

## Apprehension by a Peace Officer or Authorized Person

*(Other than a Child Protection Worker)*

I, \_\_\_\_\_ a \_\_\_\_\_  
(first name, last name) (Peace Officer or authorized person)

as defined by the *Child and Family Services Act* section 10(2), of

the Northwest Territories of \_\_\_\_\_.  
(name of community, town, settlement, hamlet)

**APPREHENDED** the following child(ren):

\_\_\_\_\_  
(Last name, middle name first name)

born on \_\_\_\_\_  
(day/month/year)

\_\_\_\_\_  
(Last name, middle name first name)

born on \_\_\_\_\_  
(day/month/year)

from the care of \_\_\_\_\_  
(name of caregiver at the time of apprehension, or name of persons with lawful custody)

at \_\_\_\_\_ on \_\_\_\_\_ for the following reason(s):  
(time, am/pm) (day/month/year)

---

---

---

---

---

---

In accordance with the *Child and Family Services Act* section 7(3).

The child (ren) usually reside with \_\_\_\_\_  
(name of lawful persons with whom child/ren reside)

at: \_\_\_\_\_  
(address where children reside)  
(community)  
  
(\_\_\_\_\_) \_\_\_\_\_  
(phone number).

The child (ren) were placed with \_\_\_\_\_  
(name of person where children placed)

of \_\_\_\_\_ and can be reached at (\_\_\_\_\_) \_\_\_\_\_  
(address) (phone number)

This person is a \_\_\_\_\_.  
(how known to family; i.e. aunt, grandfather, neighbour, approved foster parent etc.)

The Child Protection Worker, \_\_\_\_\_ was verbally  
(name of Child Protection Worker)

notified on \_\_\_\_\_ about this apprehension.  
(day/month/year)

**SIGNED THIS** \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Name of person who Apprehended)

\_\_\_\_\_  
(Position granting Apprehension authority;  
i.e. RCMP Officer, authorized person)

## Apprehension Checklist

### Section 1

Parent(s)/Guardian(s) Name(s):	Address(es):
Child(ren) Name(s):	Date of Birth(s):
Child Protection Worker Name:	
Start Date:	
Completion Date:	

### Section 2 – Check off the when completed and date of completion

Activities List:	Date of Completion
Completed the <b>Child and Family Safety Assessment form</b>	<input type="checkbox"/>
Developed an <b>Investigation Plan</b> in consultation	<input type="checkbox"/>
Advised and explained to the parent(s), guardian(s), person(s) having actual care of the child at the time of the apprehension, child over 12 years of age that an <b>apprehension is occurring</b>	<input type="checkbox"/>
Inquired about <b>extended family or community placement</b> if an apprehension can be avoided. If not, I considered placing the child or youth in a <b>Provisional/Extended Family Foster Home</b>	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

	<input type="checkbox"/>

**Section 3 – Reason(s) why one or more sections are incomplete**

---

**Child Protection Worker**

---

**Date**

---

**Supervisor**

---

**Date**

## Child Placement Information

\*CONFIDENTIAL\*

This form is to be completed by the Child Protection Worker at the time of placement. Furthermore, this form will remain in the foster home during placement and must be returned to the Child Protection Worker when placement ends.

***Please keep this document in a private place***

Date: \_\_\_\_\_

Name of Child Protection Worker placing child: \_\_\_\_\_

Child Protection Worker assigned to child: (if applicable): \_\_\_\_\_

Date of follow-up regarding this placement: \_\_\_\_\_

## IDENTIFYING INFORMATION

1. Name of child(ren):	2. Date of birth and age	3. Ethnic background:  Aboriginal Organization:  Treaty number:
4. Does this child have other siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Sibling names and ages:	6. Sibling placement:
7. Religion and/or spiritual beliefs:	8. What school and/or daycare does the child attend?  What grade?	9. Child's health care number:

