

COMPLAINT POLICY

PURPOSE

The Child Care Network is a non-profit organization which serves as a resource for working parents and the community on child care issues.

The Network provides parents with consumer education information and referrals to child care providers. The service makes only REFERRALS to parents; it does not recommend or endorse any provider or facility. It is the belief of the Network, and standard national policy, that only parents, given appropriate information, can make decisions about where to place their child. Referrals are made to licensed providers (i.e., any individual or group of individuals caring for young children that are required by the state of Colorado to be licensed). In those cases where licenses are not required (license-exempt care), the Network requires that these providers complete a self-certification form.

No service provider has an automatic right to be included in our lists for referrals.

While the Network does not screen or monitor providers, it does reserve the right to suspend or to remove providers from its referral files when serious questions or complaints arise concerning the quality and safety of the care provided, or unlawful discrimination. In response, the Network has established this complaint policy, which outlines the procedures through which a complaint shall be handled. While our policies and procedures are designed to base decisions on objective criteria, we will act immediately to protect children by temporarily suspending referrals to providers about whom we have received serious complaints, until such time as an investigation indicates reinstatement to, or permanent removal from, our files. When we receive complaints that indicate serious licensing violations, child abuse or neglect, we will both report such complaints ourselves, and urge the persons with such complaints to report them directly to the appropriate authorities. Where complaints involve personal disputes with providers, we encourage parents to clarify and resolve such matters themselves. This policy is designed to be responsive to parent concerns, fair to providers, and supportive of quality child care in the community.

Every attempt is made by the Network to inform providers about the complaint policy process.

DEFINITIONS

Provider: Any individual or group of individuals, either licensed or license-exempt, who care for young children, including: child care centers, preschools, family child care homes, before/after-school programs, summer camps, in-home care providers, and play groups.

Complaint: An unsolicited contact made by an individual, that states that service provided (in a child care setting) is in some way unsatisfactory. A complaint may be received indirectly (e.g., in a follow-up call with a parent), as well as when someone calls the Network specifically to complain about a provider. Complaints will be designated as:

Personal Complaints – those complaints that do not violate any licensing regulations by are of a concern to the caller

Regulatory Serious and Regulatory Very Serious Complaints – those complaints that deal with issues that are in violation of licensing regulations.

Appeals Board: The Appeals Board consists of one Child Care Network Board member, the Network Director, one child care center director, one family child care provider, and one representative from First Impressions of Routt County. It is charged with the responsibility of determining whether or not a provider should be removed from the referral list. The Network Board will appoint members who will serve at the discretion of the Board. The Appeals Board will meet as needed.

PROCEDURES

Receipt of Complaint: Any person with a complaint about a provider, the agency, or a parent may communicate the complaint to any member of the Network staff, and any member of the staff may initiate a complaint. A complaint may be received indirectly, as in a follow-up phone call with a parent, as well as when someone calls the Network specifically to complain about a provider.

Recording of Complaint: In the event of a complaint, the person handling the call will complete the Complaint Form (see attached). This form shall be signed by the Director upon completion.

Follow Up: The Network Director shall determine whether the complaint involves (1) child abuse, (2) licensing violations, or (3) a personal dispute. Complaints of child abuse will be reported to the Department of Social Services. Complaints of serious licensing violations will be reported to the appropriate licensing office. Additionally, the Network staff will advise the caller to report possible abuse or licensing violations to the proper authorities. Personal disputes will be resolved as state below.

Based on the NATURE OF THE COMPLAINT (Personal, Regulatory Serious, or Regulatory Very Serious), a temporary hold will be placed on the provider's file. The Network will respond to the complaint in accordance with the established policy guidelines outlined below.

