

OTTER TAIL COUNTY HUMAN SERVICES

- Services for vulnerable adults and children -
- Safety net of benefits to help people meet their basic needs of food, shelter and medical care -
- Assist disabled and disadvantaged people to achieve self-sufficiency and independence -

March 3, 2010

To: Licensed Family Child Care Providers and Applicants

From: Shelly Bartels, Child Care Licensor

Update Letter Information At A Glance

- * **General information**
- * **2009 Legislative Updates**
- * **H1N1 Flu Information / Hand Sanitizers**
- * **Reminders** -Reporting changes in Household Membership / addition of Employee
-Complete information on Admission and Arrangement forms
- Reporting "Serious" Injuries
-Annual Fire Extinguisher Servicing
-Annual Well Water Testing
-Copying and Posting of Correction Orders
-Current Copy of Rule
-Importance of Knowing Minnesota Statutes 245A and 245C
- Safe Playing area
- * **Changes in Re-Licensing Visits**

General information

Greetings to all of you licensed child care providers and persons who have applied for a license! We are all hoping spring is around the corner and arrives soon! We have been planning on actual newsletter, but as of now, we just want to get this information out, but a newsletter will still will be a goal. Due to budget cuts, office support for me has changed, and now that person is out on medical leave. Everyone in this agency is doing more with less, so you may have seen a slower response time, and this is not likely to improve anytime soon. Speaking for myself, this doesn't mean don't call or e-mail, it just means I may not be able to get back to you as soon as either of us would like, but I will try and do so as soon as I can. Your patience has been, and is appreciated, you are still important!

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Financial Unit
535 Fir Ave West
Fergus Falls MN 56537
Phone 218-998-8230
FAX 218-998-8270 | <input type="checkbox"/> NYM Human Services
118 N Main Box 247
New York Mills MN 56567
Phone 218-385-3945
FAX 218-385-3987 | <input type="checkbox"/> Energy Assistance
535 Fir Ave West
Fergus Falls MN 56537
Phone 218-998-8230
800-450-2310
FAX 218-998-8270 | <input checked="" type="checkbox"/> Social Service Unit
530 Fir Avenue W
Fergus Falls MN 56537
Phone 218-998-8150
FAX 218-998-8213 | <input type="checkbox"/> Child Support Services
505 Court St South
Fergus Falls MN 56537
Phone 218-998-8640
FAX 218-998-8652 |
|--|--|---|--|--|

2009 Legislative Updates

2009 Legislative Changes Of Note:

1.) 245A.1435 REDUCTION OF RISK OF SUDDEN INFANT DEATH SYNDROME IN LICENSED PROGRAMS.

(a) When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's parent directing an alternative sleeping position for the infant. The parent directive must be on a form approved by the commissioner and must include a statement that the parent or legal guardian has read the information provided by the Minnesota Sudden Infant Death Center, related to the risk of SIDS and the importance of placing an infant or child on its back to sleep to reduce the risk of SIDS.

(b) The license holder must place the infant in a crib directly on a firm mattress with a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be dislodged by pulling on the corner of the sheet. The license holder must not place pillows, quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib with the infant. The requirements of this section apply to license holders serving infants up to and including 12 months of age. Licensed child care providers must meet the crib requirements under section [245A.146](#).

The **Parent Directive** form is attached – and can be found online in the Otter Tail County website under Child Care Licensing and the DHS website under e-docs. **NO ADDITIONAL FORMS WILL BE PROVIDED, IT IS YOUR RESPONSIBILITY TO MAKE COPIES OR GET THEM FROM THE INTERNET.**

Parent Directive – Please read carefully – only required if the parent request you put their infant to sleep in a position other than on their back. **NOTE: The Physician's statement CANNOT be allowed any longer-irregardless of what any trainings state - and has not been allowed for awhile. The physician's statement is regarding not sleeping the infant in an approved crib- which cannot be allowed. There is no way to get a variance for this either.** However, we have not seen any physician's statements for a longtime either.

Fitted Crib Sheets- We will be checking for these, they are **required**, please make sure they meet the requirements of **“fits tightly.... overlaps... cannot be dislodged by pulling on the corner of the sheet”**.

