

Information and Privacy Commissioner,
Ontario, Canada



Commissaire à l'information et à la protection de la vie privée,
Ontario, Canada

CYFSA Decision 32

Complaint FA22-00024

Family & Children's Services of the Waterloo Region (legally known as the Children's Aid Society of the Regional Municipality of Waterloo)

August 21, 2025

Summary: Asserting the correction rights in the *Child, Youth and Family Services Act, 2017*, a mother asked a children's aid society (the CAS) to make several corrections to her records regarding various allegations about her child and the child's father. The CAS granted some corrections, but denied the remainder that related to the matters underlying its involvement with the family.

In this decision, the adjudicator finds that the parts of the records the mother wants corrected are professional opinions or observations made in good faith about the complainant and her family, and the section 315(10)(b) exception to the duty to correct therefore applies. He upholds the decision of the CAS and dismisses the complaint.

Statutes Considered: *Child, Youth and Family Services Act, 2017*, S.O. 2017, c. 14, Sched. 1, sections 2, 315(8), 315(9), 315(10), and 315(12); *Personal Health Information Protection Act, 2004*, S.O. 2004 c. 3, Sched. A, section 55(9)(b).

Decisions Considered: PHIPA Decisions 36, 37, and CYFSA Decision 18.

BACKGROUND:

[1] The complainant, a mother, made a 53-part request under Part X of the *Child, Youth and Family Services Act, 2017* (CYFSA) to Family & Children's Services of the Waterloo Region (the CAS) for "corrections/explanations" to her family's CAS records.

The CAS issued a decision granting the correction request, in part. Among other things, the CAS corrected misspellings of individuals' names in the records and corrected the age of one of the complainant's children. The CAS also provided explanations in response to the complainant's questions about the meanings of certain abbreviations used in the records.

[2] However, the CAS denied the remaining parts of the complainant's request, stating that the information at issue is "commentary [that] consists of professional opinion or observation that was made in good faith." The CAS also stated that it did not create some of the information and "does not have sufficient knowledge, expertise or authority to correct it." The CAS also refused other parts of her request because the complainant had not demonstrated to its satisfaction that the record at issue is inaccurate or incomplete and had not provided the CAS with the information necessary to correct the record.

[3] The complainant was not satisfied with the CAS's decision and filed a complaint about it with the Information and Privacy Commissioner of Ontario (IPC). In her complaint, she explained that the CAS had inappropriately apprehended her children following what she describes as a false accusation. She explained that the false accusation and subsequent events had harmed her and her family, and the information remaining in the CAS file was causing this harm to continue.

[4] The IPC attempted to mediate the complaint. During mediation, the CAS clarified its reason for refusing part 25 of the complainant's request. The CAS also advised the complainant of her right to prepare a statement of disagreement regarding the corrections it had refused to make, and to have that statement attached to the relevant records and disclosed whenever the CAS discloses the records. The complainant remained dissatisfied with the CAS's response, maintaining that the information in the records is inaccurate and incomplete.

[5] No further mediation was possible, and the complaint was transferred to the adjudication stage of the complaints process. The adjudicator initially assigned to the complaint sought and received representations from the CAS and the complainant. During the review, the complainant also sought to add information to the CAS file, and that request was added as an issue in the complaint. The complaint was then assigned to me to complete the review. I examined the representations of the parties and determined that I did not need to seek additional representations.

[6] For the reasons that follow, I uphold the decision of the CAS and dismiss the complaint.

RECORDS:

[7] Remaining at issue are the records relating to the 24 corrections that the

complainant wants made to the records that she received from the CAS. These 24 corrections exclude eight corrections that were removed from the scope of the complaint during the review: parts 42, 52, and 53, which the parties agree are comments rather than correction requests, and parts 12, 17, 24, 28, and 41, which the complainant no longer pursues.

DISCUSSION:

[8] The sole issue in this complaint is whether the CAS has a duty under the *Act* to correct the records in accordance with the complainant's request.

[9] Section 315(9) of the *CYFSA* requires a service provider to grant a requested correction if the individual requesting the correction demonstrates "to the service provider's satisfaction" that the record is inaccurate or incomplete, and provides the information needed to correct the record. It states:

The service provider shall grant a request for a correction if the individual demonstrates, to the service provider's satisfaction, that the record is inaccurate or incomplete and gives the service provider the information necessary to enable the service provider to correct the record.

