



In compliance with DHS Rule #2
Family Day Care and Group Family Day Care Standards 9502.0375
REPORTING TO AGENCY. Page 15.

Subpart 1. Abuse; neglect reporting. All caregivers shall report any suspected physical abuse, sexual abuse, or neglect of child to the agency or police as required by Minnesota Statutes, section 626.556. If a caregiver has reasonable cause to believe a child has died as a result of physical or sexual abuse or neglect, the caregiver shall report this information to the county medical examiner or coroner.

* ACTION - CALL THE AGENCY OR POLICE DEPARTMENT IMMEDIATELY.

Subpart 2. Other reporting. The provider shall inform the agency:

A. Within 30 days of any change in the composition or membership of the household within the day care residence;

* ACTION - USE FORM ON PAGE 2

B. Immediately of any suspected case of physical or sexual abuse or neglect;

* ACTION - CALL AGENCY OR POLICE DEPARTMENT IMMEDIATELY

C. Within 48 hours after the occurrence of a fire that requires the service of a fire department;

* ACTION - USE FORM ON PAGE 2

D. Immediately after the occurrence of any serious injury or death of a child within the day care residence. A serious injury is one that is treated by a physician; and

* ACTION - USE FORM ON PAGE 2

E. Within 24 hours of the onset of any reports or improvements to the residence which require a building permit.

* ACTION - USE FORM ON PAGE 2

Date: _____

Provider's Name: _____

Subpart 2 (Check one)

_____ A. Change in composition of the family or membership:

Reason: _____

Effective Date: _____

_____ C. Occurrence of a fire that requires the services of a Fire Department:

Fire Department called: _____

(name)

Date: _____ Time: _____

_____ D. Occurrence of any serious injury or death of a child.

Child's name and age: _____

Date: _____ Time: _____

Place of Accident or Illness: _____

Treatment (Public Health Nurse, Hospital, Treating Physician)

Parents Notified: ___ Yes ___ No

_____ E. Any repairs or improvements to the residence which require a building permit.

Type of repair: _____

Date sent to Agency: _____

Signed: _____

(Day Care Provider)