

Reporting and Investigating Allegations of Child Abuse			
Section	Clinical Services		
Authorized by	Board of Directors	Date	September 27, 2023
Applies To	All Staff, Students & Volunteers	Archive versions	May 3, 2004
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Policy:

Aptus Treatment Centre requires that all employees exercise their responsibility to report actual, suspected or alleged abuse and neglect of children under 18 years of age.

General Definitions

For the purpose of this policy, the following terms shall be defined as follows:

- the term “persons supported” shall be taken to refer to any person who is a direct user of any Aptus Treatment Centre Program
- the term “staff” shall be taken to mean all employees, volunteers, placement/internship students and all other persons that provide a service at the Aptus Treatment Centre programs and/or property and premises.
- The term “child” refers to any person younger than 18
The definition of child abuse used will relate to the definitions found within the Child, Youth and Family Services Act (CYFSA, 2017). “Abuse” means a state or condition of being physically harmed, sexually abused or sexually exploited (s. 136[1]).
- Refer to APPENDIX A of this policy for further descriptions of abuse as per the Act.

Objective

The following regulations are the policies and procedures of Aptus Treatment Centre:

- Related to abuse of Aptus Treatment Centre person supported defined as a “child”
- These policies and procedures are intended to give clear procedural guidelines in identifying and reporting abuse or alleged/suspected abuse of persons supported
- At all times Aptus Treatment Centre will strive to maintain the confidentiality of all person’s involved within the context of the investigation.
- The population supported at Aptus has a unique set of challenges as related to abuse and therefore, there is an extra duty of care that our staff must exercise to ensure their protection. Any suspicion and/or allegation of abuse must be reported and dealt with immediately and appropriately, as detailed in the following policy.
- Staff are not expected to determine if the abuse or alleged abuse actually happened. Child welfare and police will make the determination as to whether the abuse occurred.
- If you have any grounds to suspect that a child is, or may need protection, you must immediately report the suspicion and the information on which it is based directly to the Children’s Aid Society (CAS).
- All Aptus Treatment Centre staff are expected to read, understand and abide by these regulations, policies and procedures regarding abuse.

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Statement of Principles

The Children's Aid Society (CAS) and Aptus Treatment Centre are committed to providing service to children and their families.

For Aptus Treatment Centre the following principles shall apply to any such allegations:

- Every child has a right to protection from harm and, if harmed, the right to immediate support and treatment
- Every opportunity must be provided to a child to ensure that they have the right to disclose that something uncomfortable is occurring, or that they fear something may occur. In the case of children who are in the care of Aptus Treatment Centre, any child who wishes to communicate with a staff member or a caregiver shall be allowed this opportunity without fear. If a suspicion or allegation of abuse is made, the child shall be heard and supported
- All staff and caregivers employed by Aptus Treatment Centre have an obligation and responsibility to protect children in the care of the agency from harm and abuse. Designated staff from the CAS have the obligation and responsibility to investigate all allegations of abuse with skill and sensitivity given the nature of the children with developmental disabilities they may have to work with
- Physical harm, sexual abuse, neglect and/or emotional harm of any child is unacceptable and will be reported immediately upon suspicion or knowledge that such exists
- The abuse of a child is never the fault of the child. Where a child discloses alleged abuse, every effort will be made to protect the child from the alleged abuser and to provide one support person (who the child trusts) to that child throughout the investigation
- If a child, parent, or other person makes an allegation of child abuse of any kind, it must be reported to child welfare (CAS). Staff are not to exercise any judgment as to the veracity of the allegations
- Aptus Treatment Centre is committed to providing a nurturing environment for the children in its care and to eliminate all conditions within Children's Day Services that foster abuse
- Aptus Treatment Centre is committed to supporting staff and to the training of staff in issues related to child abuse, its prevention, detection, investigation and treatment and in the purpose and implementation of this policy. All new staff and caregivers of Aptus Treatment Centre will be oriented to the agency's procedures for identifying and reporting abuse as part of their orientation and prior to working with supported people at Aptus Treatment Centre

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- All procedures in this policy are based on provisions contained in: The CYFSA (2017); The Criminal Code of Canada; Ministry of Children, Community and Social Services (MCCSS), Revised Standards for the Investigation and Management of Child Abuse Cases by the Children's Aid Societies under the CYFSA; MCCSS Serious Occurrence Reporting Guidelines (2019); [MCCSS Children and Youth Residential Licensing Directives](#); and also, by best practices in general.

Duty to Report

The CYFSA indicates that everyone has the responsibility for a child's welfare. The paramount purpose of this Act is to promote the best interests, protection and well-being of children. The CYFSA applies to all members of the public including people who work with children. If a person has reasonable grounds to suspect a child is or may need protection, the person must directly report this immediately to CAS, s. 125 (3). The person must not rely on anyone else to report on their behalf. A person who has suspicion of abuse occurring and does not report the abuse to the society is liable to a fine of not more than \$5000, s. 125 (9).

