APPENDIX C

CHILD ABUSE
REGISTRY CHECK
Policy

A "child abuse registry check" is a record about a person from the child abuse registry obtained under *The Child and Family Services Act*.

Applicants:
Must include a child abuse registry check, dated within three months of the licensing application date with the application for a child care facility licence.

Employees and volunteers:
1. the licensee must ensure that any person who works directly with the residents or who may have unsupervised access to residents provides a child abuse registry check prior to beginning work at the child care facility that is dated within three months of the start date;

2. where the licensee or the director receives information that causes him/her to believe that the person may pose a risk to children or be unable to discharge his or her responsibilities, the licensee or the director may request that the person consent to a subsequent child abuse registry check;

3. the licensee ensures that checks are examined by the licensee to determine if the person may be a risk to the residents and to assess the person's ability to discharge his or her responsibilities; and

4. a copy of each check is kept on the person's personnel record for as long as the person works at the child care facility.

There is a $10.00 fee for each child abuse registry check.

Guideline

Organizations operating child care facilities may either apply for direct access for registry check results or require that workers (any person who works directly with the residents or who may have unsupervised access to residents whether paid or unpaid) obtain a self-check and provide the organization with the results.

Direct access enables the organization to provide prospective workers with applications for child abuse registry checks and allows volunteers, students and work placements within the organization to be eligible for a fee exemption. Organizations may apply for access by completing a letter of application. Personalized applications and access codes are provided to approved organizations.

There is a $10.00 fee for all self-checks and results are returned to the person who is the subject of the check.
LETTER TO THE CHILD ABUSE REGISTRY (REQUESTING ACCESS)

TO: Provincial Child Abuse Registrar  
Child Protection and Support Services Branch  
Child and Family Services Division  
Department of Family Services and Housing  
201 – 114 Garry Street  
Winnipeg MB  R3C 4V5  Phone: (204) 945-5113  Fax: (204) 948-2222

RE: PROVINCIAL CHILD ABUSE REGISTRY ACCESS APPLICATION

This application is pursuant to Section 19.3(3.1) of The Child and Family Services Act which states:

“19.3(3.1) On application by an employer or other person, the director shall disclose to the applicant whether the name of a person is entered in the registry if the director is satisfied that the information is reasonably required to assist the applicant in assessing the person whose work, whether paid or unpaid,

(a) involves or may involve the care, custody, control or charge of a child; or
(b) permits or may permit access to a child.”

Our agency/organization is requesting Access to the CAR because: (please describe the work of your agency/organization, and specifically, describe how the work of the person, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child, or permits or may permit access to a child)

I understand that the CAR office will review this application to ensure that it complies with the legislative requirements. If this request is approved, the CAR office will forward an original CAR Application Form for our agency/organization’s use.

Our agency/organization agrees to:

(1) ensure that the Subject being checked fully completes the relevant Section of the application form;
(2) ensure that the Subject’s identification has been checked/verified; and
(3) ensure that the Application for the Child Abuse Registry check has been signed on behalf of our agency/organization:

SIGNED: Please identify your name, title, agency/organization’s name, address, etc.

Name: ____________________________  Title: ____________________________
Organization Name: ____________________________
Address: ____________________________
City/Town: ____________________________  Postal Code: ____________________________
Telephone Number: ____________________________  E-Mail Address: ____________________________
Dated: ____________________________
Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of The Child and Family Services Act for access to the Child Abuse Registry

Part 2 Information and Results

SECTION A – Access by EMPLOYERS AND OTHERS (to be completed by the Employer/Other)

A-1 Applicant’s Mailing Label. Please print all information clearly.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Apt. No.</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>City</th>
<th>Province</th>
<th>Postal Code</th>
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<td></td>
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</table>

Contact Person

Telephone Number

Office / Program / School

A-2 Purpose of Registry Check: (Please check ✓ at least one of the following)

☐ To assess the Subject of this check:

