

WARNING

The court hearing this matter directs that the following notice be attached to the file:

This is a case under Part V of the *Child, Youth and Family Services Act, 2017*, (being Schedule 1 to the *Supporting Children, Youth and Families Act, 2017*, S.O. 2017, c. 14), and is subject to subsections 87(7), 87(8) and 87(9) of the Act. These subsections and subsection 142(3) of the Act, which deals with the consequences of failure to comply, read as follows:

87.—(7) Order excluding media representatives or prohibiting publication.— Where the court is of the opinion that the presence of the media representative or representatives or the publication of the report, as the case may be, would cause emotional harm to a child who is a witness at or a participant in the hearing or is the subject of the proceeding, the court may make an order,

. . .

(c) prohibiting the publication of a report of the hearing or a specified part of the hearing.

(8) Prohibition re identifying child.— No person shall publish or make public information that has the effect of identifying a child who is a witness at or a participant in a hearing or the subject of a proceeding, or the child's parent or foster parent or a member of the child's family.

(9) Prohibition re identifying person charged.— The court may make an order prohibiting the publication of information that has the effect of identifying a person charged with an offence under this Part.

. . .

142.—(3) Offences re publication.— A person who contravenes subsection 87(8) or 134(11) (publication of identifying information) or an order prohibiting publication made under clause 87(7)(c) or subsection 87(9), and a director, officer or employee of a corporation who authorizes, permits or concurs in such a contravention by the corporation, is guilty of an offence and on conviction is liable to a fine of not more than \$10,000 or to imprisonment for a term of not more than three years, or to both.

ONTARIO COURT OF JUSTICE

CITATION: *Children's Aid Society of Toronto v. O.O.*, 2020 ONCJ 179
DATE: April 14, 2020
COURT FILE No.: C40024/20

B E T W E E N :

Children's Aid Society of Toronto

Applicant,

— AND —

O.O. (mother)

J.G-L. (father)

Respondents

Before Justice Roselyn Zisman
Heard on April 7, 2020
Reasons for Judgment released on April 9, 2020
Amended Reasons for Judgment released on April 14, 2020

Alex DeMelo.....counsel for the applicant society
Mira Pilch counsel for the respondent mother
Tammy Law..... counsel for the respondent father

Decision on Temporary motion

Zisman, J.:

1.Introduction

[1] This is a motion by the mother for in person access for herself and the father to their son D. who is almost 6 months old. Such access to occur in the home of the

NOTE: This judgment is under a publication ban described in the WARNING page(s) at the start of this document. If the WARNING page(s) is (are) missing, please contact the court office.

maternal grandmother and maternal step-grandfather¹ who are the child's current caregivers. The parents seek access each day for 5 hours or as otherwise agreed between the parents and the grandparents. Such access to be supervised by the society, either of the grandparents or other person approved by the society.

[2] The father and maternal grandparents support the order sought by the mother.

[3] The society is only agreeable to virtual access at this time and seeks an order that access be in the discretion of the society, including face to face access between the parents and the child when such access becomes safe taking into account COVID-19 considerations.

[4] In accordance with the Ontario Court of Justice Notice dated March 28, 2020² only urgent family matters are presently being heard. Further, all urgent matters are to be conducted by telephone and/or audio conferencing.

[5] The parents were given leave to proceed with this motion as it was deemed urgent by me.

[6] In accordance with the court directive, the parties filed their materials electronically and the motion was heard by telephone conference.

[7] Both parents filed affidavits. The maternal grandmother retained counsel and also filed an affidavit. The society filed a responding affidavit. The parties complied with the court requirements to limit their affidavits to less than 10 pages.

[8] The affidavits were all commissioned virtually by video and signed electronically to limit exposure to other people during the current COVID-19 pandemic.

[9] The parents, grandmother and the family service worker were also on the conference call and affirmed the truth of the contents of their respective affidavits. The court heard extensive submissions from all counsel. I have reviewed all of the materials file and the case law presented.

[10] Upon resumption of normal court operation, all materials filed on this telephone conference shall be filed in the physical record at the courthouse.

2. Background

[11] In order to determine this motion, it is important to briefly review the protection concerns that resulted in this infant being placed in the care of his maternal grandparents. This background is only being included for context as the allegations have not yet been fully presented or scrutinized.

[12] On December 20, 2019 the child, who was 3 months old was brought to the hospital by the parents due to concerns about his presentation. A scan identified

¹ For ease of reference the maternal step-grandfather is referred as the grandfather and he and the maternal grandmother are jointly referred to as the grandparents.

