

**DISTRICT 4 HRDC – CHILD CARE LINK CONSUMER COMPLAINT POLICY  
&  
SUBMITTAL FORM**

In the event that a child care provider, parent, or other agency has a concern or complaint about a staff member or service they received from Child Care Link, please follow the following process to ensure your concern is addressed fairly and timely:

1. The complaint should first be discussed with the staff member that is most closely related to the issue.
  2. If you feel the issue can not be resolved with the immediate staff member, then contact the CCL Director to become involved to help resolve the complaint.
  3. If the complaint is not resolved at that level, you will be requested to document the issue in writing and the CCL Director will refer your complaint to the Executive Director.
  4. If the matter still can not be resolved, the Executive Director may direct you to the state, another resource, or present the issue to the District IV HRDC Board of Directors according to the Executive Director's discretion.
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- If a complaint is made about state child care assistance billing by either the parent or provider, the complaint must go to the case worker of that particular client. If not resolved, the complaint goes to go the Child Care Link Director, then Executive Director. If not resolved, the complaint goes to the appropriate state liaison.
  
  - If negative feedback is received about conduct of a staff member, the immediate supervisor or the Executive Director will follow up with the complainant and staff member to investigate both sides of the issue and, when necessary, make oral or written suggestions to the staff member to correct the situation or to avoid reoccurrence of the problem.

**Please document the concern in the space provided below:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Already discussed with immediate staff involved: No  Yes  If yes, Date: \_\_\_\_\_  
Method: phone  in person  in writing  other  specify: \_\_\_\_\_

Already discussed with CCL Director: No  Yes  If yes, Date: \_\_\_\_\_  
Method: phone  in person  in writing  other  specify: \_\_\_\_\_

Already discussed with Executive Director of HRDC: No  Yes  If yes, Date: \_\_\_\_\_  
Method: phone  in person  in writing  other  specify: \_\_\_\_\_

Already discussed with State personnel: No  Yes  If yes, Date: \_\_\_\_\_  
Name of State personnel \_\_\_\_\_  
Method: phone  in person  in writing  other  specify: \_\_\_\_\_

Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Response received thus far: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions/Agreement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If the problem can not be resolved at the HRDC Agency level, please be informed that participants involved in the Best Beginnings Child Care Scholarship Program have a right to a fair hearing when an adverse action is taken regarding their eligibility.

There is no right to a fair hearing if denial or termination of benefits is based solely on depletion of funds.

A request for fair hearing is any clear, written statement to DPHHS, or its agent, by the person denied a benefit stating that they want to present their claim to a higher authority. The request must be made within the time limits stated below after receiving notice of DPHHS adverse action:

- 90 days – Parent, whose benefits are reduced or terminated
- 30 days- Provider, who has been notified of overpayment
- 10 days – Provider termination or denial (license, registration, or LUP)

Please contact Child Care Link for the address, contact person, and further information needed to submit a request to a fair hearing.