

**River East Transcona School Division**

**PARENT'S HANDBOOK**

**GRADE 5 TO GRADE 8**

**PHYSICAL EDUCATION /**

**HEALTH EDUCATION**

**CURRICULUM**

(November 2011)

## **TABLE OF CONTENTS**

<b>INTRODUCTION.....</b>	<b>1</b>
<b>MIDDLE YEARS PHILOSOPHY .....</b>	<b>3</b>
<b>COMPONENTS OF THE PHYSICAL EDUCATION / HEALTH EDUCATION PROGRAM .....</b>	<b>5</b>
<b>AN OVERVIEW OF THE GENERAL LEARNING OUTCOMES (GLOs).....</b>	<b>6</b>
<b>GUIDELINES FOR GLO 1 – MOVEMENT.....</b>	<b>6</b>
<b>GUIDELINES FOR GLO 2 – FITNESS MANAGEMENT .....</b>	<b>6</b>
<b>GUIDELINES FOR GLO 3 – SAFETY .....</b>	<b>7</b>
<b>GUIDELINES FOR GLO 4 – PERSONAL and SOCIAL MANAGEMENT .....</b>	<b>8</b>
<b>GUIDELINES FOR GLO 5 – HEALTHY LIFESTYLE PRACTICES .....</b>	<b>9</b>
<b>DELIVERY OF THE PROGRAM .....</b>	<b>14</b>
<b>INVOLVEMENT of PARENTS, FAMILIES, and COMMUNITIES.....</b>	<b>15</b>
<b>CHILD PROTECTION .....</b>	<b>16</b>

## INTRODUCTION

The *Grade 5 to Grade 8 Physical Education / Health Education Manitoba Curriculum* builds on a foundation that unites the two subject areas of Physical Education and Health Education for the first time. This heightens the importance of both subject areas to promote a strong message to students about making safe and healthy lifestyle choices. This combined curriculum identifies student learning outcomes that have been designed to support an integrated and holistic approach to using highly active and interactive learning experiences to promote lifelong physical activity and well-being.

The vision of the curriculum is:

*Physically active and healthy lifestyles for all students* by providing students with planned and balanced programming to develop the knowledge, skills, and attitudes for physically active and healthy lifestyles.

In today's society, children live increasingly sedentary lifestyles with reduced opportunity for social interaction. Television and multimedia technology consume the leisure time of our children and youth and lead to physical inactivity. Physical inactivity has an impact on the development of movement skills, fitness management, personal and social well-being, and associated health problems. It is the shared responsibility of the home, school, and community to ensure that children and youth are active on a daily basis and to support them to make active and healthy lifestyle choices.

The Centre for Disease Control and Prevention (1997), supported by the Canadian Fitness and Lifestyle Research Institute, has identified the significant behaviours that contribute to today's major health issues:

- inadequate physical activity
- unhealthy dietary behaviours
- drug use, including alcohol and tobacco
- sexual behaviours that result in sexually transmitted diseases/infections and unintended pregnancies
- behaviours that result in intentional and unintentional injuries

Despite the warnings of scientists, health specialists, medical professionals, and educators, negative health behaviours continue to be major factors in chronic disease. These behaviours are learned by children and youth and are carried into adulthood.

Research shows that the development of positive personal attributes is fostered or reinforced by the following characteristics within a child's or youth's family, community and/or school environment:

- caring relationships that are trusting, compassionate, and respectful
- positive, high expectations, that are adequately supported and explicitly communicated
- meaningful opportunities to participate in valued family, school, and community activities
- supportive caring communities which ensure the safety and well-being of children.

Each of these characteristics has an impact on how children and youth make health-enhancing decisions in relation to a variety of health-compromising situations. Throughout the curriculum, the emphasis is to develop the physical and social behaviour skills to prevent health and social difficulties. The family, school, and community can all work together to help children and youth develop resiliency and resistance skills necessary to avoid health problems and to deal effectively with controversial and sensitive health issues.

The Physical Education and Health Education curriculum identifies the general and specific learning outcomes that students are expected to achieve and is mandated for use in all Grade 5 to Grade 8 schools in Manitoba. Supporting a unified vision of *physically active and healthy lifestyles for all students*, the curriculum combines physical and health education in one document and organizes the content of both subject areas within five interrelated General Learning Outcomes or GLOs:

- GLO 1 – Movement
- GLO 2 – Fitness Management
- GLO 3 – Safety
- GLO 4 – Personal and Social Management
- GLO 5 – Healthy Lifestyle Practices

## MIDDLE YEARS PHILOSOPHY

Research supports the following perspectives and approaches in PE/HE programming for Middle Years students.