☐ Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child

☐ Whose work, whether paid or unpaid, permits or may permit access to a child

☐ Who, on behalf of an agency or the holder of a foster home licence, works directly with foster children for 10 or more hours per week and who may have unsupervised access to foster children [M.R. 18/99 s. 18(1)(e)]

A-3 Position:

☐ Volunteer

☐ Paid Staff

☐ Other

Briefly describe position:
________________________________________________________________________________________________

A-4 Applicant Authorization: ACCESS CODE: ______________________________________________

Signature of Applicant staff who verified Subject’s identification

Applicant’s Signature (Executive Director or Supervisor)

NOTE: There is a non-refundable fee of $10.00 per application. Please refer to Part 3 for fee payment details.

SECTION B – SUBJECT’S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name: ____________________________________________________________________________

Surname     Given Name     Middle Name

Previous and Other Names:

a) Maiden Name:    __________________________ b) Legal Name Change:

c) Also Known As: __________________________ d) Other Names Known by:

B-2 Birth Date: Month _______ Day _______ Year _______________

B-3 Male ☐ Female ☐

B-4 Current Address: __________________________________

Postal Code:       __________________________________

City: __________________________________

Telephone:    (________)_____________________________________

B-5 Previous addresses for a minimum of 5 years:
________________________________________________________________________________________________________________________

B-6 IDENTIFICATION: I have chosen and presented two (2) pieces of identification that have been verified by the Applicant in A-4:

SIN No. ___________________________________________ MHSC No. (6 digit) __________________________

Band and Status No. __________________________ Driver’s Licence: __________________________

Passport or Birth Certificate No. ________________________ Other (please identify) __________________________

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent for the release of this information in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: __________________________ SUBJECT’S SIGNATURE: __________________________

SECTION C – MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family Services)

Office Use Only

This is to certify that as of the date indicated in this section, the subject:

☐ IS NOT listed on the Manitoba Child Abuse Registry ☐

☐ IS LISTED on the Manitoba Child Abuse Registry

DATE: __________________________

Director of Child and Family Services or Designate

Note: The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of The Young Offenders Act or The Youth Criminal Justice Act. The Applicant shall not use or disclose the personal (health) information provided by the Subject except for the purpose(s) stated in Part 1 and Part 2.
Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of The Child and Family Services Act for access to the Child Abuse Registry

Part 1 Consent to Collection & Disclosure of Information and Results

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) so that the Director can conduct a Child Abuse Registry check on me.

I understand that the Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS).

I understand that my personal information is being collected under the authority of subsection 37(1) of The Freedom of Information and Protection of Privacy Act and that my personal health information, if any, is being collected under the authority of subsection 14(1) of The Personal Health Information Act.

I understand that the results of the Child Abuse Registry check will disclose whether my name is listed on the Registry and that the Director will disclose these results to the Applicant.

I understand that the disclosure of the results of the check to the Applicant is authorized under Section 19 of The Child and Family Services Act and is the minimum amount of information necessary to accomplish the purpose(s) specified in Part 2 A-2.

I understand that the Applicant requires the results of the Child Abuse Registry check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Child Abuse Registry check without my written consent unless authorized or required to do so by law.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.

I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the Applicant, its disclosure to the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to the Applicant.

DATE: ____________________________ SUBJECT’S SIGNATURE:  _____________________________________

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.
Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of The Child and Family Services Act for access to the Child Abuse Registry

Part 3 Fee Payment

Applicant's Name _______________________________________ Subject's Name ________________________________________

Payment Exemption

There may be no fee depending on the purpose of the check. Please refer to Manitoba Regulation 16/99 subsection 11.1(2).

All fee exemptions are subject to an audit by the Child Protection Branch.

☐ Exempted – no fee attached

Payment Method (Please check ✓ one box only and print all information clearly)

☐ VISA

Card Number _____________________________ Expiry Date ______________________

Name as it Appears on Card ______________________________________________________

Amount: ____________________ (Canadian funds) Authorization: ______________________

Signature of Cardholder

☐ MASTERCARD

Card Number _____________________________ Expiry Date ______________________

Name as it Appears on Card ______________________________________________________

Amount: ____________________ (Canadian funds) Authorization: ______________________

Signature of Cardholder

☐ CHEQUE made payable to the Minister of Finance

Note: Post-dated cheques will not be accepted.