2.) 245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS

Subd. 5.Sudden infant death syndrome and shaken baby syndrome training.

(a) License holders must document that before staff persons, caregivers, and helpers assist in the care of infants, they are instructed on the standards in section [245A.1435](#) and receive training on reducing the risk of sudden infant death syndrome. In addition, license holders must document that before staff persons, caregivers, and helpers assist in the care of infants and children under school age, they receive training on reducing the risk of shaken baby syndrome. The training in this subdivision may be provided as initial training under subdivision 1 or ongoing annual training under subdivision 7.

(b) Sudden infant death syndrome reduction training required under this subdivision must be at least one-half hour in length and must be completed at least once every five years. At a minimum, the training must address the risk factors related to sudden infant death syndrome, means of reducing the risk of sudden infant death syndrome in child care, and license holder communication with parents regarding reducing the risk of sudden infant death syndrome.

(c) Shaken baby syndrome training required under this subdivision must be at least one-half hour in length and must be completed at least once every five years. At a minimum, the training must address the risk factors related to shaken baby syndrome, means of reducing the risk of shaken baby syndrome in child care, and license

holder communication with parents regarding reducing the risk of shaken baby syndrome.

(d) Training for family and group family child care providers must be approved by the county licensing agency.

(e) The commissioner shall make available for viewing by all licensed child care providers a video presentation on the dangers associated with shaking infants and young children. The video presentation shall be part of the initial and ongoing annual training of licensed child care providers caring for children under school age. The commissioner shall provide to child care providers and interested individuals, at cost, copies of a video approved by the commissioner of health under section [144.574](#) on the dangers associated with shaking infants and young children.

To help clarify: Changes made have been regarding who needs to have the shaken baby training- not only those who care for infants – because shaken baby syndrome affects not just infants, but children older than this, they have expanded who needs the training to include everyone who helps to care for any child that is younger than school age. So, that is anyone that helps you in any way—any substitute, emergency or otherwise, any of your own children (they must be 13 years old before they can help – no one under 13 years of age can help care for children in any way) any volunteer, your own husband/boyfriend if it is during child care hours, etc.

Once every 5 years the training must be at least a half hour long for SBS, and a half hour long for SIDS. We don't know of any training at this time that is only a half an hour long, all known training are an hour long or for each subject. The training must be approved by the licensing agency. See attached for more information on approved training. Besides the SIDS and SBS training once every 5 years, one of the three MN Dept. of Health approved videos must be viewed **annually**.

If you don't have a certificate of training, all of the training must be documented with the correct COMPLETE NAME of the training, producer/ source/ sponsor of the training (not 'internet', county approved, etc.) length of training, who was trained and the date of the training. This must be available for drop in visits and re-licensing visits. See attached for more information.

*******WE WILL BE REQUIRING VERIFICATION OF SBS TRAINING BY APRIL 1, 2010. SEE PAGE 8 FOR MORE INFORMATION AND DETAILS OF WHERE TO GET FREE APPROVED TRAINING WITH A CERTIFICATE FOR VERIFICATION OF THIS TRAINING.*******

3.) MN Statutes 169.685, Subd. 5:

PRIMARY SEAT BELT LAW- Minnesota's seat belt law is a primary offense, meaning drivers and passengers in all seating positions must be buckled up or in the correct child restraint. Law enforcement can stop motorists directly for seat belt violations. A seat belt ticket is \$25 to more than \$100. Child care providers are required to transport children in care according to the law.

BOOSTER SEAT LAW- Under Minnesota's booster seat law, a child cannot use a seat belt alone until they are age 8 or reach 4 feet 9 inches tall – whichever comes first. It is recommended to keep a child in a booster based on their height, rather than their age. Boosters are seat lifts that help raise a child up so a seat belt fits properly. Kids that are shorter than 4 feet 9 inches aren't ready to use a seat belt alone. Poor belt fit can contribute to death or serious injury. A sign a belt does not fit properly is if it rubs against a child's neck, or the child tucks the belt behind their back.

