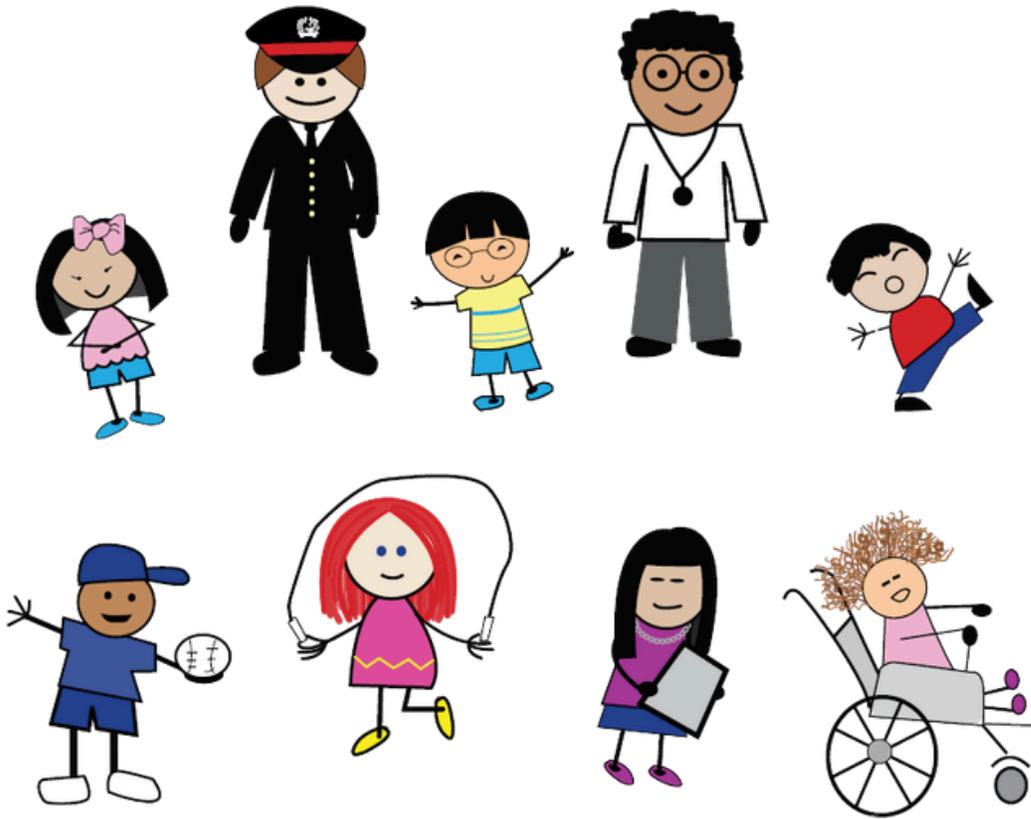




PEEL'S COMMUNITY COMMITMENT TO CHILDREN AND FAMILY WELLNESS

CHILD ABUSE INVESTIGATION PROTOCOL



2025



ACKNOWLEDGEMENTS

The following members of the community and partners have contributed to the development and implementation of Peel's Community Commitment to Children and Family Wellness, Child Abuse Investigation Protocol. Through their perspectives, knowledge, and lived experiences, we have been able to develop a protocol that is reflective of the diversity of our community and promotes care, compassion, and accountability.

Through this collaboration, we share a commitment to working in partnership with community, recognizing the importance of cultural understanding, respect, and inclusivity in all aspects of service delivery and child welfare work.

Caledon Ontario Provincial Police
Dufferin Peel Catholic District School Board
My Neighbourhood Services
Peel CAS
Peel Regional Police
Trillium Health Partners

SIGNATORIES

This protocol is endorsed by:

Associated Youth Services of Peel (AYSP)
Caledon Ontario Provincial Police
Child Development Resource Centre Peel (CDRCP)
Dufferin Peel Catholic District School Board
Human Services, Region of Peel
My Neighbourhood Services (MNS)
Peel Children's Centre
Peel Crown Attorney's Office
Peel Regional Paramedic Services (PRPS)
Peel Regional Police
Region of Peel Public Health
The Children's Aid Society of the Peel Region (Peel CAS)
Trillium Health Partners
William Osler Health System

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INTRODUCTION

The Child Abuse Review Team (CART) of the Peel Region is a multi agency committee anchored in the Child, Youth and Family Services Act (CYFSA) focusing on improving and enhancing child protection services, child abuse investigations, services and community collaboration in order to prevent child abuse and better serve children (0 – 17) and families in the Region of Peel. CART shares the following mission and vision:

Mission: Community partners working together to keep children safe in the Region of Peel.