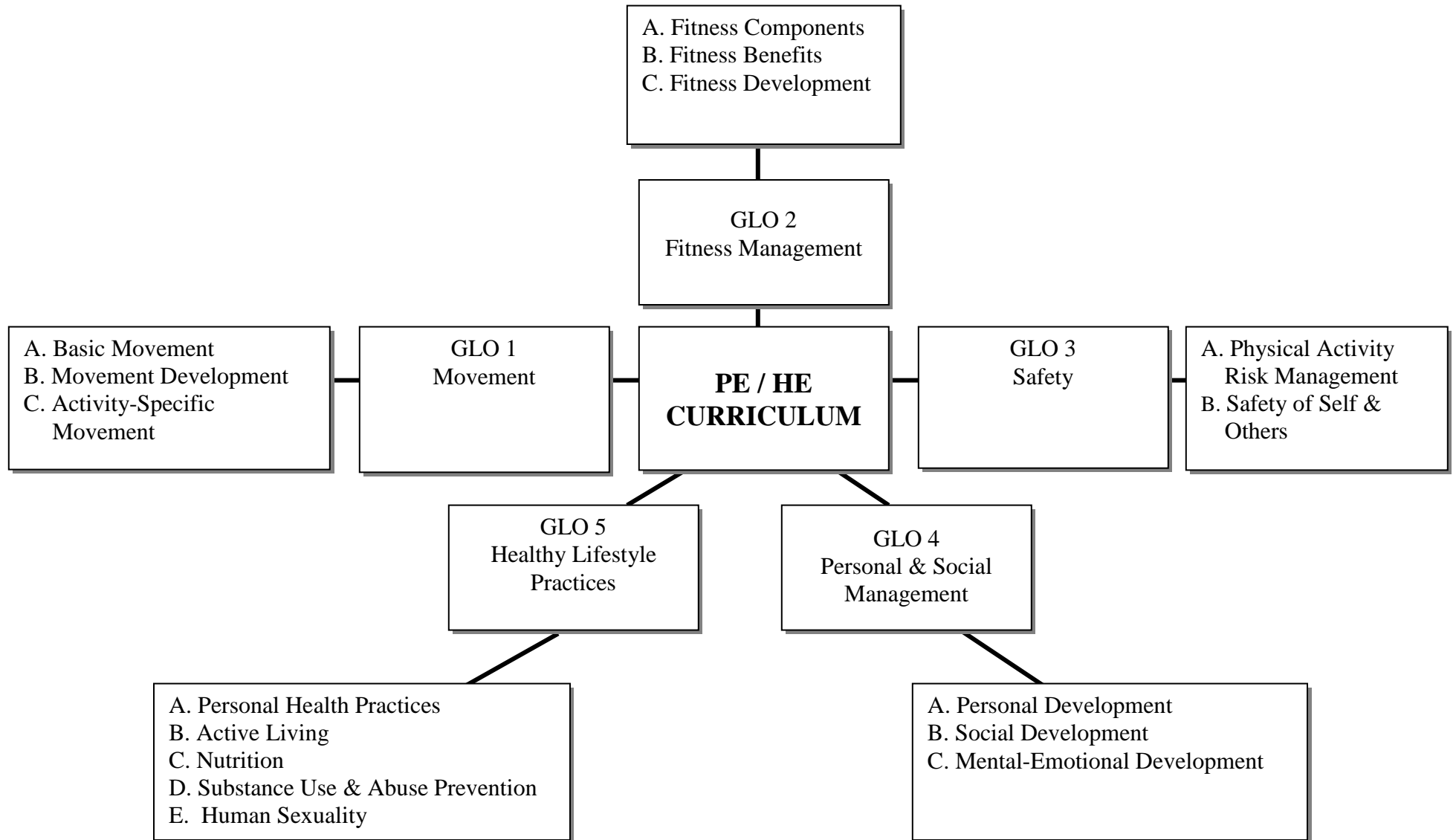
- **Skill-Based Focus:** The combined PE/HE curriculum emphasizes the acquisition and application of the following skills that are considered the building blocks or essential skills for developing physical and social-emotional well-being:
  - the fourteen basic movement skills (running, jumping, hopping, galloping, skipping, rolling, underhand and overhand throwing, striking, kicking, catching, bouncing, and static and dynamic balance) as they relate to different sports and physical activities.
  - the five personal and social management skills (goal setting/planning skills, decision making/problem solving skills, interpersonal skills, conflict resolution skills and stress management skills) for making active healthy lifestyle choices.

