# The

Information Guide for Summer Staff

## Lanark County Family Relief Program

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Revised April 2009

**THE LANARK COUNTY FAMILY RELIEF PROGRAM**

### Introduction to Family Relief Workers

The Family Relief Program has been in existence in Lanark County since 1981. We are a non-profit organization that manages funds and coordinates relief service for families caring for a child with a developmental disability or physical disability and to families caring for an adult with a developmental delay. The number of families we serve has been growing steadily over the years and our focus has also broadened. We coordinate in-home, out of home and community integrated relief, a variety of summer programs, as well as year-round recreational programs for all ages. We are pleased to welcome you to our growing team.

Yours truly,

Carol Anne McNeil,

Family Relief Manager,

Lanark County Family Relief Program

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**Family Relief Program and Finance Staff**

Family Relief Manager Carol Anne McNeil, ext. 328

Family Relief Financial Co-ordinator Mike Shane ext. 330

Finance Assistant Anne Crampton, ext. 332

Child/Youth Respite Co-ordinator Shari Southin, ext. 333

Case Worker Wendy Coombs ext. 353

Intake Worker Melanie Ferguson, ext. 354

Case Worker Emily Edwards ext. 324

Worker Recruitment Christine Crampton, ext. 326

Case Worker Amanda Jardine ext. 321

Case Worker Sara Cooke ext. 724

Case Worker Jan Paul-Barr, ext. 335

Case Worker Nicole Murray, ext. 336

Case Worker Stephanie Richardson, ext. 337

Bus Trip Co-ordinator Mary Beth Devine, ext. 350

#### Philosophy of the Family Relief Program

The following values must be shared when working in the capacity of Family Relief Worker:

* Services must be provided in a manner, which preserves the *dignity* of the individual.
* Services must be provided in a manner that displays a fundamental belief that *all persons are equal.*
* Services must be provided for individuals with disabilities so as to promote *empowerment* and personal *fulfillment.*
* All individuals with disabilities can *learn skills* which will improve their lives and relationships.
* All individuals with disabilities fully share the right to *integration, access and participation* within the community.
* Client families have the right to preserve their *privacy.*

Job Description

As a Family Relief **Day Camp Director** and **Assistant Director** you will be reporting to the Recreation Supervisor.

**Qualifications:**

1. Client confidentiality is a must.
2. Patience and understanding and/or experience with special needs individuals.
3. Knowledge and/or experience in family relief work.
4. Effective communication and interpersonal skills.
5. Ability to maintain harmonious working relationships.
6. Background in program planning would be a definite asset.

**Responsibilities:**

1. Have your Family Relief Summer Staff Guidebook close at hand for reference and instruction regarding standard procedures and emergencies.
2. Prepare camp schedule, brochure and calendar.
3. Create the parent information package and registration forms ensuring copies are made for the Family Relief Office.
4. Distribute flyers through schools, community centers, etc. and inform all LCP recipients on the prepared lists.
5. Make arrangements for registration dates including: site, date, time and all details. Visit the site and secure keys, and knowledge of guideline and policies for the site if applicable (ie. garbage collection, security codes, etc.).
6. Responsible for inventory supply and preparing a list of equipment and supplies needed for submission to Recreation Supervisor.
7. Accountable for all start-up costs, ongoing operational costs, activity fees and ensuring all petty cash and tracking forms are completed correctly.
8. Actively participate in Director training and training of day camp staff.
9. Ensure the co-ordination and follow through of daily schedules and program plans.
10. Ensure forms are completed and submitted as required including bus forms, incident forms, etc.
11. Ensure there are adequate craft supplies available weekly.
12. Responsible for the administration and dispensing of medication.
13. Ensure all the “MUST SEES” are available and adhered to.
14. Mediate any problems or concerns that arise involving staff, parents and/or children.
15. Oversee and ensure the integration of all campers.
16. Support and encourage fellow staff throughout daily activities.
17. Liaison to parents, staff, Family Relief Co-ordinator and Recreation Supervisor.
18. Ensure that the site is kept tidy, safe and respectable.
19. Record staff hours and pass to the Recreation Supervisor.
20. Implementing and performing staff evaluations.
21. Co-ordinate weekly staff meetings.
22. Administer first aid or first response to emergency situations when applicable.
23. Ensure the safety supervision of all children at all times.
24. Keep the parents informed of all changes or events.
25. Other duties as may be required by the Recreation Supervisor.

