

Required Reporting Procedures and Household & Background Study Roster

This document explains required reporting requirements for licensed family childcare and can be used to inform your licensor of changes within your household roster.

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| **Reportable Incident** | **Timeframe and Notification Requirements** | **Statute/**  **Rule** |
| Any suspected physical abuse, sexual abuse, or neglect | **Immediately** notify your County Social Service’s intake followed by report to your licensor via phone or email  **Immediately** call 911 if you suspect a child to be in imminent danger or child abandonment | 9502.0375  Subp. 1, 2b |
| Any death of a child outside the program when abuse is suspected | **Immediately** notify law enforcement |
| Any serious injury or death that occurs in the childcare program. Serious injury is defined as one that received  medical care. | **Immediately** notify your licensor via phone call or email followed by submission of the [Serious Injury Reporting Form](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7774-ENG-pform) | 9502.0375  Subp. 2d |
| Any possible maltreatment or criminal charge or conviction by anyone in your household or associated with your program; including any court involvement, a charge or conviction of a felony or misdemeanor, any other criminal history, history of maltreatment of vulnerable adult or minor, any other legal issues, chemical dependency treatment, having a minor child  placed in foster or residential care, involvement in domestic violence or restraining orders | **Immediately** notify your licensor by submitting the updated household roster information on this form | 245C.05.  Subd. 6 |
| Before a household member turns 13 and 18 years old | **Immediately** notify your licensor so a background study can be initiated by the time individual turns 13 and 18 years old | 245C.03  Subd. 1(2) |
| Animal bites or scratches that occur to a child in care | **Immediately** notify the parents of the child the day of the injury  **Immediately** notify public health or your licensor by phone or email | 9502.0435  Subp. 12 f,g |
| Any suspected case of reportable disease | **Immediately or within one day** (depending on disease) notify public health. Reportable illnesses and public health contact information can be found at: https://www.health. state.  mn.us/diseases/reportable/rule/poster.pdf | 9502.0435  Subp. 16e |
| Occurrence of a fire that requires the response of the  fire department | **Within 48 hours** notify your licensor via phone or email | 9502.0375  Subp. 2c |
| The use of an Emergency Replacement | **Within 7 days** notify your licensor via phone or email of the  circumstances that led to the use of an emergency replacement | 245A.53  Subd. 2 (e) |
| Any change in household membership (eg: new baby, individual moves in or out, etc.) Any addition of an employee, substitute, caregiver, or helper who will be providing care or any individual that will have unsupervised access to children | **Immediately** if a background study is required, update the household roster on this form and return to your licensor who will initiate a study; individuals cannot live in the home or provide care until a background study has been cleared.  **Within 30 days** if the change does not require a background study, update the household roster on this form and return to your licensor | 9502.0375  Subp. 2a  245C.03  Subd. 1  (3)(4)(6) |

Updated 05/02/2022

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# Family Child Care Household & Background Study Roster

This form needs to be completed annually and the roster should include all household residents **and** all individuals required to have a background study (substitutes, 2nd adult caregivers, and helpers).

Date household roster completed: \_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **Relationship** | **Date when background**  **study was completed(if applicable)** | **Date Fingerprinted** | Determination Expiration Date |
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# Roster Updates

* **New household member**

Full name: Date of birth: \_\_\_\_

Relationship: Move in date: \_\_ Background study required to be initiated: ☐Yes ☐No If no, date study completed: \_

## Household member moved out

Full name: Date of birth: \_\_\_ \_

Relationship: Move out date: \_\_

## New caregiver/employee/substitute/helper

Full name: Date of birth

Relationship: Start / Move in date: \_\_ Background study required to be initiated: ☐Yes ☐No If no, date study completed: \_

## Report criminal or maltreatment incident, etc. of individual on household roster

Full name: Date of birth: \_\_\_ \_

Relationship: Move in date: \_\_ Explain: \_\_

**By signing, I/we certify that all the information in this form is TRUE and CORRECT. Signature Print Name Date**

|  |  |  |
| --- | --- | --- |
| Signature | Applicant | Date |
| Signature | Co-applicant | Date |