[10] There are two exceptions to the section 315(9) duty to correct. These are set out in sections 315(10)(a) and (b), which state:

Despite subsection (9), a service provider is not required to correct a record of personal information if,

(a) it consists of a record that was not originally created by the service provider and the service provider does not have sufficient knowledge, expertise or authority to correct the record; or

(b) it consists of a professional opinion or observation that was made in good faith about the individual.

[11] Read together, sections 315(9) and 315(10) state that the duty to correct applies only when the two conditions in section 315(9) are satisfied and neither of the exceptions in sections 315(10)(a) and (b) applies. If either of the exceptions applies, there is no duty to correct. The wording of section 315(10) makes it clear that even if a complainant establishes that the information is inaccurate or incomplete within the meaning of section 315(9), a finding that an exception in section 315(10) applies will result in a finding that the service provider has no duty to correct.

[12] In this case, the CAS refuses the complainant's request for correction both on the grounds that she has failed to satisfy the requirements of section 315(9) (to demonstrate to its satisfaction that the record is inaccurate or incomplete), and that the

exception at section 315(10)(b) applies (that the record consists of a good faith professional opinion or observation). The CAS also claims that the section 315(10)(a) exception applies to some parts of the correction request.

[13] The IPC has not yet considered section 315(10)(a) or section 315(10)(b). However, the IPC has considered similar correction provisions under the *Personal Health Information Protection Act, 2004 (PHIPA)*. The duty to correct in section 55(8) of *PHIPA* contains similar language to the duty under section 315(9) of the *CYFSA*, and the exceptions at sections 55(9)(a) and (b) of *PHIPA* to the duty to correct correspond to the exceptions in *CYFSA* sections 315(10)(a) and (b).

[14] Like the duty to correct in section 315(9) of the *CYFSA*, the duty to correct in section 55(8) of *PHIPA* does not apply if one of the two exceptions applies. PHIPA Decision 36 established that depending on the nature of the correction request, the information that the individual seeks to have corrected, and the reasons for the refusal of the request, the IPC may approach the analysis in a correction complaint initially under the duty to correct in section 55(8) or the exceptions in section 55(9). This is because under *PHIPA*, if an exception applies, there is no duty to correct. Considering the similarity of the *CYFSA* and *PHIPA* correction provisions, I adopt and apply the same approach to my analysis of the *CYFSA* correction provisions in this complaint. Because I find that the exception in section 315(10)(b) applies in this complaint, I address only that exception in this decision.

Section 315(10)(b): exception for professional opinion or observations

[15] Section 315(10)(b) preserves professional opinions or observations, that have been made in good faith by excepting them from the duty to correct under section 315(9) of the *CYFSA*. The *CYFSA* does not define “professional” or explain what constitutes a “professional opinion or observation that was made in good faith.” However, as noted above, section 55(9)(b) of *PHIPA* contains an almost identical exception to that in section 315(10)(b) of the *CYFSA*. Section 55(9)(b) of *PHIPA* states:

Despite subsection (8), a health information custodian is not required to correct a record of personal health information if,

(b) it consists of a professional opinion or observation that a custodian has made in good faith about the individual.

[16] Considering the similar correction framework and near identical language in section 55(9)(b) of *PHIPA*, the IPC’s interpretation of what constitutes “professional opinions or observations” under *PHIPA* is instructive to how the same phrase should be interpreted in section 315(10)(b) of the *CYFSA*. IPC decisions have noted that the purpose of section 55(9)(b) of *PHIPA* is to preserve “professional opinions or observations,” accurate or otherwise, that have been made in good faith.

[17] In PHIPA Decisions 36 and 37, the adjudicator noted the purpose of section

55(9)(b) is based on sound policy considerations, including the need for documentation that may explain treatments provided or events that followed a particular observation or diagnosis. She thus found that a request for correction should not be used to attempt to appeal decisions or professional opinions or observations with which a complainant disagrees, such as a complainant's view of a medical condition or diagnosis, and they cannot be a substitution of opinion. In the child protection context, a similar need exists for documentation that may explain decisions made by a children's aid society, regardless of whether the professional opinions or observations in the documentation are accurate.

[18] Like correction requests under *PHIPA*, a request for correction under the *CYFSA* should not be used to attempt to appeal decisions or professional opinions or observations with which a complainant disagrees and cannot be a substitution of opinion, such as the complainant's view of an investigation by a children's aid society. Thus, I adopt and apply this reasoning and approach to interpreting the correction duty exception at section 315(10)(b) of the *CYFSA*: that professional opinions or observations made in good faith must be preserved regardless of their accuracy.

