

OPERATOR DECLARATION OF CRIMINAL RECORD AND ADULT ABUSE REGISTRY RECORD

This form is to be completed by operators when requested by Residential Care Licensing (RCL).

Home/Facility: _____ Address: _____

CIRCUMSTANCE

- Record Check Delay for Operators (Complete Section A and B)
- Annual Review/Renewal (Complete Section A and C)

Note: For an annual review/renewal, please respond to the following questions as they apply to new convictions, charges or investigations that occurred in the past year.

SECTION A

DECLARATION

CRIMINAL RECORD

1. Have you ever been convicted of a criminal offence for which you have not received a pardon, including but not limited to an offence under the [Criminal Code](#), the [Controlled Drugs and Substances Act](#), and/or the [Immigration and Refugee Protection Act](#) (and its predecessor)?

Yes or No

2. Have you ever been convicted of a sexually based offence as listed in the schedule to the [Criminal Records Act](#), for which you have since been pardoned?

Yes or No

3. Are you presently being charged or investigated for a criminal offence?

Yes or No

4. Are you aware of any persons providing residential care at the home or of any adults residing at the home (other than individuals receiving care), who have been convicted of a criminal offence for which a pardon has not been received, including but not limited to an offence under the [Criminal Code](#), the [Controlled Drugs and Substances Act](#), and/or the [Immigration and Refugee Protection Act](#) (and its predecessor)?

Yes or No

5. Are you aware of any persons providing residential care at the home or adults residing in the home (other than individuals receiving care), who have been convicted of a sexually based offence as listed in the schedule to the [Criminal Records Act](#), for which they have since been pardoned?

Yes or No

6. Are you aware of any persons providing residential care at the home or adults residing in the home (other than individuals receiving care), who are presently being charged or investigated for a criminal offence?

Yes or No

7. If you answered yes to any of the above, please provide details of the conviction(s) and/or charge(s), including date, offence and penalty. (If more space is required, provide additional page.)

ADULT ABUSE REGISTRY RECORD

8. Have you ever been placed on the Adult Abuse Registry?

Yes or No

9. Are you aware of any person(s) providing residential care at the home or of any adults residing at the home (other than individuals receiving care), who have been placed on the Adult Abuse Registry?

Yes or No

10. Are you presently under investigation for an allegation of abuse or neglect of an adult living with an intellectual disability as defined in [The Adults Living with an Intellectual Disability Act](#) (formerly known as the Vulnerable Persons Living with a Mental Disability Act) or a patient as defined in [The Protection for Persons in Care Act](#)?

Yes or No

11. Are you aware of any person(s) providing residential care at the home or adults residing at the home (other than individuals receiving care), who are presently under investigation for an allegation of abuse or neglect of an adult living with an intellectual disability as defined in [The Adults Living with an Intellectual Disability Act](#) (formerly known as the Vulnerable Persons Living with a Mental Disability Act) or a patient as defined in [The Protection for Persons in Care Act](#)?

Yes or No

12. If you answered yes to one or both of the previous two questions, please provide details of the investigation, including date and offence. (If more space is required, provide an additional page.)

SECTION B (to be completed when experiencing document delays)

I declare that the above information is true and complete.

I understand that the provisional LOA is conditional upon providing satisfactory Criminal Record Checks, including a Vulnerable Sector Search, and clear Adult Abuse Registry Checks within six months. I further understand that should the results of a Criminal Record Check or an Adult Abuse Registry Check contradict this Declaration, RCL may suspend the provisional LOA immediately.

Operator Name: _____ Signature: _____

RCL Authority: _____ Signature: _____

Date: _____

SECTION C (to be completed at the annual review/renewal)

I declare that the above information is a true and complete.

I understand that if information is received that causes RCL to believe that a person has been charged or is under investigation and may pose a risk to the individual(s) or be unable to carry out their responsibilities, RCL may request a subsequent CRC and/or AAR check.

I understand that the provision of incorrect information may result in the cancellation of the LOA or Licence.

Operator Name: _____ Signature: _____

RCL Authority: _____ Signature: _____

Date: _____

Note: In situations where there are two individuals listed as operators on the LOA, only one operator is required to sign.

This form is to be maintained on RCL's operator file.