The intent of the curriculum is to help Middle Years students develop the necessary skills to prevent or avoid the health issues that affect children and youth, such as physical inactivity, unhealthy dietary behaviours, and behaviours that cause intentional and unintentional injury, and to work in partnership with the home and community.

- **Active and Interactive Learning Strategies:** Brain research supports the approach of engaging students in active learning to increase retention and make learning more relevant, meaningful, and enjoyable. In a physical education setting, learning/teaching strategies engage students through a variety of physical activities that involve many of the multiple intelligences (e.g., body/kinesthetic, visual, spatial). From a health-education perspective, interactive learning/teaching strategies (e.g., brainstorming, Think-Pair-Share, role-playing) promote social interaction and cooperative learning, which highlight interpersonal intelligence.
- **Cooperative and Low Competitive-Type Learning Activities:** Cooperative and low competitive-type activities help promote positive social interactions among students, allowing them to work together towards achieving a common goal. Learning experiences should provide choice and allow students to participate at their own ability level.
- **Integrated Approach:** Integrating and making curricular connections between physical education and health education as well as with other subject areas is an important part of the curriculum design to provide meaningful and relevant learning experiences for students. Teachers are encouraged to be creative in their planning of integrated units/modules. For example, when students are studying force and motion in Grade 5 Science, the same concepts can be applied to studying the mechanical principles as they relate to human movement.

- **Time and Instruction:** Adequate time, well-planned instruction, and enjoyable learning experiences are essential for students to apply selected movement skills as well as social behaviour skills for active, healthy living. The development of these skills cannot be left to chance. Planned programming that meets the recommended minimum time allotments is important for healthy growth and development.
- **Involvement of Parents/Families and Communities:** Building partnerships is essential for providing a healthy, supportive environment for children and youth. Schools, parents, and communities need to work together to achieve the vision of realizing *physically active and healthy lifestyles for all students*. For example, the home, school, and community need to provide daily opportunities for Middle Years students to be physically active.

## COMPONENTS OF THE PHYSICAL EDUCATION / HEALTH EDUCATION PROGRAM







## **AN OVERVIEW OF THE GENERAL LEARNING OUTCOMES (GLOs)**

### **GUIDELINES FOR GLO 1 – MOVEMENT**

In achieving the specific learning outcomes within GLO 1, students will demonstrate competency in selected movement skills and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.

During the Middle Years, the curricular emphasis is on the acquisition and application of basic movement skills and their functional use in modified and lead-up activities. The knowledge component helps students understand what movements to do, as well as, why and how to do them.

Movement-skill competency is a key determinant in a student's decision to participate in or pursue a particular physical activity or sport. Students are less likely to participate in physical activity if they have not learned the movement skills or experienced success in applying them. The basic movement skills are the building blocks for participation in all physical activity and are the prerequisites to lifelong physical activity.

Whenever possible, learning activities for all learning outcomes should be movement-based to ensure that students are physically active. Skill acquisition along with personal success, choice, inclusion, and enjoyment are necessary parts of effective programming that help students develop attitudes that support lifelong participation.

For balanced PE/HE students are expected to participate in a variety of scheduled activities, including individual/dual/team sports and games, alternative pursuits, and rhythmic, gymnastic and fitness activities, on an ongoing basis throughout the year. Programming should also include learning activities that are representative of a variety of multicultural perspectives and of different learning environments or settings, such as playing fields, parks, and arenas.

Student learning outcomes for GLO 1 are organized into 3 strands:

- Strand A: Basic Movement
- Strand B: Movement Development
- Strand C: Activity-Specific Movement

### **GUIDELINES FOR GLO 2 – FITNESS MANAGEMENT**

As daily living becomes sedentary, it is essential that students demonstrate the ability to develop and follow a personal fitness plan for lifelong physical activity and well-being. PE/HE should contribute to students developing a pattern of daily and/or regular participation in physical activities and an understanding of how to acquire/maintain optimal personal health and fitness. The ultimate goal is for each student to value physical activity as a key component of health and to manage his/her fitness through regular physical activity.