Job Description

As a Family Relief **Day Camp Counsellor** and **Summer Relief Worker** you will be reporting to the Camp Director and Recreation Supervisor.

**Qualifications:**

1. Client confidentiality is a must.
2. Patience and understanding and/or experience with special needs individuals.
3. Knowledge and/or experience in family relief work.
4. Effective communication and interpersonal skills.
5. Ability to maintain harmonious working relationships.
6. Background in program planning would be a definite asset.

**Responsibilities:**

1. Have your Family Relief Summer Staff Guidebook close at hand for reference and instruction regarding standard procedures and emergencies.
2. Provide continuous safety supervision to all campers.
3. Ensure the areas associated to camp activities are safe and secure for programming (ie. sports fields free of glass, etc.).
4. Lead assigned activities and engage all in spontaneous activities and games.
5. Keep Camp Director informed of issues and concerns which arise or could arise in his/her absence and recommend appropriate actions if required.
6. Promote a positive emotional tone among program participants and co-workers by employing the strategies identified in training - including Behaviour Management, following the Philosophy of the Family Relief Program, etc.
7. Ensure that all tasks are completed as requested by the Camp Director - prior to leaving.
8. Ensure supplies and equipment are set up and put away accordingly for programs.
9. Ensure that participants make proper use of equipment and facilities.
10. Present a neat and clean appearance according to the agency dress code.
11. Attend and actively participate in summer staff meetings.
12. Answer inquiries - regarding questions from the parents.
13. Assist with completion of tasks on the daily checklist.
14. Follow agency emergency procedures according to role.
15. Assist with the set up and closing of camp.
16. Assist with collection of information that would be required for the service report - including attendance statistics, log book, etc.
17. Prepare program plans and submit on time with the assistance of the Camp Director.
18. Ensure all campers have fun while maintaining their dignity and safety.
19. Ensure the integration of all campers.
20. Attend and participate in all training.
21. Other duties as may be required by the Camp Director.

**Code of Conduct**

The following guidelines are to be adhered to at all times. Failure to do so will result in reprimand, or in some cases dismissal.

Respect

Family Relief Workers must treat clients with the dignity and respect they deserve. A Family Relief Worker is a facilitator and supporter. If a Family Relief Worker sees a need to comment or react to a client’s language or behaviour they *must* do so in a manner which is as positive as the circumstances allow.

Confidentiality

Family Relief Workers have signed an Oath of Confidentiality. This means that they shall not discuss any information obtained through Lanark Community Programs, or while working in the capacity of Family Relief Worker, related to any client or client families, other than for professional reasons with a Family Relief staff member. **(Please be advised, however, that you are legally obliged to report any suspicions you might have relating to child neglect or child abuse and that this *does not* constitute a breach of your Oath of Confidentiality.)** For more information on this topic refer to Appendix A.

Appropriate Language

Family Relief Workers must use appropriate language at all times. Obscenities, swear words, lewd, suggestive or prejudiced comments or inappropriate humour are never to be used in the presence of clients, client families, or at any time while acting in the capacity of Family Relief Worker.

Abuse

Family Relief Workers shall not use physical force or the *threat* of physical force at any time when acting in the capacity of Family Relief Worker. If behaviours are a concern, please contact the Family Relief Office. Workers shall act in a manner which is in accordance with the philosophy of the Family Relief Program.

Punctuality

Family Relief Workers are expected to be punctual. If at any time you are unable to meet your obligation, ample notice must be given to the client’s family. Always call and confirm.

No Smoking Policy

Family Relief Workers must respect our ***“No Smoking Policy”***. While acting in the capacity of Family Relief Worker, individuals shall not smoke. For more information refer to Appendix B.

No Alcohol Policy

Family Relief Workers shall not consume or purchase any alcoholic beverages prior to or during work hours. In addition, workers shall not expose clients to any situations where alcohol is being purchased or consumed.