² <https://www.ontariocourts.ca/ocj/covid-19-family-pandemic>

bleeding in the brain, bruising on the elbow and tiny red dots on his neck. The child was transported to the Hospital for Sick Children and deemed to be in a critical condition and in a life-threatening condition due to bleeding in his brain.

[13] While at the Sick Children's Hospital the child needed a breathing tube and had continual seizures. He was given medications, was incubated and had a transfusion of blood. He had obstructions in his throat that required suction and ongoing monitoring.

[14] The SCAN team at the Hospital for Sick Children concluded that there were 6 groupings of medical findings. The child had sub-lateral hemorrhage, swelling bi-lateral retinal hemorrhage, bleeding within the lining of his eyeball, Edema (swelling) and suspected ligamentous (loose ligaments), spinal subdural hemorrhage, and bruising of the right arm, right elbow, right thigh and left thigh.

[15] The SCAN team further concluded that there was no evidence of any underlying medical condition and that the injuries were most likely caused by trauma by an inflicted injury involving severe force applied to the head, eyes and or the neck.

[16] The parents denied any knowledge of how the injuries could have occurred. The father was caring for the child at the time the child was taken to the hospital. The police investigation is still ongoing.

[17] On January 6th, the society obtained a warrant to bring the child to a place of safety.

[18] On January 10th, a temporary without prejudice order was granted placing the child in the care of the maternal grandmother subject to the supervision of the society. The parents were granted supervised access while the child was in the hospital.

[19] The child remained in the hospital from December 23rd to January 16th.

[20] Since January 16th, when the child was released from the hospital, he has been in the care of the grandparents.

[21] The maternal grandmother is an associate professor and currently on leave. She has acted as an associate dean and graduate program director. The grandfather is a retired professional. Both grandparents have made themselves available to meet the child's needs on a full-time basis. There is no concern with their ability to provide adequate care for their grandchild or comply with any expectations or directions of the society.

3. Access arrangements

[22] As of January 20th, the parents exercised access 3 times a week supervised in the society's office. There were no issues with respect to the parents' compliance with the society's conditions or their care of the child in access visits.

[23] In order to accommodate the child's medical needs and his significant distress due to the long car rides to and from Pickering where the grandparents reside, as of February 5th the visits were moved to the home of the grandparents. The visits

continued to take place 3 times a week for 2 or 3 hours. The visits continued to be supervised in the home by a society worker.

[24] On March 11th at a case conference before me, the parties discussed the possibility of involving other supervisors other than the society. The maternal grandmother who was present at the conference was prepared to supervise access.

[25] It was agreed that an all-party meeting would be held to work out details of transitioning from the society fully supervising the visits to such visits being supervised by one of the grandparents and with the society checking into the visits.

[26] On March 17th, due to concerns about COVID-19, the meeting was held by conference call and a transition plan was agreed upon.

[27] Ms Sheridan the family service worker deposes that at the meeting the parents were explicitly advised that the plan was subject to the rapidly evolving global COVID-19 pandemic and the public health directives that were changing daily, if not hourly.

[28] Several hours after the meeting, the family service worker advised the parents that a decision had been made that society workers would no longer be making visits to kin homes due to COVID-19.

[29] The family service worker indicated that as the child's first occupational therapy appointment was to take place the next day in the grandparent's home, she made arrangements to have the visit supervised by Skype.

[30] On March 18th, the parents' visit took place at the grandparents' home and the society worker connected via Skype. No issues of concern were identified.

[31] On March 19th, counsel for the society sent an email to parents' counsel advising that the agreement that had been reached on March 17th was no longer in effect.

[32] The society's management issued a directive that all face to face access was suspended due to COVID-19 concerns.

[33] In this case, the service team determined that virtual access would take place as an alternative to face to face contact to eliminate additional risk to the child and his kin caregivers of community transmission of COVID-19 and as a means of still providing continuity of contact.

[34] The parents have had no in person contact with their son since March 18th.

4. COVID-19 issues

[35] The parents confirm that they are using extreme caution to prevent their exposure to COVID-19. They are washing their hands and using hand sanitizer constantly. They are not seeing their in-laws, friends or other family. They are only leaving their home to go grocery shopping and deliver expressed breast milk to the grandparents' home every other day. When they were attending access visits, they

changed their clothes and washed before they held their son. They travel to the grandparents' home in their own vehicle and do not use public transportation.