Middle Years programming emphasizes developing health- and skill-related fitness components through physical activity participation. Students are encouraged to set personal goals, record own data, and be active on a daily basis to develop and/or maintain their personal fitness.

Students will show basic understanding of the knowledge-related learning outcomes to help make informed choices for personal fitness development.

Student learning outcomes for GLO 2 are organized into 3 strands:

- Strand A: Fitness Components
- Strand B: Fitness Benefits
- Strand C: Fitness Development

### **GUIDELINES FOR GLO 3 – SAFETY**

The purpose of GLO 3 is to have students demonstrate safe and responsible behaviours to manage risks and prevent injuries in physical activity participation and in daily living. This GLO addresses the health risk area related to behaviours that result in intentional and unintentional injuries. Unintentional injuries are the leading cause of death among children and youth.

Safety education is essential to helping students prevent injury, reduce risks and avoid potentially dangerous situations related to participation in physical activity. It also promotes safety in the home, school, community, and environment. During the Middle Years, students are capable of assuming more personal responsibility and making their own decisions in daily routines. Safety education is a shared responsibility, and teachers are encouraged to involve the home and the community in learning/teaching strategies.

Student learning outcomes for GLO 3 are organized into 2 strands and 11 sub-strands:

Strand A: Physical Activity Risk Management

- Sub-Strand 1: Physical Activity Safety
- Sub-Strand 2: Exercise Safety
- Sub-Strand 3: Dress/Footwear
- Sub-Strand 4: Equipment and Facilities
- Sub-Strand 5: Alternative Pursuits

Strand B: Safety of Self and Others

- Sub-Strand 1: Community Safety Awareness
- Sub-Strand 2: Environmental Safety Awareness
- Sub-Strand 3: Prevention and Care of Injuries
- Sub-Strand 4: Community Support and Services
- Sub-Strand 5: Violence Prevention
- Sub-Strand 6: Personal Safety (Personal Safety contains potentially sensitive content in Grade 5 and 7. For student learning outcomes related to Personal Safety, schools must seek parental involvement and provide a parental option prior to implementation.)

Specific Learning Outcomes related to Personal Safety that may contain potentially sensitive content are listed below. Please note that the “i.e.” refers to content that is expected to be taught, learned, and assessed in relation to the specific student learning outcome. The “e.g.” refers to examples that could be addressed in the context of the specific student learning outcome.

The student will be able to:

**Grade 5**      *identify safety guidelines to protect self and others in potential sexually abusive situations (e.g., exploitative behaviour; sex-related Internet sites, television, and videos; flashers; secluded places; alone on streets late at night...).*

*describe indicators of abusive relationships (e.g., behaviours that are threatening, harassing, secretive, or cause physical and/or mental injury, pain, or discomfort...).*

**Grade 7**      *establish safety guidelines to protect self and others from sexually abusive situations (e.g., pornography, incest, stalking, prostitution, sexual assault...).*

*demonstrate an understanding of skills (i.e., problem solving, conflict resolution, communication, assertiveness, anger management skills) in dealing with case scenarios related to sexually abusive situations and ways to seek help.*

## **GUIDELINES FOR GLO 4 – PERSONAL and SOCIAL MANAGEMENT**

In achieving GLO 4, students demonstrate the ability to develop self-understanding, to make health-enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others. Students develop the ability to understand, manage, and express the personal, social, and mental-emotional aspects of their lives.

To meet the needs of Middle Years students, learning activities emphasize the building of five personal and social-management skills:

- goal setting/planning skills
- decision-making/problem solving skills
- interpersonal skills
- conflict-resolution skills
- stress management skills

The focus of learning, teaching, and assessment is on helping students build a positive self-image, develop acceptance of self and others, and make health-enhancing decisions during their adolescent years.

Student learning outcomes for GLO 4 are organized in 3 strands:

Strand A: Personal Development

Strand B: Social Development

Strand C: Mental-Emotional Development

## **GUIDELINES FOR GLO 5 – HEALTHY LIFESTYLE PRACTICES**

The essence of GLO 5 is for students to demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse prevention, and human sexuality. This GLO addresses the five major health risks for children and youth.

