



GROW WITH ME PARENT HANDBOOK

RUQIYA AHMED

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Welcome to Grow With Me Childcare Center

At Grow With Me, we believe that every child is unique and deserves to be nurtured in a safe and supportive environment. We Strive to create an atmosphere of acceptance and respect for all children, regardless of their culture, race, or religious background. Our center is committed to providing a diverse and inclusive learning environment for all children. We recognize the importance of exposing children to different culture and perspectives, and we strive to create welcoming atmosphere for all.

Mission statement

Provide high quality, safe and nurturing childcare. With focus on the individual child's age and ability to stimulate social, cognitive, physical, and emotional growth.

Goal

Infuse the daily curriculum with a celebration of personal culture and language to value the diverse funds of knowledge alive in the classroom.

Holiday

The center will be closed in the following holidays.

- *Twice a year for Teacher Development*
- *New Year*
- *Memorial Day*
- *Independence Day*
- *Labor Day*
- *Thanksgiving Day*
- *Eid Al Ahda*
- *Eid Al Fitr*

If the holiday falls on a weekend day, Grow With Me will close during the week. For example, if New Year's Day falls on a Saturday, Grow With Me may close on Friday.

Center Policies

Grow With Me childcare center is mandated to have supervision of children at all times.

Number of Children at Center

Grow With Me childcare center has the capacity to serve 84 children. 16 Infants (6 weeks to 16 months), 28 Toddlers (16 weeks to 33 months) and 40 Preschoolers (33 months to kindergarten, about 5 years).

Dates/Hours of Operation

Grow With Me childcare center is open from Monday to Friday from 6:30am to 6:00pm.

***Full day program.*

Monday	Tuesday	Wednesday	Thursday	Friday
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6:30am	6:30am	6:30am	6:30am	6:30am
6:00pm	6:00pm	6:00pm	6:00pm	6:00pm

Visiting

Families of enrolled children are welcome to visit or call at any time! If you ever have concerns or questions about something at our program, we encourage you to discuss it with us.

Blankets and Comfort Objects

Each child may bring a blanket and/or comfort object to use during naptime. The items may be held at the center in the child's locker or cot pocket or may be brought to and from home each day. The items must remain in either the cot pocket or the child's cubby except for naptime.

Clothing Suited to the Weather

Parents must be sure to have clothing appropriate to the weather each day their child attends. Children play every day outdoors. In Summer wide-brimmed sun hats, and in Spring and Fall a light jacket, hat, and gloves, is appropriate. In Winter, hats, mittens, boots, snow pants, and jackets are necessary. All clothing, including shoes and boots, must be marked with the child's name.

Cubbies

Children are provided with cubbies at the center as a means of keeping their belongings together. Parents should check their child's cubby/locker each day for communications, art projects, wet or soiled clothing, etc. that need to go home.

Transition

When a child 'ages' from one room in to the next, parents and teachers will consult about how to best accommodate the move. Usually, a child starts the transition by spending increasing amounts of time in the new room. Once the child's age requires placement in the next room, teachers and parents will schedule a conference before the child makes the move to talk about new routines, expectations, and responsibilities. Grow With Me Child Care Center also uses established links with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. If a child currently enrolled develops signs of special needs, center staff will recommend available resources to parents for the diagnosis of the condition. We will work with the parents to implement therapies to the best of our abilities. Grow With Me program staff will accompany parents to special education IEP meetings, or visit other programs and services with families, as support persons and advocates. Because we have links with individuals at other agencies, we can affect introductions between families and professionals. When children transition to kindergarten the following procedures are implemented

Enrollment/Registration

Upon accepting the position to place a child with Grow With Me Child Care Center, parents will complete all the necessary forms and supply the Center with contact and emergency information. The parents are encouraged to visit the Center. Lead teachers will contact each

new family to meet with them and orient them to the Center's classroom and solicit essential information about each child. Parents are required to attend an orientation meeting about Center policies and procedures.

County Contracts

Grow With Me Child Care Center is happy to work with families who have third-party assistance in payment of their childcare costs. It is the responsibility of those families to maintain current contracts with their counties, as childcare charges are posted to these student accounts as well. All counties pay after the month of service, and because of this lag it is imperative that clients maintain current contracts in order to register on time and avoid holds. At the end of each month, Grow With Me Child Care Center counts the number of absences of children with county contracts and records them on the County Contract Attendance sheet in the director's office. The Minnesota Child Care Assistance Programs may not pay for more than 25 absent days per child in a calendar year, and more than 10 absent days per child in a row.

Payments Policies

***Fulltime 5 days a week care rates, please see rate sheet.*

When children are enrolled, they are enrolled for the year. Parents are billed based on their child's enrollment, not attendance. Parents are be billed for any days their child is absent, whether due to illness or vacation.

Grow With Me Child Care Center charges by the week, and current fees are available from the office. Charges for each month's childcare are calculated at the beginning of each month and include the cost of scheduled hours for the month. Accounts will be monitored on a weekly basis. When your unpaid charges are over \$500.00, we will be unable to care for your child until the bill is paid. If the childcare slot is NOT filled in before the charges are paid your child will be welcomed back. If you chose to dis-enroll at this time, the two week dis-enrollment notification policy will apply. Charges are entered into the billing system and appear on the parent's electronic account. It is the responsibility of the parents to keep their bill current. When Grow With Me Child Care Center enters the charges, they are immediately considered due. Grow With Me Child Care Center is happy to work with families who have third-party assistance in payment of their childcare costs. It is the responsibility of those families to maintain current contracts with their counties, as childcare charges are posted to these student accounts as well. All counties pay after the month of service, and because of this lag it is imperative that clients maintain current contracts in order to register on time and avoid holds.

Payment Procedures

Grow With Me offers several ways for parents to pay tuition. Parents may use the Bloomz app, bring check/cash to the office or use website to make payment.

Non-Enrolled Children Visiting

Unless prior arrangements have been made with the director, children who are not enrolled in the center must be always accompanied by their own parent/guardian. Staff to child ratios must be maintained at the center, the insurance does not cover children that are not enrolled.

Release of Children

Parents must designate at least two (2) individuals who are authorized to pick up their child in emergency situations. These two must be other than the parents. Only those persons authorized by the parent on the Authorization to Pick- Up form may sign-out, pick up, or visit a child. Parents must notify the center when people other than themselves will be picking up and visiting children, so we are prepared. A Photo I.D. will be requested.

Verbal permission will be accepted over the phone ONLY if that person is already authorized. If the parent or authorized adults are unavailable or cannot be reached by 1 hour after closing time, the center will contact the Child Protective Services to take custody of the child. In families where parents are separated or divorced the custodial parent must have on file at the Center a copy of the legal documents stipulating custody and/or visitation, such as a Minnesota Voluntary Recognition of Parentage. Both front and back need to be copied. Consistent with Minnesota state law [MN Statute 257.541], sole custody of children born to parents who were not married to each other at the time of the child's birth resides with the mother. Only a parent with custody may pick up a child, and only a parent with custody may designate and authorize someone else to pick up a child.

Charge for Picking-Up Late Children

The center closes at 6:00 p.m. We expect children to be picked up by this time. Two things happen when you are late picking up your child. First, your child becomes anxious about why you are late. Second, staff (who have lives outside of the center) are detained past their scheduled time and are late for their evening commitments. If children are picked up after 6:10 p.m. according to the Center clock, a \$25.00 late fee will be applied per child. After 6:50 p.m. according to the Center clock, an additional \$50.00 will be applied per child. If the child is still not picked up by 7pm at this time Child Protection will be notified to take custody of the children.

Child Picked-Up after Scheduled Hours

Parents sign a Contract for Services that designate specific hours of attendance. When a child that is in attendance past contracted hours. Parents will be called immediately unless prior approval has been granted. If parents cannot be reached staff will attempt to contact emergency contacts. If parents or emergency contacts, unreachable staff must call Child Protection at (612) 348-3552 and request an officer to take the child.

The center closes at 6 p.m. If children are picked up after 6:10 p.m. a \$25.00 late fee will be applied per child. After 6:50 p.m. an additional \$50.00 will be applied. The staff person in charge must fill out a Late Pick-Up form and the form must be signed by the parent when they arrive.

When parents are late, begin calling their telephone numbers immediately.

Also call the authorized persons to have them come and assume responsibility for the child if staff cannot get hold of the parent/guardian in a timely manner. If by 7:00pm children have not been picked-up, staff must call Child Protection at (612)348-3552 and request an officer to take the child. After doing so, staff must inform the director of the situation.

Sources of Emergency Medical Care

***Call 911 if it is an emergency*

Department	City	Phone number	Comments
Police	Champlin, MN	763-421-2971	
Fire	Anoka-Champlin	763-923-7140	
Mercy Hospital ER	Coon Rapids	763- 236-6000	
MN Poison Help	Toll free	800- 222-1222	

Orientation Meeting

Families who have recently enrolled their child in at the center and having completed all the forms in the Enrollment Packet, are expected to schedule a 30-minute orientation meeting with the director. During this time policies and procedures will be explained and parents may have questions answered. If there are several new families at one time a mandatory orientation meeting may be scheduled. Parents should also expect to have an enrollment conference with their child's classroom teacher during the weeks immediately preceding their child's first day of attendance.

Safety of Children

All staff members have undergone criminal background checks. Each teacher has systems in place, so they know which children are always in their care. Grow With Me Child Care Center has very explicit policies (that require parent's utmost cooperation) about who is authorized to pick up each child. Staff members monitor very closely who comes through the Center doors, and who look into the playground, and are always ready to notify police about the Center's concerns.

Withdrawal and Leave of Absence

Grow With Me requires a two-week written notice for withdrawal from the center. Parents must date and sign their withdrawal and give it to the director. Parents are responsible for the payment of fees during the two-week period. If it becomes necessary for a child to take a leave of absence from the center for a semester or the summer, parents may complete a disenrollment form. The child's name is kept as priority on the waiting list, although the center cannot guarantee an opening on the desired return date.

