

## **APPENDIX D**

## PROCEDURES TO BE FOLLOWED IN THE EVENT OF A DELAY IN RECEIVING AN ADULT ABUSE REGISTRY CHECK OR CHILD ABUSE REGISTRY CHECK

Applicant:	
Home/Facility:	
Address:	
Date:	
As the service provi	der, I have:
Abuse Registry received the approved staff determined that Records is sate the applicate as defined patient as a the applicate t	plicant that the offer of employment is conditional upon provision of a clear Adult y Check and a clear Child Abuse Registry Check pplicant's signed Declaration of Adult Abuse Registry and/or Child Abuse Registry in includes an agreement to work only under the direct monitoring and oversight of an person and to not manage residents' funds at the applicant's Declaration of Adult Abuse Registry and/or Child Abuse Registry isfactory (i.e., the Declaration contains enough detail to indicate that either: In the interpretation in the Adult Abuse Registry and the investigation for abuse or neglect of a vulnerable adult in The Vulnerable Persons Living with a Mental Disability Act or a defined in The Protection for Persons in Care Act and its not under investigation for abuse or neglect of a child
☐ received an or	sfactory Criminal Record Check from the applicant iginal receipt from the applicant verifying that they have applied for an Adult Abuse k and/or Child Abuse Registry Check
☐ provided the a☐ provided the st	pplicant with a written list of approved staff persons taff in charge of work schedules with written direction that the applicant cannot work names of approved staff persons
□ placed all writte applicant's per	en communication to the applicant and staff in charge of scheduling on the sonnel file
made calendal make sure I ha	eleted copy of this checklist on the applicant's file rentries at regular intervals over the next six months to follow up with the applicant to ave received the completed Adult Abuse Registry Check and/or Child Abuse Registry remaintained this information on the applicant's personnel file



If the list of approved staff persons changes, as the service provider I have:		
☐ given the update	red list to the applicant red list to staff responsible for scheduling I list in the applicant's personnel file	
Applicant:		
Home/Facility:		
Address:		
Date:		
Signature of Service Provider		
Name of Service Provider		

This form is to be maintained on the service provider's personnel file.