<p><b>10. Where is the child being moved from to my home?</b></p> <p><b>Reason for placement change:</b></p>	<p><b>11. Previous placement(s)</b></p>									
<p><b>12. Medications?</b></p> <p><input type="checkbox"/> yes  <input type="checkbox"/> no</p> <p><i>If yes, please list &amp; provide directions:</i></p>	<p><b>13. Allergies?</b></p> <p><input type="checkbox"/> yes  <input type="checkbox"/> no</p> <p><i>If yes, please describe &amp; reactions:</i></p>									
<b>FAMILY INFORMATION</b>										
<p><b>1. Name of birth parent(s) and/or extended family:</b></p>										
<p><b>2. Reason for coming into care: (check all applicable)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> family violence</td> <td style="width: 33%;"><input type="checkbox"/> parent alcohol/drug problem</td> <td style="width: 33%;"><input type="checkbox"/> neglect</td> </tr> <tr> <td><input type="checkbox"/> lack of supervision</td> <td><input type="checkbox"/> physical abuse</td> <td><input type="checkbox"/> sexual abuse</td> </tr> <tr> <td><input type="checkbox"/> emotional abuse</td> <td><input type="checkbox"/> other (please specify) _____</td> <td></td> </tr> </table>		<input type="checkbox"/> family violence	<input type="checkbox"/> parent alcohol/drug problem	<input type="checkbox"/> neglect	<input type="checkbox"/> lack of supervision	<input type="checkbox"/> physical abuse	<input type="checkbox"/> sexual abuse	<input type="checkbox"/> emotional abuse	<input type="checkbox"/> other (please specify) _____	
<input type="checkbox"/> family violence	<input type="checkbox"/> parent alcohol/drug problem	<input type="checkbox"/> neglect								
<input type="checkbox"/> lack of supervision	<input type="checkbox"/> physical abuse	<input type="checkbox"/> sexual abuse								
<input type="checkbox"/> emotional abuse	<input type="checkbox"/> other (please specify) _____									
<p><b>3. What is the expected length of stay for this child in the foster parent home?</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> one night</td> <td style="width: 33%;"><input type="checkbox"/> a few nights</td> <td style="width: 33%;"><input type="checkbox"/> a week</td> </tr> <tr> <td><input type="checkbox"/> long term</td> <td><input type="checkbox"/> unknown</td> <td></td> </tr> </table>		<input type="checkbox"/> one night	<input type="checkbox"/> a few nights	<input type="checkbox"/> a week	<input type="checkbox"/> long term	<input type="checkbox"/> unknown				
<input type="checkbox"/> one night	<input type="checkbox"/> a few nights	<input type="checkbox"/> a week								
<input type="checkbox"/> long term	<input type="checkbox"/> unknown									
<p><b>4. What is the current birth family situation? What is the plan for reunification?</b></p>										

**5. Is there contact with the biological parent(s) and/or extended family?**

No  
 Yes

*If yes, who?* \_\_\_\_\_

*What type of contact?*

Phone  
 Supervised visits  
 Unsupervised visits  
 Overnight visits

**Legal Guardian Phone Number:** \_\_\_\_\_

**Legal Guardian Home Address:** \_\_\_\_\_

**CASE PLAN INFORMATION****1. Child's legal status:**

Voluntary Service Agreement  
 Temporary Custody       Apprehension  
 Permanent Custody       Plan of Care Agreement

**2. What is the case plan for this child?****3. Is transportation required for school and/or other?**

Yes  
 No

**4. Other known appointments/activities:****5. Is this child a risk to other children?**

No  
 Yes

*If yes, please describe:*

**6. Is this child a risk to him/herself?**

- No
- Yes

*If yes, please describe:*

**7. Does this child need more supervision than his or her peers?**

- No
- Yes

*If yes, what type of supervision:*

**8. Does this child need new clothing?**

- No
- Yes

*If yes, what is required and what is the allowance?*

**9. Does this child know why they came into care?**

- Yes
- No

*If yes, how was it explained to him or her?*

*If no, how will it be explained to him or her?*

**Any additional information:**

## Child Protection Worker Safety Assessment

### Section 1

Name:	Address:
Location of Visit: <input type="checkbox"/> Home      Other:	