[36] Both parents depose that they are healthy and have not experienced any adverse health symptoms.

[37] The grandmother deposes that apart from medical appointments for their grandchild, as of early March she has not left the house socially and has had minimal in person contact with any one else. The grandfather has also had minimal contact with others. The grandfather has the responsibility for grocery shopping which he does exercising appropriate precautions. Both grandparents wash the child's and their clothing after attending any medical appointments.

[38] The grandmother deposes that she and her husband are asymptomatic.

[39] Due to COVID-19, the various medical professionals involved in the child's development have temporarily discontinued their involvement with him or switched to phone calls instead of in person home or office visits.

[40] The grandmother deposes that the parents' involvement in the child's rehabilitation is even more important as the occupational therapist and the public health nurse will no longer be attending in person. Without them, the sole responsibility for learning and implementing the child's activities, exercises and modes of stimulation will be the responsibility of the grandparents. She states that the gap between his developmental abilities and other 5-month-old babies is relatively narrow. Further, for any remote appointments, it would be helpful to have the parents involved.

[41] The grandmother deposes that she telephoned the paediatrician's office who confirmed that the baby's injuries do not put him at increased risk of contracting or fighting off the novel coronavirus and that as a child he is at minimal risk given the current medical knowledge.

[42] However, the family service worker deposes that she spoke directly to the child's doctor, Dr. Aref and advised him that prior to the escalation of COVID-19, the parents were having access three times a week in the kin caregiver's home. She further explained that as of March 18th, the society's directive was to suspend all face to face access. Dr. Aref stated, "this is the best thing to do right now."

[43] Dr. Aref confirmed that while he had not seen an increase in pediatric patients with regard to COVID-19, he is worried about this child in particular given the fact that he is at risk if he were to get any illness, including the COVID-19 virus.

[44] Dr. Aref emailed the society a letter dated March 30th that outlines the child's injuries and states that the child will likely have long term neurological consequences. He further states, "He is definitely at higher risk of getting more sick compared to other children if he gets exposed to illnesses including COVID-19."

[45] The family service worker again spoke to Dr. Aref with respect to the comment in the grandmother's affidavit that she spoke to his office and was told that the child is not at increased risk of contracting or fighting off the virus. Dr. Aref responded with,

“absolutely not, this is incorrect, this child is definitely at an increased risk of fighting off any illness, as I indicated in my letter.”

5. Protection concerns

[46] The family service worker also raises some other issues of concern with respect whether the parents and grandmother have a clear understanding of the child’s complex medical and developmental needs. In the society’s view, at the all-party meeting on March 18th, the protection concerns were minimized and the parents questioned their validity.

[47] Contrary to the grandmother’s affidavit that the child is only slightly behind meeting his developmental needs, the family service worker states that he is not meeting milestones such as not sitting up, rolling over and so on.

[48] During the all party meeting the society highlighted concerns about the long-lasting impact of the child traumatic brain injuries are still unknown. At this meeting and a medical appointment on March 6th, the parents and grandmother did not acknowledge the developmental delays the child is presenting which are directly related to his traumatic brain injury but instead equated the delays to the amount of time he spent at the hospital stabilizing from his injuries.

[49] There are also contradictions in the mother’s affidavit as she states that not permitting face to face access interferes with her ability to breast feed the child and that she is almost exclusively been breastfeeding. But she then also states that the baby was struggling with latching. Further, both the mother and grandmother confirmed that the child easily transitions between breast milk and formula.

[50] The society also refers to concerns about a video that the mother made in February 2020 that was forwarded to the society. In the video the mother is heard making comments about her son being her “cross-eyed baby” and comments about his fontanel dip being so large it could “hold a bowl of cereal.”

[51] These issues are caused by the child’s brain injury and raises concern about the mother’s lack of insight into the injuries and the seriousness of the damage that was caused. The video footage was shared by a family group chat via WhatsApp. The society was concerned that the grandparents would have had access to this video footage and or supervised this interaction at the hospital and never expressed any concerns to the society or made the society aware that these comments were made.

[52] Based on the affidavit materials of the parents and grandmother, I share the society concerns that they appear to be minimizing this child’s vulnerabilities and attempting to bolster the need for in person contact by the parents.

[53] The grandmother raises concerns about the child attaching to her as his primary caregiver and that if there is no in person access, he will experience separation anxiety. However, this is not a case where it is likely that the child will be returned to the parents in the immediate future. There is still no explanation of his serious injuries while in the care of his parents. Although the parents have taken courses, all services are presently suspended and it will take time to determine if they have learnt from the courses they

have taken. There is of course no expert evidence that the child will not be able to attach to his parents if there is a suspension of face to face contact.