Wait List

A Wait List application, accompanied by a non-refundable \$20.00 waiting list fee, is the first step in applying for any of the center's child slots. Applicants are placed on the wait list according to the date those forms and checks are received in the Center. When openings occur, families are contacted according to the information supplied by the parents at the time of application and offered the slot. Telephones not answered and messages not returned will cause us to go to the next name on the wait list. As openings in the classrooms occur, enrollment of children is determined by the following criteria:

- Internal movement-moving a child from a younger group to an older group.
- Previously enrolled child returning from an approved leave of absence.

- Sibling of a currently enrolled child
- Center waiting list.

Confidentiality

- All information obtained regarding any center family/child(ren) is considered confidential.
- Information within a child's file will be available to the director, lead staff, and assistant teachers in the absence of lead staff. The lead teachers may use the Family and Cultural Information from during Inservice training to identify children's interests and needs.
- Practicum students and volunteers are not to be included in discussions with children and families, except for information which is relevant for them to complete their objectives.
- All confidential materials will remain in a lockable filing cabinet in the office.
- All parents/guardians may gain access to their child's information by either asking the lead teacher, or director.
- No information can be shared with an outside agency without written consent from the legal guardian. The decision to share information will be made by administrative staff (lead teachers, director).
- On request, the Regulatory authorities (Minnesota Department of Human Services) of the Lindgren Child Care Center will have access to our confidential materials.

Holidays

Holiday activities can contribute to an anti-bias curriculum. They are fun and children get involved. Participating in celebrations and rituals helps build a sense of group collectivity. Holidays are a part of our society's cultural life. Parents will find the teachers do not emphasize holidays in their curriculum. However, if parents have a particular custom or ritual, they would like to share with all the children, they are encouraged to talk to their child's lead teacher.

Grievance Procedure for Parents

Persons served by Grow With Me childcare center, and their authorized representatives, have the right to bring a grievance to the highest level of authority at Grow With Me childcare center.

If a parent/caregiver has a grievance, they should first attempt to address the issue informally with the child's teacher. Staff will gladly work on it with parent/caregiver. Positive communication is extremely important to the environment at Grow With Me childcare center. The Children must feel comfortable and well always taken care of.

If the teacher does not address the issue satisfactorily to the parent, or if the parent does not feel comfortable discussing it with the teacher, the parent should address the issue with the Childcare Director.

If a parent/caregiver ever feels abused took placed at the Grow With Me childcare center, they have the right to report it directly to the State Childcare Licensing Department at 651-431-6500.

Department of Human Services (DHS)

Division of Licensing
Address: 444 Lafayette Rd, St Paul, MN 55155
Website: <https://mn.gov/dhs/general-public/about-dhs/>
Phone number: 651-431-6600

Educational Method

The need of the 21st century demands citizenry that is culturally sensitive and internationally focused, with an orientation toward the future instead of the past. Introducing multiculturalism in early childhood education will help children develop the moral values and ethical standards of their society. Therefore, it is crucial for preschool teachers to be equipped with the appropriate knowledge, skills, and attitude to promote multicultural education. Children will always be supervised by qualified staff members. Activities in their daily schedule will be consistent with their cultural background. Children will exercise their bodies by playing outdoors, playing in the gym, and/or going on a walk daily. They will have a variety of quiet and active activities each day. Some parts of the day will be teacher directed and others will be child initiated. Our curriculum generated lesson plans will provide a variety of materials and equipment.

Parent/Teacher Conferences

Family members are provided information about their child's intellectual, physical, social, and emotional development with written reports at least two times a year. A documentation is made in the child's record that individual parent conferences were planned and offered.

Both parents and staff may wish to call for additional conferences as needed. The Grow With Me childcare believes very strongly in keeping our parents informed as to the development of their children. Below is specific language from our assessment plan to document our parent teacher communication policy.

- Developmental assessments are ongoing (year-round) with results discussed with the parent throughout the semester, both daily along with two scheduled parent/teacher conferences, one each fall and spring semester.
- Parents are asked to be involved in their child's planning and assessment via an online journal using the Creative Curriculum assessment program.
- Also, daily the lead teachers discuss with parents' developmental milestones reached, developmental progress, and developmental concerns.
- Both formally and informally the lead teachers will disseminate the screening and assessment information gathered for parents. This process will empower the parents as they will feel informed and more knowledgeable about their child's developmental progress.

Daily Report

Daily written reports are made to the parent of an infant or toddler about the child's food intake, elimination, sleeping patterns, and general behavior. This report can be accessed through our center parent app.

Field Trips

Written parental permission will be obtained from each child's parent before taking a field trip either off site or on walking field trips. Parents will be informed of the hours, mode of transportation, and the purpose and destination of the field trip. Staff will take emergency cards, a cell phone, a full first aid kit and a current first aid manual on all field trips.

Termination

In the event any of the following occur, a child and parent(s) may be excluded from the center:

- Non-payment of fees
- Abuse of staff or children at the center
- Inability of staff to adequately care for child's needs.
- Chronic lateness in child pick-up
- Parent is hostile, uses profane language, and is verbally or physically threatening or abusive toward staff or clients of the center.
- Abuse of center policies.

Research and Public Relation: Grow With Me will ensure that written permission is obtained from a parent/guardian before a child is involved in experimental research or public relations activity involving a child while at the center. A separate written permission form must be obtained before each occasion of experimental research or public relations activity or on a form that annually summarizes all research and public relations activities that will be undertaken. This permission form will be maintained in your child's file.

Photo/Video/Research: Teachers use digital cameras and digital video to capture the activities of children. Documentation of children's activities is used for parents to see what their children are doing in the center, and a way to broadcast back to children in visual ways what they have been doing. This is how the Center uses and displays photos and video. A written permission slip will be obtained from parent/guardians.

Child Care Program Plan Policies and Procedures

Review of Center's Childcare Program Plan

Our Program Plan will be available to parents for review on our website on Growwithmechildcare.com or they can get a copy from the Director.

Infants (6 weeks-15 months)

Children in the infant area follow individualized schedules which are planned cooperatively by the parents and lead teacher. Each schedule is modified as the child's development and parents' desires dictate. The staff's primary goal is to help infants develop a sense of trust and pleasure in relationships with their care givers, and in their new environment. The staff to child ration is 2:4, with 8 infants enrolled in each classroom.

(6 weeks -15 months)

- Review or observe the physical surroundings in which infants play and interact to ensure safety of the environment
- Engage in one-on-one play conversation—take the infant's lead and follow his/her interest
- Introduce turn-taking games like rolling a ball back and forth or peekaboo.
- Use simple words and signs to help express a young infant's needs.
- Maintain a consistent, predictable schedule involving responsive routine.
- Keep expectations reasonable—older infants are striving for independence, are egocentric and have difficulty expressing themselves.
- Model empathy for infants to imitate.
- Use a calm tone and make a positive statement as you talk with infants about the ways you keep them safe.
- Use a calm tone and make a positive statement as you talk with infants about the ways you are keeping them safe.
- Use simple words and signs to help them express their needs.
- Maintain a consistent, predictable schedule involving responsive routine.
- Offer two choices to infants, such as choosing two activities or walking or being carried to the diaper-changing table.

Philosophy of the Infant Program. We believe:

- That in order for infants to develop trust, their needs should be responded to quickly, and with sensitivity and respect for their temperament and for their home routines.

- Infants are competent. They communicate their needs and feelings through body language, vocalizations and crying, and gestures. It is our job to learn to “read” what they are telling us and be responsive to their communication with us.
- That it is important to provide age-appropriate learning opportunities, in all areas of development.

The infant curriculum is guided by *The Creative Curriculum, for Infants, Toddlers & Two's*, published by Diane Trister Dodge, Sherrie Rudick, and Kai-lee' Berke. This curriculum is a comprehensive curriculum which includes.

Goals and Objectives: for children's learning in all areas of development: social/emotional, physical, cognitive, and language. These 4 developmental goals are carried out through the care giving, the environment, and activities in the infant program. Sensitive care giving is a major component of the program because it builds the foundation of trust that children need to be successful throughout life. The environment reflects diversity, beauty, and nature and is designed to convey a sense of calmness. Activities provided on a daily basis, such as music time, sensory activities, reading books, and outdoor experiences, are appropriate to the developmental stage of the baby.

- **Quiet Activities:** We understand that infants require a calm and soothing environment. Our center provides a range of quiet activities that promote sensory exploration, language development, and cognitive growth. These activities may include gentle music, soft toys, sensory play with textured materials, and quiet storytelling.
- **Active Activities:** While infants may not be physically active in the same way as older children, we recognize the importance of providing opportunities for them to develop their motor skills and coordination. Our center offers age-appropriate activities that encourage reaching, grasping, rolling, and crawling. These activities may include tummy time, gentle exercises, and supervised exploration of safe, developmentally appropriate play equipment.
- **Teacher-Directed Activities:** Our qualified teachers play a crucial role in guiding and facilitating learning experiences for infants. They engage infants in teacher-directed activities that promote language development, cognitive skills, and social interactions. These activities may involve gentle singing, interactive play, and engaging infants in simple games that stimulate their senses and encourage their curiosity.
- **Child-Initiated Activities:** We believe in respecting and supporting infants' individual interests and exploration. Our center provides opportunities for child-initiated activities, allowing infants to freely explore their surroundings, interact with toys and objects, and engage in independent play. These self-directed activities promote their independence, creativity, and problem-solving skills.
- **Responsive and Nurturing Environment:** We create a responsive and nurturing environment where infants feel safe, secure, and cared for. Our teachers provide

responsive interactions, attentive caregiving, and affectionate gestures to build trust and promote healthy attachment with each infant.

