

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 (infant room, staff room, playground, 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 | |
| <hr/> | |
| Name of Children's Aid Society official | |
| Work address (if known) | |
| E-mail | |
| Work Telephone | |
| Involvement/Action Taken | |
| <hr/> | |
| Name and badge # of police official | |
| Work address (if known) | |
| E-mail | |
| Work Telephone | |
| Involvement/Action Taken | |
| <hr/> | |
| Other (please specify) | |
| Work address (if known) | |
| E-mail | |
| Work Telephone | |
| Involvement/Action Taken | |
| <hr/> | |
| If the police have been contacted regarding this incident, please answer the following: | |
| To your knowledge have criminal charges been laid against the Member? | Yes No |
| <hr/> | |
| If yes, please provide the following 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.

Your Name:

Date
(YYYY/MM/DD)

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

By mail:

Office of the Registrar
c/o Professional Regulation Department

College of Early Childhood Educators
375 University Avenue, Suite 800,
Toronto ON M5G 2J5

By e-mail:

proreg@college-ece.ca

By fax:

416 961-6995

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