The Act defines the term "child in need of protection" to include a child, who is or who appears to be in danger of physical, sexual or emotional abuse, neglect or risk of harm when caused by the person having charge of the child or caused by this person's failure to act or adequately care for or obtain treatment in respect of such circumstances or events.¹ *Please see APPENDIX A for more details.*

Ongoing Duty to Report

The Act as per s. 125, (2), also indicates, that even though the professional knows that a report already took place, they must make a further report to CAS if there are additional, reasonable grounds to suspect that the child is, or may be, in need of protection.

Investigation Procedure

If abuse is suspected or disclosed within Aptus Treatment Centre, then, the following steps should be taken:

¹ See subsection 74(2) of Part V of the CYFSA <https://www.ontario.ca/laws/statute/17c14> for the complete definition.

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1. The internal reporting procedures shall be followed which states that the person who suspects/hears about the allegation must first report it themselves to CAS; refer to the contact numbers below:

By law, the investigating team will consist of a child protection counselor and police officer when necessary. Additional child protection staff and police officers may be required to assist the investigating teams when circumstances warrant. Contact with the regional police is part of the reporting process.

Staff are required to directly contact/report information or incidents immediately involving alleged abuse to CAS.

Children’s Aid Society of Toronto	416. 924. 4646
Catholic Children’s Aid Society of Toronto	416. 395. 1500
Jewish Family and Child Services	416. 638. 7800
York Region Children’s Aid Society	1. 800. 718. 3850 905. 895. 2318

When making a report to the CAS, provide as much information as possible, including a complete description of the situation/incident, nature and grounds for suspicion, whereabouts of the child and siblings if known, the alleged perpetrator’s name and relationship to the child, if known and the full names and ages of child/children, parents/guardians, siblings, and contact information if known.² If for any reason CAS cannot be reached you may also call the police.

2. Then the incident must be brought to the attention of the CEO/designate immediately either directly or through a manager/supervisor.
3. Record Keeping: All staff involved must maintain good record keeping by recording all information related to the suspicions and/or allegations, while forwarding all documentation to their manager and CEO/designate.
4. Statement: Ensure that any statements made by a child to an employee or caregiver of the Aptus Treatment Centre should be recorded in the child's own words, but such recording should generally not occur in the presence of the child. Employees and/or

² College of Occupational Therapists of Ontario (2021). Child, youth and family services act, (CYFSA), 2017

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caregivers while offering support, should refrain from initiating further interview with the child after receiving the child's first disclosure.

5. Maintaining Confidentiality: Knowledge of a suspected case of child abuse is confidential and is to be restricted to the staff member or caregiver initiating the report, and, if appropriate, personnel directly working with the child, as well as management personnel who, in the course of their duties, would need to know.
6. The parent(s) or Guardians of the alleged victim shall be informed by the Aptus Treatment Centre CEO/designate. The timing of notification will be determined in conjunction with the CAS.
7. The CEO/designate of Aptus Treatment Centre as well as the CAS shall notify the Area Officer of the Ministry of Children, Community and Social Services that an abuse investigation is underway (Serious Occurrence Reporting Procedures, 2019).
8. The worker who witnessed the suspicion/alleged abuse is recommended to reach out to their immediate supervisor/manager for support in ensuring appropriate safety measures are taken.
9. Aptus Treatment Centre will follow Serious Occurrence Reporting procedures to inform the MCCSS to the occurrence. Therefore, the Program manager or Director at Aptus Treatment Centre must be informed of the report to CAS immediately.

Special Circumstances

If the alleged abuser is another person we support, Aptus Treatment Centre shall ensure that:

- both the alleged victim(s) and the alleged perpetrators are kept separate from each other;
- that each has appropriate support and supervision;
- the alleged abuser shall be considered a child in need of treatment unless the police determine, in consultation with the CAS and the Aptus Treatment Centre, that they be dealt with as a young offender.

If the alleged abuser is a staff member and/or caregiver, Aptus Treatment Centre shall ensure, according to its internal procedures for such matters, that the safety of the alleged victim(s) and other individuals/children is a priority.

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Interviewing Witnesses and Reviewing Reports

Aptus Treatment Centre shall, in conjunction with the CAS/police, designate a place for interviewing the children, where staff are neutral, the environment is safe and is not a room where the abuse is alleged to have occurred.

The CEO and/or a designate of Aptus Treatment Centre shall make available to the CAS all such records and documents (daily logs, medical records, staff assignments, etc.) which may be required for the investigation and a private space in which to examine them. The CEO/designate and/or a designate of Aptus Treatment Centre shall also provide any information (written or verbal) which will assist the CAS/police to understand the developmental and/or emotional disabilities the alleged victim and/or perpetrator (another child) may have.

Following the CAS/Police Protocol, the CAS, or the CAS/Police Team shall carry out detailed interviews with:

- the person who reported the abuse
- the person who initially suspected the abuse (if different from the person who reported)
- the alleged victim(s)
- any witnesses to the alleged abuse
- any other staff person who may be of assistance in the investigation

Interviewing as part of the investigative process is the responsibility of the CAS or the CAS/Police Team. Under no circumstances shall staff of Aptus Treatment Centre interview the child unless requested by the CAS and/or police to act as interpreter. In such situations, the investigator shall initiate the questions and the staff member shall interpret only what is asked. Provisions must be made to ensure this person does not "contaminate" the evidence by coaching or leading the child during the interview process.

