

COMPLAINT INTAKE FORM – INFORMAL CHILD CARE

(to be investigated within 5 business days - unannounced site visit)

PART A: INTAKE INFORMATION			
Date (mmm/dd/yyyy):	Time: AM / PM	Received by (staff name):	Complaint received by: Phone <input type="checkbox"/> Phone Voicemail <input type="checkbox"/> Email <input type="checkbox"/>
Has caller been informed that if personal information is provided, the Ministry cannot guarantee anonymity? <i>E.g. Before we begin, I would like to let you know that I will be asking you a number of questions about this situation. I will ask you your name, address and phone number. You are not required to provide this to me, however, it will be helpful in the event that we need to contact you again. We will not disclose your identity; however, I am obliged to let you know that we may not be able to guarantee that you will remain anonymous if we are authorized or required by law to release the information, for example if the police need the information.</i>			Has caller been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMPLAINANT INFORMATION			
Name of Complainant:		<input type="checkbox"/> Anonymous	
Address:		City:	Postal Code:
Phone: () ()	Alternate Phone: () ()	Email Address (if provided):	
Complainant is: <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Local Authority <input type="checkbox"/> Other (specify)			
CAREGIVER INFORMATION (mandatory)			
Caregiver's Name (if known):		Business Name (if applicable):	
Address of site where children were observed in care:		City:	Postal Code:
Floor Number or Suite Number:		Main Intersection:	
Caregiver's Address (If different from above):		City:	Postal Code:
Phone: () ()	Alternate Phone: () ()	Email Address (if provided):	
Does the Caregiver speak: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Translator required - specify language (if known):			
COMPLAINT DETAILS (enter narrative in sections below):			
Total number of children observed in care?			
How many children appear to be under 10 years of age?			
What time of day did you observe care being provided to more than 5 children?		AM / PM	
Are there any other times of the day when you know children are in care – what are those times?		AM / PM	
Are there any concerns about the health, safety and well-being of children?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, advise complainant of the following:		<input type="checkbox"/> Yes	
<ul style="list-style-type: none"> • “Any person who suspects that a child is in need of protection must report to a Children’s Aid Society. A “child in need of protection” is defined as a child who is or who appears to be suffering from abuse and/or neglect.” 			
Additional Complaint Details:			

PART B FIRST VISIT FOLLOW-UP INFORMATION <i>(completed by Program Advisor)</i>		
Complaint Assigned to (PA):		Date PA notified: Date Manager notified:
Previous EDU visit to site <input type="checkbox"/> Yes (If Yes, complete section below) <input type="checkbox"/> No		
Date (mm/dd/yyyy):	Log #	Visit conducted by:
Date (mm/dd/yyyy):	Log #	Visit conducted by:
Date (mm/dd/yyyy):	Log #	Visit conducted by:
1st VISIT		
<input type="checkbox"/> Site visit NOT conducted (to be approved by Manager); specify reasons:		
<input type="checkbox"/> Unannounced site visit conducted	Date of 1 st attempt (mm/dd/yyyy):	Time:
	<input type="checkbox"/> No answer at door	
	Dates of additional attempts:	Times:
Access permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No - If "NO", notify the Manager		
2 nd attempt	Date (mm/dd/yyyy):	Time:
3 rd attempt	Date (mm/dd/yyyy):	Time:
If "YES":		
Caregiver in charge at time of inspection:		
"Powers of program advisors" given to caregiver		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain why:		
"Information for Caregivers and Parents" given to caregiver and to parents (if parents on site at time of visit) <u>if caregiver is not in compliance</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain why:		
"Child Care in Ontario Fact Sheet" given to caregiver <u>if in compliance</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain why:		
Chart, "Information about Children Receiving Care, completed		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain why:		
Observations: <i>Include whether the outdoor/backyard area was inspected.</i>		
Caregiver in-compliance with the DNA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of children receiving care		
Action Taken: (check applicable boxes)		
Children's Aid Society contacted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Child Welfare Agency:	Date:	Time:
Name of person contacted:	Phone:	
Reason:		
Municipal authority (Health, Fire, Zoning) notified?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Department Contacted:	Name of person contacted:	
Reason:	Phone:	
Other actions/directions (please specify):		
Program Advisor (Name and Signature):		Date (mm/dd/yyyy):
Second Advisor / Inspector (Name and Signature):		Date (mm/dd/yyyy):
Manager, Licensing and Compliance (Name and Signature):		Date (mm/dd/yyyy):

Note: Manager only signs this section and converts to PDF if this is the last required visit.

SECOND VISIT FOLLOW-UP INFORMATION <i>(completed by Program Advisor)</i>		
2ND VISIT		
<input type="checkbox"/> Mandatory follow-up site visit (within one calendar month)	Date of 1 st attempt (mm/dd/yyyy):	Time:
	<input type="checkbox"/> No answer at door	
	Dates of additional attempts:	Times:
Access permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "NO", notify the Manager		
2 nd attempt	Date (mm/dd/yyyy):	Time:
3 rd attempt	Date (mm/dd/yyyy):	Time:
If "YES":		
Caregiver in charge at time of inspection:		
Powers of program advisors given to caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain why:		
Information for Caregivers and Parents given to caregiver and to parents (if parents on site at time of visit) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain why:		
"Child Care in Ontario Fact Sheet" given to caregiver if in compliance <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain why:		
Chart, "Information about Children Receiving Care" completed <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain why:		
Observations: <i>Include whether the outdoor/backyard area was inspected</i>		
Caregiver in-compliance with the DNA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of children receiving care		
Action Taken: (check applicable boxes)		
Children's Aid Society contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Child Welfare Agency:	Date (mm/dd/yyyy):	Time:
Name of person contacted:	Phone:	
Reason:		
Municipal authority (Health, Fire, Zoning) notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department Contacted:	Name of person contacted:	
Reason:	Phone:	
Other actions/directions (please specify):		
Program Advisor (Name and Signature):		Date (mm/dd/yyyy):
Second Advisor / Inspector (Name and Signature):		Date (mm/dd/yyyy):
Manager, Licensing and Compliance (Name and Signature):		Date (mm/dd/yyyy):

Note: Manager only signs this section and converts to PDF if this is the last required visit.
Please copy and paste table if a third visit is required.

Complaint Intake Form – Checklist of Documents

Note: Part C is to be saved as a separate document in the relevant complaint folder.

PART C: CHECKLIST OF DOCUMENTS	
To be completed by LA	
Intake Date (mmm/dd/yyyy):	
The following are saved in the complaint folder (check those that apply):	
<input type="checkbox"/>	Letter of Complaint Acknowledgement (if address/email has been provided) and Date letter was mailed/emailed
<input type="checkbox"/>	Documentation of Referral to Municipality/Other Authority (if applicable)
<input type="checkbox"/>	Courier slip (if applicable)
Information about Children Receiving Care	
<input type="checkbox"/>	Inspection # 1
<input type="checkbox"/>	Inspection # 2
<input type="checkbox"/>	Inspection # 3
<input type="checkbox"/>	Observation log (if applicable)
<input type="checkbox"/>	Other (Specify):