PERSONAL COMPLAINTS: If the complaint is determined to be a personal complaint, one involving problems in the parent-provider relationship, such as differences in style, child-rearing philosophy, or business disagreements, then the following will take place:

Procedure for a Personal Complaint:

- Personal complaints will be documented on the Complaint Form
- Caller will be informed by the referral specialist of the nature of the Network services (i.e., referral vs. recommendation, basis of referral information)
- Caller will be informed about the manner in which personal complaints are handled, as outlined in the complaint policy procedure
- Caller will be encouraged to clarify and resolve the matter with the provider personally
- If deemed appropriate and helpful, and with the consent of the caller, the Network will notify the provider
- The complaint will be filed by the Network Director, in alphabetical order and counted
- In the event that the provider has had THREE similar previously-documented complaints from more than one individual:
 - a) the provider will be contacted within five (5) working days to discuss ways in which they might rectify the situation. This contact will be documented.
 - b) The provider will be informed that one more complaint will jeopardize her/his right to referrals through the Network

In the event that on additional complaint of a similar nature is received concerning a provider where THREE PREVIOUS COMPLAINTS from more than one individual have been documented:

- a) The provider's file is placed on hold.
- b) The provider will receive written notification within ten (10) working days informing them that they are on probation until such time as they appear before the Appeals Board to present their case.
- c) The provider shall request in writing an appeal hearing by certified mail, return receipt requested, delivered to the Child Care Network Director within 30 days of receiving notification of probation. If the provider fails to request such a hearing, the right to appeal will terminate and the removal will remain in effect.
- d) The Appeals Board shall meet, at which time the provider will present his/her case. The Board shall then, by majority vote, render a decision within ten (10) working days.
- e) If the Appeals board decides to reinstate with conditions, the provider is reinstated after the Network is satisfied that the conditions have been met. If the conditions are not met within a determined time, removal is permanent.
- f) After the Appeals board has made a decision, the Director shall notify the provider in writing of the decision within five (5) working days. If the Appeals Board decision is to permanently remove the provider from the referral list, a letter will be sent by certified mail, return receipt requested. The notice shall include a brief statement of reasons for the action, the effective date of the action, and a description of the process for appeal of the decision.

- If a similar complaint is reported after a provider has been reinstated, the provider will be permanently removed from the database. The Network Director shall send notice by certified mail, return receipt requested, and the notice shall include a brief statement of the reasons for the action, the effective date of the action, and a description of the process for an appeal of the decision.

REGULATORY COMPLAINTS: are those complaints which indicate conditions that may jeopardize a child's safety, health or general well-being. Such complaints shall be designated SERIOUS or VERY SERIOUS.

SERIOUS COMPLAINTS are defined as, but not limited to:

- Unclean facilities
- Unsafe transportation of children
- Not having the required health records and emergency information
- Inadequate or unsafe equipment, as specified in regulations
- Use of a substitute caregiver that is too young or unqualified
- TV viewing or undesirable shows or for long periods of time
- Lack of proper nutrition
- Discriminatory hiring or enrollment practices

VERY SERIOUS COMPLAINTS are defined as, but not limited to:

- Over enrollment (especially infants)
- Physical environment that poses an immediate threat to children (unsafe playground equipment, unprotected swimming pool, etc.)
- Child abuse or neglect
- Provider abuse of drugs or alcohol
- Inappropriate discipline (denying food, spanking child, locking child in closet)
- Provider exhibits mental instability

Procedure for Regulatory Complaint:

- Information from the caller about the complaint is documented on a Complaint Form. The caller will be urged to call the Department of Social Services to report the complaint to the appropriate department.
- The Director will be informed of the call, and will decide if the complaint is of a Serious or Very Serious nature.
- The Department of Social Services shall be notified of the complaint (client's name is not given unless permission to do so has been granted). Provider's name is temporarily pulled from the database. Request for a written report after the investigation will be made.
- The Network shall ordinarily notify the provider of the suspension within 10 working days. Such notification will include a brief statement of the reason for the suspension. However, the Network Director may delay such notice if and as long as there is reason to believe that

notifying the provider of the suspension could interfere with or undermine any investigation being carried out by the responsible agencies.