[19] Where a "professional opinion or observation" is involved, section 315(9) does not give a right to correct a service provider's "professional opinion or observation" made in good faith. Under the corresponding provision in *PHIPA*, where a health information custodian¹ claims that section 55(9)(b) applies, the custodian bears the burden of proving that the personal health information at issue consists of a "professional opinion or observation" about the individual. However, once the custodian has established that the information qualifies as a "professional opinion or observation," the onus is on the individual seeking a correction to establish that the "professional opinion or observation" was not made in good faith.

[20] The language regarding correction requests in *PHIPA* and the *CYFSA* differs in that section 315(8)(b) of the *CYFSA* specifies that the service provider bears the burden of proof in respect of refusals of correction requests. *PHIPA* does not have an analogous provision specifying the burden of proof in these situations. Section 315(8)(b) states:

If the service provider refuses or is deemed to have refused the request,
in whole or in part,

in the complaint, the burden of proof in respect of the refusal lies on
the service provider.

[21] Good faith is not defined in the *CYFSA*. Because the IPC has not yet considered the professional opinion or observation exception in section 315(10)(b), it has also not yet considered the meaning of good faith in that section. However, the Supreme Court

¹ A health information custodian has obligations under *PHIPA* that are similar to those that a service provider has under *CYFSA*.

of Canada (SCC) has stated that persons are assumed to act in good faith unless proven otherwise.² Thus, there is a presumption of good faith at common law. The SCC has also stated that a finding that someone has not acted in good faith may be based on evidence of malice or intent to harm another individual, as well as serious carelessness or recklessness.

[22] Adopting this reasoning, I conclude that a service provider can discharge the burden of proof at section 315(8)(b) by relying on the common law presumption of good faith, which can be rebutted by the individual requesting correction. Accordingly, the burden of proof rests on the individual seeking to establish that a person has acted in the absence of good faith to rebut the presumption of good faith. This approach is consistent with that taken in decisions under *PHIPA*, such as PHIPA Decisions 36 and 37. It is also consistent with the approach taken with professionals in many fields of practice, where they are entitled to a degree of deference with respect to decisions and work products that stem from their scope of expertise.³ I adopt and apply this approach to the present complaint.

[23] Applying this to section 315(10)(b) of the *CYFSA*, the burden of proof in respect of the refusal of a correction request rests with the service provider. Once the service provider establishes that the information at issue is a professional opinion or observation, if the individual seeking the correction claims bad faith, the burden shifts to the individual seeking the correction, here the complainant, to establish that the service provider did not make the professional opinion or observation in good faith. Therefore, section 315(10)(b) involves a two-part analysis. The first question is whether the personal information is a “professional opinion or observation.” The second question is whether the “professional opinion or observation” was made “in good faith.”

The personal information qualifies as a “professional opinion or observation.”

[24] In order for section 315(10)(b) to apply, the personal information must qualify as either a “professional opinion” or a “professional observation.” Because these terms are not defined in the *CYFSA*, it is helpful to consider their interpretation under *PHIPA*. Under section 55(9)(b) of *PHIPA*, only those observations and opinions that require a health information custodian or an agent to exercise or apply special knowledge, skills, qualifications, judgement, or experience relevant to their profession should be defined as “professional observations” or “professional opinions” within the meaning of section 55(9)(b).⁴ In light of the similar language and purpose of the professional opinion or observation exception in *PHIPA* and the *CYFSA*, it is appropriate to adopt and apply the *PHIPA* interpretation for “professional opinion or observation” when considering section

² *Finney v. Barreau du Québec*, [2004] 2 SCR 17, 2004 SCC 36 (CanLII). See also *Blair v. Consolidated Enfield Corp.* [1995] 4 SCR 5.

³ See, for example, *T.L. v. R.M.* 2020 CanLII 97433 (ON HPARB) where the Health Profession Appeal and Review Board, in reviewing a complaint from a patient against a psychiatrist, determined that medical records including the contemporaneous notes of physicians are “presumptively reliable.”

⁴ See, for example, PHIPA Decisions 36 and 37.

315(10)(b) of the *CYFSA*. As in the health care context, in the child-protection context, a service provider or its employees apply special knowledge, skills, qualifications, judgement or experience relevant to their profession when documenting their opinions and observations.

[25] The records in this complaint are case notes prepared by CAS staff. They document the complainant's family's interactions with the CAS and provide details about her child's social and medical history, which the complainant submits is inaccurate.

Representations, analysis, and finding

[26] The CAS submits that it understands that the complainant does not agree with the outcome of its investigations, but disagreement with the outcome is not a basis for a correction request. It states that as part of the provision of services, opinions and observations are made in good faith, using the available risk assessment tools and verification processes. It states that this involves weighing strengths and worries and formulating next steps, and that throughout this process, documentation of the actions, opinions, decisions, and observations is required.

[27] The appellant generally takes issue with the CAS and the contents of the records. However, she does not dispute that the personal information at issue is a professional opinion within the meaning of section 315(10)(b).

[28] Having reviewed the records, I find that all parts of the correction request that are at issue relate to a professional opinion or observation. The parts of the records that the complainant seeks to have corrected are all notes by CAS caseworkers and other staff regarding their interactions with the complainant and her family, and their interpretation of the situation underlying the CAS's involvement. Regarding part 25 of the correction request, while the CAS does not specifically claim that section 315(10)(b) applies it does state that part 25 is an observation made in good faith. The correction relates to notes from a meeting and the documentation that was provided. Reviewing the record, I find that it also constitutes a professional observation or opinion for the reasons discussed below.

[29] While I understand that the complainant disagrees with the CAS staff's assessment of the situation, I find that the CAS employees' determination of what should be documented in the file requires special knowledge, skills, qualifications, judgement, or experience relevant to child protection. I further find that the records consist of the CAS employees' professional opinions or observations. In making this finding, I am not deciding whether the CAS employee who created each record is reasonable or correct in their interpretation of the situation. Rather, I find that determining what should be documented in the context of the CAS's role in child protection requires a degree of professional judgement that the creators of the records were exercising. As such, I find that the records that the complainant wants corrected consist of professional opinions or observations within the meaning of section

315(10)(b) of the *CYFSA*.

The professional opinions or observations were made "in good faith"

[30] Even if the information at issue is a "professional opinion or observation," if there are reasonable grounds to conclude that the professional opinions or observations made by the service provider were not made "in good faith", the section 315(10)(b) exception to the duty to correct does not apply. As discussed above, because there is a presumption of good faith, the burden rests on the complainant to rebut the presumption by establishing that the professional opinions or observations were not made in good faith.

Representations

The CAS's representations

[31] The CAS submits that as part of its provision of services, opinions and observations are made in good faith, using the available risk assessment tools and verification processes. It notes that ensuring that each record is correct is important because of the intrusive and potentially significant complications that occur when the CAS becomes involved with a family. It submits that the complainant has not provided information that would suggest that it was not acting in good faith, or in a manner inconsistent with the requirements of the *CYFSA*.

The complainant's representations

[32] In response, the complainant provides detailed evidence that she states refutes the CAS's allegations of child abuse. She asserts that the reports of numerous doctors, and the outcome of a criminal trial, show that the CAS's allegations of abuse were false. She acknowledges that the CAS has added the expert reports and a letter of disagreement that she provided to the records. However, she submits that the records are so disorganized that anyone reading the records would not be able to understand what actually happened. She provides several examples of medical findings that she claims explain the situation but are difficult to locate in the records as they are currently organized.

[33] She further takes issue with the statements of caseworkers in the records, stating that they should be updated following the criminal trial and subsequent medical evidence that she provided. She provides a sample statement that should be added to CPIN logs after a specified date, which she states clarifies the abuse allegations. She states that the CAS's failing to include this statement in the manner specified is evidence of bad faith. She provides a separate statement about other injuries that she wants added to other CPIN logs, as well as a statement about the criminal proceeding. She also states that the behaviour of CAS staff in the events leading to the criminal trial is further evidence of their bad faith.

The CAS's representations on CYFSA Decision 18

[34] CYFSA Decision 18 was issued during the review, and both parties were invited to comment on its impact, if any, on this complaint. CYFSA Decision 18 was the first correction complaint decision issued by the IPC under the *CYFSA*.

[35] The CAS submits that CYFSA Decision 18 reinforces its position to deny the correction request.⁵ It argues that receiving medical opinions after it has made its determinations regarding the situation underlying the request does not alter the original conclusions. It states that the decisions were made based on the information, evidence, and standards available at the time of the assessment. It acknowledges that the evidence that the complainant provided is potentially valuable for context and to explain the complainant's views, but it does not retroactively impact the initial decision.

