

CHILD CARE LICENSING AND ENFORCEMENT - COMPLAINT INTAKE FORM

If you have a complaint about a child care program in Broward County, please contact Child Care Licensing and Enforcement at (954) 357-4800 or please fill out all the appropriate areas on this form.

Please be advised that "Complaints submitted on this form may be subject to public disclosure under Florida's Public Records Act."

TODAY'S DATE:	
DATE OF OCCURRENCE:	

INFORMATION ON FACILITY OR CHILD CARE HOME:		<input type="checkbox"/> Facility	<input type="checkbox"/> Home
Name:	Address:		
City:	Phone:		

CHILD CARE STANDARDS (Check All That Apply)	
Accident/Incident <input type="checkbox"/>	Transportation Issue <input type="checkbox"/>
Inadequate Supervision <input type="checkbox"/>	Inappropriate Discipline <input type="checkbox"/>
Unlicensed Home/Center <input type="checkbox"/>	Too many children for available staff members <input type="checkbox"/>
Facility/Home Conditions <input type="checkbox"/>	
Other <input type="checkbox"/> (please explain):	

COMPLAINT DESCRIPTION (Please give as much and as many details as possible such as times, dates, specific classroom(s), frequency etc.)

WERE THERE ANY INJURIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES, PLEASE DESCRIBE IN DETAIL ANY INJURIES SUSTAINED FROM THIS OCCURRENCE:

DID THE CHILD RECEIVE MEDICAL CARE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES, WHERE DID THE CHILD RECEIVE MEDICAL CARE?

Was this incident referred to the DCF Abuse Hotline (1-800-962-2873)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Were the parents notified of this situation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

COMPLAINANT INFORMATION:	CHILD'S INFORMATION (if applicable)
Name:	Name of child:
Phone #:	Age of child <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Relationship to facility or home:	

MAY A REPRESENTATIVE FROM CHILD CARE LICENSING AND ENFORCEMENT CONTACT YOU REGARDING YOUR COMPLAINT? IF SO, PLEASE PROVIDE YOU CONTACT INFORMATION.	Phone #:
	Email: