

**CHILD PROTECTION PROTOCOL**

BETWEEN

CHILD AND FAMILY SERVICES OF GRAND ERIE  
70 CHATHAM STREET BRANTFORD ON  
519-753-8681

BRANT HALDIMAND NORFOLK CATHOLIC  
DISTRICT SCHOOL BOARD  
322 FAIRVIEW, BRANTFORD ON  
519-756-6369

THE GRAND ERIE DISTRICT SCHOOL BOARD  
349 ERIE AVE, BRANTFORD ON  
519-756-6301

Revised May 2025

## **Introduction**

The Child Protection Protocol details the commitments of Child and Family Services of Grand Erie, herein referred to as the Society and the Boards of Education consisting of the Grand Erie District School Board and the Brant Haldimand Norfolk Catholic District School Board.

## **Guiding Principles**

1. Children and youth receiving services from the Society have unique needs and challenges that require the collaborative effort of both the Society and the local Boards of Education to support the wellbeing and educational success of all children and youth within the jurisdiction.
2. The well-being of the child/youth is at the centre of our work and will inform decision making.
3. Both the Society and local Boards of Education share some common objectives, including a commitment to Truth and Reconciliation and Equity. We commit that services will be provided in a way that reflects our legal responsibilities found in the *Human Rights Code of Ontario* and the legislative framework which apply to our operations.
4. Making continuity of school placement a priority, whenever possible and honouring our commitment to the Joint Protocol for Student Achievement (JPSA).
5. Actively involving the multi-disciplinary team of all service providers.
6. Open communication while respecting responsibility for privacy legislation.
7. Ensuring that educational planning is a dynamic process that has regular and ongoing reviews to ensure the plan is working effectively and that the child is appropriately supported to meet their identified goals.
8. This Child Protection Protocol addresses:
  - Child Protection Investigations
  - Transitions/School Registration (through the Joint Protocol for Student Achievement)
  - Case Management (through the Joint Protocol for Student Achievement)

## **Review and Sharing of the Child Protection Protocol**

1. The Child Protocol will be reviewed every five years by designates from the Society and Boards of Education.
2. The Child Protection Protocol will be reviewed with the following staff annually by:
  - School board administrators
  - By school board teachers and student support staff workers
  - By the Society's Child Protection Workers
  - Child Protection Service Managers

3. The Child Protection Protocol will be shared with all newly hired school administrators, teachers and student support staff workers, and newly hired Child Protection Workers of the Society.

### **Child Protection Referrals and Investigations**

1. Where it is reasonably suspected that a child is in need of protection (Appendix A – *Child in need of Protection*, Child, Youth and Family Services Act, 2017 (CYFSA) the person having the concern, with first-hand information of the report, shall promptly inform the Principal (or superintendent where the concern pertains to the Principal ) and make a telephone referral to the Society (Appendix B – *Duty to Report*). Upon contacting the Society, school personnel shall record the name of the intake worker and the date and time of the report in the *Child Protection Report of Reasonably Suspected Child Protection Concern* Form (Appendix C-1). The reporting function is the responsibility of the person who has firsthand knowledge of the referral information.
2. School personnel may use discretion when making child welfare reports regarding young people over the age of 16 and under 18. These reports should be in accordance with the youth's wishes. Although, the information may prompt a duty to report if it is known that the family has children under the age of 16 at home.
3. Following a referral by the school that a child or youth is suspected to be in need of protection, The Society shall follow its standard process to assess the referral and determine whether to open an investigation. Following the receipt of a referral, the worker may not be able to share details about how the agency is going to respond to the concerns but may be able to provide a general overview of possible response(s).
4. With appropriate release of information from the family, the Society can provide additional information to support the school needs of the child/youth and provide additional information about the outcome of the investigation.
5. Where the child is, or may be, a member of a First Nation, Inuit or a Métis community that has an assigned representative for involvement in matters under the CYFSA, 2017, the Society is responsible for contacting that representative at the earliest opportunity. The First Nation, Inuit or a Métis representative will participate in any school planning meetings.
6. Prior to attending school, Child Protection staff will contact the school by phone to advise of the plan to attend the school and an estimated time of arrival. Upon arrival at school, the investigating Child Protection Worker shall produce proper identification and complete the "*Record of CAS School Visits*" log (Appendix C-2). The Principal will make the student available for interview by the investigating worker.
7. The Boards of Education and the Society recognize that attending the school to interview a child can be disruptive to the child and the classroom. The Society will ensure that Child Protection Workers are only attending the school to interview when there is a clinical rationale

to do so. This rationale will be documented by the worker and or supervisor in the Society's records.

