

**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, Subp 2, 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