



**SEXUAL MISCONDUCT REPORTING AND RESPONSE CHECKLIST OF PROCEDURES**

**STUDENTS UNDER 12 YEARS**

**If the student discloses abuse (or if there is suspected abuse) report the situation immediately to the Ministry for Children and Families at 1-800-663-9122.**

**Note:** The person disclosing that they have experienced sexual misconduct is the Complainant and the person against whom the allegations are made is the Respondent.

Name:		School Name:	
Date of Birth:		Aboriginal:	
Grade:		Category:	
Age:		Date of Incident:	
Gender:		Incident Location:	
Parent/Guardian:		Parent/Guardian:	
Address:		Address:	
Phone #:		Phone #:	

**Procedures:**

Once a report of sexual misconduct is received, The Principal or Supervisor **must** complete this Appendix- ***Sexual Misconduct Procedures, Checklist and Response Plan: Students Over 12 years of Age*** and submit to the Director of Student Support Services.

1. Complete other processes, such as Worrisome Behavior / VTRA as advised by the Director of Student Support Services.

The District employee who receives the report will act in the following manner:

1. Be there for the Complainant in a supportive capacity;
2. Provide compassion and understanding. Recognize that the Complainant may have difficulty remembering details and may be delayed in coming forward with the allegations. This is normal when a traumatic event has occurred;



## Administrative Procedure 194 – Appendix 2

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3. Listen without judgement;
4. Respect the rights of the complainant to choose the services they feel are appropriate, including their decision to make a report to police agencies. As the Complainant is a student, The District is obligated to report to the police agency School Liaison Officer and to MCFD;
5. Let the Complainant, Respondent, third party or witnesses know of their right to and responsibility for confidentiality. Advise them that while their information is confidential, the School District is obligated to share it with certain agencies or persons such as the police, MCFD and Parent/Guardian (as appropriate).



## Administrative Procedure 194 – Appendix 2

### Administrative Checklist

#### Immediate Action by Principal or Designate

Actions to take	Notes/Phone Numbers	Done
Receive/gather facts and basic information from the Complainant and Respondent.		<input type="checkbox"/>
Ensure the safety of the Complainant and determine if medical attention is required.	Call 9-1-1 or local police agency if urgent and /or medical attention is required	<input type="checkbox"/>
Develop a Response Plan for the Complainant and do not return the Complainant or the Respondent(s) to class until the response plan is developed.		<input type="checkbox"/>
Determine if the student has an Indigenous ancestry and inform the district principal.		<input type="checkbox"/>
Contact the district Safe School Coordinator, responsible to respond to critical incidents to determine appropriate protocols.		<input type="checkbox"/>
Contact the district Superintendent.		<input type="checkbox"/>
Contact the parent/guardian of the Complainant.		<input type="checkbox"/>
Contact the parent/guardian of the Respondent.		<input type="checkbox"/>
Follow the interagency protocol on child abuse and neglect	Protocol on Abuse and Neglect	<input type="checkbox"/>
Contact the School Liaison Officer or local RCMP		<input type="checkbox"/>
Contact the Ministry for Children and Families (Contact Centralized Screening, or Local Office) if parent or guardian is identified as the respondent	MCFD: 1-800-663-9122	<input type="checkbox"/>



**Administrative Procedure 194 – Appendix 2**

Actions to take	Notes/Phone Numbers	Done
Refer the Complainant to a school counsellor		<input type="checkbox"/>
Refer the Respondent to a school counsellor		<input type="checkbox"/>
Discuss with the Parent/Guardian community services available. (local CYMH office, Sexual Assault Support through qathet SAFE or victim services). Please be aware this is not an exhaustive list		<input type="checkbox"/>
Provide the Complainant and the Respondent’s Parent/Guardian with a link or a hard copy of the School District’s policies and Administrative Procedures		<input type="checkbox"/>
Provide the parent/guardian with your contact information and establish meeting times (in person or by telephone) for ongoing communication		<input type="checkbox"/>
Provide an overview of additional processes used such as a VTRA, Worrisome Behavior, or others to develop intervention plans		<input type="checkbox"/>
Provide information on how a process can be appealed		<input type="checkbox"/>
Monitor the Complainant’s response plan		<input type="checkbox"/>
Continue to make contact with the Complainant and their family. Schedule a follow up meeting		<input type="checkbox"/>
Continue to make contact with the Respondent and their family. Schedule a follow up meeting		<input type="checkbox"/>

**Supports and Ongoing/Follow up Procedures**



**Administrative Procedure 194 – Appendix 2**

**Response Plan**

Knowledge of this response plan should be determined on a “need-to-know” basis ensuring protection of privacy for the Complainant. Do not return the Complainant or the Respondent to class until this plan is completed and has been communicated to all persons requiring knowledge of it. There should be no duplicate copies of this document kept at the school. This document should be stored in a secure location designated by the School Administrator. One copy must be sent to the Safe School Coordinator who is responsible to respond to critical incidents.

**School & Community Action Plan**

Specifics of the School and Community Plan:

Immediately notify parent/guardian(s) of all students involved (mandatory)	<input type="checkbox"/>
Liaise with the Safe Schools Coordinator if appropriate. Consult with district based team if needed	<input type="checkbox"/>
Notify school staff directly involved with plan implementation	<input type="checkbox"/>
Alternate pick up/drop off times or locations, recess, lunch times or locations	<input type="checkbox"/>
Informed consent to share this plan with involved professionals as parent/guardian deems necessary and appropriate	<input type="checkbox"/>
Assign seating and have student line up in proximity to teacher/EA	<input type="checkbox"/>
Modify schedule	<input type="checkbox"/>
Alternate classroom environment	<input type="checkbox"/>
Plan to continue to increase connectedness at school	<input type="checkbox"/>
Consult with RCMP or local police agency	<input type="checkbox"/>
If appropriate connect student with RCMP	<input type="checkbox"/>

**Specifics of the School and Community Plan:**

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Date of Plan: \_\_\_\_\_

**Individuals Involved in Developing Response Plan**

Principal or Vice Principal Name:
Classroom Teacher Name:
Safe School Coordinator Name:
Parent/Guardian Name:
Parent/Guardian Name:
Other/Agency Name:
Other/Agency Name:
Other/Agency Name:

List other staff/positions that may need to participate in the implementation of this response plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response Plan review date/time/location: \_\_\_\_\_