



# Chemical/Substance Abuse Policy and Grievance Procedures

MN Statute 245A.04, subp.1(c & d) APPLICATION PROCEDURES

Provider: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Please print)

Staff: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Please print)

## **Chemical/Substance Abuse Policy:**

*MN Statute 245A.04, Subp. 1(c): An applicant or license holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care. The license holder must train employees, subcontractors, and volunteers about the program's drug and alcohol policy.*

A summary of my Chemical/Substance Abuse policy is as follows:

## **Grievance Procedure:**

*MN Statute 245A.04, Subp. 1 (d): An applicant and license holder must have a program grievance procedure that permits persons served by the program and their authorized representatives to bring a grievance to the highest level of authority in the program.*

It is important that there is a similar child care philosophy between all caregivers involved in the life of children in mutual care. Communication is necessary to discuss openly any concerns or questions that may arise to guarantee a positive outcome for the children involved.

My Grievance procedure for this program is as follows:

If concerns cannot be satisfactorily resolved between caregivers, concerns may be brought to the following agencies:

1. Carver County Social Services, Intake Division (for reporting of suspected maltreatment) at (952) 361-1600; or
2. Carver County Daycare Licensing (for Family Licensed Daycare Homes) at (952) 361-1600; or

By signing below, I am signifying that I have read and discussed the chemical/substance abuse policy and the grievance procedures with my employer.

\_\_\_\_\_  
Staff Person (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Person's Signature

\_\_\_\_\_  
Date

By signing below, I am signifying that I have reviewed and discussed my chemical/substance abuse policy and the grievance procedures with my employee.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

**The licensed provider should keep a copy in their records as it will be reviewed by the licensor at time of visit.**