### Section 2 – Check each question that applies

Consider each factor for your client and any other person who is likely to be present for the visit: If any of the below indicators are checked off, the site visit should not occur without supervisory consultation.	Date of Visit: (form can be used up to 5 visits)
Have you or other staff been <b>physically assaulted</b> by the client or others relevant to the case?	
Have you or other staff been <b>threatened or intimidated</b> ?	
Is the <b>purpose of the visit</b> likely to upset the client?	
Is the visit to be conducted <b>after normal working hours</b> ?	
When scheduling the visit, was the client <b>belligerent or uncooperative</b> ?	
Does the client have unresolved <b>drug/alcohol issues</b> ?	
Does the client have a <b>history of violent behaviour</b> ?	
Does the client have an unstable <b>major mental disorder</b> ?	
Is the location of the site visit in a <b>high-risk neighbourhood</b> ?	
Has the possibility of violence in the home or <b>neighbourhood escalated</b> (increased alcohol consumption/suicide/recent violence, etc.)?	
Does the client have a <b>history of illegal weapons</b> ?	
Is the home known to have <b>physical hazards</b> , (i.e. damaged steps, poor visibility from street)?	
Are <b>aggressive pets</b> in the home or vicinity?	
Is the location a place where <b>large numbers of people often congregate</b> ? (identities unknown/varying)	
Is the visit to be conducted during <b>severe weather</b> conditions?	

**Section 3 – Child Protection Worker Decision:** Conduct site visit Consult with Supervisor      Date: \_\_\_\_\_

Time of Decision: \_\_\_\_\_

**Section 4 - Results of supervisory consultation:**

- Supports decision to conduct the site visit without changes or additional supports.
- Supports decision to conduct the site visit with conditions or escorts.
- Does not support site visit.

Conditions Imposed on Visit:

- Additional staff assigned to site visit      Name(s) \_\_\_\_\_
- RCMP assistance required      Yes      No

Alternatives To a Site Visit:

- Office Visit
- Other (specify): \_\_\_\_\_

Comments/Concerns: \_\_\_\_\_

Method of Consultation:      \_\_\_\_\_ Telephone      \_\_\_\_\_ E-mail      \_\_\_\_\_ In PersonSupervisor's Name:

Date: \_\_\_\_\_ Time of Decision: \_\_\_\_\_

## **Child Protection Worker Safety Incident Report**

### **Identifying Information**

Name:		Office:	
Location of Incident:		Date of Incident:	
Type of Incident:			
Verbal Harassment		Threats	
Client Unannounced Visits to CPW's Home		Stalking	
Physical Assault/Attempted Assault		Sexual Harassment	
Racial\Ethnic Harassment		Other (specify):	
Damage\Theft of Property			

### **Child Protection Worker's Comments**

Child Protection Worker's signature \_\_\_\_\_ Date \_\_\_\_\_ D/M/Y

### **Supervisor's Comments**

Form forwarded to Director of Social Programs on \_\_\_\_\_ D/M/Y

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_ D/M/Y

## Notification of the Right to Access Legal Services

I, \_\_\_\_\_, a duly authorized Child Protection Worker for  
(Name of Child Protection Worker)

the Northwest Territories, am formally notifying:

\_\_\_\_\_  
(Name of parent and/or guardian)

\_\_\_\_\_  
(Name of parent and/or guardian)

\_\_\_\_\_  
(Name of person having actual care of the child/youth)

\_\_\_\_\_  
(Child aged 12-15 years)

\_\_\_\_\_  
(Youth aged 16-18 years)

of their right to contact legal services and be represented by legal counsel throughout their involvement with child protection services and have provided them with information on where to contact legal services.

I, the Child Protection Worker, by signing below, attest that notification and facilitation to access to legal services has been given:

\_\_\_\_\_

\_\_\_\_\_

I, the parent/guardian, person having actual care of the child/youth, child, youth, young adult, by signing below indicate that the Child Protection Worker did notify me on the above date of my right to access legal services counsel regarding the child protection process.

