that's the part -- I'm not getting one
22 overloaded or (inaudible) but that service -- the practice
23 would be adjusted without question.

24 Q I know -- I, I appreciate that, but my specific
25 question is Mr. Koster's characterized the situation at the

1 time as being one of an overload situation; right?

2 A At the agency, yes.

3 Q My specific question is do you agree with that
4 characterization?

5 A Oh, sorry. Yes, I do.

6 Q I just want to ask you a question about finding
7 41.

8 A Okay.

9 Q It says:

10

11 "Phoenix should have been seen and
12 the case should not have been
13 closed --"

14

15 It goes on to say:

16

17 "-- but the blame does not lie
18 with the line staff and supervisor
19 directly involved. They attempted
20 to have this case assessed and
21 sought for intervention as an open
22 intake case."

23

24 Now, I appreciate that most of this, this finding
25 wouldn't apply to your involvement in the file, but --

1 Q Okay.

2 A -- the, the comment that Phoenix should have been
3 seen, and the case should not have been closed, do you
4 agree with that, this is a case where the child should have
5 been seen?

6 A I can't, I can't comment on that. Certainly, you
7 know, I would know the information that I received up to
8 the point that Richard signed it off, so with that limited
9 information I, I can't speak to that.

10 Q But surely you must have dealt with situations
11 like this where there's an abuse -- what you might call a
12 non-specific abuse allegation and a history like this,
13 right?

14 A Yes.

15 Q And those types of cases would, would you expect
16 that the child should be seen, or would you -- would it be
17 your view that the child should be seen before the case is
18 closed?

19 A Certainly I -- I don't know that I ever would say
20 that a child had to be seen before the case was closed.
21 Certainly it would depend on the situation, what I had
22 learned as I was investigating, so again it would
23 (inaudible) so I don't, I don't know if Phoenix should have
24 been seen before it was closed or not in this situation.

25 MR. OLSON: Those are my questions for this

1 witness, Mr. Commissioner.

2 THE COMMISSIONER: Thank you, Mr. Olson. All
3 right. Any questions from anyone in the gallery. Mr.
4 Paul?

5 MR. PAUL: A couple of seconds.

6 THE COMMISSIONER: Yes.

7 MR. OLSON: The, the clerk has just asked me to
8 ask you, Ms. Verrier, whether the first time you testified
9 you were sworn, or did you affirm, can you ...

10 THE WITNESS: I used the Bible.

11 MR. OLSON: You were sworn.

12 THE WITNESS: The very first time in court that I
13 was at.

14 MR. OLSON: Okay, thank you.

15 MR. PAUL: No questions.

16 THE COMMISSIONER: All right. Mr. Gindin?

17 MR. GINDIN: I have no questions.

18 THE COMMISSIONER: Anybody else, Mr. Khan? No.

19 All right. Mr. Saxberg?

20 MR. SAXBERG: Just one quick question. If we
21 could call up -- it's CD 1005, and the page number is
22 20260, except I don't know if the, if the witness would
23 have this.

24 THE COMMISSIONER: Would, would she have this?
25 She's searching through her documents. If she hasn't got

1 it we might as well tell her.

2 MR. SAXBERG: Yeah, Ms. Verrier --

3 MR. OLSON: I don't think she would have it.

4 THE WITNESS: Yes.

5 MR. SAXBERG: I don't believe you have the
6 document. I'm just going to read, read from it --

7 THE WITNESS: Sure.

8 MR. SAXBERG: -- and see if, if you agree with
9 the comments in it.

10

11 CROSS-EXAMINATION BY MR. SAXBERG:

12 Q Firstly, it is -- CRU used to have meetings,
13 joint meetings, do you recall that?

14 A I do.

15 Q And minutes would be taken of those joint
16 meetings?

17 A Yes.

18 Q And I've called up before the Commission here a
19 minute of a February 3, 2004 meeting, and which shows you
20 to be present, along with Diva Faria, among others in CRU,
21 and one of the meeting points is on the next page if the
22 clerk could just ... And it's, and it's meeting point 13
23 and I'll just read it out, and, and then I'm going --

24 A Okay.

25 Q -- to ask if that was your understanding of the,

1 of the policy at the time. Thirteen:

2

3 "Assessments - There were concern
4 raised about assessments being
5 made over the phone that should be
6 done by a field to the home. As
7 much as is possible, when there is
8 a concern about a child in the
9 home, the home and the child
10 should be seen by a worker. If
11 the decision is made to complete
12 an assessment via telephone or
13 through a collateral this should
14 be reviewed and approved by the
15 Supervisor."

16

17 Did you, did you understand that, or --

18 A I did, yeah.

19 Q Okay. Was that an accurate depiction of what the
20 policy was at the time in February of 2004?

21 A Certainly if it's in our minutes, and it
22 certainly makes sense to me, so I would say, yes.

23 Q And was it your practice to, as much as possible
24 when there was a concern about a child in the home, ensure
25 that your workers saw the home and the child?

1 A Absolutely.

2 Q And just finally on the subject that's
3 euphemistically been referred to as the "walk of shame" did
4 you ever consult with the intake supervisors, or the intake
5 abuse supervisor before formally transferring a file
6 upstairs?

7 A I don't remember any specific instance, but it's
8 very possible. Absolutely, I just don't recall a specific
9 time.

10 MR. SAXBERG: Okay. Those are all my questions.

11 THE COMMISSIONER: Thank you, Mr. Saxberg.

12 Mr. Olson?

13 MR. OLSON: I have nothing further.

14 THE COMMISSIONER: All right. Thank you,
15 witness. Your -- you have completed your assignment with
16 us.

17 THE WITNESS: Thank you.

18

19 (WITNESS EXCUSED)

20

21 THE COMMISSIONER: All right. We'll adjourn now
22 until nine-thirty tomorrow morning.

23

24 (PROCEEDINGS ADJOURNED TO JANUARY 15, 2013)