Vision: Child protection is a shared responsibility in the Region of Peel.

Values: **C**ollaboration & partnership with our families & community partners.

Accountability to the children, youth, families & community we serve.

Respect & compassion for our staff, children, youth and families.

Equity, diversity, inclusion, anti-racism & truth and reconciliation.

Support the well-being of our children & youth through innovation.

CART members believe that working collaboratively, sharing resources, and mobilizing community agencies and expertise can improve the quality of services to families and improve outcomes. To achieve this, service providers view the system as an interconnected network working toward a shared goal of community safety, family well-being, and child-centered practice. This protocol recognizes the importance of collaboration and mutual accountability among community partners across Peel Region. We work together to uphold our collective responsibility for the protection and well-being of children and families. It reaffirms that child safety remains the foremost priority for all signatory organizations.

This protocol has been developed to:

- Strengthen the safety and protection of children and youth across the Region of Peel.
- Outline a coordinated, child-centered approach to abuse investigations and support services.
- Promote collaboration and shared responsibility among community partners in delivering responsive and effective child protection services.
- Support consistent and transparent communication and information-sharing across agencies.
- Establish shared principles and practices that guide inter-agency work, enabling each organization to align its policies and procedures with these collective standards.



ACKNOWLEDGEMENT

The following members of the community and partners have contributed to the development and implementation of Peel's Community Commitment to Children and Family Wellness, Child Abuse Investigation Protocol. Through their perspectives, knowledge, and lived experiences, we have been able to develop a protocol that reflect the diversity of our community and promotes care, compassion, and accountability.

Through this collaboration, we share a commitment to working in partnership with community, recognizing the importance of cultural understanding, respect, and inclusivity in all aspects of service delivery and child welfare work.



STATEMENT OF PRINCIPLES

These principles have been established to guide all participating agencies in their consistent, coordinated, and compassionate application of this protocol during the investigative and service delivery process. The principles reflect our shared dedication to the safety, well-being, and dignity of every child, youth, and family that we serve.

1. The ultimate goal of this protocol is to ensure that the safety of the child remains the guiding priority for all actions, decisions, and interventions.
2. Children are at the center of every investigation. Their voices and perspectives are heard, respected, and taken seriously, and their well-being is supported throughout all stages of intervention and service planning. Coordinating services is essential for meeting their needs and promoting stability and continuity in their lives.
3. Throughout all investigations and service delivery processes, children and families will be respected and centered for their diverse needs and identities, including their age, development, culture, religion, spirituality, gender, sexual orientation, language, and socioeconomic status.
4. Reporting child abuse to a Children's Aid Society is both a legislative obligation and the foundation of a coordinated and accountable multi-agency child protection system. All suspected incidents of child abuse or neglect must be reported to the Children's Aid Society (reporting remains discretionary for youth aged 16 and 17).
5. A coordinated and open exchange of information between partners is essential. The sharing of information supports the integration of services and ensures the safety of children, to the extent permitted by law. In the event of a conflict between agency policies, CART will work collaboratively to ensure disclosure is supported while ensuring child safety is not compromised.
6. Collaboration within the community is a shared responsibility. Signatory agencies, within their respective mandates, are committed to working together to ensure a child-centered, compassionate, and responsive protection system for children, youth, and families within Peel Region.



ROLES AND RESPONSIBILITIES

Keeping children safe is a shared responsibility. The overarching role and responsibility of community agencies is to identify, respond and report any concerns related to child abuse and neglect for infants, children and youth in the Region of Peel.

CHILD ABUSE REVIEW TEAM

The Child Abuse Review Team (CART) is an advisory body which provides consultations to Peel CAS on issues related to child abuse and oversees the delegation of the review of cases through the Child Abuse Panels. CART considers the volume and nature of child abuse specific to our community and makes recommendations in response to this information with respect to the development of agency services and community initiatives. CART provides a forum for discussion, planning and advocacy on child abuse issues.

POLICE SERVICES

The police are mandated to enforce the Criminal Code of Canada, and federal, provincial and municipal legislations. Within this protocol, the police have primary responsibility for law enforcement and conducting criminal investigations pertaining to allegations of child abuse.

THE CHILDREN'S AID SOCIETY OF THE REGION OF PEEL (PEEL CAS)

The Children's Aid Society has the primary responsibility, under the CYFSA, to investigate child abuse and child protection allegations and thereafter to support infants, children, youth (0-17) and families. Peel CAS aims to promote safety, well-being and permanency for children, in collaboration with families and community organizations.

SCHOOL/EDUCATION

School Boards recognize that all issues in the lives of children can influence them while at school. As a main referral source, school boards are vigilant in identifying and reporting suspected concerns of abuse and neglect. The School Boards are committed to working with community partners to ensure the well-being and safety of all children.

HEALTH CARE

Health care professionals provide both general and specialized programs which may include assessment, diagnosis, treatment, support and referral services to infants, children, youth and their families. Health care professionals identify, and report suspected cases of child abuse and neglect both within the community and/or a hospital environment.

CHILD AND YOUTH MENTAL HEALTH

Child and Youth Mental Health Services are focused on addressing psychiatric, behavioural, emotional and social difficulties. They provide assessment and intervention to children, youth and their families/caregivers. Children's mental health professionals identify, and report suspected cases of child abuse and neglect both within community and/or hospital environment.

ADULT MENTAL HEALTH

Adult Mental Health Services are focused on addressing emotional, psychiatric, behavioural and social difficulties that impact an individual's life and may be impacting their parenting capacity. Adult Mental Health Professionals identify and report suspected cases of child abuse and neglect both in a community and hospital environment.

DEVELOPMENTAL SERVICES

Developmental Services are specialized supports that are available to infants, children, youth and adults who have an exceptionality that impacts their daily living. Developmental Services supports can include (but are not limited to) assessment, information, intervention, training, skills development, specialized funding, educational supports, respite and residential supports. Developmental services professionals identify, and report suspected cases of child abuse and neglect both within a community and /or hospital environment.

EARLY LEARNING AND CHILD CARE

Early Learning and Child Care services work with children from birth to up to 12 years of age. They provide ongoing support through service delivery and, in some cases, specialized supports to infants, children and families. They provide a key role in helping infants and children at risk by identifying signs of abuse and neglect and reporting suspected concerns to Peel CAS.

CHILD-FOCUSED INVESTIGATION: ABUSE DISCLOSED OR SUSPECTED



1. When a child or youth discloses an allegation, or concerns of abuse/neglect are suspected, the professional who has the concern reports the information to Peel CAS.
2. There is a direct duty to report concerns to Peel CAS and this responsibility cannot be delegated to another person.
3. The person who initially received the information or suspected abuse/neglect may be asked by Peel CAS or police to engage the child or youth and/or the non-offending caregiver in a conversation to expand on the information provided in the disclosure.
4. The professional may explain to the child/youth and/or the non-offending caregiver the necessity to report the suspected abuse/neglect to Peel CAS.
5. The professional will ensure the child's immediate safety and will seek help immediately if the child requires medical treatment and/or attention.
6. In no circumstances should the child be sent home to the caregiver where there is an identified child protection concern before consultation with Peel CAS.
7. The professional will collect and prepare information pertaining to the allegation and the nature of their involvement with the child/family to assist the investigation and future service planning. The information will be shared with Peel CAS and police where available and the disclosure of this information is permitted by legislation.
8. The Child, Youth and Family Services Act (CYFSA) states that "a person who performs professional or official duties with respect to the children" will call Peel CAS without delay to report the suspected abuse in accordance with s.125(1) of the Child, Youth and Family Services Act. The professional is required to communicate the abuse directly to Peel CAS and to provide ongoing reports if there are additional, reasonable grounds to suspect further abuse. S. 125(4) of the Child, Youth and Family Services Act provides that when a child is 16 or 17 there is no "duty" to report suspected abuse but rather the professional person "may" make a report to Peel CAS if they believe that such a report should be made.