#### Liability

***Non-contract workers*** (Family Relief Workers who work on a regular basis with a family throughout the year) are hired on a purchase of service basis and are ***not covered by any liability insurance.*** It is therefore crucial that you not take on any activities that you feel may be injurious to the well being of yourself or your clients (ie. Heavy lifting).

The Family Relief Program ***does not provide insurance for our clients*** so again for both of your protection and for the well being of our clients it is important to ***avoid any situation or activity that may put you or the client at risk.***

***Contract workers*** (usually used for staff hired in the summer that work full-time for 8-10 weeks and sign a contract) are covered by the Workman’s Compensation Board and by Lanark Community Program’s liability insurance.

Procedure in Case of Injury on the Job

1. Notify a Family Relief caseworker or finance staff member (Janice Smith) and fill out the appropriate forms as soon as possible. These steps must be taken ***within 24 hours of the injury*** in order to process your claim.
2. See a doctor immediately. Inform the physician that the injury was work related.

Payment Information

Day Camp Staff are put on contract and are paid every two weeks. Before the Finance Department can issue a cheque, a completed time sheet must be submitted to your Camp Director who will ensure all time sheets are handed in to the Finance Department.

**Please remember:**

* Most cheques will be direct deposit. Upon hire, a completed payroll information sheet must be given to your Camp Director who will forward to the Finance Department.
* Anyone receiving reimbursement of mileage must complete a Travel Expense Claim Form and have prior authorization.
* If there are any further questions about payroll, direct them to your Camp Director who will bring them to the attention of their supervisor.

**Appendix A: Child Abuse and Your Legal Obligations**

Ontario’s *Child and Family Services Act* (CFSA) provides for a broad range of services for families and children, including children who are or may be victims of child abuse or neglect.

The paramount purpose of the Act is to promote the best interests, protection and well being of children.

The Act recognizes that each of us has a responsibility for the welfare of children. It states clearly that members of the public, including professionals who work with children, have an obligation to report promptly to a children’s aid society if they suspect that a child is or may be in need of protection.

The Act defines the term “child in need of protection” and sets out what must be reported to a children’s aid society. This definition (CFSA s.72(1)) is set out in detail on the following pages. It includes physical, sexual and emotional abuse, neglect and risk of harm.

This brochure summarizes reporting responsibilities under Ontario’s *Child and Family Services Act.* It is not meant to give specific legal advice. If you have any questions about a given situation, you should consult a lawyer or the children’s aid society.

**Responsibility to report a child in need of protection**

**CFSA s.72(1)**

If a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must promptly report the suspicion and the information upon which it is based to a children’s aid society.

The situations that must be reported are listed in detail below.

**Child and Family Services Act CFSA s.72 (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 forthwith 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,
   1. failure to adequately care for, provide for, supervise or protect the child, or
   2. 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 form that person’s,
   1. failure to adequately care for, provide for, supervise or protect the child, or
   2. pattern of neglect in caring for, providing fork, supervising or protecting the child.
3. The child has been sexually molested 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 molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. The child requires medical 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, or refuses or is unavailable or unable to consent to, the treatment.

**Ongoing duty to report CFSA s.72(2)**

1. The child has suffered emotional harm, demonstrated by serious,
   1. anxiety,
   2. depression,
   3. withdrawal,
   4. self-destructive or aggressive behaviour, or
   5. 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.

1. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.
2. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 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.
3. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
4. 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, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.
5. The child has been abandoned, the child’s parent has died or is unavailable to exercise his or her 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.
6. The child is less than 12 years old 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, or refuses or is unavailable or unable to consent to, those services or treatment.
7. The child is less than 12 years old 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.

The duty to report is an ongoing obligation. If a person has made a previous report about a child, and has additional reasonable grounds to suspect that a child is or may be in need of protection, that person must make a further report to a children’s aid society.

**Persons must report directly CFSA s.72(3)**

The person who has the reasonable grounds to suspect that a child is or may be in need of protection must make the report directly to a children’s aid society. The person must not rely on anyone else to report on his or her behalf.

**What are “reasonable grounds to suspect?”**

You do not need to be sure that a child is or may be in need of protection to make a report to a children’s aid society. “Reasonable grounds” are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.

