

HS-C1-1



PEEL CHILDREN'S AID AIDE À L'ENFANCE – RÉGION DE PEEL

PROTECTING CHILDREN AND SUPPORTING FAMILIES  
PROTÉGER LES ENFANTS ET AIDER LES FAMILLES

September 22, 2011

Regional Municipality of Peel  
Office of the Regional Chair

Emil Kolb, Regional Chair  
Region of Peel  
10 Peel Centre Drive  
Brampton ON L6T 4B9

SEP 28 2011

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Dear Mr. Kolb,

Every child has the right to be safe and secure. We need your help to protect our most vulnerable children. *October is Child Abuse Prevention month* and by working together we can prevent child abuse in our community.

Last year alone, Peel Children's Aid investigated 6,619 reports of abuse and neglect. We are Your Children's Aid, and together we can prevent child abuse from happening in our community.

We look to people in leadership roles to spread the word that prevention of child abuse is everyone's responsibility. What can you do? Understand and report possible signs of abuse and neglect. Wear a purple bracelet or ribbon to raise awareness that the problem of child abuse and neglect continues and encourage others to do the same.

You can order ribbons and other items, including posters and support materials, by visiting our web site at [www.peelcas.org](http://www.peelcas.org) or contacting our office at 905-363-6131 ext. 1155.

We believe that an informed community – aware of the needs of children and the issues of child abuse – is necessary to protect vulnerable children in our community. We thank you for your continued support and commitment to the safety and well-being of children in Peel.

Sincerely,

Paul Zarne  
Executive Director

LEGISLATIVE SERVICES	
COPY TO:	FOR:
Chair	<input checked="" type="checkbox"/> Committee
CAO	<input checked="" type="checkbox"/>
Corporate Services	<input type="checkbox"/> Council
Public Works	
Employee and Business Services	<i>Oct. 27/11 B.C.</i>
Health Services	<input type="checkbox"/> File
Human Services	<input checked="" type="checkbox"/>
Peel Living	

REFERRAL TO \_\_\_\_\_  
RECOMMENDED \_\_\_\_\_  
DIRECTION REQUIRED \_\_\_\_\_  
RECEIPT RECOMMENDED