- **Developmentally Appropriate Materials:** Our center ensures that all materials and toys provided to infants are developmentally appropriate, safe, and engaging. We offer a variety of age-appropriate toys and materials that encourage sensory exploration, fine motor skills, and cognitive development.

If you wish to learn more about The Creative Curriculum you can log onto their website at www.teachingstrategies.com.

Toddlers (16 months-32 months)

Goals and Objectives: A structured day is planned indoors and outdoors for toddlers, dependent on their particular schedules. Appropriate activities that foster the growth of each toddler's self-help skills, language development, social awareness, and positive, non-aggressive problem solving are incorporated. Nap time is scheduled in the afternoon. The staff to child ratio is 1:7, with 14 toddlers enrolled in each classroom.

- **Quiet Activities:** We recognize the importance of providing toddlers with opportunities for quiet, focused activities. Our center offers a range of quiet activities that promote cognitive development, language skills, and creativity. These activities may include story time, puzzle-solving, drawing or coloring, and engaging with sensory materials like playdough or sensory bins.
- **Active Activities:** Toddlers are full of energy and thrive on physical activity. Our center provides a variety of active activities that promote gross motor skills, coordination, and physical development. These activities may include dancing, movement games, outdoor play, obstacle courses, and age-appropriate sports or physical challenges.
- **Teacher-Directed Activities:** Our qualified teachers play an active role in guiding and facilitating learning experiences for toddlers. They engage toddlers in teacher-directed activities that promote cognitive skills, social-emotional development, and language acquisition. These activities may involve group games, circle time, storytelling, and interactive learning experiences that encourage participation and engagement.
- **Child-Initiated Activities:** We believe in fostering toddlers' independence and encouraging their natural curiosity. Our center provides opportunities for child-initiated activities, allowing toddlers to explore their interests, make choices, and engage in independent play. These activities may include pretend play, building with

blocks, exploring sensory materials, and engaging with open-ended toys and materials.

- **Responsive and Nurturing Environment:** We create a responsive and nurturing environment where toddlers feel supported, encouraged, and safe to explore and learn. Our teachers provide positive reinforcement, encouragement, and responsive interactions to foster a sense of security and promote healthy social and emotional development.
- **Age-Appropriate Learning Materials:** Our center ensures that all learning materials and toys provided to toddlers are age-appropriate, safe, and stimulating. We offer a variety of toys and materials that support fine motor skills, cognitive development, imaginative play, and creativity.

(16months-32 months)

- Appreciate and encourage prosocial behavior.
- Provide acceptable alternatives to behaviors.
- Teach feeling words to help toddlers express strong emotions.
- Use redirection, distraction and active listening with toddlers who say “No” or are having trouble cooperating.
- Use Simple words and demonstrate to explain limits.
- Use positive wording and language with toddlers, for example, “Please walk,” as opposed to “Don’t run.”
- Begin to offer support for negotiating materials and ideas, for example “I would like to use a truck in 5 minutes” or “Can I be next?”

Philosophy: of the Toddler Program is to help toddlers feel safe and respected along with encouraging the toddler to develop in all areas (cognitive, social/emotional, language, physical and self -help) according to their individual ability using developmentally age-appropriate practice. Relationship with the child and the child’s family is also an important piece of the program. It is important to have parent involvement and create partnership with the parents so that the teacher and parent can work together on their child’s development. (Theorist: Brazelton and Greenspan).

The Toddler Curriculum that is used in the classroom is *The Creative Curriculum*, published by Diane Trister Dodge* Sherrie Rudick*Kai-lee’ Berke. *The Creative Curriculum® for Infants, Toddlers & Twos* is a comprehensive curriculum that helps teachers achieve the very best program for children under three. If the interactions children have are nurturing, consistent, and loving, and the experiences they have are appropriately challenging, then infants, toddlers, and twos grow and flourish. If you would like to learn more about the curriculum you can log on to their web site at www.teachingstrategies.com and click on the infants, toddlers, and two’s side bar.

Preschoolers (33 months-5 years)

Goals and Objective: Activities of social, motor, language, cognitive and sensory experiences are planned for the preschool children. This is done through emergent curriculum where the children's interests are observed, followed, and documented.

Activities are then planned in all developmental areas which are connected to the children's interest area. They include large and small group activities for the day, music experiences with song or dance, storytelling and role playing, creative movement activities, finger plays, arts and crafts, woodworking, outdoor play, and special field trips. Naptime is scheduled in the afternoon. The staff to child ratio is 1:10, with 20 preschoolers enrolled in each classroom.

- **Quiet Activities:** Preschoolers benefit from a combination of quiet and active activities to support their learning and development. Our center offers a range of quiet activities that promote cognitive skills, creativity, and concentration. These activities may include reading, writing, arts and crafts, puzzles, and quiet group games that engage their imagination and problem-solving abilities.
- **Active Activities:** Preschoolers have plenty of energy and enthusiasm for physical activities. Our center provides a variety of active activities that promote gross motor skills, coordination, and physical fitness. These activities may include outdoor play, organized sports, dancing, yoga, obstacle courses, and movement-based games that allow them to explore their physical capabilities.
- **Teacher-Directed Activities:** Our qualified teachers play a vital role in guiding and facilitating learning experiences for preschoolers. They engage preschoolers in teacher-directed activities that promote literacy, numeracy, social skills, and cognitive development. These activities may include circle time, structured lessons, group discussions, and hands-on experiments or projects that encourage active participation and learning.
- **Child-Initiated Activities:** Preschoolers are encouraged to take ownership of their learning and engage in child-initiated activities. Our center provides opportunities for preschoolers to explore their interests, make choices, and engage in independent and cooperative play. These activities may include pretend play, building with blocks or other manipulatives, arts and crafts, imaginative storytelling, and free play with open-ended materials.
- **Balanced Curriculum:** Our center offers a well-rounded and developmentally appropriate curriculum that combines quiet and active activities, as well as teacher-directed and child-initiated experiences. This approach ensures that preschoolers receive a comprehensive education that covers various domains, including language and literacy, math, science, social-emotional development, and creativity.
- **Individualized Learning:** We recognize that each preschooler is unique and learns at their own pace. Our teachers tailor activities to meet the individual needs and

interests of each child, allowing them to progress at a comfortable pace and fostering a love for learning.

- **Positive Social Interactions:** We emphasize the importance of social interactions and cooperation among preschoolers. Our center provides opportunities for children to engage in group activities, collaborative projects, and social play, fostering the development of essential social skills, empathy, and teamwork.

(33 months -5-year-old)

- Be clear about rules.
- Ask meaningful questions about their actions, interests, events, and feelings.
- Notice and recognize their positive behaviors.
- Provide short, clear directions.
- Provide choices. No more than 2 choices at a time.
- Redirect to appropriate behaviors.
- Facilitate social problem-solving.
- Understanding culture-based behaviors.
- Manage space, time, and energy.
- Redirect children and groups away from problems toward constructive activity in order to reduce conflict.

Philosophy: of the Preschool Program is to provide children with endless opportunities to explore and investigate the world in which they live. The children's interests are paired with educational experiences (in all developmental domains) that are relevant, engaging, and meaningful. We believe that children who become active participants in their learning will continue this trait through their educational careers. To assist the children in becoming active learners, we have adopted an emergent (project based) curriculum.

It is only as children search for answers to their own questions via discussion, investigation, and experimentation that they begin to grasp and understand complex concepts that are foundational to later learning. Rather than use teacher directed thematic units, teachers integrate curriculum goals carefully within open -ended projects of inquiry chosen by the children (Katz & Chard, 1989).

The framework is provided by the Early Childhood Indicators of Progress: Minnesota's Early Learning Standards. The primary purpose of these Indicators is to provide a framework for understanding and communicating a common set of developmentally appropriate expectations for young children within a context of shared responsibility and accountability for helping children meet these expectations. These early learning standards are broken down into six main domains, each of which are described in further detail using the links below. The framework provided by the Early Childhood

Indicators of Progress is enhanced by the use of *The Creative Curriculum® for Preschoolers Assessment* tool. This a comprehensive national tool used to in all types of early childhood settings, including inclusive and early intervention programs. To learn more about *The Creative Curriculum® for Preschoolers Assessment* tool please follow this link: www.teachingstrategies.com.

Each classroom (infant, toddler, preschool) uses these research-based screening tools:

- [Brigance Early Childhood Screens III](#)

Each classroom (infant, toddler, preschool) uses these [research-based \(PDF\)](#) assessment tools:

- [Teaching Strategies Gold](#)

Parents complete User Satisfaction Questionnaires, Student Parent Demographic Surveys, and Exit Interviews when they leave the program.

The Center uses the following Environmental Assessments: Infant-Toddler Environment Rating Scale and Early Childhood Environmental Rating Scale.

Teachers conduct assessments of employee performance and develop trainings accordingly.

[Cultural Sensitivity Assessment](#)

Grow With Me uses a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children. Our program is sensitive to family culture by before being admitted to the program each family is asked to complete a **Family & Cultural Information form**. This form allows the teachers a small glimpse into the families' life. During daily discussion with the parents the teacher can use this information to better assess both parental and program concerns. Each teacher knows and understands the unique aspects of our families and is sensitive towards the child's understanding of its impact on her life. Because of our belief in how children learn, Grow With Me Child Care Center gives each child the opportunity to learn and grow at their own pace. Adaptations will be made to the curriculum to assist children's development but the way he/she is assessed is unchanged.

[Grow With Me Assessment Plan \(Child Development\)](#)

Children do not just grow in size. They develop, evolve, and mature, mastering ever more complex understandings of the people, objects, and challenges in their environment. There is a general pattern or sequence for development that is true of

most children. However, the rate, character, and quality of development vary from child to child. Culture influences development in diverse ways, and the goals for children differ from culture to culture. Quality assessment looks at not only to what is happening within the child, but also to the care that child requires to thrive. For a child to develop and learn in a healthy and normal way, it is important not only to meet the basic needs for protection, food, and health care, but also to meet the basic needs for interaction and stimulation, affection, security, and learning through exploration and discovery.

