



## Child Care Complaint

Name of Provider	County	
Care Address	City	Zip Code
Mailing Address	Mailing City	Mailing Zip Code
Phone	Email	

<b>Date of Complaint:</b>	<b>Date of Visit:</b>
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**Type of Visit:**

Scheduled  Unannounced  N/A

**Compliance Regulation:**

Non-Compliance with Regulations Found  Compliance with Regulations Found  Scheduled

**Recommendation for Registration:**

- No Changes to registration status recommended
- Revocation of Registration
- Cancellation of Child Care Assistance Provider Agreement

**Category of Care:**

- Category A
- Category B
- Category C (with no co-provider)
- Category C (with co-provider)
- Non-registered Child Care Home with CCA Provider Agreement

**Complaint Details:**

Did this complaint result in a serious injury?  Yes  No

Serious injuries include:

- Disabling mental illness.
- Bodily injury which creates a substantial risk of death, causes serious permanent disfigurement, or causes protracted loss or impairment of the function of any bodily member or organ.
- Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia.
- Includes but is not limited to skull fractures, rib fractures, metaphyseal fractures of the long bones of children under the age of 4 years.

Did this complaint result in a death to a child?  Yes  No

<b>Summary of Complaint:</b>

<b>Rule Basis and Findings of Complaint(s):</b>

<b>Resolution and Action Required:</b>

Consultant's Signature:	Date of Visit:
Supervisor's Signature:	Date of Visit: