

Parks, Forestry and Recreation Record of Suspected Child Abuse Reporting Form

A. Instructions for Completing the Record of Suspected Child Abuse Reporting Form

The Ontario Child and Family Services Act obligates members of the public and professionals that work with children to promptly report to a children's aid society when a child is or may be in need of protection. This form is to be completed every time a Parks, Forestry and Recreation staff or volunteer has reason to suspect or receives a disclosure that child abuse or neglect has occurred.

The following table lists the recognized children's aid societies that serve the City of Toronto and their contact information.

Children's Aid Society	Phone Number	Website
Children's Aid Society of Toronto	(416) 924-4646	http://www.casmt.on.ca/
Catholic Children's Aid Society of Toronto	(416) 395-1500	http://www.torontoccas.org/
Jewish Family and Child – Greater Toronto Area	(416) 638-7800	http://www.jfandcs.com/
Native Child & Family Services	(416) 969-8510	http://www.nativechild.org/

1. Complete this form immediately after reporting a suspicion or disclosure of child abuse or neglect to the children's aid society. Ensure you include the following:
 - Date, time, and location of the incident.
 - Any witnesses to the incident and record their full name and contact information if possible.
 - Document the facts only (what you observed or what the child has said), being careful to avoid noting any personal opinions or assumptions.
 - Be precise, objectively descriptive and avoid using general or subjective terms.
 - Describe events in detail, noting exact words used in any verbal exchange.
 - Attach a list of names, addresses phone numbers, and employee numbers of additional staff or volunteers reporting the incident that you are aware of.
 - Record the name and phone number of the children's aid society, the representative that you spoke with, and the date and time that you spoke with them.
 - Document any actions that staff or volunteers have taken to date.
 - Attach any additional related documentation.

2. Sign and date the form and place it in a sealed envelope along with any other information, documentation, or reports. Write the name of your full-time supervisor, and the word "CONFIDENTIAL" on the envelope. N.B. this is an internal document and should not be sent to the children's aid society.

3. Submit the form to your full-time supervisor. As this is confidential information, **do not make copies of the form or send it by fax.**

4. The full-time supervisor will forward the form to the Supervisor of Staff Support and notify the appropriate Branch / District Manager.

5. The Supervisor of Staff Support will keep individual, confidential file records to track and properly maintain all documentation relating to suspected child abuse or neglect.

B. Record of Suspected Child Abuse Reporting Form

General Information		
Date Incident Occurred (dd/mm/yy):	Time Incident Occurred: AM / PM	Time of Report: AM / PM
Name of Centre / Facility / Park where Incident Occurred:		
District:		

Child / Family Information		
Child's Name (first, last)	Child's Phone Number:	Child's Age:
Names of Siblings (if known): 1.		Age:
Names of Siblings (if known): 2.		Age:
Names of Siblings (if known): 3.		Age:
Names of Siblings (if known): 4.		Age:
Name of Child's School (if known):		

Parent / Guardian Information	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
First Name:	First Name:
Last Name:	Last Name:

Parent / Guardian Information

Home Address:	Home Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (cell):	Phone (cell):

<p align="center">COMMON SITES FOR BRUISES</p> <p align="center">QUESTIONABLE SITES FOR BRUISES</p>	<p>Use the figure to the left to describe the location of marks, if any.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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List the reasons for suspicion of ANY form of child abuse or neglect including what the child said and / or what staff observed.

Witness Information			
Witness 1	Witness 2	Witness 3	Witness 4

First Name:	First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:	Last Name:
Relationship to Child (if any):	Relationship to Child (if any):	Relationship to Child (if any):	Relationship to Child (if any):
Phone (home):	Phone (home):	Phone (home):	Phone (home):
Phone (work):	Phone (work):	Phone (work):	Phone (work):
Phone (cell):	Phone (cell):	Phone (cell):	Phone (cell):

Children's Aid Society Information	
Check applicable children's aid society that report was made to:	
<input type="checkbox"/> Children's Aid Society of Toronto <input type="checkbox"/> Catholic Children's Aid Society of Toronto <input type="checkbox"/> Jewish Family and Child – Greater Toronto Area <input type="checkbox"/> Native Child and Family Services	
Date of Call:	Time of Call:
Name of Intake Worker:	
Comments / Direction from Intake Worker:	

Police Information – If Applicable	
Division:	Division:
Name:	Name:

Badge Number:	Badge Number:
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Follow Up – Staff / Volunteer Action

List any actions / steps that staff / volunteers have taken:

Reporting Staff / Volunteer

First Name:		Last Name:	
Position:	Employee Number:	Phone (work):	Phone (home):
Reported to (Supervisor / CRP):		Date:	
		Time:	

Signature of Reporting Staff / Volunteer:	Date:
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Full-Time Supervisor	
Name:	Signature:
Date:	

Please attach any additional related documentation.

The personal information on this form is collected under the authority of the City of Toronto Act, 2006, S. 136(c) and Ontario Child and Family Services Act, R.S.O. 1990, Chapter C.11, Section 72 (1).

The information will be used to document incidents of suspected child abuse for the purpose of sharing this information with a children's aid society, in the interest of protecting children. Questions about this collection can be directed to the Manager of Staff Support Unit, at Etobicoke Civic Ctr., 1st Floor, North Block, Etobicoke, ON M9C 2Y2 or by telephone at 416-394-5460.