CHILD-FOCUSED INVESTIGATION: JOINT CHILD ABUSE INVESTIGATION

INITIATION OF A JOINT INVESTIGATION

The Peel CAS child protection worker receives the information from the professional. The Peel CAS worker will check both internal and external file records, review child welfare history and formulate an investigation plan in accordance with the Ontario Child Protection Standards.

In the event that Peel CAS has identified that a joint investigation may be required, police will be contacted and there will be sharing of relevant information between Peel CAS and the police. The information shared will include; the allegation, any worker safety concerns, immediate safety arrangements and all other relevant information regarding the needs of infants, children, youth and caregivers.

The Peel CAS child protection worker and the police will assess the need for a joint CAS-police investigation and work together to develop a Joint Investigative Plan. The investigative plan will include:

1. An assessment of the potential risks to the infant, child or youth, the child's age, gender, relationship, development;
2. Timing of the interview and the nature of the allegation;
3. Participants and interview format;
4. Transporting the identified infant/child/youth if required;
5. Notifying a caregiver of the investigation and location of the identified infant/child/youth.

The investigating police officer will be responsible for conducting the interviews when a joint investigation is commenced except when the investigative team determines otherwise. The Peel CAS child protection worker will be given the opportunity to ask questions and complete their assessment following the police interview.

Throughout the investigation, efforts will be made to maintain a consistent investigation team usually comprised of the investigating police officer and the Peel CAS workers. The police are responsible for the criminal investigation and Peel CAS is responsible for the child protection investigation.

INTERVIEW OF CHILD

The investigation team interviews the identified child first. The number of interviews will be minimized and the interview held in a child-friendly environment. The purpose of the interview is to:

1. Ensure protection of the child;
2. Determine if an offence/abuse has occurred; and,
3. Assess service needs and formulate a service plan.

The child/youth may be offered an opportunity to have a support person available for them. The investigation team expects that the child is capable of providing a credible statement of events. The police will make every effort to record the interview on video.

INTERVIEW OF NON-OFFENDING CAREGIVER

The investigation team interviews the non-offending/alternate caregiver in person for the following purposes:

1. To assess the ability of the non-offending/alternate caregiver in protecting the infant/child/youth;
2. To engage the non-offending/alternate caregiver in service planning for the infant/child/youth/family; and
3. To secure information required for the criminal investigation.

INTERVIEW OF OTHER CHILDREN

The investigation team interviews any other children/youth involved in determining if there are additional victims and/or witnesses.

INTERVIEW OF THE ALLEGED MALTREATOR

The police interview the alleged maltreater at the earliest opportunity. The investigating police officer shares information with the Peel CAS child protection worker.

The Peel CAS child protection worker will have contact with the individual only after the investigating police officer has completed the interview, unless otherwise negotiated.

The Peel CAS worker interviews the alleged maltreater to offer the individual the opportunity to provide information for:

1. Child protection assessment;
2. Service planning; and
3. The Child Abuse Register process and decision.

MEDICAL EXAMINATION OF THE CHILD

All agencies share responsibility in ensuring a child's physical, sexual and emotional health and well-being. The Peel CAS child protection worker has the primary responsibility for seeking medical intervention for the child, when required. The investigating police officer is responsible for initiating the collection of medical and forensic evidence with the assistance of medical professionals as needed.

When an injury is disclosed or suspected, the Peel CAS worker will consult with a Team Leader to determine whether an examination is required.

When there is a concern about a physical injury, sexual abuse or neglect, the Peel CAS worker makes every effort to ensure the medical examination is performed by a clinic/hospital which specializes in child abuse (for example: Chantel's Place or SickKids Suspected Child Abuse and Neglect Program – SCAN). If this option is not available then other options include:

1. A health care provider who knows the child, e.g. the family doctor; or
2. The emergency room of the local hospital.

POST INVESTIGATION COLLABORATION

The Peel CAS worker or the investigating police officer contacts organizations involved with the child and the family to collect collateral information for the purposes of:

- Understanding the family;
- Assessment of risk;
- Formulation of safety and service plan; and,
- Looking for an alternate caregiver, if required.

The Peel CAS worker and the investigating police officer share the outcome of the investigation with the child/youth and the family. They will decide together how this information is shared.

The Peel CAS worker and/or the investigating police officer, where permitted by law and/or a duly executed consent from relevant persons, may share with relevant community organizations involved with the child and the family:

- The outcome of the investigation;
- The safety plan;
- The outcome plan;
- The conditions of release; and,
- The potential risk(s) to the child.