**Signatures:**

\_\_\_\_\_

\_\_\_\_\_

Parent and/or Guardian	Date
Person having actual care of the child/youth	Date
Child aged 12-15 Years	Date
Youth aged 16-18 Years	Date
Interpreter Where Applicable	Date

To apply for legal aid, you must make an appointment with one of the legal aid offices in Yellowknife, NT, or with a [community court worker](#) for assistance with filling out an application.

**NORTHWEST TERRITORIES  
SDM® SAFETY ASSESSMENT**

r: 4-16

**Household Name:** \_\_\_\_\_ **Report #:** \_\_\_\_\_ **File #:** \_\_\_\_\_

**Primary Parent/Caregiver:** \_\_\_\_\_ **Secondary Parent/Caregiver:** \_\_\_\_\_

**Region:** \_\_\_\_\_ **Child Protection Worker:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_ **Assessment Type:**  Initial  Review  Case Closing

**Were there allegations on this household?**  Yes  No

**Select whether the child was observed, was interviewed, or was not available for an observation or interview.**

<b>Child Name</b>		<b>Observed</b>	<b>Interviewed</b>	<b>Unavailable</b>	<b>Date</b>
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-

**For each child unavailable, describe the reason(s) and the plan to see the child:**

**Child Vulnerability**

*Select all conditions resulting in child's inability to protect self that apply to any child living in the household.*

- Age 0-5 years
- Developmental delay; medical or mental health disorder
- Not visible in the community
- Diminished physical capacity (e.g. non-ambulatory, limited use of limbs)
- Addiction and/or other high-risk behaviour
- Homeless or highly transient

## SECTION 1: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe one or more safety threats are present.

Yes <input type="radio"/> No <input type="radio"/>	Safety Threat	Safety Threat Description (Parent/caregiver action/inaction and impact on child)
1. <input type="radio"/> <input type="radio"/>	<p>Parent/caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by (select all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Serious injury to the child other than accidental</li> <li><input type="checkbox"/> Parent/caregiver fears he/she will maltreat the child</li> <li><input type="checkbox"/> Threat to cause serious harm or retaliate against the child</li> <li><input type="checkbox"/> Excessive discipline or physical force</li> <li><input type="checkbox"/> Propensity to violence</li> <li><input type="checkbox"/> Drug-exposed infant</li> </ul>	
2. <input type="radio"/> <input type="radio"/>	Child sexual abuse or exploitation is suspected, AND circumstances suggest that the child's safety may be of IMMEDIATE concern.	
3. <input type="radio"/> <input type="radio"/>	Parent/caregiver does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, emotional abuse, and/or neglect.	
4. <input type="radio"/> <input type="radio"/>	Parent/caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.	
5. <input type="radio"/> <input type="radio"/>	The physical living conditions are hazardous and immediately threatening to the child's health and/or safety.	
6. <input type="radio"/> <input type="radio"/>	Parent/caregiver's current use of substances seriously impairs his/her ability to supervise, protect, or care for the child.	
7. <input type="radio"/> <input type="radio"/>	Intimate partner violence or violence between two or more adults in the household exists and poses an immediate danger of serious physical and/or emotional harm to the child.	
8. <input type="radio"/> <input type="radio"/>	Parent/caregiver's mental health, developmental, or cognitive functioning or physical condition/disability seriously impairs his/her current ability to supervise, protect, or care for the child.	
9. <input type="radio"/> <input type="radio"/>	Parent/caregiver describes the child in predominantly negative terms or acts toward the child in negative ways AND the child is a danger to self or others, acts out aggressively, or is severely withdrawn and/or suicidal.	
10. <input type="radio"/> <input type="radio"/>	Parent/caregiver's explanation for the child's injury is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.	