6. Discussion

6. (a) Urgency

[54] Although the court previously determined that this matter was urgent in a summary endorsement without reasons, I wish to outline the reasons for granting leave for this motion to be heard on its merits.

[55] The definition of what family law matters are considered to be urgent is set out in the Ontario Court of Justice March 28th Notice³ as follows:

Urgent family court matters include:

- *Child, Youth and Family Services Act*: place of safety hearings (s. 90); temporary care and custody hearings (s. 94), restraining orders (s. 137), status review hearings (s. 113), and secure treatment orders (s. 161);
- Domestic matters: urgent custody/access motions; motions for restraining orders; Hague applications and non-Hague abduction cases; and
- Family Responsibility and Support Arrears Enforcement Act: refraining motions (s. 35).

[56] Urgency is not further defined.

[57] The March 15th and April 2nd Notices to the Profession and Public⁴ issued by the Superior Court of Justice provides some further clarity and describes urgent family and child protection matters as including:

- a. requests for urgent relief relating to the safety of a child or parent (e.g., a restraining order, other restrictions on contact between the parties or a party and a child, or exclusive possession of the home);
- b. urgent issues that must be determined relating to the well-being of a child including essential medical decisions or issues relating to the wrongful removal or retention of a child;
- c. dire issues regarding the parties' financial circumstances including for example the need for a non-depletion order.

[58] In addition, there have been many helpful cases⁵ emanating from the Superior Court of Justice that have considered the issue of urgency.

³ <https://www.ontariocourts.ca/ocj/>

⁴ <https://www.ontariocourts.ca/scj/covid-19-suspension-family>

⁵ *Ribeiro v. Wright*, 2020 ONSC 1829 (Ont. S.C.J.). This is one of first cases to consider the issues of urgency and has been quoted and followed in most subsequent cases

[59] In the case of *Thomas and Wohlebar*,⁶ Justice Kurz, after considering the well-known case law defining urgency, found that the following factors are necessary to meet the requirement of urgency:

1. The concern must be immediate; that is one that cannot await resolution at a later date;
2. The concern must be serious in the sense that it significantly affects the health or safety or economic well-being of parties and/or their children;
3. The concern must be a definite and material rather than a speculative one. It must relate to something tangible (a spouse or child's health, welfare, or dire financial circumstances) rather than theoretical;
4. It must be one that has been clearly particularized in evidence and examples that describes the manner in which the concern reaches the level of urgency.

[60] Although this case and most of the Superior Court of Justice cases that have opined upon the issue of urgency are domestic cases, the same general reasoning applies to child protection matters.

[61] In my view, in child protection cases these factors would almost always apply where a society is attempting to significantly reduce a parent's contact with a child or a request from a parent with respect to access to a child in care. This court should consider these matters generally to be urgent as it impacts in the safety, health and well-being of a child.

[62] Whether to grant leave to bring an urgent motion is a serious request and can impact on family relationships for the near future. In this court, counsel are permitted to file an affidavit not exceeding 10 pages to outline the urgency. This process permits the court to have evidence upon which to base its finding. Simply to deal with a request for an urgent motion by a 14B motion form without much else will in most cases compromise the court's ability to fairly determine the issue.

[63] However, if it is clear on the face of the 14B motion that leave will be granted more evidence may not be necessary. However, if the court is considering not granting leave, then at least in child protection matters in my view the court should be requiring the parties to file supporting affidavits.

6.(2) Is face to face access by the parents appropriate in light of COVID-19?

[64] It is the parents' position that the parents and grandparents have taken every precaution to ensure that they abide by the COVID-19 directives and that the society's protection concerns were known at the time the society agreed to the access transition plan. The society has not pointed out anything more the parents and grandparents could be doing to minimize the risk of the child or grandparents contracting COVID-19.

[65] There is a concern that the society cannot give a timeline for how long the parents will be denied face to face contact. Further, it is submitted that comments and the email of Dr. Aref should be given little weight as he is striving for a zero risk and this

⁶ 2020 ONSC 1965

court must consider whether there is a reasonable risk to the child if the parents are permitted to have in person contact.

[66] It is the position of the society that although the protection concerns were previously known, there are now heightened concerns. It is submitted that if the parents and grandmother have little insight into the impact of the child's injuries, there is a concern that they cannot be trusted to seriously consider the risk of the contracting COVID-19.

