



**Muskoka Family Focus  
& Children's Place**

- Bracebridge Children's Place
- Gravenhurst Children's Place
- BPS Children's Place
- \_\_\_\_\_ B/ASP
- \_\_\_\_\_ OEY Program

## Child Care Feedback Form

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

Comment/Suggestion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

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### Client Response Form

Thank you for contacting us regarding your concerns. Please feel free to contact us at any time if you require any additional information regarding this issue.

Name of Client: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Action Required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Response and Follow Up: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_