8. The school will provide a private room for the interview with the student. If a decision is made by the Child Protection Worker for another adult to be present during the interview, the adult must be informed that they could be called at a later date to corroborate the interview, if the proceedings go to court.
9. At the request of the investigating worker and at the discretion of the student, the Principal, operating in the role of a support, may be asked to be present at the interview. During an investigation, the Society has the authority to interview the student without the presence of a parent or the Principal. In accordance with the CYFSA, Child Protection Worker may conduct investigations without the legal guardian's consent.
10. The Boards of Education and the Society recognize that each family and investigation is unique. At the time of the referral, the Child Protection Intake Worker will discuss with the referral source what information from the referral will be shared with the family. The Society does not share identifying information about the referral source for mandated reporters, including school board staff and volunteers. There may be times when the family is able to identify the referral source from the referral information shared. When this is known as a possibility, the mandated reporter may choose to provide consent for their identity to be shared, this consent is noted in the case record.
11. If the timing of the investigation prevents the child from returning home at the usual time, the Society will advise parents/guardians of their child's whereabouts promptly. Any information shared with the referral source during the investigation or at its conclusion may only be done with the consent of the family.
12. As a part of Child Welfare's commitment to reducing disparity and disproportionality for First Nation, Inuit or a Métis, African Canadian and Equity deserving families, the Society has made a commitment to assessing all referrals made to the Society with an equity lens. There may be times when school staff and administration are asked by Child Protection Intake staff to obtain additional clarifying information, prior to an investigation being initiated.
13. The Boards of Education and the Society consider all threats of self-harm by students to be serious. When a student makes a threat of self-harm, the Boards of Education will follow their outlined policies and procedures. When a student makes a threat of self-harm because of a report being made to the Society, the Society will coordinate with school staff to identify if a Child Protection Worker will be attending the school and who will be responsible for follow-up related to the concerns of self-harm. The Boards of Education will advise the Society forthwith if a child in the care of the Society has, or has threatened to, self-harm.
14. When there is an identified concern that a student is involved in Human Trafficking, school staff will follow the Board policy on Anti-Human Sex Trafficking expectations, including if required contacting the Society.

### **Investigations of Education Settings: Child Protection Concerns Reported about a School Board Employee or Volunteer**

1. When an allegation is made regarding an employee or volunteer of the Board of Education, the Intake Manager or designate at the Society will immediately notify the administrator of the setting, identified as the Superintendent of Human Resources (HR) or designate/Manager of Human Resources at the Board of Education. This information will include if an investigation will be opened, the response time and the name of the assigned worker and Manager.
2. At the conclusion of the investigation the Society will forward an Outcome Letter to the employee/volunteer with a copy of the same letter to the Manager of Human Resources at the Board of Education outlining the outcome of the investigation.
3. The Society and School Board will fully cooperate during all phases of the investigation. The investigation and Outcome letter will be completed as expeditiously as possible, no later than 45 days but may be extended to 60 days with the Society's supervisory approval. If circumstances outside of the control of the Society result in the investigation being delayed beyond 60 days, the Society will notify the Manager of HR at the Board of Education.
4. The employee or volunteer may have a support person present at the meeting with the Child Protection Worker. Usually, employee/volunteer interviews occur offsite.

### **Transitions/School Registration**

To ensure best practice for school registration and transitions of students in the care of the Society and boards of education, please refer to Joint Protocol for Student Achievement (JPSA). The Education Liaison at the Society may be able to assist with the transition of students into the school.

### **Pre-registration**

The Society worker will provide the Principal with any known or available information needed for registration on the *Pre-Registration Information Form – For Children in the Care of a Child Welfare Agency* (Appendix D).

### **Case Management**

To ensure best practice for case management of students in the care of the Society and boards of education, please refer to the Joint Protocol for Student Achievement (JPSA).

## Signatories

We, the signatories of the partnering children's aid society and school boards, agree to the roles, responsibilities, and processes outlined in the Child Welfare Protocol. We will support and follow this protocol and the principles it espouses within our organizations.