If a medical examination is required as part of the investigation, this shall be carried out by a physician knowledgeable about child abuse and in such a manner that is not distressful for the child. Any information about the child's special needs and/or disabilities shall be made available to the physician.

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Disciplinary Action Resulting from a Finding of Abuse of a Person supported by an Employee

All disciplinary action resulting from a finding of abuse of a child served by an employee will follow the outline process herein. The CAS will provide a report outlining any recommendations they may have concerning safety of children, program and personnel issues and need for further review of the program. If no recommendations are given by the CAS, the employee shall be subject to disciplinary action as follows:

- Any employee who sexually abuses a child will be dismissed
- Any employee who physically, verbally, psychologically or otherwise abuses a person supported shall be given the appropriate type of discipline up to and including dismissal as determined by the CEO/designate
- Any retaliation by staff, relatives, or peers will not be tolerated
- Should the evidence be inconclusive and no resolution reached, the employee will be monitored until the rights of all parties are protected
- Refer to Aptus Treatment Centre's general Abuse Policy for further details

Ensuring the Protection and Best Interests of the Children

- At all times the protection, safety, sense of security and best interests of all children supported by Aptus Treatment Centre will be a paramount of consideration.
- Where treatment, either crisis support or long term is required to help the victim(s) and/or other individuals/children and/or staff of Aptus Treatment Centre to deal with issues related to the above, arrangements will be made
- As stated where the alleged abuser is a staff member, internal procedures will be followed ensuring the protection of the alleged victim and other children remains a priority
- When the alleged abuser is another individual child, steps shall be taken to ensure that is not left alone with other individual/child of the program.
- Where the alleged abuser is someone external to Aptus Treatment Centre, steps shall be taken to ensure that person has no access to the alleged victim or to any other child pending the outcome of the investigation



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Professional Confidentiality

A professional must report that a child is, or may be, in need of protection even when the information is otherwise confidential or privileged; the only exception is the privilege that exists between a lawyer and the lawyer's client³.

This duty overrides any other provincial statutes, including the [Personal Health Information Protection Act, 2004](#), and specifically overrides any provisions that would otherwise prohibit someone from making a disclosure.

Media Inquiries

- The CEO/designate of the Aptus Treatment Centre shall be the designated media contact. Staff are not authorized to speak with the media
- No information shall be given "off the record"

³ Refer to [Report child abuse and neglect | ontario.ca](#) for more details

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APPENDIX A

Definition of a Child

Section 2 (1) of the CYFSA defines “child” as a person younger than 18. The duty to report applies to any child who is, or appears to be, under the age of 16 years. On January 1, 2018, Ontario raised the age of protection from 16 to 18.

Duty to Report

Everyone in Ontario, including members of the public and professionals who work closely with children, is required by law to report suspected child abuse or neglect.

- Section 125 (5) and (6) of the CFYSA provides examples of those who perform professional or official duties and other examples are indicated below as follows:
- (a) a person who performs professional or official duties with respect to a child
- (b) a health care professional, including a physician, nurse, dentist, pharmacist and psychologist;
- (c) 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](#);
- (d) a religious official;
- (e) a mediator and an arbitrator;
- (f) a peace officer and a coroner;
- (g) a lawyer; and
- (h) a service provider and an employee of a service provider. 2017, c. 14, Sched. 1, s. 125 (6).
- (i) any other member of the public who carries out professional or official duties with children
- Persons who require clarification regarding the duty to report should contact the CAS, their professional College, or regulatory body. However,
 - “youth and recreation worker” does not include a volunteer. 2017, c. 14, Sched. 1, s. 125 (7).

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Defining Child Abuse

“Abuse” means a state or condition of being physically harmed, sexually abused or sexually exploited (s. 136[1]).

Section 125 (1) of the CYFSA are as follows:

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,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. 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,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually abused or sexually exploited, including by child pornography, 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, sexual molestation, 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, and/or likely to be sexually exploited as a result of being subjected to child sex trafficking.
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](#), refuses or is unavailable or unable to consent to, the treatment on the child’s behalf.

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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,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the [Health Care Consent Act, 1996](#), refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the harm.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the [Health Care Consent Act, 1996](#), refuses or is unavailable or unable to consent to, treatment to 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 the treatment or access to the treatment, or where the child is incapable of consenting to the treatment under the [Health Care Consent Act, 1996](#), refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.
11. The child's parent has died or is unavailable to exercise the rights of custody 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 the person having charge of the child does not provide services or treatment or access to services or treatment, or,

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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.

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. 2017, c. 14, Sched. 1, s. 125 (1); 2020, c. 25, Sched. 1, s. 26 (6); 2021, c. 21, Sched. 3, s. 3.