This states child care providers must follow the law, the same as other non-licensed persons. However, keep reading. Regarding transportation, DHS does require some possible action on your part, so while we are on the subject, here are some reminders and clarification and more information you need to know:

Correction orders can and will be written for these violations. You must have the correct CHILD PASSENGER RESTRAINT SYSTEMS TRAINING before transporting, per 245A.50, Subd. 6. **NO transporting without this training, even in an emergency situation - consequence – fine and negative action. If you do not have the training to transport children in care, or choose not to transport children in care even if you have the training, DHS requires you have in your policy what you will do in a medical situation instead. The purpose of this is so it is very clear to the parent that you will not bring their child(ren) to the clinic or hospital or dentist if needed and what you will do instead. Please make this change and discuss this with your parents if you cannot or will not transport children. Also, you cannot have in your policy that you will transport or can transport if you cannot. So, if you cannot transport, you must remove this. If you do not what to re-do your whole policy, an addendum will be fine.**

4.) 245C.04 WHEN BACKGROUND STUDY MUST OCCUR.

Subdivision 1. Licensed programs.

(i) A license holder must provide the commissioner notice through the commissioner's online background study system or through a letter mailed to the commissioner when:

(1) an individual returns to a position requiring a background study following an absence of 45 or more consecutive days; or

(2) a program that discontinued providing licensed direct contact services for 45 or more consecutive days begins to provide direct contact licensed services again.

The license holder shall maintain a copy of the notification provided to the commissioner under this paragraph in the program's files.

Note: DHS has stated this does not apply to emergency substitutes for family child care.

H1N1 Flu Information / Hand Sanitizers

See attached information from DHS, noting if you use Hand Sanitizers on children – hand washing is still required, and parental permission is also required for hand sanitizers. Note hand sanitizers are required to be kept out of reach of children if the label states to do so. **Providers hands must be washed with soap even if using hand sanitizers, a sanitizer only is not approved by the child care rule.**

Reminders

-Reporting changes in Household Membership / addition of Employee

Per 9502.0375, Supb. 2 A Please review the form attached, it will be put on the Otter Tail County website under Child Care Licensing. From now on we will be requiring you to use this form.

-Complete information on Admission and Arrangement forms

This is a reminder and a clarification. Per 9502.0405, Subp. 4 A. the completed Admission and Arrangement forms must include a lot of information. Make sure one is used per child, the information is complete, including all information for physician and dentist in and emergency, insurance numbers, etc. The parents are to direct you whom to use. This is required information.

- Reporting “Serious” Injuries

Please remember to report these according to the rule requirements 9502.375, Subp. 2 D

The form for reporting has been updated on the Otter Tail County website under child care licensing. This was done awhile ago. **Call your licensor after the child has been taken care of, leave a message if your licensor is not available.** Do not just mail in the form with out calling your licensor – that is not “informing immediately”. Make sure to follow the situation up in writing using the most current form. If the child is hospitalized – not just treated in the emergency room and released, the licensor must know about this and report it to DHS. Complete the form with as much detail to give the complete story, if you have questions, call your licensor. Please remember this may help protect yourself in situations that may come up later.

-Annual Fire Extinguisher Servicing

These are required to be done annually. Just reminding you in case you do in only before each 2 year re-licensing.

-Annual Well Water Testing

These are also required to be done annually. We will be looking for your ANNUAL well water testing beginning from now on at re-licensing or drop in visits.

-Copying and Posting of Correction Orders

Again, reminding that these need to be copied by you, and posted by you. The posting must be done immediately when they are received in the mail. They need to be posted for a complete 2 years from the date they were written.

-Current Copy of Rule “Licensing of Day Care Facilities -9502.0300-9502.0445”

You are required to have a current copy of the rule, for your own benefit, and to have available for parents. If you have not printed a copy from the internet or purchased a copy in the last couple of years, yours is not current. How can you tell if you have a current copy? Very easy! If yours has 9502.0385- the Training part – yours is OLD and you NEED to get a new copy. You can print one from the link at the Otter Tail County website under Child Care Licensing, or to order call: Minnesota’s Bookstore at: 1-800-657-3757, or their website is: www.minnesota’sbookstore.com or www.mnbookstore.com .