*Mike McDonald*

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Michael McDonald, Director of Education  
Brant Haldimand Norfolk Catholic District School Board  
Date: May 30, 2025

*Dr. JoAnna Roberto*

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JoAnna Roberto, Director of Education  
Grand Erie District School Board  
Date: May 30, 2025

*Sally Johnson*

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Sally Johnson, Executive Director  
Child and Family Services of Grand Erie  
Date: May 30, 2025

## **Appendices**

Appendix A	Child in Need of Protection
Appendix B	Duty to Report
Appendix C-1	Child Welfare Agency Log Book – Report of Reasonably Suspected Child Protection Concern Form
Appendix C-2	Child Welfare Agency Log Book – Record of Society School Visits
Appendix D	Pre-Registration Information Form – For Children in the Care of a Child Welfare Agency
Appendix E	List of Legal Terms

## **Appendix A**

### **CHILD IN NEED OF PROTECTION**

Excerpt from the Child, Youth and Family Services Act, 2017, SO 2017, c 14, Sch 1

#### **PART V CHILD PROTECTION**

##### **Interpretation**

##### **Definitions**

##### **Child in need of protection**

**74 (2)** A child is in need of protection where,

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child;
- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child;
- (c) the child has been sexually abused or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually abused or sexually exploited as described in clause (c);
- (e) the child requires treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or, where the child is incapable of consenting to the treatment under the Health Care Consent Act, 1996 and the parent is a substitute decision-maker for the child, the parent refuses or is unavailable or unable to consent to the treatment on the child's behalf;
- (f) the child has suffered emotional harm, demonstrated by serious,
  - i. anxiety
  - ii. depression
  - iii. withdrawal,
  - iv. self-destructive or aggressive behaviour, or
  - v. delayed development

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or the access to services or treatment, or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failures to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (i) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to treatment to prevent the harm;
- (j) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide treatment or access to treatment, or where the child is incapable of consenting to treatment under the Health Care consent Act, 1996, refuses or is unavailable or unable to consent to treatment to remedy or alleviate the condition;
- (k) the child's parent has died or is unavailable to exercise custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.
- (l) the child is younger than 12 and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or person having charge of the child does not provide services or treatment or access to services or treatment or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable to consent to treatment.
- (m) the child is younger than 12 and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately;
- (n) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is 12 or older, with the child's consent, for the matter to be dealt with under this Part; or
- (o) the child is 16 or 17 and a prescribed circumstance or condition exists.

## Appendix B

### DUTY TO REPORT

Excerpt from the *Child, Youth and Family Services Act, 2017*, SO 2017, c 14, Sch 1

#### PART V CHILD PROTECTION

##### Duty to Report

##### Duty to report child in need of protection

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

1. the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child;
2. there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child;
3. the child has been sexually abused or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child;
4. there is a risk that the child is likely to be sexually abused or sexually exploited as described in clause c;
5. the child requires treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or, where the child is incapable of consenting to the treatment under the Health Care Consent Act, 1996 and the parent is a substitute decision-maker for the child, the parent refuses or is unavailable or unable to consent to the treatment on the child's behalf;
6. the child has suffered emotional harm, demonstrated by serious,
  - i. anxiety
  - ii. depression
  - iii. withdrawal,
  - iv. self-destructive or aggressive behaviour, or

- v. delayed development
7. the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or the access to services or treatment, or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
  8. there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failures to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
  9. there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to treatment to prevent the harm;
  10. the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide treatment or access to treatment, or where the child is incapable of consenting to treatment under the Health Care consent Act, 1996, refuses or is unavailable or unable to consent to treatment to remedy or alleviate the condition;
  11. the child's parent has died or is unavailable to exercise custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.
  12. the child is younger than 12 and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or person having charge of the child does not provide services or treatment or access to services or treatment or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable to consent to treatment.
  13. the child is younger than 12 and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately;

#### Ongoing duty to report

(2) A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if the person has made previous reports with respect to the same child.

Person must report directly

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

Duty to report does not apply to older children

(4) Subsection (1) and (2) do not apply in respect of a child who is 16 or 17, but a person may make a report under subsection (1) or (2) in respect of a child who is 16 or 17 if either a circumstance or condition described in paragraphs 1 to 11 or a subsection of (1) or a prescribed circumstance or condition exists.

Offence

(5) A person referred to in subsection (6) is guilty of an offence if,  
(a) the person contravenes subsection (1) or (2) by not reporting a suspicion; and  
(b) the information on which it was based was obtained in the course of the person's professional or official duties.

Professionals and officials

(6) Subsection (5) applies to every person who performs professional or official duties with respect to children including,

(a) a health care professional, including a physician, nurse, dentist, pharmacist and psychologist;

(b) a teacher, person appointed to a position designated by a board of education as requiring an early childhood educator, school Principal, social worker, family counsellor, youth and recreation worker, and operator or employee of a child care centre or home child care agency or provider of licensed child care within the meaning of the Child Care and Early Years Act, 2014;

(c) a religious official;

(d) a mediator and an arbitrator

(e) a peace officer and a coroner;

(f) a lawyer; and

(g) a service provider and an employee of a service provider.

