

# Criminal History Disclosure Statement and Information Release Consent

## Family and Group Child Care Homes



Early Learning and Child Care Program  
210-114 Garry Street, Winnipeg, Manitoba, Canada R3C 4V4  
Child Care Information Services  
Phone: 204-945-0776 Toll free: 1-888-213-4754  
www.manitoba.ca/childcare

In accordance with sections 22, 22.0.1, 22.1 and 35 of the Child Care Regulation 62/86 made under **The Community Child Care Standards Act**, the Director of Child Care Services and the Early Learning and Child Care Program (ELCC) requires completion of this form to assess whether you may pose a risk to the health, safety or well-being of children or be unable to discharge your responsibilities as licensee (or overnight staff of a group child care home only).

### Personal Information:

Disclaimer: Please be aware that any changes/additions to your personal information made on this application will be used to update any and all other files in your name at the Early Learning and Child Care Program (qualifications, subsidy, licensing etc).

### Full and Complete Legal Name:

\_\_\_\_\_

(Last name)

\_\_\_\_\_

(First name)

\_\_\_\_\_

(Middle name)

### Any Previous Legal Names (for example, name at birth):

\_\_\_\_\_

(Last name)

\_\_\_\_\_

(First name)

\_\_\_\_\_

(Middle name)

\_\_\_\_\_

(Last name)

\_\_\_\_\_

(First name)

\_\_\_\_\_

(Middle name)

Date of Birth:

\_\_\_\_\_

Year / Month / Day

Gender:

Female

Male

Current Address (include city/town and postal code):

\_\_\_\_\_

Previous Address (if current address is less than two years):

\_\_\_\_\_

Facility Name:

\_\_\_\_\_

Facility Number:

\_\_\_\_\_

Facility Address:

\_\_\_\_\_

### Criminal History:

1. Within the last six (6) months, have you been convicted of a criminal offence? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details of the conviction(s), including date, offence and penalty.

\_\_\_\_\_

2. Are there currently any outstanding criminal charges against you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details of the charge(s), including the date of the charge and offence.

\_\_\_\_\_

# Information Release Consent

## Freedom of Information and Protection of Privacy Act (FIPPA)

Your personal information is collected by the child care facility, the Director of Child Care Services (or designate) and/or the Early Learning and Child Care Program (ELCC) under the authority of **The Community Child Care Standards Act**. This information is protected under FIPPA and the personal information being collected, used and disclosed is the minimum amount of information necessary to fulfill the legislative requirements imposed on child care facilities and the Director of Child Care Services / ELCC. If you have any questions about the collection, use or disclosure of this information, please contact ELCC as noted above.

## Information Release Consent

I hereby consent to the release of information collected by the child care facility identified above in accordance with **The Community Child Care Standards Act** and the Child Care Regulation 62/86 made under that Act, to the Director of Child Care Services (or the Director's designate) and/or the Early Learning and Child Care Program (ELCC), including:

- (a) my child abuse registry check;
- (b) my criminal record check;
- (c) this Criminal History Disclosure Statement and Information Release Consent; and
- (d) any other information or records in the possession or control of the child care facility relevant to my suitability for operating a licensed child care home or my presence in it.

I hereby authorize the Director of Child Care Services (or designate) and ELCC, to conduct such investigations as they deem necessary to assess risk to the health, safety and well-being of children and verify that the information I have provided in this declaration is true and complete.

I understand that such investigation will include inquiries with law enforcement and/or governmental agencies or authorities to confirm the details of any criminal convictions or outstanding charges against me, and I hereby consent to such investigation.

I further authorize and consent to the release of details about such convictions and outstanding charges by any law enforcement or governmental agency or authority to the Director of Child Care Services (or designate) and/or ELCC.

I further authorize and consent to the release of the findings of any investigations conducted by the Director of Child Care Services or ELCC to the child care facility identified above. Any such disclosure will include the minimum amount of information necessary for the licensed child care home to assess my continued involvement with the licensed child care home.

I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Government of Manitoba, the Director of Child Care Services, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereinafter be sustained by myself, however arising out of the above consents and authorizations to disclosure of information and waive all rights thereto.

I understand that the presence of a criminal record and/or outstanding criminal charges may not necessarily prevent me from holding a licence for a child care home or being present during its operation.

I understand that my certification as a child care worker may be cancelled or suspended if I have made a false statement on this disclosure form or if I fail to disclose future charges or convictions.

By signing below, I declare that the information provided in this form and any attachments is a true and complete answer to the questions posed about my criminal conviction(s) and outstanding charges.

_____ <b>Signature</b>	_____ <b>Date</b>
_____ <b>Witness</b>	_____ <b>Date</b>