☐ MONEY ORDER made payable to the Minister of Finance

☐ CASH (Note: It is recommended that you do not send cash through the mail.)

☐ BILL to Agency/Organization (Accounts Receivable Debit)

Receipts will only be issued if requested at the time the Application is submitted.

☐ Check ✓ if receipt is required.

All three parts of this Application must be forwarded to the Child Abuse Registry for a check to be completed.

FOR CHILD ABUSE REGISTRY OFFICE USE ONLY

Application Received Date

☐ IN-HOUSE

☐ MAIL

☐ COURIER

☐ FAX

☐ Multiple Applications # _____________
General Information

The purpose of the Child Abuse Registry is to help child and family services agencies protect children. Under the Act, organizations that provide services to children can have access to Registry information. Access to the Registry is restricted and all names and information are confidential. The organization is only given the information described in Section C.

There are 3 ways that a name may be listed on the Registry:
1. A person was found guilty or pleaded guilty to an offence involving the abuse of a child in a court either inside or outside of Manitoba;
2. A family court has found a child to be "in need of protection" due to abuse; or
3. A child and family service agency's Child Abuse Committee has reviewed the case and formed an opinion that a person has abused a child.

Your organization has been given access to the Registry because you indicated that you have paid or unpaid (volunteer) staff who will work or care for children. To assist in assessing the suitability of staff you may apply for a Child Abuse Registry Check. You must complete the "Application for a Child Abuse Registry Check by Employers and Others" for each check. The consent of the person to be checked is required before a Registry search may be done.

Please note that the fact that a person's name is not listed on the Child Abuse Registry is no guarantee that he/she does not pose a risk to children. Organizations need to have policies and practices that protect children in addition to doing a Registry check.

Fees

There is a non-refundable fee for Child Abuse Registry checks.

However, applications for either of the following purposes are exempt from this fee:
- to assess a volunteer, a student trainee or someone in a work placement program who is to work with children;
- to assess an adult who wants to foster a child.

To avoid unnecessary delays, please ensure that the non-refundable fee of $10.00 is included for each application that does not fall within the above exemptions.

Filling out the Application

The organization requiring the check is the Applicant. The person being checked is the Subject.

The application is to be completed regardless of the Subject’s age or the purpose of the check.

The application has three parts:
1. Consent
2. Information and Results
3. Fee Payment

Complete Part 2 Section A-1 and A-2 before giving the application to the Subject as the consent is based on information contained in these sections.
Part 1 Consent to Collection & Disclosure of Information and Results

Advise the person why you require them to have a Child Abuse Registry Check. Provide a copy of the fact sheet "So You've Been Asked to Have a Child Abuse Registry Check…"

Explain the Child Abuse Registry Check process noting that the person’s written consent is required.

Review the consent with the Subject and ensure the Subject has signed and dated the consent to collect information and to disclose information and results.

Part 2 Information and Results

SECTION A – ACCESS BY EMPLOYERS AND OTHERS

A-1 Applicant’s Mailing Label

This section will appear in the envelope window when the results are mailed to you.

Do not make changes to A-1. Report all changes in writing to the Child Abuse Registry by e-mail, fax or mail to the address below. A new application template will be sent to you when changes are reported.

A-2 Purpose of Registry Check

According to legislation, an employer or other may apply for a Child Abuse Registry Check to assess a person to provide work or services to the organization that involves access to children. Select one purpose only and place a check mark ✓ in the box beside the purpose for the check. The application will be returned as incomplete if you do not make a selection.

A-3 Position

Indicate the type of position for which the person has applied. Place a check mark in the box beside either Volunteer; Paid Staff; or Other.

Briefly describe the position in terms of its access to children.

A-4 Applicant Authorization

Complete A-4 after the Subject returns the application to you.