Family Unit

Grow With Me Child Care Center staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds. Our teachers distribute to and request from ALL families a completed Family and Cultural Information Form. This solicits parents to share with the teacher information about family structure, child rearing practices, and linguistic, racial, religious, and cultural backgrounds. This gives a tremendous amount of information to program staff that helps them better understand the Family and Cultural information about program families. Individual teachers also employ unique techniques to solicit information from families. The infant teacher meets personally with each family before the baby begins to care for us. The toddler and preschool teachers take time to speak with each parent daily.

Home Language

It is important to the Grow With Me Child Care Center that all families are given the opportunity to fully understand, interpret, and become involved with their child's assessment and goals. The Grow With Me Child Care Center will provide an interpreter for any family that needs it and makes a request.

Setting

Screenings are completed as an individually administered test and as checklist based on parent report. Developmental assessments are completed throughout the day and year using naturalistic observation of the children's interactions and behavior within the confines of the Grow With Me Child Care Center. Both group and individual observations are used.

Teacher/Family Consensus

Staff work to achieve consensus with families about assessment methods that will best meet the child's needs. Grow With Me Child Care Center achieves consensus with families regarding assessment methods through our daily conversations along with our scheduled parent teacher conferences. Excerpts from the Grow With Me Assessment plan are below as further documentation of our assessment practices.

- Developmental assessments are ongoing (year-round) with results discussed with the parent throughout the year, both daily along with two scheduled parent/teacher conferences, one each fall and spring semester.
- Parents are asked to be involved in their child's planning and assessment via an online journal using the Creative Curriculum assessment program. Also, daily the lead teachers discuss with parents' developmental milestones reached, developmental progress, and developmental concerns. The lead teachers in conjunction with the administrative team will annually evaluate the current screening and assessment tools. Outside professionals and parent involvement is periodically sought out as needed.

Consent

All information compiled during screenings and assessment will be used to promote the healthy developmental growth of the child. The lead staff along with the participation of parents will review the completed information and together make goals for the child or a referral in cases of developmental delay. No information can be shared with an outside agency without written consent from the parent/legal guardian.

Diversity

Efforts are made and documented to hire and maintain staff with the cultural and racial characteristics of the families served. Policies are in place for obtaining staff or volunteers who speak the language of the children served, and these individuals regularly interact with the children and families. When there is need for staff or volunteers who speak the language of a child and family, we seek the services of linguistically relevant person to speak native language with our children and interact with the families as well.

Family Functions

Family functions, training opportunities, and picnics will be planned throughout the year. Participation in these activities is encouraged and appreciated by children, parents, and staff. We provide three opportunities per year, centered on food, for families to meet with one another informally, to learn from and provide support for each other. They are a **Fall Family Potluck**, a **Family Appreciation Breakfast**, and a **Spring Barbeque**. Entire families along with all our employees are invited to all three events.

Center Health Policies

Children's Records

Children's Records will be filled out at enrollment and updated as needed with any changes of the information. Parents are responsible for keeping this information

current. Children's records will be kept confidential and not be released to anyone without written parent permission unless otherwise required by law.

Children's Records Will Contain:

- The child's full name, birthdate, and current home address.
- The name, address, and telephone number of the child's parent/guardian.
- Instructions on how the parent can be reached when the child is attending the center.
- The names and telephone numbers of any persons authorized to take the child from the center.
- The names, addresses, and telephone numbers of the child's source of regular medical care.
- The names, addresses, and telephone numbers of the child's source of regular dental care. Even if a child has not seen a dentist yet, parents must list a source of dental care.
- The source of medical and dental care to be used in case of an emergency.
- The names, addresses, and telephone numbers of two persons to be contacted if a parent cannot be reached in an emergency or when there is an injury requiring medical attention.
- If someone on the emergency card picks up the child, the person will be asked for photo identification.
- Our staff will not disclose a child's record to any person other than the child, the child's parent or guardian, the child's legal representative, employees of the license holder, and the commissioner unless the child's parent or guardian has given written consent or as otherwise required by law.

Immunization Record:

- The current immunization record can be found at this link:
 - <https://www.health.state.mn.us/people/immunize/basics/imzform.pdf>
- Must be on file upon enrollment to childcare. Children will not be allowed to attend the program until the immunization record is received.
- Minnesota law requires children enrolled in childcare to be immunized against certain diseases or file a legal medical or conscientious exemption.
- Parents should obtain updated copies of the child's vaccination history from the child's doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-2015503 or 800-657-3970.

Medical exemption

A child with medical reasons (contraindications) or laboratory confirmation that the child is already immune, is not required to receive vaccinations indicated by a health care professional. The health care professional must sign to confirm this.

Non-medical exemption

A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health or life of the child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from childcare in order to protect them and others. Our program will contact the local or state health department to make this determination of exclusion. Non-medical exemptions must be signed by the parent or guardian and a notary public. For legal information regarding this, our program will contact our legal counsel.

Minnesota's immunization information system (MIIC)

In order to use MIIC, we will ask each parent or guardian permission to share their child's immunization record with MIIC. Immunization information a parent or guardian provides is private and can only be released to those authorized to receive it. Parents must sign in order for our program to share information with MIIC. Signing the form is optional.

Childcare centers are required to report the immunization status of children enrolled in their center each year through an annual immunization report. Information from this report allows the public to see immunization and exemption data of childcare centers.

Health Care Summary

Before a child is admitted to center or within 30 days of admission, our program will obtain a report on a current physical examination (health care summary) of the child signed by the child's source of medical care and must be submitted to the director. An updated health care summary signed by the child's source of medical care is required annually for children under 24 months of age, and whenever a child 24 months or older advances to an older age category.

Children with Special Health Needs

When we admit a child with special needs, we will ensure that an Individual Childcare Program Plan (ICCPP) is developed to meet the child's individual needs at childcare. The ICCPP for Licensed Child Care Centers form from DHS may be used and found at this link:

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7995-ENG> An ICCPP is used to describe a child's individual physical, social, or emotional needs and document the center's plan to carry out the implementation of accommodations to meet the individual needs of the child in the childcare center setting. The ICCPP will be in writing and specify methods of implementation and be reviewed and followed by all staff who interact with the child. An ICCPP must be coordinated with an existing plan and/or the child's Health Care Summary to ensure that the accommodations are aligned with

existing recommendations from case management professionals and/or physicians and is suitable to the childcare center environment. An ICCPP may be developed to address a child's individual needs as determined in the referral process or in coordination with an outside professional. Examples of some plans that address the individual needs of children are an Individualized Education Plan (IEP), an Individual Family Service Plan (IFSP), an Individual Service Plan (ISP) or a 504 Plan. A child's individual needs could also be identified on the child's Health Care Summary or documentation from the child's medical provider. For a child with a known allergy, all documentation requirements of

Minnesota Statutes, section 245A.41 must be met; see Allergy Policies. The ICCPP will be evaluated at least annually by the licensed health care provider and with the child's parent to determine if the needs of the child are being met. We will ensure that any additional staff or training required by the child's ICCPP is provided to our staff.

Exclusion of Sick Children

A child with any of the following conditions or behaviors is a sick child and must be excluded from a center not licensed to operate a sick care program. The license holder must exclude a child:

- With a reportable illness or condition as specified in part 4605.7040 that the commissioner of health determines to be contagious, and a physician determines has not had sufficient treatment to reduce the health risk to others.
- With chicken pox until the child is no longer infectious or until the lesions are crusted over.
- Who has vomited two or more times since admission that day.
- Who has had three or more abnormally loose stools since admission that day.
- Who has a bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of antimicrobial therapy.
- Who has unexplained lethargy.
- Who has lice, ringworm, or scabies that is untreated and contagious to others.
- Who has a 100 degrees Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given. This means the thermometer reads 100 degrees Fahrenheit or higher when taken under the arm (axillary).
- Who has an undiagnosed rash or a rash attributable to a contagious illness or condition.
- Who has significant respiratory distress.
- Who is not able to participate in child care program activities with reasonable comfort.
- Who requires more care than the program staff can provide without compromising the health and safety of other children in care.

- Please note: There is now no exclusion for pink eye, unless the child has a fever or is not healthy enough to participate in routine activities. Antibiotics or a note from a health care provider are not required. The American Academy of Pediatrics recommends considering conjunctivitis (pink eye) like the common cold – both diseases are easily spread among children, and both resolve without treatment. Updated March 2019.

Children Who Become Sick at the Center

If a child becomes sick while at the center, the child will be isolated from other children. A staff member will remain with the child so that the child is supervised. The parent/guardian will be contacted to pick up the child.

Parents are advised to notify the program within 24 hours, except for weekends and holidays, when their child is diagnosed as having a communicable disease. Communicable diseases will be reported to parents the same day the information is received. A fact sheet from www.hennepin.us/childcaremanual will be provided to parents by way of:

- Posting the fact sheet in a prominent place

Each new case of the illness will be relayed to parents in the same manner as indicated above.

Medications

Medications can be crucial to the health and wellness of children. When possible, a child's parents and physician should try to minimize the need for medications while in childcare, however, some children will inevitably require medication while in the child care setting. Administering medication requires skill, knowledge and careful attention to detail and only given in childcare when necessary. Our childcare staff who are responsible for administering medications will receive medication administration training. We will be diligent in our adherence to the medication administration policy and procedures to safely administer medications to children in our facility when necessary.