[67] Further, counsel for the society relies on the mandate and duty of the society to protect the children in or under their care.

[68] There is no dispute that it is important for a child to maintain meaningful contact with a parent. This is particularly important for infants so that they can form an attachment to their parents who at present are not their primary caregivers. In this case, it is also important that the parents are involved in their child's rehabilitation.

[69] In the current exceptional circumstances, the benefit of ongoing in person contact must be weighed against any risk to the child and to his caregivers.

[70] Counsel for the parents' rely on several domestic cases⁷ where the court has ruled that the status quo access should be resumed. These cases emphasize the need for parents to continue to abide by outstanding court orders, maintain the parent child relationship and that such a relationship should not be disrupted unless a child's health and safety are at risk.

[71] However, the circumstances in each family are unique and the issue of whether to suspend in person contact must be viewed in the context of the particular situation of the child and the caregivers before the court.

[72] Counsel for the mother also relies on the endorsement of Justice Pawagi in the case of *Children's Aid Society of Toronto v. T.F. and K.M.*⁸. In that case, the court held that the society's request to suspend in person access visits was not urgent as it was based on its general policy of suspending in person access.

[73] The court adopted the reasoning of Justice Pazaratz in the case of *Ribeiro v. Wright*⁹ that, "A blanket policy that children should never leave their primary residence- even to visit their other parent- is inconsistent with a comprehensive analysis of the best interests of the child."

[74] The court also adopted the statements of that decision that there is no presumption that the existence of the COVID-19 crisis automatically results in the suspension of in person parenting time and furthermore, there is not even a presumption that raising the COVID-19 crisis will automatically result in an urgent hearing.

⁷ *Chrisjohn and Hillier*, March 26, 2020; *Davis v. Eby*, 2020 ONSCJ 1876; *Skuce v. Skuce*, 2020 ONSC 1881

⁸ 2020 ONCJ 169

⁹ 2020 ONSC 1829 at paras.10 and 20

[75] I do not find this decision to be relevant to the case before me as it simply determined that this was not an urgent motion. The request for leave to bring an urgent motion was only based on a Form 14B with no affidavit materials. It appears, unlike this case, that there was no evidence of any specific concerns raised by the society as to why in person access was a risk to this particular child. The court also gave leave for the society to bring a further 14B motion should specific Covid-19 problems arise.

[76] I agree that the society cannot base its position for the suspension of in person contact on a blanket policy. Although I agree that just because COVID-19 is raised does not automatically result in an urgent hearing, in most cases the court should require affidavits to be filed in support of a request for an urgent motion.

[77] In child protection cases, the court has a duty to ensure that children are protected as these are not private disputes between litigants. The court should not wait to see if problems arise but should be made aware of any specific concerns if the society, parents and caregivers are unable to resolve ongoing access issues. All of the parties including the society should be given a fair opportunity for the court to attempt to resolve any impasse either through an urgent case conference or motion.

[78] Counsel for the society relies on several child protection cases¹⁰ where the court has recognized the society's responsibility to comply with COVID-19 considerations for all children in their care and that this responsibility extends to limiting children's activities in favour of social distancing and limiting community and/or face to face interactions as much as possible. This responsibility extends to all of the people providing care and/or services to the children in care as well as foster parents, kin care providers and any other children in those placements. I adopt this reasoning and accept the principle that child protection agencies have a Statutory duty and mandate to protect children in their care and act in their best interests.

[79] Domestic cases are fundamentally different from cases involving children in the care of a society or in kin care. The state is involved in child protection proceeding cases. These children are inherently vulnerable having been in problematic care situations otherwise they would not have been removed from their caregivers. Their caregivers have been found not to be able to meet their needs even with terms of supervision.

[80] If the child's caregivers become ill, then there is the obvious risk to the child becoming infected but also there is the risk that the caregiver's health becomes so compromised that the child would need to be removed from that home.

[81] In this case, it would mean that the child would have to be placed in the care of the society.

¹⁰ *Simcoe Muskoka Child and Youth Family Services v. J.H.*, 2020 ONSC 1941 at para. 12; *Dnaagdawenmag Binnoojijag Child and Family Services v. B.R.P.*, 2020 ONSC 1988; *Children's Aid Society of Ottawa v. (initials blocked)*, March 31, 2020, endorsement of Audet, J.

[82] With respect to my other colleagues who have held otherwise, it is my view that just because there was a status quo in place or just because a kin caregiver consents to in person access by a parent is not determinative of the issue.