Access Code – Your access code is confidential and has been assigned solely for your organization’s use. Do not share this code or application with anyone else. The code is to be handwritten in the space provided after the Subject’s identification has been verified by your organization.

Signature of Applicant Staff Who Verified Subject’s Identification - An organization (Applicant) staff person:
- ensures Section B is readable and complete;
- examines the Subject's identification and ensure it matches the information in Section B;
- reviews the application to ensure it is complete including consents, signatures and fee payment where required;
- signs the application in the space provided in A-4.
Filling out the Application (cont'd)

**Note:** If the Subject is not able to personally present identification to you, you should have his/her identification verified by a Commissioner for Oaths, Notary Public or a professional. This verification should be provided to you for your records. Please refer to the fact sheet “So You've been Asked to Have a Child Abuse Registry Check…”

**Applicant’s Signature** – Once staff has verified the identification, the supervisor or the Executive Director signs the application in the space provided in A-4 to indicate that all necessary steps have been completed.

**SECTION B – SUBJECT’S INFORMATION**

The Subject completes all of Section B once they have signed Part 1 Consent to Collection & Disclosure of Information and Results.

Remind the Subject to print clearly in ink, to include their full name and any other names used such as nicknames, and to indicate on the application the two pieces of identification that they intend to show you. Be sure to point out the sections that are for office use only – Sections A and C.

**SECTION C – MANITOBA CHILD ABUSE REGISTRY CHECK RESULTS**

Do not write in this Section.

Staff of the Child Protection Branch will complete this Section. The completed check will be returned to you.

**Part 3 Fee Payment**

**Payment Exemption**

Place a check mark ✓ in the exemption box in Part 3 if the purpose of the check is any of the following:

<table>
<thead>
<tr>
<th>A-2 Purpose of Registry Check: (Please check ✓ at least one of the following)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child</td>
</tr>
<tr>
<td>□ Whose work, whether paid or unpaid, permits or may permit access to a child</td>
</tr>
<tr>
<td>□ Who wants to work in a full time day care centre, school age day care centre or nursery school, or who volunteers in a nursery school and will be included in the staff to child ratio [M.R. 62/86 s. 7(12), 20(2)]</td>
</tr>
</tbody>
</table>

| A-3 Position: | □ Volunteer |

**Payment Method**

Ensure that the non-refundable fee of $10.00 is included with the application if the payment exemption does not apply.

The payment methods available for organizations are Visa; Mastercard, cheque, money order or cash. Note it is recommended that you do not send cash through the mail. Remember, cheques and money orders must be made payable to the Minister of Finance.

Forward all three parts of the application to the Child Abuse Registry.
General Information

The purpose of the Child Abuse Registry is to help child and family services agencies protect children. Under the Act, organizations that provide services to children can have access to Registry information.

There are 3 ways that a name may be listed on the Registry:
1. A person was found guilty or pleaded guilty to an offence involving the abuse of a child in a court either inside or outside of Manitoba;
2. A family court has found a child to be “in need of protection” due to abuse; or
3. A child and family service agency's Child Abuse Committee has reviewed the case and formed an opinion that a person has abused a child.

Access to the Registry is restricted and all names and information are confidential. The organization is only given the information described in Section C.

Child Abuse Registry Checks are required for: anyone to provide work or services to a child and family services agency; an adoption agency; a day care centre or nursery school; any adult who wants to foster or adopt a child or any adult who lives with someone who wants to foster or adopt a child. Other organizations may use a Child Abuse Registry Check to assist them to screen for positions with access to children.

You need to show two pieces of identification to the staff person. Acceptable identification has your name, address and date of birth. Examples of acceptable identification in addition to those listed include a student card, a professional licence, etc. If you intend to return the application to the agency by mail, you need to have your identification and consent verified by a Commissioner for Oaths, Notary Public or professional.

A Notary Public may usually be found in a law office.

A Commissioner for Oaths may be found in the offices of:
- Real Estate Agents or General Insurance Agents
- Professional Accountants
- Rural Post Offices
- Municipal Offices
- High School Principals (usually in Winnipeg only)
- Police Officers

Note: An appointment may be required and there may be a fee for this service.