- All staff who have the responsibility to administer medication will be trained in medication administration and a record of their training will be kept on file.
- The first dose of any new medication will always be given at home to observe for possible adverse effects.
- Our program will follow proper procedures in handling and storage of medications including:
 - Medicines, insect repellents, sunscreen lotions, and diaper rash control products will be stored according to directions on the original container and so that they are inaccessible to children.

- Emergency medications are stored inaccessible to children, but readily available to teachers trained to give them.
 - Controlled substances (i.e., Ritalin) will be stored in a locked container with a system in place to keep an accurate count.
 - All medications are stored, at all times, inaccessible to children.
 - Medication requiring refrigeration will be in a labeled, covered container in the refrigerator.
 - Appropriate medication dispensing devices will be provided with the medication by the parents/guardian.
 - Medications will be prepared and distributed in a quiet area out of access to other children as dispensing medications requires concentration, free of distraction.
 - Staff will maintain the child's confidentiality.
- Our program will adhere to the practice of checking the "SIX RIGHTS" of safe medication administration, including:

- | | |
|----------------------|------------------------|
| 1. Right Child | 4. Right Dose |
| 2. Right Medication | 5. Right Route |
| 3. Right Time & Date | 6. Right Documentation |

- Staff will double check medication with another staff person before giving to the child.
- Staff will wash their hands before and after administering medications.
- Medications will not be added to the child's bottle or food unless a note from the child's health care provider states to do so.
- The program will not administer medications prescribed for another family member.

Non-Prescription, Over the Counter Medications

Non-prescription medications (such as Tylenol) must be administered according to manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist. If the manufacturer's directions state to consult physician, then written directions from the physician will be obtained before administering. Non-prescription medicines will be labeled with the child's first and last name.

Homeopathic Medications

- Our program will not administer home remedies or home-made concoctions as all medications must be in their original packaging with original product label including the product's ingredient list and manufacturer's directions.

- We do not administer homeopathic medications as they are not regulated by the FDA and not recommended in the childcare setting.

Non-prescription Diapering products, Sunscreen Lotions, and Insect Repellents

Non-prescription diapering products, sunscreen lotions, and insect repellents will have written permission from the child's parent as it is required before administration. These will be administered according to manufacturer's instructions unless there are written instructions for their use provided by a licensed health care provider authorized to prescribe medication. They must be labeled with the child's first and last name and used only for the individual child whose name is written on the label. Aerosols will not be permitted in the program due to inhalation risks.

Prescribed Long-Term Medications/Emergency Medications

Medications that are to be given routinely or available routinely for chronic conditions such as asthma, allergies, diabetes, and seizures are stored inaccessible to children but readily available to staff that are trained to give them.

Prescription Medications

- Written instructions from a licensed physician or dentist are required before administering each prescription medicine. Medicine with the child's name and current prescription information on the label constitutes instructions.
- Written permission from the child's parent is required before administering any prescription medicine.
- All medicines are kept in their original container and have a legible label stating the
- child's first and last name. The medicine is given only to the child whose name is on the label.
- The medicine will not be given after an expiration date on the label.
- Any unused portion of medicine is returned to the child's parent or destroyed. This will be documented on the medication administration record.

Documentation of Medications

- The staff will document on the child's Medication Administration Record (MAR) the following:
- Our program will document the administration of medicine on the Medication Administration Record (MAR) and record the following:
 - Name of the child
 - Name of the medication or prescription number (if applicable)
 - Date
 - Time

- Dosage
- Name and signature of the person who dispensed the medicine.
- The record will be available to the parent and maintained in the child's record.
- A record of medication incidents will be kept such as:
 - a. Medications not given at the prescribed time and report to parent/guardian.
 - b. Medications vomited or spit out and report to parent/guardian.
 - c. Medication errors (also call Poison Control Center at 1-800-222-1222) and report to parents/guardian immediately. Medication errors will be documented.
 - d. Side effects or reaction to medication and report to parent/guardian.

Returning Medications

- Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the health care provider.
- Medications no longer being used will promptly be returned to parents/guardians or discarded according to the local county guidelines and documented.
- The amount of a controlled substance being returned to the family will be counted, verified with a second staff member and documented by both staff members.

Behavior Guidance & Strategies

Every adult who cares for children has a responsibility to guide, correct and socialize children toward appropriate behaviors. These adult actions often are called child guidance and discipline. Positive guidance and discipline are crucial because they promote children's self-control, teach children responsibility, and help children make thoughtful choices. The more effective caregivers are at encouraging appropriate child behavior, the less time and effort adults will spend correcting children's misbehavior.

Effective guidance and discipline focus on the development of the child. They also preserve the child's self-esteem and dignity. Actions that insult or belittle are likely to cause children to view their caregivers negatively, which can inhibit learning and can teach the child to be unkind to others. However, actions that acknowledges the child's efforts and progress, no matter how slow or small, is likely to encourage healthy development. Teaching children self-discipline is a demanding task. It requires patience, thoughtful attention, cooperation, and a good understanding of the child. Grow With Me staff will use **only** positive guidance techniques.

When interacting with young children, staff should ask themselves the following questions:

“Am I...”

- Validating feelings?
- Asking open ended questions?
- Encouraging problem solving?
- Respecting children’s choices?
- Using praise and positive reinforcement?
- Talking with children – not at them?
- Circulating throughout the classroom?
- At the child’s eye level?

Reason For Misbehavior

If caregivers understand why children misbehave, they can be more successful at reducing behavior problems. Listed here are some of the possible reasons why children misbehave.

- Children want to test whether caregivers will enforce rules.
- They experience different sets of expectations between school and home.
- A child does not understand the rules or are held to expectations that are beyond their developmental levels.
- They want to assert themselves and their independence.
- They feel ill, bored, hungry, or sleepy.
- They lack accurate information and prior experience.
- They have been previously "rewarded" for their misbehavior with adult attention.

Preventing Misbehavior

Child misbehavior is impossible to prevent completely. Children, usually curious and endlessly creative, are likely to do things parents and other caregivers have not expected. However, there are many positive steps caregivers can take to help prevent misbehavior.

- Set clear, consistent rules. (*e.g., walking feet; gentle touches*)
- Make certain the environment is safe and worry-free.
- Show interest in the child's activities. (*e.g., participating in activities with the children so they stay interested in longer periods*)
- Encourage self-control and independence by providing meaningful choices. (*e.g., “You may pick up the blocks or art center.”*)
- Focus on the desired behavior, rather than the one to be avoided. (*e.g., “Ashley, please use gentle touches with your friends.”*)

- Build children's images of themselves as trustworthy, responsible, and cooperative.
- Give clear directions, one at a time.
- Say "Yes" whenever possible.
- Notice and pay attention to children when they do things right. (e.g., "Joey is playing so nicely. I like it when you keep the blocks on the table.")
- Encourage children often and generously.
- Set a good example. (e.g., using a quiet voice when children should be quiet)
- Help children see how their actions affect others.

Responding To Misbehavior

Below are strategies Grow With Me staff will use to respond to child misbehavior. Remember, however, that it's always a good idea if rules are explained fully and clearly understood before misbehavior occurs. Whenever possible, involve children in making the rules for the classroom.

- **Redirection**
This strategy should be used most frequently when working with young children. If a child is not following the rules or being uncooperative, quickly get the child's attention and introduce another activity. For example, "Kate, please help me water the flowers now. You've been riding the bike for a long time and it's now Logan's turn."
- **Logical consequences**
These are structured consequences that follow specific misbehaviors. The child should be able to see how the behavior and the consequence are directly related. For example, Andrew is standing on his chair at lunch. His teacher should remind him that if he stands on his chair, he could fall and get hurt; this will make him sad.
- **Participate in the solution**
If a child damages something, he/she needs to help in fixing it or in cleaning up. If a child causes someone distress, he/she should help in relieving that. For example, "It made Brandon very sad when you told him he wasn't your friend anymore. Please come apologize and help me make him feel better."
- **Natural consequences**
Allowing children to experience the consequences of their behavior is also called learning the hard way. For example, Laura does not put her books back in her school bag after she finishes reading. One day she loses a book, and therefore must find a way to replace it. *Only use natural consequences when they will not endanger the child's health or safety.*
- **"Take a break" or "Calm down chair"**
In some instances, a child may need to be removed from a particular situation in which he/she has become overwhelmed or violent. The child should be directed to "take a break" or sit in the "calm down chair." This strategy gives the child a

chance to calm down, regain control, and reflect quietly on her or his behavior away from others. Once the child has calmed down, staff should talk with the child about the actions that led up to and resulted in needing a break or being sent to the calm down chair. For example, "Hannah, we have talked often about how hitting is not acceptable. But because you hit John, please leave the blocks center and go to the calm down chair. I will talk to you when you are ready."

If these actions do not help in reducing or changing behavior the following will take place:

1. Staff will report behavior and what strategies have been attempted to the Director.
2. The Director will observe the child and meet with the Lead Teacher to discuss how to approach parent.
3. Lead Teacher will develop the behavior plan in consultation with the parent and with other staff persons and professionals when appropriate.
4. The Director, Lead Teacher and parents will evaluate the behavior management plan. If needed, adjustments will be made.

*** If a child's behavior becomes threatening to themselves, other children, staff or teachers, the child will be removed from the classroom and possibly the program for a period of time.*

Useful Phrases

The following phrases are useful when problem-solving with children.

Instead of	"No" or "Don't"
Say	"Please stop," "I don't like that," "That's not OK," or "That is not a choice."
Instead of	"That's not nice."
Say	"That's not Okay," "Please use gentle touches," or "That hurts."
Instead of	"No running"
Say	"I need you to use your walking feet" or "You may run when we go outside."
Instead of	"Stop crying"

Say	"I need you to use your words to tell me what is wrong."
Instead of	"Can you put away your toys?" (If it is not a choice, do not pose it as a question.)
Say	"You may help me pick up the blocks, or help Amal pick up the puzzles."
Instead of	"I said yes" (when a child tells you "no")
Say	"No is not a choice; I need you to..."