- Upon receipt of information concerning the results of a governmental agency's investigation, the Director should recommend either the lifting of the suspension or permanent removal, as the case may be, to the Child Care Network Board for final decision.
- If the Board's decision is to reinstate with conditions, the provider is reinstated after the Network is satisfied that the conditions have been met. If not reinstated, the provider may appeal the decision to the Appeals Board.
- If the decision of the Department of Social Services is to terminate the license of the caregiver, the provider will be notified by the Network that he/she will no longer be eligible for, or receive, referral services.

LICENSE-EXEMPT PROVIDERS: For license-exempt child care providers who have completed the Network's self-certification form and comply with its standards, the Network's Complaint Policy is adhered to according procedure for licensed child care except for the following:

- If a license-exempt provider receives THREE Personal Complaints, that provider will be permanently removed from the database.
- If TWO Serious Complaints are reported, the provider will be permanently removed from the database.
- If ONE Very Serious Complaint is reported, or if information is received that the provider is under investigation by licensing or other agencies because of allegations of child abuse or neglect, the provider will be permanently removed.
- If a license-exempt provider is permanently removed, the appeals procedure outlined below will apply.
- Whether or not the provider will be notified of the decision to terminate referral services will be determined on a case by case basis by the Network Director and the Appeals Board.

APPEALS

- a) A provider may appeal permanent removal from the referral lists by filing, within 5 working days of receipt of notice of removal, a written request for an appeal hearing by certified mail, return receipt requested, delivered to the Network Director.
- b) The Appeals Board shall hear an appeal within 30 days of receipt of the request for such a hearing. The Network Director shall notify the provider in writing of the date of the hearing. If the provider fails to appear at such hearing, the appeal will terminate and the removal will remain in effect.
- c) The Appeals Board shall consider statements by interested parties and any pertinent documents presented to the Board and render a decision, by majority vote, within ten working days of the hearing. Formal rules of evidence shall not govern the conduct of the hearing, but the Board will exclude repetitious or irrelevant material at its discretion. The decision may be to affirm the removal, to reinstate the provider, to reinstate the provider with conditions, or other such decision as the Board deems appropriate. The decision shall be communicated in writing to the provider by the Network Director, within ten working days. The decision by the Appeals Board shall be final

REINSTATEMENT

Providers are eligible for reinstatement to the Network's referral list following permanent removal under two circumstances:

- 1) Following a successful appeals hearing in which the Appeals Board decides to reinstate the provider, with or without conditions.
- 2) After one year of permanent removal, if the provider has eliminated the original cause(s) for removal, he/she may then apply to the Network Director, in writing, for reinstatement. No provider shall be reinstated unless a majority of the Appeals Board and the Network Director each approves such action. Reinstatement may be approved with or without conditions. A hearing need not be held to consider such an application, but may be held at the discretion of the Director and the Appeals Board. A decision on reinstatement will be communicated to the provider in writing. In the event an application for reinstatement is denied, no renewal request shall be considered until six months after the date of such denial.

COMPLAINTS REGARDING AGENCY

- Complaints about the agency are documented on the Complaint Form.
- The caller is informed of the complaint process.
- Each complaint is reviewed by the Network Director and the Board of Directors.
- If a complaint refers to interference of business, complaint policy procedures are reviewed with provider.
- Complaints regarding services (inaccurate information, attitude of referral representative) are referred to and documented by the Director, or the board of Directors in the case of complaint regarding the Director.
- The Network Director and the Board of Directors will determine how the complaint will be handled and notify the caller, in writing, of the action being taken.

COMPLAINTS REGARDING PARENT(S) (from provider)

- The caller is given information on problem-solving with parents (resolution assistance).
- The caller is informed of the nature of the Network's services (non-regulatory).
- The caller shall be urged to contact authorities if he/she is concerned about the well-being of a child.
- If the caller relates an abuse situation, this agency shall also call in and report the complaint to the county child protection agencies.