-Importance of Knowing Minnesota Statutes 245A and 245C (and the Rule)

While the family child care rule and the related Statutes for family child care may not be the easiest to understand, it is very important for you to read them and be familiar with them. A licensor cannot interpret the rules or statutes for you, you must do this for yourself. The rule has changed some over the years, but the statutes have changed a lot. If you do not keep yourself current with the changes, and familiar with what is in 245A, it is very hard to avoid correction orders and even negative actions. Please take time to really read the rule and statutes annually and refresh yourself more often.

In 2007 they made very good changes to make the training part of 245A.50 much easier for family child care providers.

Your training can only count if it falls under one of the Minnesota Core Competency Areas as outlined in 245A.50. Any training you attend should state what Minnesota Core Competency Area it is approved for. If your child care association has speakers, please have them tell you what Minnesota Core Competency Area their training covers, and why – this shouldn't take much time or space, and put that on your training certificate. Child Care Resource and Referral has been very helpful in the past for figuring out if a particular training would count and if so, under what area.

- Safe Playing area

Reminder of safe playing areas: When you were licensed, a safe playing area was approved. There have been situations when providers have changed their playing areas and therefore the playing area is no longer approved. There have also been situations when fences were required, and the provider removed the fence, or have the children play outside the fenced in area. If you were required to have a fence, only the fenced in area is an approved play area, and the fence must be in place and maintained.

Also, there may be times when you were not required to have a fence initially, or a play area was once safe, but due to changes in traffic patterns, new developments or other changes, we may require a fence later.

If you feel your play area is no longer safe, or as safe as it once was and would like a fence- remember there may be grant money available through Child Care Resource and Referral.

Changes in Re-Licensing Visits

As you will see by the attached letter from Kay Brown the re-licensing visits will be unannounced starting with the licenses that expire May 1, 2010.

We will be mailing out your re-licensing packet, but instead of the date and time stated, there will be a date range provided. We expect to give state a range of a week we will be arriving at any time, and expect you to notify your licenser if you will not be in operation any of those days of that week. As usual, the directions will be included in the re-licensing packet.

APPROVED SIDS TRAINING

Effective March 1, 2010 approved new training for reducing the incidence of Sudden Infant Death Syndrome are:

- * Any from Child Care Resource and Referral that you have a certificate of training
- * Any from any Tech School or College that you have a certificate of training that was specifically for child care training purposes and was not using the Educare.org curriculum
- * Any from a neighboring social services county / Public Health specifically for child care purposes that you have a certificate of training
- * Red Cross for which you have a certificate of training
- * Healthy Child Care America's 'Reducing the Risk of SIDS in Child Care' for which there is proper documentation of the complete name – including the 'Author' - Health Child Care America and other required documentation.

If the training is not listed above, it is not approved and cannot be counted for approved for new SIDS training as of March 1, 2010. If you have taken the training prior to this date, as long as you have the required documentation, it may be approved, no guarantees.

We have not been approving the Educare.org World of Infants training for quite some time, as it trains very opposite to safe sleeping – sleeping your baby in bed with you, and this is not appropriate for child care providers, as you do not sleep child care children in bed with you, and it is old training, using old information and statistics. There are much better trainings available these days, and some for free. We also do not accept the Care Courses, as we have not seen their content, and do not know if it contains information that complies with Minnesota licensing guidelines. **Only the above are approved training sources.**

APPROVED SBS TRAINING

Effective March 1, 2010 approved new training for reducing the incidence of Sudden Infant Death Syndrome are:

- * Any from Child Care Resource and Referral that you have a certificate of training
- * Any from any Tech School or College that you have a certificate of training that was specifically for child care training purposes and was not using the Educare.org curriculum
- * Any from a neighboring social services county / Public Health specifically for child care purposes that you have a certificate of training
- * Red Cross for which you have a certificate of training

BASED ON THE NEW 2009 LEGISLATION, ALL CHILD CARE PROVIDERS, SUBSTITUTES, ADULT AND JUVENILE HELPERS – ANYONE THAT MAY HELP YOU IN ANY WAY MUST HAVE VERIFICATION OF AT LEAST A HALF HOUR OF APPROVED SHAKEN BABY TRAINING SUBMITTED TO THIS AGENCY BY APRIL 1, 2010 . Correction order if not mailed in.