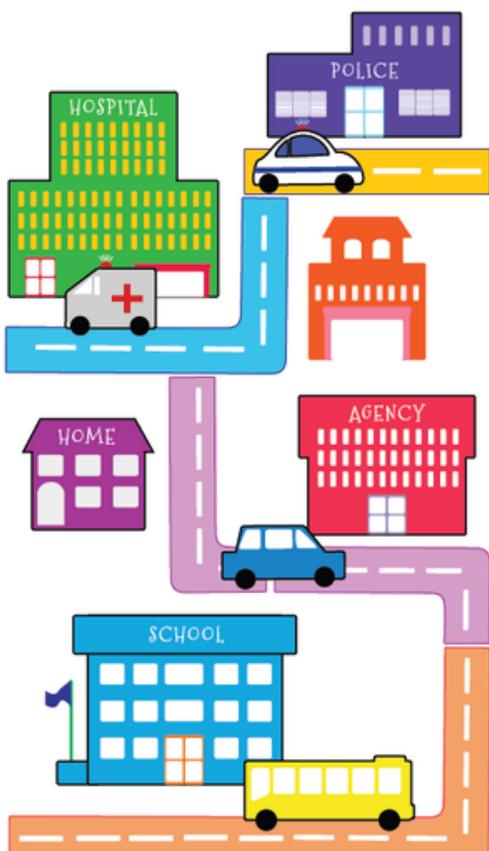
The Peel CAS worker and the investigating police officer, where permitted by law and/or a duly executed consent from relevant persons, will maintain ongoing communication to notify each other of the following:

- Changes that may affect the child's safety;
- Further disclosures from the child, youth or other children;
- Preparation for and disposition of criminal court hearing; and,
- Return of the alleged maltreater to the family.



CHILD-FOCUSED POST INVESTIGATION SERVICE

1. The Peel CAS worker identifies the needs of the infant, child and/or youth for service and initiates the first post investigation service planning meeting with the child, family and relevant organizations involved.
2. The Peel CAS worker will have the primary responsibility of case management until the first meeting when a case manager is appointed.
3. Selection of the case manager will be based on consensus by the service team and wishes of the child and the family, unless otherwise required by law. The case manager will:
 - a. Obtain consent for release of information from the child as required by law
 - b. Invite professionals from relevant organizations involved with the child and the family to participate in a case conference
 - c. Organize the meeting
 - d. Create the plan to ensure safety and service for the child and the family; and
 - e. Track progress of service recommendations.
4. Peel CAS and the service team will maintain ongoing service communication, especially if there are changes which may affect the safety of the child and the family.



BEST PRACTICE GUIDELINE BETWEEN PRP IPV UNIT AND PEEL CAS JOINT INVESTIGATION: INTIMATE PARTNER VIOLENCE



INTRODUCTION AND PURPOSE

This section of the child abuse protocol has been developed to establish clear principles that promote a collaborative, trauma-informed response to survivors of intimate partner violence (IPV) and their children, specifically addressing situations where the responsibilities of Peel CAS, PRP IPV Unit overlap; recognizing that PRP are responsible for criminal investigations, and Peel CAS is responsible for child protection investigations.

Furthermore, this section recognizes that children are profoundly impacted by IPV, whether as a result of direct exposure or secondary trauma.

Together, we strive to enhance safety and reduce risk for survivors and their children. By coordinating a unified response to meet the needs of survivors and their children, this protocol fosters shared responsibility for their safety across the Region. The protocol establishes police and child welfare consultations for high-risk IPV cases where children are known to be present.

IPV UNIT LIAISON OFFICERS

The PRP IPV Unit will appoint a Liaison Officer for each platoon. The Liaison Officer will be the on-duty Detective or their designate. The role of the Liaison Officer is to consult with Peel CAS regarding potential circumstances where a joint investigation may be required. Liaison Officers will have a good understanding of the Best Practice Guideline.

Liaison Officers, together with the Peel Children's Aid consultant/screener will facilitate coordination between the assigned IPV officer and the assigned Peel CAS worker. Liaison Officers will also be available for Peel CAS inquiries as required.