[83] This pandemic is evolving quickly and there is much that is unknown. Precautions that were deemed appropriate even a week ago are subject to change and becoming more stringent.

[84] The society has a responsibility to ensure that children in their care or in the care of kin caregiver are safe and that their health is protected.

[85] The court has an oversight duty to ensure that orders are made that do not jeopardize the safety and health of children that are before the court. This is extremely important in child protection cases where a break-down in the viability of the kin home would result in most cases in the child being placed in society care.

[86] I am concerned that the grandmother alleges that she received information from the child's "paediatrician's office" and not the actual paediatrician. There is no evidence as to why she would not have made efforts to speak to the paediatrician. What is now most concerning is that the information she received is not accurate.

[87] Counsel for the parents submitted that the doctor's letter is vague and that the comments relayed by the family service worker are hearsay. I find that the society's evidence on this issue is more credible than the grandmother's evidence. I am concerned that the grandmother would have been so lackadaisical in not attempting to obtain a clear medical opinion about the risks to her, her husband and the child. There is no evidence that she consulted with her own doctor.

[88] There is no acknowledgement in the affidavits of the parents or grandmother of a recognition of the fragile and vulnerable condition of this infant. It appears that the benefit of face to face contact is more for the benefit of the parents and perhaps to ease the grandparents' responsibility of caring for this child.

[89] I would have thought the first consideration of the parents and grandparents should have been that no risks should be taken to expose this infant to the risk of COVID-19.

[90] In normal situations, there are many instances where parents do not see their children who are in the care of the society or with kin for example, in order to accommodate vacations or situations where a parent is undergoing in patient treatment.

[91] The medical information and recommendations with respect to precautions the public need to take with respect to COVID-19 changes almost daily. The primary recommendation at present and for the next few weeks at least appears to be that everyone should stay home as much as possible.

[92] In this case, the lawyers and parties were concerned enough about having direct contact with their respective clients that they did not meet in person. The all-party meeting was held by telephone conference and this hearing is being held remotely. The

information about how this virus is spreading is still evolving. It is accepted that even if a person is asymptomatic, he or she can still spread the virus. Although it is rare that children are affected, there have been reported case of young children and adults of every age becoming infected.

[93] Yet If the parents were granted the order they seek that is, attending every day at the grandparents' home that would certainly not be compliant with the recommendation to stay home as much as possible. Nor would it be consistent with the prior status quo of visits 3 times a week for 2-3 hours.

[94] Counsel did clarify in submissions that the parents would be content with the prior access or any other access arrangements that the court ordered. However, the fact that they requested such extensive access, raises concerns about their real understanding about the spread of COVID-19

[95] At present, the parents can participate in any remote meetings with professionals about the child including any advice being given about exercises and therapies and assist by taking notes as has been the practice in the past. The family service worker has arranged video therapy that the parents participated in. The parents have been having virtual contact with the child almost on a daily basis.

[96] The grandparents have agreed to assume full responsibility for the care of this child and it is the expectation of the court that they will continue to do so whether or not the parents are there to assist them.

[97] This is a difficult matter to determine. I accept that the parents and grandparents are doing everything they can to comply with all of the COVID-19 precautions. However, ultimately no matter how difficult the impact of this decision is on the parents, this is an infant that has already been traumatized and the court is simply not prepared to risk any further chance that he could be exposed to COVID-19.

[98] I accept that the society takes its duty and responsibility seriously and will act in good faith. Although the society will ensure the safety and well-being of this infant it also recognizes its duty to ensure that parents have a meaningful relationship with their child and will reinstate face to face contact when it is safe to do so.

[99] For these reasons the mother's motion is dismissed.

[100] There will be a temporary order as follows:

1. The parents will have virtual access to the child as arranged between the grandparents and the parents. Such access to include telephone, text, Skype, WhatsApp, Zoom and other Facetime messenger or other services that allow for video/audio conferencing.

2. The participation of the society is not necessary but if desired, shall be arranged. The grandparents should advise the worker of the day and time of the proposed social media contact and the society worker can join, if desired.

3. The parents are to be advised of and permitted to participate in any remote telephone or video conferences between the grandparents and any professional involved in the care of the child.

4. Due to the ongoing COVID-19 pandemic, face to face visits in the grandparents' home will resume upon being deemed safe by the society. Such access to be supervised by the society or such other person as approved of in advance by the society.

Released: April 14, 2020

Signed: Justice Roselyn Zisman