In GLO 5, the focus is on learning about the benefits and importance of healthy living and accessing information for making healthy decisions. GLOs 4 and 5 are closely interrelated. GLO 4 focuses on the development of personal and social management skills such as goal setting/planning and decision making/problem solving for making health-enhancing decisions, while GLO 5 provides the knowledge necessary for making informed decisions related to key health issues. Students will use and apply these personal and social management skills to develop personal plans related to personal health, active living, nutrition, substance use and abuse prevention, and human sexuality. Students are expected to show an understanding of the identified health risks, plan to practice the daily health habits, learn how to seek and ask for help, access information, make simple health choices and decisions, and avoid unsafe situations.

Student learning outcomes for GLO 5 are organized in 5 strands and 14 sub-strands:

Strand A: Personal Health Practices

Sub-Strand 1: Personal Health Practices

Sub-Strand 2: Illness/Disease Prevention

Sub-Strand 3: Dental Health

Strand B: Active Living

Sub-Strand 1: Benefits of Physical Activity

Sub-Strand 2: Physical Activity Choices

Sub-Strand 3: Influence of Technology on Physical Activity

Strand C: Nutrition

Sub-Strand 1: Healthy Eating

Sub-Strand 2: Food and Fluid for Active Bodies

Strand D: Substance Use and Abuse Prevention

Sub-Strand 1: Helpful and Harmful Substances

Sub-Strand 2: Effects of Substance Use

Sub-Strand 3: Factors Affecting Substance Use

Strand E: Human Sexuality

Sub-Strand 1: Biological Growth and Development

Sub-Strand 2: Psychological Factors

Sub-Strand 3: Sociological Factors

Sub-Strand 4: Health Issues

Strand D and Strand E include potentially sensitive content in grade five and seven. For student learning outcomes related to Substance Use and Abuse Prevention (Strand D) and Human

Sexuality (Strand E), schools must seek parental involvement and provide a parental option prior to implementation.

Specific Learning Outcomes related to Substance Use and Abuse Prevention that may contain potentially sensitive content are listed below. Please note that the “i.e.” refers to content that is expected to be taught, learned, and assessed in relation to the specific student learning outcome. The “e.g.” refers to examples that could be addressed in the context of the specific student learning outcome.

*The student will be able to:*

**Grade 5** *distinguish between medicinal and non-medicinal substances and their appropriate use (e.g., prescription drugs from a doctor to treat an illness rather than drugs obtained illegally; vitamins to meet daily requirements, ventilators/ puffers for asthma, EpiPens for allergies; over-the-counter drugs used for health reasons rather than for performance enhancement ...).*

*describe effects and consequences of substance use (e.g., alcohol and tobacco, street drugs...) on body systems (e.g., alcohol affects the brain, liver, and nervous system; alcohol affects fetal development in a pregnant woman; tobacco and smoke affect the respiratory and circulatory systems; street drugs change a person's behaviour and cause harmful physical effects and may cause death...).*

*identify peer, cultural, media, and social influences related to substance use and abuse (e.g., dares from friends; pressure to belong to a group; attractive portrayals through advertisements/television/videos; family/cultural/religious values; peer pressure from groups and gangs; alcoholics or smokers in the family...).*

*apply strategies (i.e., using the decision-making model, practising saying no, walking away, getting help from a safe adult) for preventing or avoiding substance use and abuse (e.g., tobacco, alcohol, street drugs, performance-enhancing drugs, sniffing...) in different case scenarios.*

**Grade 7** *differentiate between the use and abuse (i.e., prescribed/ unprescribed drugs; own medication/someone else's medication; correct/ incorrect dosage, addiction) of medicinal and non-medicinal substances (e.g., medicines, over-the-counter drugs, vitamins, alcohol, tobacco, inhalants, street drugs...).*

*explain different consequences, related to different variables (i.e., fair play, legalities, performance, medical, safety, and financial implications), of taking harmful and beneficial drugs or other substances (e.g., antibiotics, anti-inflammatories, stimulants, narcotics, anabolic steroids, marijuana, diuretics, herbs...).*

*identify the positive and negative social factors (i.e., influences of peers, families, role models, media, Internet, celebrities, social occasions, parties) that may influence avoidance and/or use of substances (e.g., tobacco, alcohol, caffeine, street drugs, inhalants...).*

*apply decision-making/problem-solving strategies in case scenarios that focus on substance use and abuse (e.g., over-the-counter drugs, supplements, performance-enhancing drugs, tobacco, alcohol, street drugs, restricted drugs...).*

Specific Learning Outcomes related to Human Sexuality that may contain potentially sensitive content are listed below. Please note that the “i.e.” refers to content that is expected to be taught, learned, and assessed in relation to the specific student learning outcome. The “e.g.” refers to examples that could be addressed in the context of the specific student learning outcome.