**Special responsibilities of professionals and officials, and penalty for failure to report CFSA s.72(4), (6.2)**

Professional persons and officials have the same duty as any member of the public to report a suspicion that a child is in need of protection. The Act recognizes, however, that persons working closely with children have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions, and so makes it an offence to fail to report.

Any professional or official who fails to report a suspicion that a child is or may be in need of protection, where the information on which that suspicion is based was obtained in the course of his or her professional or official duties, is liable on conviction to a fine of up to $1,000.

**Professionals affected CFSA s.72(5)**

Persons who perform professional or official duties with respect to children include the following:

* Health care professionals, including physicians, nurses, dentists, pharmacists and psychologists;
* Teachers, and school principals;
* Social workers and family counselors;
* Priests, rabbis and other members of the clergy;
* Operators or employees of day nurseries;
* Youth and recreation workers (not volunteers);
* Peace officers and coroners;
* Solicitors;
* Service providers and employees of service providers; and
* Any other person who performs professional or official duties with respect to a child.

The list sets out examples only. If your work involves children but is not listed above, you may still be considered to be a professional for purposes of the duty to report. If you are not sure whether you may be considered to be a professional for purposes of the duty to report, you should contact your local children’s aid society, professional association or regulatory body.

**Professional confidentiality CFSA s.72(7), (8)**

The professional’s duty to report overrides the provisions of any other provincial statute, specifically, those provisions that would otherwise prohibit disclosure by the professional or official.

That is, the professional must report that a child is or may be in need of protection even when the information is supposed to be confidential or privileged. (The only exception for “privileged” information is in the relationship between a solicitor and a client.)

**Protection from liability CFSA s.72(7)**

If a civil action is brought against a person who made a report, that person will be protected unless he or she acted maliciously or without reasonable grounds for his or her suspicion.

**What will the children’s aid society do?**

Children’s aid society workers have the responsibility and the authority to investigate allegations and to provide services to protect children.

A children’s aid society worker may, as part of the investigation and plan to protect the child, involve the police and other community agencies.

**How to contact a children’s aid society**

Check the telephone directory for the office closest to you. In some communities, the children’s aid society is known as “family and children’s services.” The emergency pages in most Ontario telephone directories have the number to call to report to a children’s aid society.

All the children’s aid societies/family and children’s services have emergency 24 hours a day, so that you can call anytime.

**For more information**

Contact your local children’s aid society or family and children’s services. If you suspect that a child is or may be in need of protection, contact a children’s aid society immediately. Your cooperation is vital to making Ontario’s child protection system work.

**Appendix B: The Family Relief Program’s No Smoking Policy**

The Family Relief Program has a strict no smoking policy. We have based our decision on the following factors:

* As a Family Relief worker you will be an influential role model for our clients. It is therefore important that you present a healthy lifestyle.
* Many of our clients have medical considerations, and might be at risk if exposed to cigarette smoke.
* Many of our clients are children and have the right to a smoke-free environment.
* Many parents have expressed concern about their children being exposed to a health risk over which they have no control.

**Appendix C: What to do in Case of Seizures**

**First Aid for Seizures**

In all types of seizures, the goal is to protect the person from harm until full awareness returns. If you are living with or caring for someone with a seizure disorder who has other medical problems, check with the doctor about how to respond when a seizure happens. Find out whether the doctor wants to be notified every time or just in certain circumstances. Ask whether or when you should call an ambulance and if there are any special warning signals that you should be looking for. Also note the general rule:

The less done to a person during a relatively brief seizure, the better.

1. **Keep Calm.**

Seizures may appear frightening to the onlooker.

They usually last only a few minutes and generally do not require medical attention.

Remember that the person having a seizure may be unaware of their actions and may or may not hear you.

1. **Protect from further injury.**

If necessary, ease the person to the floor.

Move any hard, sharp or hot objects well away.

Protect the person’s head and body from injury. Loosen any tight neckwear.

1. **Do not restrain the person.**

If danger threatens, gently guide the person away.

Agitation during a seizure episode is common.

Trying to restrain or grabbing hold of someone having a seizure is likely to make the agitation worse and may trigger an instinctive aggressive response.

1. **Do not insert anything in the mouth.**

The person is not going to swallow the tongue.