Volunteer excluded

(7) In clause (6) (b), "youth and recreation worker" does not include a volunteer.

Director, officer or employee of corporation.

(8) A director, officer or employee of a corporation who authorizes, permits, or concurs in the commission of an offence under subsection (5) by an employee of the corporation is guilty of an offence.

Penalty

(9) A person convicted of an offence under subsection (5) or (8) is liable to a fine of not more than \$5,000.

Section overrides privilege; protection from liability

(10) This section applies although the information reported may be confidential or privileged, and no action for making the report shall be instituted against a person who acts in accordance with this section unless the person acts maliciously or without reasonable grounds for the suspicion.

Solicitor-client privilege

(11) Nothing in this section abrogates any privilege that may exist between a lawyer and a lawyer's client.

Conflict

(12) This section prevails despite anything in the *Personal Health Information Act, 2004*.

### **Society to assess and verify report of child in need of protection**

126 (1) A society that receives a report under section 125 that a child, including a child in the society's care or supervision, is or may be in need of protection shall as soon as possible carry out an assessment as prescribed and verify the reported information, or ensure that the information is assessed and verified by another society.

Protection from liability

(2) No action or other proceeding for damages shall be instituted against an officer or employee of a society, acting in good faith, for an act done in the execution or intended execution of the duty imposed on the society by subsection (1) or for an alleged neglect or default of that duty.

## Appendix C-1

### REPORT OF REASONABLY SUSPECTED CHILD PROTECTION CONCERN FORM

Appendix C-1

#### REPORT OF REASONABLY SUSPECTED CHILD PROTECTION CONCERN FORM

To be used in preparation of making a report to child welfare.

Not all information is required but can be useful.

Child and Family Services of Grand Erie 519-753-8681

Ogwadeni:deo 519-445-1864

Student's Last Name	First Name	Gender	Date of Birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender	<input type="text"/>
Date of Report	Time of Report	Grade / Class	Teacher
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	School Address	School Telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Address (Street No. / Apt)	City	Postal Code	Home Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Religion or Culture (if known):	Languages Spoken at Home:		
<input type="text"/>	<input type="text"/>		
Indigenous identity (if known):			
Is the student Indigenous? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure			
If yes, indicate: <input type="radio"/> Status <input type="radio"/> Non-Status <input type="radio"/> Inuit <input type="radio"/> Metis			
If known, indicate the student's First Nation or other membership/affiliation: <input type="text"/>			
Medical Concerns or Relevant Special Needs			
<input type="text"/>			
Siblings			
Last Name		First Name	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Mother / Guardian Last Name	First Name	Business No.	Home or Cell No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Guardian Last Name	First Name	Business No.	Home or Cell No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child Protection Protocol - May 2025

Child and Family Services of Grand Erie, Brant Haldimand Norfolk Catholic DSB, Grand Erie DSB



Appendix C-2

RECORD OF CHILD WELFARE AGENCY SCHOOL VISITS

Appendix C-2

RECORD OF CHILD WELFARE AGENCY SCHOOL VISITS

DATE	TIME IN	CASE WORKER	PURPOSE OF VISIT	TIME OUT	SIGNATURE

PRINCIPAL TO RETAIN THIS RECORD  
IN THE CHILD WELFARE AGENCY LOG BOOK FILE  
IN A SECURE LOCATION

Retention: E+1 (E = case resolved)  
Child Protection Protocol - May 2025  
Child and Family Services of Grand Erie, Brant Haldimand Norfolk Catholic DSB, Grand Erie DSB

## **Appendix D**

### **PRE-REGISTRATION INFORMATION FORM FOR CHILDREN IN THE CARE OF A SOCIETY**

**PRE-REGISTRATION INFORMATION FORM  
– FOR CHILDREN IN THE CARE OF A CHILD WELFARE AGENCY**

<b>Principal's Name:</b>																					
<b>School Name:</b>																					
<b>School Phone Number:</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
<b>School/Board Email:</b>																					
<b>Date of Registration meeting set with school:</b>																					

\*\*\* This form with student details is not to be copied without the permission of the Child Welfare Agency\*\*\*

**Note:** This form has been prepared by the agency worker, in collaboration with the child, to provide preliminary planning information regarding the child's education program and should be placed in the Ontario Student Record.