Peel CAS will consult with the PRP Liaison Officer when information has been received about an IPV incident where a child has been injured or there is a serious and imminent threat to a child's(ren) safety and or emotional well-being, to consider initiating a joint investigation.

COLLABORATION PROCEDURES



Child protection is a shared responsibility among all community partners, and while collaboration is essential, adherence to duty-to-report legislation is mandatory. Should PRP have reasonable grounds to suspect a child is or may be in need of protection, they shall immediately report the suspicion and the information on which it is based to Peel CAS. In turn, Peel CAS will immediately assess the information and determine the response time in accordance with the Ontario Child Protection Standards.

Circumstances that MAY require an immediate response from CAS when intimate partner violence is a factor include, but are not limited to:

- Children/youth have been deemed vulnerable (i.e. young age, developmental delay, not visible in the community)
- Child/youth has been injured either directly by a caregiver or indirectly due to a violent incident in the home
- Injured adults who are not able to provide care for their child(ren)/youth
- Death of a caregiver, and there is not a safe alternative caregiver
- Escalating pattern of violence/strangulation/threats to kill the child or caregiver
- Threat with a weapon and or use of a weapon
- The caregiver reports an imminent concern about the risk of lethality
- IPV high risk factors have been identified such as threats to kill and/or strangulation and the person of concern has not been located by police

GUIDING PRINCIPLE

- Collaboration with Police Services
- Compliance with Part X in accordance with the purposes of
- The CYFSA including the protection and best interests of children
- Respect for Privacy and Confidentiality
- Transparency and accountability to the client are vital throughout the joint investigation process. The process centers the child's safety, dignity, and emotional well-being, recognizing that both the incident and the investigation can be sources of trauma.
- Multi-agency and multi-directional communication and information sharing, to the extent permissible by law, throughout the investigation is encouraged.
- Information is only shared during the course of the joint investigation phase.
- Consideration is always given to requesting information from the Police to ensure our records are complete.
- Only information that is relevant to the joint investigation, directly related to the investigation is shared and nothing more (i.e., only relevant history is shared with Police. All prior CAS involvement is not typically relevant to the joint investigation).
- Once the joint investigation has been concluded, no information is shared with police without either consent or court order.



RATIONALE FOR JOINT CAS AND POLICE RESPONSE IN HUMAN TRAFFICKING CASES

In Ontario, child sexual exploitation and sex trafficking are reportable child protection concerns. Amendments made to the Child, Youth and Family Services Act (CYFSA) in 2021 strengthened Ontario’s response to child sexual exploitation and trafficking. The CYFSA authorizes protection and intervention orders for children who have been—or are at risk of being—sexually exploited through trafficking.

This includes provisions allowing child protection workers to remove 16- and 17-year-olds from unsafe situations and move them to a place of safety for up to 12 hours without consent. This time is intended to engage the youth in safety planning and supportive services.

When trafficking is confirmed or suspected, child protection workers and police officers should collaborate to identify, engage, and support affected children, youth, and their families. Their joint role includes prevention, intervention, and accountability for offenders. These teams provide risk assessment, psychoeducation, safety planning, and linkage to community resources in a trauma-informed, supportive manner.

POLICE INVOLVEMENT

Law enforcement plays a critical role within the criminal justice system by protecting victims and holding offenders accountable. Children who have experienced sex trafficking have the right to a fair investigation and prosecution of the crimes committed against them.

While reporting an offence to police is not mandatory, informed consent is required before a service provider can file a report on behalf of a victim, unless the child—or someone else—is in imminent danger. Police involvement should be discussed as an option, not an obligation.

Professionals should help children and families weigh the potential benefits and risks of police engagement. It is important to recognize that reporting does not always result in immediate safety, protection, or justice, and in some cases may increase the risk of retaliation or harm from traffickers.

This partnership strengthens community safety, enhances trust in service systems, and ensures that children and youth receive consistent, compassionate, and effective protection from exploitation.



RATIONALE FOR JOINT CAS AND POLICE RESPONSE IN HUMAN TRAFFICKING CASES

A coordinated response between Child Welfare (CAS) and Police Services is essential to effectively identify, protect, and support children and youth who are being, or are at risk of being, sexually exploited or trafficked. Human trafficking is both a form of child maltreatment and a serious criminal offence. As such, it requires the dual expertise of child protection professionals—who prioritize the safety, well-being, and trust of the child—and law enforcement officers—who are responsible for investigating criminal activity and holding perpetrators accountable.