Yes	No	Safety Threat	Safety Threat Description (Parent/caregiver action/inaction and impact on child)
11. <input type="radio"/>	<input type="radio"/>	Parent/caregiver refuses access to the child or hinders the investigation, or there is reason to believe that the family is about to flee.	
12. <input type="radio"/>	<input type="radio"/>	Other (specify).	

## SECTION 1A: PROTECTIVE CAPACITIES

**(If no safety threats are present, skip to Section 3 and select "Safe.")**

Select all that apply to at least one child or parent/caregiver in the household.

### Child

- 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
- 2. Child has, on more than one occasion, successfully acted in a way to protect self from the safety threat.

### Parent/Caregiver

- 3. Parent/caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- 4. Parent/caregiver recognizes problems and safety threats that place the child in imminent danger and is willing and able to participate in safety planning.
- 5. Parent/caregiver is willing to accept temporary interventions offered by the CPW and/or other community agencies, including cooperation with continuing investigation/assessment.
- 6. Parent/caregiver is aware of AND committed to meeting the needs of the child.
- 7. There is evidence of a healthy relationship between parent/caregiver and child.
- 8. At least one parent/caregiver in the home is willing and able to take action to protect the child.
- 9. Parent/caregiver has the ability to access resources to provide necessary safety interventions.
- 10. Parent/caregiver has supportive relationships with one or more people who may be willing to participate in safety planning, AND parent/caregiver is willing and able to accept their assistance.
- 11. Parent/caregiver can articulate strategies that, in the past, have been successful in mitigating the identified threats to child safety.
- 12. Other (specify): \_\_\_\_\_

## SECTION 2: SAFETY INTERVENTIONS

**(If no safety threats are present, skip to Section 3 and select "Safe.")**

Select all that apply.

### In-Home Interventions

- 1. Intervention or direct services by the CPW. (Do NOT include the investigation itself.)
- 2. Use of family, neighbours, community elders, traditional healers, or other individuals in the community as safety resources.
- 3. Use of community agencies or services as safety resources.
- 4. Parent/caregiver appropriately protects the victim from the alleged abuser.
- 5. Alleged abuser leaves the home, either voluntarily or in response to legal action.
- 6. Non-offending parent/caregiver moves to a safe environment with the child.
- 7. Legal action planned or initiated—child remains in the home. (May ONLY be used in conjunction with other safety interventions.)
- 8. Parent/caregiver makes arrangements for the child to stay with identified extended family, a friend, or a community member.

9. Other (specify): \_\_\_\_\_

### Placement Interventions

10. Child apprehended because interventions 1–9 do not adequately ensure the child's safety.

### SECTION 3: SAFETY DECISION

Identify the **household** safety decision by selecting the appropriate item below. Select one response only.

- 1. **Safe.** No safety threats were identified at this time. Based on currently available information, no children are likely to be in immediate danger of serious harm.
- 2. **Safe with plan.** One or more safety threats are present. Protective in-home safety interventions have been initiated and the child will either remain in the home or will temporarily stay with a relative or the parent/caregiver's significant other with consent of the parent/caregiver. **A SAFETY PLAN IS REQUIRED.**
- 3. **Unsafe.** One or more safety threats are present, and apprehension is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in immediate danger of serious harm.

### SECTION 4: LOCATION OF CHILD'S PLACEMENT (Only complete this section if the household safety decision is UNSAFE and any child will remain in the home.)

Record the name and status of each child in the household. For any child who will remain in the household, CPWs must provide an explanation documenting the child vulnerabilities, protective capacities, and safety interventions to support this decision. **A SAFETY PLAN MUST BE COMPLETED IF ANY CHILD(REN) WILL REMAIN IN THE HOME.**

Last Name	First Name	Case Number	Birth Date	Apprehended	Will Remain in the Home
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

### Summary

Document any information used to support the safety decision.

**Child Protection Worker Name:** \_\_\_\_\_ **Date Safety Assessment Form Completed:** \_\_\_\_\_

**Child Protection Worker Signature:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Date of Supervisory Approval:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_