**Part A – Student Details**

<b>Student's Legal Name:</b>																					
<b>Student's Date of Birth DD/MM/YYYY</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
<b>Current Grade Level:</b>																					
<b>Previous School:</b>																					
<b>Previous School Board:</b>																					
<b>Names of other biological / step siblings in this school:</b>																					

<b>Is the student Indigenous?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<b>If known, indicate the student's First Nation or other membership/affiliation:</b>
<b>If yes, is the student:</b> <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Metis	<table border="1" style="width: 100%; height: 40px;"></table>

<b>Date of most recent admission to care:</b> <table border="1" style="width: 100%; height: 20px;"></table>																					
<b>Child Welfare Agency Details (check appropriate Agency box)</b> <input type="radio"/> Child and Family Services of Grand Erie <input type="radio"/> Catholic Children's Aid Society of Hamilton <input type="radio"/> Ojibwa:nd:edo <input type="radio"/> The Children's Aid Society of Hamilton																					
<b>Name of Child Welfare Agency Worker:</b> <table border="1" style="width: 100%; height: 20px;"></table>	<b>Telephone Number:</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

<b>Caregivers as designated by Child Welfare Agency:</b>  <b>Caregiver Name</b> <table border="1" style="width: 100%; height: 20px;"></table> <b>Telephone Contact</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<b>Indicate Caregiver Role (choose 1)</b> <input type="radio"/> Kin Placement <input type="radio"/> Foster Home <input type="radio"/> Group Home
<b>Retention: E+1 (E = case resolved)</b>																					

Child Protection Protocol - May 2025

Child and Family Services of Grand Erie, Brant Haldimand Norfolk Catholic DSB, Grand Erie DSB

**Part B- Student Strengths, Interests, Identities, Preferences**

What important things do you want people to know about this student's strengths, interests, identities, and learning preferences?

Has this student been <i>Identified</i> through the <i>IPRC</i> process?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
If yes, what is the identification?			
Does this student have an Individual Education Plan (IEP)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Has this student been placed in a specialized learning environment (e.g. self-contained or Section classroom)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Does this student have a Safe Intervention Plan (SIP)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Has this student ever received English Language Learner / English as a Second Language (ELL/ESL) support?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Has this student fulfilled the Literacy Graduation requirement?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Has this student fulfilled the Community Involvement Graduation requirement?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Is the student currently receiving supports for any of the following: Medication, behaviour, physical health, emotional well-being, mental health, communication?	If "yes" to any of these supports, please provide additional details:		

**Part C – Access Details**

List all persons with signing authority for this student: *(Full Name of Persons and Role)*

Are there other agencies or volunteer services (e.g., volunteer drivers) involved with this child?	No <input type="checkbox"/>	Yes If yes, please list agencies.  
Are there restrictions related to parental / family access to this child?	No <input type="checkbox"/>	Yes If yes, please discuss at the time of intake.  

**Society workers need to be notified when:**

Child makes a disclosure of abuse or neglect;  
 Child is suspended, or another serious discipline measure is taken (including the consideration and/or initiation of a Violence Threat Risk Assessment);  
 There is a meeting i.e. IPRC, meeting to discuss behaviour/academic performance;  
 There are any concerns with the caregiver of the child;  
 There are any outstanding achievements/awards, etc.; or  
 Other concerns (mental health issues, behaviour issues, suspicious activities, etc.)

**School needs to be notified when there are changes in the child's status, caregiver, worker or residence**

Retention: E+1 (E = case resolved)

Child Protection Protocol - May 2025

Child and Family Services of Grand Erie, Brant Haldimand Norfolk Catholic DSB, Grand Erie DSB

## Appendix E

### LIST OF LEGAL TERMS

**Temporary Care Agreement:** A voluntary contractual arrangement where the Society agrees to care for a child under age 16 for a temporary period. Parents maintain their legal rights, however, appoint a Society representative including a foster caregiver to sign school documents (e.g., permission slips, report cards).

**Custody During Adjudgment:** A child protection application has been brought before the court, but the court has not yet decided if the child is in need of protection. The court orders temporary care and custody during the period of adjournment.

**Interim Society Care:** A court has found the child to be in need of protection and has placed the child in the care of a Society for a period of up to 12 months.

**Extended Society Care:** The court has made an order placing the child in the permanent care of a Society. The Society has the rights and responsibilities of a parent for the purpose of the child's care, custody and control. The order lasts until the child turns 18, is adopted, is married, or the court changes the order.

**VYSA (Voluntary Youth Service Agreement):** 16- and 17-year-olds are now eligible for the full range of child protection services, including the option of a Voluntary Youth Services Agreement if the youth is in need of protection and an out-of-home placement is required.

**Customary Care:** Customary care is a form of care in accordance with the custom of the child's First Nation or their Inuit or Métis community. Ontario law recognizes the use of customary care. Customary care usually involves a voluntary agreement among the parents, the child if older, the First Nation (or other Indigenous government), the Society, and the caregivers.