Attempting to force open the mouth may break the teeth or cause other oral injuries.

1. **Roll the person on their side after the seizure subsides.**

This enables saliva to flow from the mouth, helping to ensure an open air passage.

If there is vomit, keep the person on their side and clear out their mouth with your finger.

1. **If a seizure lasts longer than 5 minutes, or repeats without full recovery ~ SEEK MEDICAL ASSISTANCE IMMEDIATELY.**

Although this rarely occurs, status epileticus is life threatening. It is a serious medical emergency.

1. **Talk gently to the person.**

After any type of seizure, comfort and reassure the people to assist them in reorienting themselves. The person may need to rest or sleep. If the person wanders, stay with them and talk gently to them.

**Note: Check for a Medic Alert or other Medical ID Bracelet**

The bracelet or necklet may indicate the seizure type and any medication the person is taking. If you call the Medic Alert hotline, an operator can direct you in your first aid procedures and may direct you to call any emergency contacts and physicians listed in that member’s file.

**First Aid for Seizures**

**Tonic Clonic Seizures**

* If necessary, ease the person to the floor.
* Loosen any tight neck wear.
* Protect the person’s head and body from injury.
* Do not restrain the person.
* Do not insert anything between the teeth.
* If the person starts to bleed from the mouth, do not panic. He/she has probably bitten the tongue.
* Once relaxed, turn the person onto the side to ensure an open air passage and decrease risk of aspiration.
* After the seizure, let the person sleep if needed. Suggest that he/she see a physician.
* If the person has a second seizure within a few minutes, call a doctor or ambulance.

**Absence Seizures and Simple Partial Seizures**

* No first aid is required. Reassure the person.

**Complex Partial Seizures**

* Do not restrain the person.
* Protect the person from injury by moving sharp or hot objects away.
* If wandering occurs, stay with the person and talk quietly.

#### Things to Remember

When you see someone having a seizure, do not be frightened. Remain calm and remember:

* If a person starts to bleed from the mouth, he/she has probably bitten the tongue and is most likely not bleeding for any other reason. This can be taken care of after the seizure ends.
* During a seizure, a person often stops breathing for only a few seconds.
* Most seizures last only 1-2 minutes, although the person may be confused for some time afterward.
* The brain almost always stops the seizures safely and naturally.
* Once a seizure has started, you cannot stop it – just let it run its course.
* Only in emergencies, doctors use drugs to bring a non-stop seizure to an end.
* People don’t feel pain during a seizure, although muscles might be sore afterward.
* Seizures are usually not life threatening, but the risk is increased in seniors by extra strain on the heart, the possibility of injury, or reduced intake of oxygen.
* Seizures are not dangerous to others.

**EMERGENCY PHONE LIST**

###### EMERGENCY…………………………………………….………………………………911

CHILDEN’S HOSPITAL OF EASTERN ONTARIO………………………….……737-7600

POISON CONTROL CENTRE………………………………………………...……521-4040

ONTARIO PROVINCIAL POLICE………………………………………….1-800-267-8919

CHILDREN’S AID SOCIETY………………………………...264-9991 OR 1-866-664-9991

**FAMILY RELIEF CASE WORKERS:**

**Family Relief Office 257-7619 or 1-866-257-7618**

Carol Anne McNeil ext. 328

Shari Southin ext. 333

Amanda Jardine ext. 321

Melanie Ferguson ext. 354

Christine Crampton ext. 326

Stephanie Richardson ext. 337

Jan Paul-Barr ext. 335

Emily Edwards………………………………… …………………………………….ext. 324

Wendy Coombs ………………………………………………………………………..ext. 353

Nicole Murray………………………………………………………………………….ext. 336

Sara Cooke …………………………………………………………………………….ext. 724

Lanark County Family Relief Program

**SUMMER PROGRAM INCIDENT REPORT**

**Date of Report:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Person Submitting Report:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person(s) Involved:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Location:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Details:** (include time, place, who was involved, what happened)

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**Person(s) Notified:** (include date each person was contacted)

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**Action Taken:**

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**Signature of Person Writing Report Signature of Parent/Guardian**

**Follow-up:**

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**Signature of Family Relief Co-ordinator**