Biting Policy

Biting is a behavior that usually appears between the ages of one and three years. While biting is an age-appropriate behavior, it is important to remember it is also an unacceptable behavior in a childcare environment. Children bite for a variety of reasons: teething, sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Biting is not something to blame on children, their parents or their teachers. There are a variety of strategies we implement at Grow With Me to prevent and stop biting. This is the process followed when a child bites:

- The biting child is stopped and told, "Stop biting. Biting hurts" in a firm voice. Teachers should remain calm, being careful not to show anger or frustration towards the child.
- The biting child is removed from the situation. Depending upon the observed motive for the bite, the separation may include re-direction or meeting the child's needs. As little attention as possible will be placed on the biting child, to avoid reinforcing the behavior.
- Appropriate first aid will be provided to the child who was bitten. Bite will be washed with soap and water; cold compress will be applied to reduce pain and swelling. A bandage will be applied if necessary.

It is important to explore the reasons for biting when it occurs. Teachers need to work with parents to gather information about the child's behavior and begin observations to determine the reasons for biting. Examples of triggers would be communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or teething pain. Once triggers are identified, staff can work on prevention strategies and start teaching replacement skills. Below are the steps the teacher will take to identify triggers and replace the behavior:

1. The teacher will examine the context in which the biting is occurring and look for patterns. The following questions should be asked:

- Was the space too crowded?
 - Were there too few toys?
 - Was there too little to do or too much waiting?
 - Was the child who bit getting the attention and care he/she deserved at other times?
2. The teacher will change the environment, routines, or activities if necessary.
 3. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate ways.
 4. The teacher will observe the child, to get an idea of why and when they are likely to bite.
 5. The teacher will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.
 6. The teacher, parent and Director will meet regularly to regulate an action plan and measure outcomes.
 7. If biting continues the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting.

All information is confidential, and names of the children involved in the incident are not shared between parents. In addition, biting is always documented on an Incident/Accident Report which is completed and signed by a teacher and parent. A copy is provided to the parent and the original kept in the child's permanent enrollment file in the office.

General Requirements

Our behavior guidance policies and procedures:

- A. ensure that each child is provided with a positive model of acceptable behavior.
- B. are tailored to the developmental level of the children we are licensed to serve.
- C. redirect children and groups away from problems toward constructive activity in order to reduce conflict.
- D. teach children how to use acceptable alternatives to problem behavior in order to reduce conflict.
- E. protect the safety of children and staff persons.
- F. provide immediate and directly related consequences for a child's unacceptable behavior.

Persistent Unacceptable Behavior

We deal with persistent unacceptable behavior by increasing the amount of staff guidance and time. Our staff deal with persistent unacceptable behavior by:

- A. observing and recording the behavior of the child and the staff response to the behavior.
- B. developing a plan to address the behavior documented in item A in consultation with the child's parent and with other staff persons and professionals when appropriate.

Prohibited Actions

Our behavior guidance policy prohibits the following actions by or at the direction of a staff person:

- A. Subjection of a child to corporal punishment. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
- B. Subjection of a child to emotional abuse. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, making derogatory remarks about the child or the child's family, and using language that threatens, humiliates, or frightens the child.
- C. Separation of a child from the group except within rule requirements.
- D. Punishment for lapses in toilet habits.
- E. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
- F. The use of physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm.
- G. The use of mechanical restraints, such as tying.

Separation From The Group

No child will be separated from the group unless we have tried less intrusive methods of guiding the child's behavior which have been ineffective, and the child's behavior threatens the well-being of the child or other children in at the program. A child who requires separation from the group will remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person; the child will remain within sight and sounds of a staff person at all times. When separation from the group is used as a behavior guidance technique, the child's return to the group is contingent on the child's stopping or bringing under control the behavior that precipitated the separation, and the child will be returned to the group as soon as the behavior that precipitated the separation abates or stops. A child between the ages of six weeks and 16 months will not be separated from the group as a means of behavior guidance.

Separation report

All separations from the group will be noted on a daily log. A notation in the log will include the child's name, staff person's name, time, date, and information indicating what less intrusive methods were used to guide the child's behavior and how the child's behavior continued to threaten the well-being of the child or other children in care. If a child is separated from the group three times or more in one day, the child's parent will be notified, and notation of the parent notification will be indicated on the daily log. If a child is separated five times or more in one week or eight times or more in two weeks, the procedure in Persistent Unacceptable Behavior will be followed.

Pets in Childcare

Parents will be informed upon admission if pets are present in the program or if they are brought in for in house field trips or visits. We will check with our local health department before bringing any pets in to the childcare setting.

- Pets will be addressed in the parent handbook. We will inform parents/guardians of our pet policy and include the benefits and potential risks with animals in the program.
- We will consult parents/guardians to determine special considerations needed for children with weakened immune systems, allergies, or asthma.
- We will notify parents/guardians of any child whose skin is broken by an animal bite or scratch. If a child is bitten by an animal at the program the local law enforcement agency will also be notified. Pediatric First Aid will be given to the child immediately. If the bite or scratch is extensive, children will be treated by emergency services.
- Children will be closely supervised at all times when handling animals.

Animals not recommended in school settings include:

- Ferrets, reptiles (e.g., lizards, turtles, snakes, iguanas), poultry (especially baby chicks and ducklings), inherently dangerous animals (e.g., lions, tigers, cougars, bears), nonhuman primates (e.g., monkeys and apes), mammals at higher risk of transmitting rabies (e.g., bats, raccoons, skunks, foxes), aggressive or unpredictable animals, wild or domestic, stray animals with unknown health and vaccination history, venomous or toxin-producing spiders, insects, reptiles, and amphibians

These animals are not allowed or recommended because:

- Reptiles and poultry can carry Salmonella bacteria and can be a source of infection.
- Wild animals can be a source of infectious bacteria, parasites, viruses, and fungi.
 - Biting incidents from animals are a risk, especially from wild animals. In some municipalities, ordinances restrict wild/exotic animals and/or farm animals.

Prevention and control

Wash hands! Hand washing is the #1 way to stop the spread of disease. Wash hands with soap and water for at least 20 seconds and wash hands, wrists, back of hands and under fingernails. Wash after contact with animals or their environment, on leaving the animal area and before eating.

- Food and beverages should be served and consumed in animal-free areas.
- Toys and pacifiers are not allowed in the animal areas.
- Animal contact will occur only under close adult supervision.
- Children under 5 years of age will not have contact with farm animals as they have undeveloped immune systems.

Pet Information Source: Hennepin County Human Services and Public Health Department (HSPHD) September 2015

Emergency & Accident Procedures

Staff is trained on emergency and accident policies as well as the center's risk reduction plan. Documentation of this training is kept on file at the center. The program is responsible to implement and monitor implementation of all policies and procedures.

Pediatric CPR & Pediatric First Aid Training:

All director(s), staff persons, including aides, substitutes and unsupervised volunteers complete pediatric CPR and First Aid training, which includes infant and child, before they have unsupervised direct contact with a child, not exceeding the first 90 of their employment, and then again, every second calendar year. The pediatric CPR training, including infant and child, includes hands-on practice with an in-person assessment/test out by an authorized instructor/provider. At least one staff person who has satisfactorily completed Pediatric CPR & Pediatric First Aid training, including infant and child, is present during the hours of operation including while on field trips and when transporting children in care.

In situations where First Aid is required, a staff person will deliver First Aid while a second staff person remains with the other children. If additional help is needed, the director, assistant director or additional staff persons are called. All accidents and injuries are documented detailing the First Aid procedures used and are kept on file at our program.

First Aid Kit:

We are responsible for checking the First Aid Kit(s) on a regular basis to ensure all needed and required supplies are present.

The First Aid Kits will have at least the following items as required by Rule 3:

1. Current First Aid Manual
2. Sterile Bandages
3. Band-Aids in assorted sizes
4. Sterile Compresses

5. Scissors
6. Ice Bag or cold pack
7. Adhesive Tapes
8. Thermometer

Other Required Items that we recommend be in your First Aid Kit(s):

- Gloves
- Protective Eyewear
- Plastic Bags
- CPR barrier

Other Required Items:

- Sharp Container
- Flashlight
- Battery Operated Radio

Safety Rules to avoid Injuries, Burns, Suffocation, Pedestrian Accidents, Poisoning, Choking & Traffic Accidents

Injury Prevention

- Outside doors and windows used for ventilation are screened to protect from insects.
- Rugs have non-skid backing or are firmly fastened to the floor.
- Rugs will not have edges curling or fraying.
- Solid, washable step stools are used for children to access sinks as needed.
- Folding step stools and folding chairs are not present.
- Children wear closed toe shoes.
- Safety gates are in place where needed to protect children from hazards.
- Spills are wiped up immediately.
- Doors have slow closing devices or door guards to prevent finger pinching.
- Drapery cords are kept out of children's reach.
- Adult scissors, knives and sharp objects will be kept out of the reach of children.
- Staff purses and bags are stored inaccessible to children at all times.
- Aerosol sprays are not used around children.
- Fans are inaccessible to children.
- Electrical cords are inaccessible to children.
- Wading pools are not allowed.
- All water play is carefully supervised at all times.
- Infant walkers are not used.
- Bean bag chairs are not present in the infant room(s).

- Safety buckles on high-chairs and infant seats and equipment are in place and used when the equipment is being used.
- Staff will be taught proper, safe lifting techniques.
- Staff will be trained on the Risk Reduction Plan
- Staff will properly supervise children at all times.

Supervision

Proper supervision is a key component in injury prevention. Supervision occurs when a staff person is accountable for the children's care, can intervene to protect the health and safety of the child and is within sight and hearing of the child at all times except when:

- 1) When a single school-age child uses the restroom within our licensed space, supervision occurs when a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes.
- 2) When a school-age child leaves the classroom but remains within our licensed space to deliver or retrieve items from the child's personal storage space, supervision occurs when a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes.