IF YOU HAVE A CERTIFICATE OF TRAINING, YOU WILL NEED TO SEND IT IN, IF YOU DO NOT HAVE THIS TRAINING, YOU WILL NEED TO GET IT BEFORE THIS DATE AND MAIL IN YOUR CERTIFICATE ----- SEE PAGE 8 FOR DIRECTIONS ON HOW TO OBTAIN FREE SHAKEN BABY TRAINING WITH A CERTIFICATE FOR VERIFICATION YOU CAN MAIL IN !

Be sure an put your name, as license holder, on all certificates so we know whose file it should go in!

Directions for free on-line Shaken Baby Syndrome training:

NOTE: Shaken Baby Syndrome is also known as Abusive Head Trauma – Abusive Head Trauma is the medical term, Shaken Baby Syndrome is the common term many people use.

Go to: ndchildcare.org

Click on: Search for training

Complete the: Provider Log In

Click on: Search for training

Target Audience – leave as is – All

Training Delivery Method: Choose 'Online'

Then check 'Easy Reach Self Study'

In KEYWORD SEARCH type in 'shaken baby syndrome' and click on SEARCH

Scroll all the way down to the bottom of the screen

Click on the box next to 'Abusive Head Trauma' and click on 'Add to My Training Selection'

At the top of the next screen, click on 'Continue to Registration'

Click on 'Register'

Log in

Continue

At the VERY BOTTOM of the next screen, in small letters, you will see 'No payment required. Click on the continue button to register.' However you will need to click on the box next to 'I have read and agree to ND CCR&R's Registration, Payment, and Cancellation Policies' and then click on 'Submit'

Then you will be able to start the training, or read the directions and you can start the training later.

Each person will need to do their own logging in training, and print out a certificate. **Keep a certificate for your records – this is a must, mail in a COPY to your licensor, YOU MUST HAVE A COPY IN YOUR RECORDS AS WELL FOR FIVE YEARS!!**

If you do not have a computer, please go to a library or other public computer, a friend's house, or a relative's house and use their computer.

This site also had SIDS training, currently free, if you need this training soon, or for a new substitute, or a helper.

Parent Directive for Infant Sleep Position

The [National Institute of Child Health and Human Development](#) and the [Minnesota SID Center](#) at Children's Hospitals and Clinics of Minnesota **recommend back sleeping for babies.**

Licensed providers must place an infant in a crib to sleep. Minnesota law requires that licensed providers place infants to sleep in a crib, directly on a firm mattress, and must position the infant on his/her back for sleep unless the provider has a signed directive from a parent or legal guardian for an alternate sleep position. Car seats, swings, couches, the floor on a blanket, etc. are **not** acceptable as an alternative sleep position.

This form is the approved format to direct an alternate sleep position.

In addition, Minnesota law requires licensed providers to use a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be dislodged by pulling on the corner of the sheet, and licensed child care providers must use only cribs that meet specific crib requirements specified in statute and must check cribs monthly to assure they are safe. These requirements apply to license holders serving infants up to and including 12 months of age.

Because babies sleep safest on their backs.

One of the easiest ways to lower a baby's risk of Sudden Infant Death Syndrome (SIDS) is to put him or her on the back to sleep for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Since the recommendation to place a baby on his/her back for sleep began, the SIDS rate in the United States has dropped by more than 50 percent. **Placing babies on their back to sleep is the No. 1 way to reduce the risk of SIDS.**

The following are recommended for Safe Sleep for Your Baby:

1. Your baby should always be put on his or her back to sleep, for naps and at night. **The back sleep position is safest and every sleep time counts.**
2. Your baby should be put to sleep on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. **Never** place a baby to sleep on a pillow, quilts, sheepskins or other soft surfaces.
3. Keep soft objects, toys and loose bedding out of the baby's sleep area. **Don't use** pillows, blankets, quilts, sheepskins and pillowlike crib bumpers in baby's sleep area, and keep any other items away from baby's face.
 - By signing this form I am acknowledging that I have read the above information regarding Minnesota's recommendations for sleeping babies, Minnesota's requirements for licensed providers and the recommendations for **Safe Sleep for Your Baby.**
 - By signing this form I am acknowledging that I am aware that placing a baby on her/his back for sleep has been recommended by health experts to be the safest way to place baby for sleep.
 - By signing this form I am acknowledging that I am aware that since the recommendation to place babies on their back for sleep began, the SIDS rate in the United States has dropped by more than 50 percent.
 - By signing this form I am acknowledging that I am aware that placing a baby on the tummy, or other alternate position other than on the back for sleep, places the baby at greater risk for dying from Sudden Infant Death Syndrome (SIDS).
 - By signing this form I am acknowledging that I am aware that Minnesota Statute, Section 245A.1435, requires licensed providers to position an infant on the back for sleep unless the provider has a signed directive from a parent or legal guardian for an alternate sleep position.



Parent Directive for Alternative Infant Sleep Position

By signing this form I am acknowledging that I have read the information on Page 1 about **Safe Sleep for Your Baby** and that I am directing my provider to always place my baby in an **approved crib** and to always:

Place my baby on his/her tummy for sleep periods; **OR**
(not recommended)

Place my baby in another alternate position for sleep periods.
(not recommended)

(List alternate position). _____
(Licensed providers must place an infant in a crib to sleep. Car seats, swings, couches, the floor on a blanket, etc. are **not** acceptable as an alternative sleep position.)

NAME OF CHILD	BIRTH DATE
SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE
SIGNATURE OF PROVIDER	DATE

A copy of this directive must be kept in the infant's file.

This information is available in alternative formats to individuals with disabilities by calling (651) 296-3971. TTY users can call through Minnesota Relay at (800) 626-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact our agency's ADA coordinator.

H1N1 FLU INFORMATION/HAND SANITIZERS—FCC

H1N1 flu information for child care providers.

The Minnesota Department of Health (MDH) is sending a post card with the following notification to all licensed family child care providers:

Novel H1N1 Recommendations Updated, September 2009

Information about novel H1N1 can rapidly change. Please go to the Minnesota Department of Health (MDH) website to receive the most up to date information. MDH has developed a webpage specifically for childcare providers and early childhood education programs. This webpage includes MDH recommendations for childcare and early childhood programs and tools for providers and parents/guardians. Go to: <http://www.health.state.mn.us/divs/idepc/diseases/flu/childcare/index.html> to receive the most current information.

You can receive an email alert each time this website is updated. Click on the "Subscribe to Childcare Provider Influenza Information" envelope and enter your email address to receive alerts. This email subscription is our primary method for communicating with childcare providers and early childhood education programs during this pandemic.

Cleaning hands with alcohol-based hand sanitizers.

The MDH web site has information regarding hand hygiene including the use of alcohol-based sanitizers. [<http://www.health.state.mn.us/handhygiene/index.html>]

In licensed family child care homes, children's and provider's hands must be washed with soap and water as required under Minnesota Rules, part 9502.0435, subpart 15. If providers choose to use alcohol-based hand sanitizers on children's hands in addition to the required hand washings, the following requirements must be met:

- Written parental permission must be obtained from each child and maintained in the child's record.
- Alcohol-based hand sanitizers must be stored out of reach of children.
- Alcohol-based hand sanitizers must be used by children only under the supervision of the provider.

Notification requirements.

As you know, family child care providers are required under Minnesota Rules, part 9502.0435, subpart 16 D, to inform a parent of each exposed child the same day the provider is notified a positive diagnosis has been made for any of the illnesses specified under Minnesota Rules, part 4605.7000. Please note that influenza is included in the list of illnesses under part 4605.7040, so this requirement applies to the H1N1 flu.

**OTTER TAIL COUNTY HUMAN SERVICES
CHILD CARE LICENSING**

CHANGE OF HOUSEHOLD MEMBERSHIP or ADDITION OF AN EMPLOYEE

Per 9502.0375, Subp. 2 A The provider shall inform the agency within 30 days of any change in the regular membership of the household within the day care residence or the addition of an employee who will regularly be providing care.