Joint responses allow for early identification, comprehensive risk assessment, and timely safety planning. Collaboration ensures that interventions are trauma-informed, victim-centered, and developmentally appropriate, while minimizing the number of times a child must retell their experience. By working together, CAS and Police can coordinate their mandates to:

- Ensure the child’s immediate safety and protection;
- Preserve evidence and support lawful investigation and prosecution;
- Reduce system fragmentation and duplication of services; and
- Promote a holistic, coordinated support system that addresses both the criminal and child welfare dimensions of trafficking.

CHILD PROTECTION RESPONSE

Sex trafficking is both a form of child maltreatment and a criminal offence. It therefore requires engagement with child protection and law enforcement services. Professionals working with victims or survivors should understand the respective roles of the child welfare and criminal justice systems, including mandatory reporting requirements, and the standard processes for investigation and prosecution.

INVESTIGATION OF SUSPICIOUS CHILD DEATH

This section is developed to satisfy the requirements of the Addendum: Children’s Aid Society and Police Protocols – Investigations of Suspicious Child Death, April 2013.

1. When a child dies under suspicious or unexplained circumstances, the police and Peel CAS shall immediately notify each other before the initiation of an investigation.
2. Prior to the investigation, a senior level police officer such as a Detective Sergeant or their designate and a Peel CAS Service Director (or their designate) communicate to discuss:
 - The decision for a parallel or a joint investigation
 - The investigation plan, and
 - The need and rationale for, and the planned approach, to information sharing
3. Both the police and Peel CAS recognize that a joint investigation is the preferable investigation method. If a parallel investigation is chosen, the police and Peel CAS will share relevant information collected as of the parallel investigations.
4. The police will make every effort to include an officer who specializes in child protection investigations
5. The police officer such as a Detective Sergeant or their designate and the Peel CAS Service Director (or their designate) continue ongoing communication to determine the needs for information sharing so that:
 - The criminal investigation will not be compromise
 - Peel CAS will have sufficient information to assess the safety of any other surviving children
 - Peel CAS will have sufficient information to satisfy the child protection court if a Protection Application is required to protect the surviving child. A summary of the injury type and origin is typically required.
6. The police officer, such as a Detective Sergeant or their designate and the Service Director (or their designate) from Peel CAS will discuss the potential conflict between Peel CAS’s duty to make a full disclosure in Child, Youth and Family Services Act legal proceedings and the police’s need for confidentiality. Peel CAS will not release the records of persons of interest without authorization of the senior level police officer except as required by law in the above-mentioned legal proceedings.
7. The following Information will be shared verbally between the police and Peel CAS.
 - All information available regarding the circumstances of the death
 - All historical police and Peel CAS file records relevant to the investigation
 - The family background and previous child welfare records relevant to the investigation
 - Information about the release of the alleged maltreater
 - The outcome of the criminal charges
 - All other information which may affect the safety of the surviving child and/or the agency’s assessment risk associated with the child and the family
 - All other information which is helpful in the criminal and child welfare investigation that is permitted by law.
8. The police officer such as a Detective Sergeant or their designate and the Peel CAS Service Director (or their designate) will discuss the extent and the need for sharing of post-mortem information. When there is disagreement between the police and Peel CAS, the Chair of the Pediatric Death Review Committee may be involved to obtain information based on the needs of the particular case.
9. The police and Peel CAS are committed to training pertaining to the Addendum



PROTOCOL MANAGEMENT

1. All signatory organizations will develop internal policies and procedures to embrace the principles and practice of this protocol.
2. All signatory organizations will commit to improving staff awareness of this protocol and how it impacts on their professional roles and responsibilities. CART will offer training consultation if requested.
3. CART will be responsible for consultation, continuous improvement and conflict resolution. All signatory organizations will appoint a representative to this team that will meet at a minimum of once per year.
4. This protocol will be reviewed every five years.



APPENDIX 1: LINK

CHILD ABUSE INVESTIGATION PROTOCOL

Joint Investigation Protocol – Information Sharing with Police



APPENDIX 2: LINK

HIGH-RISK BEHAVIOURS: CHILDREN AND YOUTH JOINT RESPONSE PROTOCOL