[36] Regarding the outcome of the criminal proceeding, the CAS states that the records acknowledge the outcome, but it maintains that the records accurately reflect the CAS workers' professional opinions. It notes that the standard of proof in a criminal proceeding is different than that used in child protection proceedings. It notes that it has added to the complainant's file all of the medical opinions and attachments that she provided.

The complainant's representations on CYFSA Decision 18

[37] In response to the invitation to address the impact of CYFSA Decision 18, the complainant reiterates her position that the records have been shown to be inaccurate, and the CAS's refusal to update them violates section 315(9). She reiterates that the CAS's maintaining the records, in their current state, continues to harm her family.⁶

The CAS's reply representations

[38] The CAS responds to the complainant's representations on CYFSA Decision 18 by reiterating its position that the complainant has not demonstrated that the records are inaccurate. It submits that the complainant is raising concerns about the services she received from the CAS, which it states are outside the jurisdiction of the IPC. It references PHIPA Decision 170, where the adjudicator noted that a request for correction or amendment should not be used to attempt to appeal decisions or professional opinions or observations.

⁵ CYFSA Decision 18 addresses the duty to correct under section 315(9), rather than the section 315(10)(b) exception to the duty that I am addressing here. As such, the bulk of the CAS's representations relate to section 315(9), and I have not reproduced them here.

⁶ The complainant also cited several court cases in her representations, some of which do not exist. Where the cases do exist, the complainant generally misrepresented the relevance of the cases, which the CAS pointed out in its reply representations. In sur-reply, the complainant acknowledged that she used artificial intelligence to assist with drafting her representations, and acknowledged the need to verify her sources going forward. As the cases that the complainant has cited are not relevant to the issues before me, I have not referred to them here.

[39] The CAS also submits that the complainant's concerns about the records being accessed by third parties are unfounded, as the records cannot be disclosed without the complainant's consent or court order. It also notes that the complainant's statement of disagreement has been attached to the relevant files, along with a contact log alerting readers to the existence of the statement of disagreement. It adds that the note specifies that the statement of disagreement should be included if there is a request for access to the records. The CAS further states that all medical documents provided by the complainant have been added to the file, including those provided in 2023, although the CAS has not provided any protection services to the complainant's family since 2021.

The complainant's sur-reply representations

[40] The complainant reiterates her concerns about how she and her family were treated by the CAS, stating that flawed medical assessments like those conducted by the CAS were part of a broader systemic issue.⁷ She also provides letters from other families that she states have been similarly mistreated. She submits that she is not attempting to indirectly challenge previously decided issues with this complaint, but is instead providing context regarding how the CAS treated her and her family in the past. She submits that this pattern demonstrates a persistent pattern of procedural unfairness, misrepresentation, and failure to adhere to established standards of investigation and record-keeping. She references several Child and Family Services Review Board decisions that she submits show how the CAS has mistreated her and her family.⁸ She raises various issues with her interactions with the CAS, stating, for example, that it denied her access to portions of her child's medical records.

[41] The complainant reiterates her submission that the medical reports she provided dispute the CAS's conclusions and asks that the CAS acknowledge that the information it relied on was proven to be incorrect in court. She reiterates that the CAS file is disorganized and misleading, making it difficult for reviewing parties to properly assess the information. She also submits that the expert reports are mislabelled and asks that they be more explicitly labelled to indicate how they refute the CAS's conclusions. She also states that the outcome of the criminal proceeding is buried in the records and should be more explicitly labelled.

[42] She submits that the CAS's refusal to correct the records is an attempt to avoid accountability for wrongful intervention. She asks for a formal written acknowledgement that the medical findings the CAS relied on have since been refuted. She also asks that a specific note at each disputed statement direct the reader to her letter of disagreement, all medical records that she provided, and the criminal trial decision. She

⁷ The complainant provides a newspaper article which discussed misdiagnoses that have led to wrongful child apprehension across Canada. The complainant states that her family was a part of this investigation.

⁸ The decisions referenced by the appellant relate to various interactions she had with the CAS. While the decisions themselves are anonymized, taken as a whole, they may potentially identify the complainant, and I have therefore not reproduced them here.

further states that any future disclosure of the records to third parties should include a correction statement noting the “disproven nature of the abuse allegations.”