*The student will be able to:*

**Grade 5**

*describe the structure and function of the reproductive and endocrine systems of human beings (e.g., pituitary gland, estrogen, testosterone, progesterone, menstruation and spermatogenesis, fertilization, sexual intercourse...).*

*identify the physical changes associated with puberty and the importance of personal hygiene practices (e.g., growth of body hair, changes in body shape, hormones, acne, body odour, menstruation, erection, ejaculation, emissions, use of sanitary products...).*

*describe how heredity (e.g., chromosomes, DNA...) influences growth and characteristics that contribute to personal identity (e.g., height, eye colour, bone structure, hair colour, body build, individual growth patterns, features, fraternal and identical twins...).*

*identify the social- emotional changes associated with puberty (e.g., sexual attraction, fluctuation of moods, insecurities...).*

*identify influences (e.g., family, friends, role models, religion, culture, media, advertising and videos, social trends, fashion...) on sexuality and gender roles.*

*identify how social and cultural influences affect sexuality and gender roles (i.e., similarities and differences, such as cultural rituals and traditions).*

*identify the responsibilities (e.g., change clothing for physical activities, bathe frequently, use deodorant, use sanitary products, respect private spaces, keep personal matters private, show consideration for others, respect differences, do not ridicule...) associated with physical, social, and emotional changes during puberty (e.g., body odour, menstruation, erections, emissions, peer pressure, social etiquette, insecurity...).*

*identify characteristics (e.g., transmitted through sexual activity and contact with body fluids; may be fatal...) and effects of HIV and AIDS on the immune system (e.g., destroys specific white cells...).*

*apply a decision-making process in case scenarios related to issues associated with puberty (e.g., timing of physical changes, teasing related to different developmental rates, being discreet, respecting privacy of others, being sexually active, showing affection...).*

## **Grade 7**

*describe the human reproductive systems as they relate to fertilization and fetal development (e.g., names of the genitals, union of sperm and egg, stages of fetal development at each trimester, sexual intercourse...).*

*explain the human reproduction process and recognize myths related to fertilization (e.g., can't get pregnant the first time, when intercourse is interrupted, when using contraception, if douching immediately afterward, and in certain body positions...).*

*describe how the endocrine system regulates body changes associated with puberty (e.g., pituitary gland triggers release of estrogen and progesterone, menstruation cycle...).*

*identify the emotional changes at puberty (e.g., fluctuation of moods and energy, sexual attraction...) and their effect on personal well-being (e.g., fatigue, shyness, lower or greater self-confidence...).*

*identify positive ways of coping with daily moods and emotions associated with puberty (e.g., engaging in physical activity, discussing emotions with family/friends/religious leaders, listening to music, laughing, taking part in hobbies, participating in school/community activities, reading books...).*

*recognize the importance of sexual abstinence as a responsible decision for the adolescent male and female (e.g., abstinence prevents STIs and AIDS; parenthood entails many personal responsibilities; teenage pregnancy puts the baby at risk, affects career choices, and can have traumatic psychological and sociological effects...).*

*identify the effects of social influences (e.g., styles related to dress, hair, make-up, jewellery; cultural rituals; gender equity; harassment, nudity; violence against women...) on sexuality and gender roles.*

*identify responsibilities (e.g., respect, abstinence...) and sources of support (e.g., parents, nurses, doctors, counsellors, helplines, community health services, religious leaders, recommended books...) with regard to sex-related health issues.*

*identify the causes, nature, methods of transmission (e.g., sexual intercourse, body fluids, contaminated needles, number of sexual partners...) and methods of prevention of AIDS and HIV infection (e.g., sexual abstinence, monogamous relationship with uninfected person, use of condoms...).*

*identify the common STIs (e.g., genital herpes, gonorrhoea, chlamydia...), their symptoms, and means of prevention (e.g., sexual abstinence, monogamous relationship with uninfected person, use of condoms...).*

*apply a decision-making/problem-solving process in case scenarios for making informed decisions regarding responsible sexual behaviours (e.g., abstinence, pregnancy prevention, safer sex practices...).*



## **DELIVERY OF THE PROGRAM**

The model of delivery of the PE/HE curriculum will be a school-based decision. It could be delivered by any combination of the Physical Education teacher, the Health teacher, the classroom teacher, subject integration and/or the school counsellor.

Teachers delivering the program have received in-service training in the PE/HE curriculum and the potentially sensitive content.

Schools must communicate to parents the divisional process involved in the delivery of the potentially sensitive outcomes in the *Grade 5-8 Physical Education and Health Curriculum*. Suggested communication avenues that schools may use, but are not limited to include:

- Special parent meeting
- Parent Advisory Council meeting – administrator report
- School-wide open house
- Newsletter and/or school website
- Special health news update - sent home and posted on the school website

This communication to parents will provide families with an opportunity to preview material and discuss with staff any questions or concerns. Following this communication, consent forms will be sent home for each student. These must be completed and returned to the school.

Parents will have the right to choose an alternative delivery for the strands containing potentially sensitive outcomes. Alternative delivery of potentially sensitive content then becomes the responsibility of the parent (e.g., home, professional counselling...).

During the implementation of the program, the school will inform parents through the use of school newsletters and/or parent letters when the potentially sensitive content will be taught. Parents will be encouraged at all times to preview curriculum materials available from the school.

## **INVOLVEMENT of PARENTS, FAMILIES, and COMMUNITIES**

A Physical Education and Health Education Curriculum presented in the school and supported in the home can strengthen communication between the parent/guardian and child.

As in all areas of education, the home, the school, and the community have a shared responsibility to ensure that the environment, programming, and services provide opportunities for students to practice and participate safely in physical activity and healthy living.

The following are some suggestions that parents/guardians might use to support the Physical Education and Health Education Curriculum:

- Attend parent meetings offered by your child's school.
- Become familiar with the curriculum outcomes which are available on the Department of Education website at:  
<http://www.edu.gov.mb.ca/ks4/cur/physhlth/index.html>.
- Discuss the program with your child. Look for teachable moments to encourage discussion.
- Foster an atmosphere in your home that encourages open and honest communication.
- Encourage and maintain a physically active and healthy lifestyle for yourself and your children.

## CHILD PROTECTION

Individuals working with children are in a unique position to provide both preventative and intervention services. This role is particularly critical in the area of child protection.

School division staff play a very important role in the lives of children. They see a child on a regular basis and can play a supportive role to families. School division staff are often in a position to note some of the early warning signs of abuse or other protection problems and children may trust a school division staff enough to disclose abuse.

Suspicious that a child might be in need of protection must be shared with those mandated to investigate. These professionals are in a better and sometimes more objective position to judge whether suspicions are justified. Such sharing of suspicions and concerns may not constitute a formal report but such consultation can clarify questions and doubts about the need to report suspicions of child abuse.

In Manitoba, regulations under Section 17 of *The Child and Family Services Act (1999)* indicate that every school division staff must report, or cause to be reported, any case of suspected child abuse relating to a child attending the school. The *CFS Act* states that anyone who has information that leads the person reasonably to believe that a child is being or has been abused or is in need of protection or might be in need of protection, must report this suspicion.

The responsibility to report is particularly great for professionals like school division staff, who work in a position of trust with children. Suspicious that a child is in need of protection must be reported to Child and Family Services Agency or the police when there is reason to be concerned that the child's home or custodial environment cannot protect the child.

*The Child and Family Services Act (1999)* provides a legal framework for ensuring that a child can be protected from conditions that could endanger his/her life, health, or emotional well-being due to the act or omission of a person. The law also provides a guideline for determining to whom such a report can be made. Depending on circumstances as outlined below, reports of suspicions may be made to a parent/guardian or to a Child and Family Services Agency.

In general, a report that a child may be in need of protection may be made directly to a parent/guardian when **it is clear** that the parent/guardian will ensure the adequate protection of the child. This is most often the case in situations of aggression or sexual exploitation where the physical or sexual assault of the child was caused by a person who **does not** have care, custody, control or charge of the child.

In all other circumstances, reports of suspicions of child protection are made to a Child and Family Services Agency. All children harmed by an act or omission of a person need protection. *The Child and Family Services Act (1999)* provides a guide for determining to whom reports can be made, as well as the legal obligation to report a variety of conditions that might cause risk to the emotional well-being and physical development of a child. The police may also be contacted where the reporting person believes that an offense has been committed under the Criminal Code.

*Source: Child Protection and Child Abuse Manual Protocols for School Division Staff (Manitoba Family Services and Housing)*