This includes ANY change – including a new baby / adoption of a child; a child moving out when they are an adult or when they will no longer be coming home from college for breaks; if a child moves out to go with another parent or into a facility for some reason, you need to inform your licensor.

Please complete the following information and return using the address at the bottom of the form.

_____ moved into / out of / started employment in (Name)
(circle one)

the licensed home on _____. **For employment, see NOTE # 2 below.**
(Date)

_____ is anticipating moving into /or/ out
(Name of household member) (circle one)

of our home on _____. I have submitted a
(Date)

background study with this form and understand I must also inform my licensor using another Change of Household Membership form when the move does take place, after the notice of the background study form had been received notifying me that this person may be in my home.

NOTE: If the person is **moving in** a background check is needed (Consent and Request for Law Enforcement and Agency Records form) if the person is 13 years of age and older, and also for persons 10 to 12 years old if there is reasonable cause. **NOTE # 2:For Employment** of an adult, the completed Physician's Report (DHS-1995) form must also be enclosed per 9502.0355, Subp2, B.

Signature of License Holder

Date

Call your licensor if you have any questions. Thank you!

Return form to: Name of your Licensor
Otter Tail County Human Services
530 W Fir Ave, Fergus Falls MN 56537

You may also scan and send by e-mail to your licensor or fax: Attn: Name of your licensor
Fax #: 218-998-8213

OTTER TAIL COUNTY HUMAN SERVICES

- Services for vulnerable adults and children -
- Safety net of benefits to help people meet their basic needs of food, shelter and medical care -
- Assist disabled and disadvantaged people to achieve self-sufficiency and independence -

Memo to Otter Tail County Family Child Care Providers

Date: 02/10/2010

To: Family Child Care Providers

From: Kay Brown, Social Services Supervisor

RE: Scheduling of relicensing visits



Beginning with family child care licenses due on or after May 1, 2010, the child care licensing social worker will make unannounced re-licensing visits. Child Care providers will be sent their re-licensing packet information prior to their re-licensing date. The providers should follow the instructions in the packet. A date range will be given when the child care licensing social worker can be expected to do the re-licensing. The instructions will indicate that if during that period of time there are days you will not be in operation or away from your home to please notify the licensing social worker of those dates.

This new practice is being instituted as it is recommended by the Minnesota Department of Human Services and is already in practice in many counties. Otter Tail County has decided to implement it at this time due to budget limitations and the reductions in our staff. This will allow the family child care licensor to do several licenses in an area on the same date, reducing both staff time and transportation expense. The agency understands that some providers find the re-licensing process stressful and it is not our intent to add any stress to the process. The child care licensor does expect that the child care provider will continue your normal business operation of caring for the children. All required re-licensing paper work should be completed prior to your date ranges, as well as all on going required rule documentation regarding children in your care and of your facility should be available for review. The child care licensing social worker will only need to be given this documentation and a place to review them and then spend a short time with the provider to answer any questions and do a short walk through of the facility.

If you have any questions please feel free to call me at 218-998-8187. I thank you for your patience as we attempt to put this new practice in place and expect that we may have some issues along the way. If you have suggestions on how we might make this process easier for you as a provider please let me know. The agency has been working on updating the website and getting many of the forms you need available for you on line as well as links to other licensing resources.

Economic Assistance
535 Fir Avenue West
Fergus Falls MN 56537
Phone 218-998-8230
FAX 218-998-8270

NYM Human Services
118 N Main Box N
New York Mills MN 56567
Phone 218-385-5450
FAX 218-385-3987

Energy Assistance
535 Fir Ave West
Fergus Falls MN 56537
Phone 218-998-8230
800-450-2310
FAX 218-998-8270

Social Service Unit
530 Fir Avenue W
Fergus Falls MN 56537
Phone 218-998-8150
FAX 218-998-8213

Child Support Services
121 Junius Avenue West
Fergus Falls MN 56537
Phone 218-998-8640
FAX 218-998-8652