

438 University Avenue, Suite 1900 Toronto ON M5G 2K8 Tel: 416 961-8558 ext. 804 Toll-free: 1 888 961-8558 discipline@college-ece.ca

Mandatory Employer Report

Mandatory Employer Report

Employers must report to the College when the employment of a registered early childhood educator (RECE) is terminated, suspended or restrictions have been placed on their duties for reasons of professional misconduct or if the RECE resigns under these circumstances.

Employers must report to the College when they become aware that an RECE who is a current or former employee is charged or convicted of an offense involving sexual conduct and minors or an offence that, in the employer's opinion, indicates that a child may be at risk of harm or injury. Employers must also report any conduct by an RECE that they believe should be reviewed by a committee of the College. College committees address issues related to professional misconduct, incompetence or incapacity.

Employer Obligations

Upon filing a Mandatory Employer Report, the employer must provide a copy of the report to the RECE who is the subject of the report. The employer must also provide any information it has regarding the professional misconduct to the College within 30 days of filing the report.

I wish to submit a mandatory employer report to the College of Early Childhood Educators			
Your Name			
Position with the Workplace			
Workplace name			
Workplace address			
Confidential e-mail			
Workplace telephone			
Supervisor's name (if applicable)			
Owner's name (if applicable)			
Parent organization (if applicable)			

Member Information If your report relates to more than one RECE, please fill out separate forms for each.					
Name (please include College registration # if known)					
Position in Workplace					
Home address (if known)					
Workplace name and/or site					
Workplace address					
E-mail					
Home Telephone		Work/Cell Telephone			
Start date of employment in the Workplace					
End date of employment in the Workplace (if applicable)					
Parent Contact Information (if known	and applicable)				
Parent(s) name(s)					
Home address					
Work address					
E-mail					
Home Telephone		Work/Cell Telephone			
Incident(s) Information					
Where did the incident(s) occur (infa	ant room, staff room, playgroun	d, etc.)?			
When did the incident(s) occur (time and date)?					

Please describe as clearly and concisely as possible the incident(s) and the conduct that, in your opinion, constitutes professional misconduct, incompetence or incapacity. Attach and label additional sheets if necessary.					
Who were the parties involved in the incident (including first and last names)? If the incident involves a child, please give the child's age, date of birth, and relationship to you.					
Please describe what steps if any, were taken at the local level to resolve this matter. What was the outcome of this incident within the Workplace (suspension, termination, internal investigation, etc.)?					
Have there been previous concerns about the Member's behaviour or professional abilities? If so, please explain the concern(s) and the steps taken to address the issue(s).					

Additional Contacts (if applicable)				
Name of Program Advisor with the Ministry of Education					
Work address (if known)					
E-mail					
Work Telephone					
Involvement/Action Taken					
Name of Children's Aid Society official					
Work address (if known)					
E-mail					
Work Telephone					
Involvement/Action Taken					
Name and badge # of police official					
Work address (if known)					
E-mail					
Work Telephone					
Involvement/Action Taken					
Other (please specify)					
Work address (if known)					
E-mail					
Work Telephone					
Involvement/Action Taken					
If the police have been contacted regarding this incident, please answer the following:					
To your knowledge have criminal ch	narges been laid against the Member?	Yes	No		
If yes, please provide the following	ng information:				
Offences charged					
Date charges laid (YYYY-MM-DD)					
Police Service (OPP, municipal force, etc.)					
Contact Name					
Address					
Telephone					

Supporting Documentation (please see attached list below)

In order for the College to successfully complete its investigation, it is important that you submit any supporting documentation along with your report. This may include:

- · relevant policies
- e-mails
- serious occurrence reports
- employment termination letters
- verbal/written warnings
- pictures, video footage
- · witness statements
- any other information you feel may be relevant to the investigation or useful for the Complaints Committee during its deliberation

If the College requires any information you will be contacted.

If you provide any supporting documentation, please ensure it is properly labelled and explain its relevance to your report.

By typing/printing my name below, I confirm that I have completed all relevant fields in this Mandatory Employer Report Form and have included all relevant information and supporting documents for submission to the College.

Date Your Name: (YYYY/MM/DD)

Please complete this form and submit it in one of the following ways:

By mail:

Office of the Registrar discipline@college-ece.ca c/o Professional Regulation Department

College of Early Childhood Educators By fax: 438 University Avenue, Suite 1900 416 961-6995

Toronto, ON M5G 2K8

Supporting Documents

To collate the appropriate information, please use the following checklist.

Please send information you currently have available even if you are still in the process of collecting other information.

Member's first, middle and last names

Member's date of birth

Member's registration number

Member's current or last known address

The start date and end date, if applicable, of the Member's employment

Age group of the children in the Member's care

Information/documentation regarding any previous disciplinary/behaviour/conduct issues

Member's current employment status

Any relevant workplace policies

Transcripts or minutes of employer meetings related to the Member's employment status

Copies of correspondence concerning the Member's suspension or termination

Contact information of the employer, supervisor, principal, and the lawyer for the employer (if applicable)

Documents related to the employer's investigation of the matter

Contact information of witnesses

Names, addresses, telephone, numbers of witnesses, including ages of children witnesses

The relationship of the Member to the affected children

Any other information the employer deems may be of assistance

For a member charged with, or convicted of, a criminal offence (in addition to the list above):

Contact information of the parents, co-workers and witnesses, including the ages of the children at the time of the offence(s)

The date the Member was charged, if known

The specifics of the offence(s), if known

The dates of any upcoming hearings, if known

Contact information of the Crown Attorney and the address of the court, if known

Documents from the proceedings, if available

Relevant transcripts, if available