Biting

The safety of the children is our primary concern. Our biting policy addresses the developmental nature of biting, the actions taken to prevent bites, protocols for the aggressor and victim when bites do occur, and process followed if biting becomes an ongoing concern. Biting can be a natural developmental stage that children go through. It's usually a temporary condition that's most common between thirteen and twenty-four months of age. Biting is a form of communication and can often signal important cues about the child: teething, tired or hungry, thinks needs are not being met, frustrated or unhappy about not getting his/her way, seeking attention, experimenting with cause and effect. Toddlers have poor verbal skills and are impulsive therefore sometimes biting occurs for no reason.

Biting Prevention

Preventative Actions: Our staff is trained to recognize typical frustrations that can lead to biting and behaviors children can exhibit in the moments before biting. Staff employ a variety of techniques to monitor and supervise all children, redirect in situations where a pre-behavior is recognized and maintain an environment with clear expectations where children engage in thoughtful and appropriate choices.

Protocols for When a Bite Occurs

For the biter: The biter is immediately removed from the situation with no emotion and no verbal communication. The teacher will address the issue reminding the child of appropriate choices and ways to engage with classmates. The teacher will write an incident report and send a copy to the parent/guardian. Confidentiality will be maintained. Staff will develop a biting plan with the

parents. When biting escalates beyond an occasional occurrence, parents and staff must work together to address the behavior.

For the victim: The victim is separate from the biter and special attention is given to comfort the child. The teacher will administer appropriate pediatric first aid. Should the wound require medical attention, parents will be notified immediately. The teacher will write an incident report and send a copy to the parent/guardian. Confidentiality will be maintained. Teachers and administration will confer to discuss the context of the bite and if any adjustments on the part of the program are necessary.

Staff are trained in biting situations to

- Examine the situation in which the biting occurred and look for patterns.
- Change the environment, routines, or activities if necessary.
- Let the child know in calm words and manner that biting is unacceptable.
- Work with the biting child on resolving frustration using words if the child is able.
- Observe a child to get an idea about when he or she is likely to bite.
- Identify children likely to be bitten; try to prevent them from being bitten.
- Shadow the child closely to anticipate biting situations.
- Teach non-biting responses to situations and reinforce appropriate behavior.
- Adapt the program to better fit the individual child's needs.
- Watch over a child who is likely to be bitten. Help make the children feel secure.
- Group children to avoid biting- avoid combinations that may lead to biting.
- Read child friendly books about not biting.

SUID & AHT Prevention Training

- All staff persons and volunteers assisting in the care of infants receive training on reducing the risk of Sudden Unexpected Infant Death (SUID). This training will be at least one-half hour in length and will be completed at least once per calendar year. At a minimum, the training will address the factors related to SUID, means of reducing the risk of SUID, and license holder communication with parents regarding reducing the risk of SUID.
- All staff persons and volunteers assisting in the care of children under school age will have Abusive Head Trauma Training (AHT) before they care for infants or children under school age and then annually. The training will address the risk of abusive head trauma from shaking infants and young children. AHT training will be at least one-half hour in length and at a minimum, will address the risk factors related to shaking infants and young children, the means to reduce the risk of AHT in childcare, and license holder communication with parents regarding reducing the risk of AHT.
- Maintain a predictable schedule so children anticipate the progression of the day.

Burn Prevention

- Water temperature will be set not to exceed 120 degrees Fahrenheit. No water in the center will be any warmer than 120 degrees Fahrenheit.
- The kitchen is inaccessible to children. If the kitchen door opens to an area used by children, the door will be kept closed or a safety gate is in place.
- Microwaves are not used by children.
- Microwaves are not used to warm infant food or bottles.
- Our program is smoke-free and smoking is not allowed on the premises.
- Staff will check outdoor play equipment to make sure it's not too hot just prior to children using.
- Electrical outlets are tamper proof or shielded with protective coverings.
- Electrical cords are out of children's reach.
- Staff will not have or drink hot liquids around children. This includes beverages in covered mugs.
- Food is allowed to cool before serving to children. Food is served warm, not hot. Food will cool to 110 degrees Fahrenheit before serving.
- Overexposure to the sun is prevented by the use of protective clothing, hats and sunscreen. Sunscreen will be used and requires written parent permission.

Poisoning Prevention

- The Poison Control Center phone number of 1-800-222-1222 is listed at center's phones. The Poison Control Center is immediately called with any accidental ingestion of a poisonous substance.
- All poisonous substances are stored inaccessible to children at all times.
- All poisonous substances are stored in their original container with the label intact.
- All poisonous substances are stored away from food.
- Lead paint will not be used on equipment, toys, or walls.
- Aerosol sprays will not be used in the presence of children.
- Plants will be checked to be non-poisonous. To access a list of poisonous plants, go to: <https://www.poison.org/articles/plant#poisonousplants>.

Choking/Suffocation Prevention

- Choking relief procedural posters are hung in each eating area.
- A list of foods that are high risk for choking is available at the center.
- Infants and children will be given age-appropriate foods.
- Infants eating finger food will have their food diced to 1/4" or smaller and toddlers will have their food cut to h" or smaller.
- Infants and children sit while eating and are closely supervised.
- Plastic bags are stored inaccessible to children.
- Plastic bags are tied in a knot after use.
- Balloons are not used at the program.

- Toys are age appropriate- no small items will be present that could cause choking.
- Teething necklaces are not allowed due to strangulation and choking hazards.

Choking Information

Do not offer to children under four years of age foods that are associated with young children's choking incidents (round, hard, small, thick, and sticky, smooth, compressible, or dense, or slippery).

Examples of some of these foods are:

- Hot dogs
- Raw carrot rounds
- Whole grapes
- Hard candy
- Meat sticks
- Nuts
- Seeds
- Raw peas
- Hard pretzels
- Chips
- Peanuts
- Popcorn
- Rice cakes
- Marshmallows
- Chunks of meat
- Spoonful of peanut
- Butter

Food for Infants: Cut into pieces one-quarter inch or smaller.

Food for Toddlers: Cut into pieces one-half inch or smaller.

- Staff sit with children during meals and snack time.
- Children are seated when eating to reduce the risk of choking. Children are supervised while eating are able to be monitored to ensure the size of food that they are eating is appropriate and that the child is eating appropriately and not stuffing their mouth full.

To further reduce the risk of choking, menus reflect the developmental abilities of the age of children served. Because it is normal for children to get their first teeth at a widely variable age, menus consider not only the ages of children, but also their teeth, or

lack thereof. This becomes particularly important with those whose teeth come in late. Foods considered appropriate for a one-year-old with teeth may need to be reevaluated for the child whose first tooth has just come in. The list of high-risk foods is available to staff. The presence of molars is a good indication of a healthy child's ability to chew hard foods that are likely to cause choking (such as raw carrot rounds).

Nearly 90% of fatal choking occurs in children younger than four years of age. Peanuts may block the lower airway. A chunk of hot dog or a whole seedless grape may completely block the upper airway. The compressibility or density of a food item is what allows the food to

conform to and completely block the airway. Hot dogs are the foods most commonly associated with fatal choking in children.

Traffic and Pedestrian Accident Prevention

- Children are escorted by their parent/guardian or a staff member in the parking lot.
- Children will only cross the street with a parent/guardian or a staff person(s) present.
- Staff will guide children through cross walks when cross walks are present.
- A staff person will be at the front of the line with another at the end of the line.
- Children will be counted when leaving, returning and several times in between.
- The playground is fenced in, away from traffic.

Daily Inspection

A daily inspection for potential hazards inside the center and on the outdoor activity area is completed by our staff. When potential hazards are found, they are removed or repaired immediately. Staff will continue to look for and remove potential hazards throughout the day.

Outdoor Activity Area/Playground Safety

- A daily inspection is completed to observe for potential hazards of the entire outdoor activity area.
- An annual maintenance check is done at the beginning of Spring of all equipment to assess the need for repairs.
- Staff will check equipment to make sure it's not too warm just prior to children using. • The playground is free of litter, rubbish, toxic materials, water hazards, machinery, animal waste, and sewage contaminants.
- Any broken equipment or equipment in need of repair is removed and either disposed of or not used until it has been repaired and in safe working condition.
- Children will only play on the equipment appropriate for their age and size and be taught how to correctly and safely use playground equipment.

- Staff will position themselves so that they may see all children on all areas of the playground.
- The playground is enclosed if it is located adjacent to a traffic, rail, water, machinery, or other environmental hazards, unless the area is a public park or playground.
- Play equipment is installed over proper material with recommended fill depth and fall zones.

Outdoor Play

Childcare centers are required to provide daily indoor and outdoor activities for children in care. Extreme Minnesota weather conditions can present challenges for childcare providers as they plan for outdoor play time. Centers are encouraged to educate staff on the dangers of exposing children to extreme temperatures and plan accordingly. One useful resource is the Child Care Weather Watch, a guide based on wind-chill and heat index to assist childcare providers in understanding weather conditions when planning outdoor activities for children. This may be found at: <https://idph.iowa.gov/Portals/1/Files/HCCI/weatherwatch.pdf>

As weather permits, daily outdoor play time is scheduled. Children will wear closed toed shoes while playing outside or boots when needed. When children have a cold, unless there is a specific note from the child's doctor indicating that the child may not go outside, children will participate in outdoor activities. Watching the weather is part of the program staff's responsibility. Changes in weather will be monitored by the program staff with the health and safety of children in mind. Children will be dressed to maintain a comfortable body temperature. Drinking water will be available to children. Water helps children maintain hydration and a comfortable body temperature. In colder months, children will wear layers of clothing. When there is snow, children will wear water-resistant clothing and boots. In warmer months, children should be dressed in lightweight, light colored clothing with sun protective clothing such as hats with brims.