Analysis and finding

[43] The issue I must decide in this complaint is whether the information in the records at issue constitutes a professional opinion or observation that was made in good faith, at the time the records were created.

[44] The complainant, who claims that the CAS acted in bad faith, bears the burden of establishing her claim of bad faith. For the reasons that follow, I find that the complainant has not established bad faith and the exception in section 315(10)(b) applies.

[45] As noted above, there is a presumption of good faith at common law that applies in this complaint. The CAS is presumed to act in good faith. In her attempt to rebut this presumption of good faith, the complainant focuses on disputing the CAS’s conclusions – its professional opinions and observations – in the records. She relies on evidence that she says shows that the CAS’s conclusions were proven wrong in a related legal proceeding that occurred after the records were created. She argues that because the CAS was wrong in its conclusions and the records are inaccurate, the CAS acted in bad faith. The complainant asserts that the CAS’s conduct toward her and her family demonstrated a consistent pattern of procedural unfairness, misrepresentation and failure to adhere to established standards of investigation and record-keeping. These submissions from the complainant are not sufficient to rebut the presumption or establish bad faith.

[46] As noted above, a finding that someone has not acted in good faith can be based on evidence of malice or intent to harm another individual, as well as serious carelessness or recklessness. To rebut the presumption and demonstrate bad faith, the complainant must provide evidence of the CAS’s acting with malice and with the intent to harm her family, or with serious carelessness or recklessness. The complainant does not provide such evidence. Rather, she focuses on the inaccuracy of the records which she claims was proven by the subsequent legal proceedings and medical findings.

[47] The wording of section 315(10)(b) makes it clear that the time of the good faith assessment is when the records were created. Also, the wording does not include an accuracy requirement. Rather, it overrides the accuracy requirement in section 315(9). While section 315(9) imposes a duty to correct inaccurate or incomplete records in some circumstances, the exception in section 315(10)(b) applies to negate the duty to correct when the record of personal information consists of a professional opinion or observation that was made in good faith.

[48] Applying the presumption and considering the CAS’s representations, I am satisfied that the records of personal information at issue consist of professional

opinions or observations made in good faith about the complainant and her family, and that the complainant does not provide evidence to establish bad faith on the part of the CAS sufficient to negate the application of the exception.

[49] While I acknowledge that the complainant is dissatisfied with how she and her family were treated by the CAS, her disagreement and dissatisfaction do not establish that the CAS employees were acting in bad faith at the times the records were created.

Statement of disagreement and adding additional documents to the file

[50] The complainant asks that all of her submissions to the IPC be included in her child protection file. The CAS refuses, stating that it would be inappropriate to do so because the child protection file has been closed since 2021. It explains that it did attach a statement of disagreement in 2022 and added further documents at her request in 2023. It also notes that it has filed all of the emails and attachments that the complainant provided, albeit in a separate folder.

[51] I note that the complainant is dissatisfied with how the records are organized, stating that the statement of disagreement and the medical documents she submitted are not sufficiently available. However, considering the information before me, I do not accept that the CAS is required to organize them in the manner requested by the complainant. The CAS included a statement of disagreement and put a note in the file alerting staff to its existence and directing staff to include it if the records are requested in the future. Additionally, I do not accept that the CAS has an ongoing obligation to include the entirety of the complainant's IPC submissions in the file. As explained above, the CAS has already added a statement of disagreement and the medical documents that the complainant previously provided to the file.

[52] Section 315(12)(a) of the *CYFSA* discusses the obligations on a service provider with the respect to statements of disagreement. It states:

(12) A notice of refusal under subsection (4) or (5) must give the reasons for the refusal and inform the individual that the individual is entitled to,

(a) prepare a *concise* statement of disagreement that sets out the correction that the service provider has refused to make[.] (emphasis added)

[53] In my view, the entirety of the complainant's submissions during this review, which number dozens of pages in length, plus many additional pages of attachments, cannot be considered to be a concise statement of disagreement. Accordingly, I find that the CAS is not required to add the complainant's review submissions to the child protection file; the CAS has satisfied its obligations under section 315(12)(a) by including the 2022 statement of disagreement and the additional records the complainant provided in 2023 to her file.

ORDER:

I uphold the decision of the CAS and issue no order.

Original Signed by: _____

Chris Anzenberger
Adjudicator

August 21, 2025