Appendix C

Child Abuse Registry Check
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. The purpose of the Child Abuse Registry is to help child and family services agencies protect children. Under certain circumstances, an employer or organization can access the Registry to determine whether persons who will have the care of children or have unsupervised access to children are listed on the Registry.

There are 3 ways that a name may be listed on the Registry:

- 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;
- A family court has found a child to be “in need of protection” due to abuse; or
- 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.

Licensing 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:

- the licensee must ensure that any person who works directly with the children or who may have unsupervised access to children 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;
- when 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;
- the licensee must closely examine the check to determine if the person may be a risk to the children and to assess the person’s ability to discharge his or her responsibilities; and
- a copy of each check must be kept on the person’s personnel record for as long as the person works at the child care facility.

There is a 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 children or who may have unsupervised access to children whether paid or unpaid) obtain a self-check and provide the organization with the results.

Organizations may apply for direct access by completing a letter of application to the Registry. 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. Personalized applications and access codes are provided to approved organizations.

There is a 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 Branch
Child and Family Services Division, Department of Family Services and Labour
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, involves or may involve the care, custody, control or charge of a child; or 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:

- ensure that the Subject being checked fully completes the relevant Section of the application form;
- ensure that the Subject’s identification has been checked/verified; and
- 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: ________________________________

THE CHILD AND FAMILY SERVICES ACT 111
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 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 Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS).

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.
PART 2 INFORMATION AND RESULTS

SECTION A – Access by a CHILD AND FAMILY SERVICES AGENCY (to be completed by the CFS Agency)

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

Licensing Manager – Centralized Services
Child Protection Branch
201-114 Garry Street
Winnipeg MB R3C 4V5

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:
  - To provide work or services to the agency [M.R. 18/99 s. 3(1)(b)]
    - employee ✓ student trainee volunteer other
  - Briefly describe position: ________________________________
- Who is an adult who lives in a designated Place of Safety
- Who wants a foster home licence [M.R. 18/99 s. 3(2)(a)]
- Who is an adult who lives with a person who wants a foster home licence [M.R. 18/99 s. 3(2)(a)]
- Who wants a child care facility licence (other than a foster home) [M.R. 17/99 s. 4(2)(d)]
- Who wants to adopt [M.R. 19/99 s. 17(1)(i)]
- Who is a birth parent
- Who is an adult who lives with a person who wants to adopt [M.R. 19/99 s. 17(1)(i)]

A-4 Applicant Authorization:

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: ____________________________________________________

City: ____________________________  Telephone: (___ ) ________________

Postal Code: ____________________

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-3:

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 □ DATE: ____________________________

IS LISTED on the Manitoba Child Abuse Registry □ ____________________________

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.
PART 3 FEES 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:_______________________________________________________________

☐ Mastercard Card Number ____________________________ Expiry Date ________________
Name as it Appears on Card _____________________________________________________
Amount: ________________________________ (Canadian funds)
Authorization:_______________________________________________________________

☐ Cheque made payable to the Minister of Finance
Note: Post-dated cheques will not be accepted. There is a $20.00 NSF charge for all returned cheques.

☐ Money order made payable to the Minister of Finance

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

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 # ________________________________
PART I 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 my personal information is being collected under the authority of subsection 37(i) 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(i) of The Personal Health Information Act.

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

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.

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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.
PART 2 INFORMATION AND RESULTS

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>Licensing Manager – Centralized Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection Branch</td>
</tr>
<tr>
<td>201-114 Garry Street</td>
</tr>
<tr>
<td>Winnipeg MB R3C 4V5</td>
</tr>
</tbody>
</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-2 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)

<table>
<thead>
<tr>
<th>B-1</th>
<th>Name</th>
<th>Surname</th>
<th>Given Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

Previous and Other Names:

a) Maiden Name: ____________________________

b) Legal Name Change: _______________________

c) Also Known As: __________________________

d) Other Names Known by: ____________________

<table>
<thead>
<tr>
<th>B-2</th>
<th>Birth Date:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

| B-3 | Gender: | Male | Female |

<table>
<thead>
<tr>
<th>B-4</th>
<th>Current Address:</th>
<th>City:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Postal Code:</td>
<td>Telephone: (____)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B-5</th>
<th>Previous addresses for a minimum of 5 years:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B-6</th>
<th>IDENTIFICATION:</th>
<th>I have chosen and presented two (2) pieces of identification that have been verified by the Applicant in A-3:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SIN No.</td>
<td>MHSC No. (6 digit)</td>
</tr>
<tr>
<td></td>
<td>Band and Status No.</td>
<td>Driver’s Licence:</td>
</tr>
<tr>
<td></td>
<td>Passport or Birth Certificate No.</td>
<td>Other (please identify)</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>B-7</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Date:</td>
</tr>
</tbody>
</table>

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
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. There is a $20.00 NSF charge for all returned cheques.

☐ Money order made payable to the Minister of Finance

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

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