

OPWDD
SAFETY ASSESSMENT QUESTIONNAIRE
Please keep on file. Do not fax to OPWDD

NAME:

SS#:

DOB:

1. Does the individual named above continue to have regular and substantial contact with persons receiving services as an employee/volunteer of your agency?

Yes or **No**

If Yes, please answer questions 2 and 3 and keep this form with the employee's personnel records. You may be required to show it to OPWDD Surveyors.

If your response to question one is No, you are required to update the individual's employment status in the Justice Center's CBC system. Instruction on how to do this update is found on Justice Center's website, www.justicecenter.ny.gov on the Pre-Employment Check tab, under the Criminal Background Checks (CBC) button. Thank you.

2. Describe the steps taken, if any, to protect the health and safety of persons receiving services (attach separate documents if necessary).

3. Has the arrest or pending charge been resolved? **Yes** or **No**

Please describe the outcome, or, status of the pending charges.

Completed by:

Date:

Title:

Phone:

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