A professional is one of the following:
- Dentist/Medical Doctor/Chiropractor/Optometrist
- Lawyer
- Minister/Priest/Rabbi
- Pharmacist
- Principal of primary or secondary school
- Judge/Magistrate/Police Officer/RCMP
- Postmaster
- Professional Accountant who has a designation
- Signing Officer of a bank, credit union or trust company
- Senior administrator/teacher/professor of a community college or university
- Veterinarian
- Social Worker

Results of the Registry check will be sent to the organization. You will not receive a copy.
Filling out the Application

You are the Subject. The agency is the Applicant.

The application is to be completed regardless of your age or the purpose of the check.

Section A-1 and A-2 should be complete when you are given this application as your consent is based on information contained in these sections.

Part 1 Consent to Collection & Disclosure of Information and Results

Read the statements. Sign and date the consent if you agree with all the statements. If you do not agree with any statement you do not have to sign. Without your consent a Registry check cannot be done.

Part 2 Information and Results

SECTION A – ACCESS BY …

A-1 Applicant's Mailing Label

This is the Applicant.

A-2 Purpose of Registry Check

According to legislation, an organization may apply for a Child Abuse Registry Check to assess a person to provide work or services that involve access to children. There should be a check mark beside the box that best describes the role you want to have with the agency.

A-3 Applicant Authorization

This area is completed by the organization once you have completed Section B and have shown the appropriate identification to staff.

SECTION B – SUBJECT’S INFORMATION

Complete Section B after you have read and signed the consent.

Print clearly in ink.

Include your full name and any other names or nicknames by which you are known. Initials may lead to confusion with other persons with a similar name.

In B-6 Identification - provide the numbers from the two pieces of identification you have chosen to show agency staff. The agency staff will ask to see this identification and will match it to the other information on this application.

If you have recently moved or changed your name be sure to tell the staff. Depending on agency policy, your identification may not be accepted if it is not current.

Read and sign B-7 confirming your consent. Part 1 provides detailed information to enable you to give informed consent. B-7 confirms your consent and ensures that the consent remains with the information collected and the results released.

SECTION C – MANITOBA CHILD ABUSE REGISTRY CHECK RESULTS

Do not write in this section.

Staff of the Child Protection Branch will complete this Section. The completed check will be returned to the Applicant. You will not receive a copy of this information.
Fee Payment

Part 3 Fee Payment

There is a non-refundable fee of $10.00 for each Registry check.

Discuss fee payment with the agency or organization requesting the check to determine whether you are responsible for payment of the fee.

If you are applying to work with children as a volunteer, a student trainee or in a job placement, or are applying to foster or adopt a child, the fee is not required.

If you are responsible for the fee payment, please ensure that the $10.00 is included with the application.
General Information

As part of the process for a Child Abuse Registry check or Prior Contact check, the person who is the subject of the check needs to have their original identification reviewed by someone in a position of authority.

The person has the responsibility to ensure that you see the ORIGINALS OF TWO FORMS OF IDENTIFICATION and are given a photocopy of these same documents.

You must:

1. **Examine** the original identification.
2. **Ensure** the original identification matches the photocopy.
3. **Sign, date and type**, write clearly or stamp your name, address, daytime phone number and “Commission for Oaths,” “Notary Public,” or your “professional designation” on the photocopy of the identification. If applicable, provide the expiry date of your Commission.

If you have any questions about this process, please contact the Child Abuse Registry at (204) 945-6967.

Please see the sample below.

**SAMPLE**

Dr. Fred Doolittle
123 Any Street
Winnipeg MB R0G 1Z1

Phone: (204) 123-1234
Professional Organization: Veterinarian

Child Abuse Registry Unit – Child Protection
201 – 114 Garry Street, Winnipeg MB R3C 4V5, Canada
Telephone: (204) 945-6967 Fax: (204) 948-2222

COMM-NOTARY – Rev 1003