Sunscreen

Sunscreen requires written parent permission. A child's sunscreen will be labeled with the child's first and last name. A sunscreen labeled as SPF-15 or higher with UVB and UVA ray protection is recommended for use. Manufacturer's instructions for the sunscreen product will be followed. Infants will be protected from the sun by limiting the amount of time outdoors and playing in shaded areas. Furthermore, we will prevent sunburn by:

- Keeping infants younger than six months out of direct sunlight. We will find shade under a tree, umbrella, or the stroller canopy.
- Encourage parents/guardians to bring a hat or cap with a brim to shield the face.
- Limit sun exposure between 10 AM and 4 PM, when UV rays are strongest.

- Encourage parents/guardians to bring child safe sunglasses with at least 99% UV protection.

Over-the-counter sunscreens require written authorization from the child's parent/guardian. With parent permission, sunscreen will be applied on exposed areas, including the face, avoiding the eye area, from May through September. "Broad spectrum" sunscreen will screen both UVB and UVA rays. We will use sunscreen with an SPF of 15 or higher, the higher the SPF the more UVB protection offered. UVA protection is designated by a star rating system, with four stars the highest allowed in an over-the-counter product.

Sunscreen will be applied thirty minutes before going outdoors as it needs time to absorb into the skin. If the children will be out for more than one hour, sunscreen will need to be reapplied every two hours as it can wear off. If children are playing in water, reapplication will be needed more frequently. Children will also be protected from the sun by using shade and we will encourage sun protective clothing. Sun exposure will be limited between the hours of 10 AM and 4 PM when the sun's rays are the strongest.

Sunscreen will be applied to the child at least once by the parents/guardian at home to ensure the child doesn't have a reaction prior to its use in childcare.

[Fire Prevention Policies AND Procedures to follow in the Event of a Fire](#)

All staff are trained upon hire in procedures for fire prevention and procedures to carry out in the event of a fire. Fire extinguishers are inspected by an actively licensed fire extinguisher company and the required inspection record tag will remain affixed to the extinguisher(s) indicating current inspection date.

[Fire Drills](#)

Fire drills are held every month. Fire drills are recorded in a log that includes the date, the time of the drills, the number of staff and children present and the length of time to evacuate.

[Posted Information](#)

- Primary and secondary fire exit routes are designated on the facility's floor plan which is posted within the center.
- Building evacuation routes are posted.
- The telephone number of the fire department is posted.
- Which staff persons are responsible for the evacuation of children in all areas of the center.

Instructions How to Use of a Fire Extinguisher

All staff are trained on where the fire extinguisher(s) are located within the center and how to use a fire extinguisher:

1. Pull the pin.
2. Aim the nozzle at the base of the fire. Hitting the tops of the flame with the extinguisher won't be effective.
3. Squeeze the trigger. In a controlled manner, squeeze the trigger to release the agent.
4. Sweep from side to side.

Instructions How to Close off a Fire

Check doors for heat before opening. If the door is hot, do not open the door and find another exit. The fire may be right on the other side and opening the door can give it the oxygen it needs to spread. Closing off a fire area includes closing doors / windows to contain the fire.

Fire Evacuation Procedures

- The first adult to come across the fire will pull the fire alarm and call 911.
- The lead teacher in each classroom will evacuate children taking the attendance sheet and emergency cards (if emergency cards are stored in the classroom).
- The assistant teacher or aide will close off the fire. If a teacher is alone, he or she will close off the fire. Closing off a fire area includes closing doors / windows to contain the fire.
- The center director will take a first aid kit, emergency kit which can contain necessary supplies such as extra batteries, snack foods, water, books/toys, blankets, etc.).
- The staff and children will meet at a designated place in the event of a fire.
- Attendance and a count of children and staff is made.
- No one will return to the building until the fire department has given permission.

Telephone number of the local fire department:
Anoka-Champlin Fire Department **(763) 923-7140**

Staff will be trained how to carry out the fire procedures.

The fire will be reported to DHS at 651-431-6500 within 48 hours of a fire that requires the fire department.

Emergency Shelter

We have a designated emergency shelter in the event of a blizzard, tornado or other natural disaster. In the event of a tornado, the designated tornado shelter area will be indicated on the facility's floor plan showing the designated primary and secondary exits, and evacuation routes.

Blizzard

In the event that a blizzard occurs during childcare hours, the local radio station will be listened to and the childcare center will follow the local school district for closures. In the event that the center should close, parents will be called to pick up their children. Food and water is available for the children and staff will remain with the children until all children have been picked up.

Tornado

Tornado drills occur every month April through September and are documented in a log that includes the dates and times the drills were held.

The regularly designated tornado shelter will be identified on the map of the facility floor plan and posted within the center.

Staff will tune into local radio station to monitor events and will have a battery-operated radio and a battery-operated flashlight available with extra batteries in case the power goes out. The outdoor warning siren is the best-known type of warning which is a steady three to five-minute tone used for tornadoes or other severe weather.

In the event that a tornado does occur, shelter will be taken immediately with the emergency kit including a battery-operated radio to receive updates on the latest developments. The children will be taken to the designated tornado shelter.

Lead teachers will bring the attendance sheets. The director will take the emergency kit. No one will be allowed to leave the tornado shelter area until the "all clear" has been given.

Other Natural Disasters

Power Failure

In the event of prolonged loss of power that the center would need to close, parents will be called to pick up their children. Battery-operated flashlights and battery-operated radios will be available for use. Staff will be trained on where the fuse box is located.

Gas Leaks

In the event of a gas leak, the gas leak is treated the same way as a fire and the center will be evacuated following the fire evacuation procedures.

Hazardous Materials

911 will be called as soon as a hazardous materials accident, spill or leak occurs. If warning sirens are heard, the local radio station will be turned on and instructions from emergency responders will be followed. Staff and children will stay away from the incident.

Pandemic Outbreak

The program will follow local and government agencies such as The Minnesota Department of Health (MDH) and The Centers for Disease Control (CDC) on pandemic planning and management.

Violent Incidents

If staff are threatened with situations such as a bomb threat nearby, a robbery, or a situation where an individual within the center is a target, they will avoid confrontation with someone who is armed with a weapon. The emergency kit with a cell phone and battery-operated radio will be taken with children immediately to the pre-designated emergency shelter. The shelter will be locked down by means of locking the door, covering the window(s), if applicable, and if it is safe to do so, turning the lights down and keeping everyone away from the windows (if applicable). 911 will be called and instructions will be followed. Staff will try to keep the children as quiet and calm as possible. Staff will tune into the radio for updates and to find out when it is safe to leave the shelter.

Parent's/guardians of the children will be contacted when the danger has passed.

Missing Child

If a child is missing, staff will be notified and will conduct a search of the entire facility and premises. Children in care will not be left alone and will be supervised while the search takes place. If the child is not found, the police will be notified immediately, followed by the child's parent or guardian. This incident will be reported to licensing.

Procedures to Follow If

Unauthorized or Person Suspected of Abuse

If an unauthorized person or a person suspected of abuse comes to pick up a child, they are not allowed to take the child from the center. Parent/guardian will be called immediately and if they are not available emergency contacts will be contacted. If there is immediate danger that this person is attempting to remove the child from the center, 911 will be called.

Incapacitated Person

If an incapacitated person attempts to remove a child from the center, the person will be informed that the center staff does not feel it is safe for the child to leave

with that person. An alternate person on the emergency card will be contacted such as the other parent of the child or guardian or emergency contact to pick up the child. If the person resists, 911 will be called. If the person resists and leaves with the child, every attempt will be made to get the license plate and description of the car and 911 will be called immediately followed by calling child protection.

No One Comes to Pick Up the Child

At closing time of the program, if no one has picked up a child, staff will attempt to call the parent or guardian. If the parent or guardian cannot be reached, emergency contacts on the emergency card will be contacted. If unable to reach those contacts within one hour of the center closing, the police will be called. Staff will not transport the child. If the police take the child, a note will be left on the center door for the parent/guardian informing them of the situation and a phone number for them to call.

Sources of Emergency Medical Care

Emergency phone numbers including the phone numbers and sources of emergency medical and dental care and 911 are posted.

- Sources of Emergency Medical Care: If the accident/injury requires immediate attention, 911 will be called. Parents are called after calling 911. Staff will transport a child. The child would be transported by emergency services as deemed necessary by emergency services to the nearest available hospital as determined by emergency responders.
- Upon enrollment, parents will sign permission authorizing use of emergency medical care. Licensing will be notified within 24 hours of the use of emergency services.

Emergencies

- Other phone numbers to have posted in case of emergencies are: poison control center, fire department, health authority, and licensing division of the Department of Human Services are posted in a visible place in the center.
- In the event of a minor injury or accident, Pediatric First Aid will be administered by trained staff using current Pediatric First Aid techniques. The injury will be documented. Parents will review the completed form, sign it and be offered a copy. The form will be kept on file.
- For more serious accidents and injuries requiring medical attention, Pediatric First Aid is administered, and parents are contacted to pick up the child to be seen by a health care provider. If the parent is unable to be reached, emergency contacts are called. The injury will be documented on the accident and injury report form. Parents will review the completed form, sign it and be offered a copy. The form will be kept on file. The injury will be documented on the injury log. Licensing will be informed within 24 hours of an injury requiring medical attention.

Recording of Accidents, Injuries & Incidents

The following information will be recorded on an accident/injury/incident report form:

- 1) The name and age of the person(s) involved
- 2) The date of the accident, injury or incident
- 3) Place of the accident, injury or incident
- 4) Type of injury
- 5) Action taken by staff person(s)
- 6) To whom the accident, injury or incident was reported

The report forms will be reviewed with the parents the same day of the incident and the parent will sign the report form. Parents will receive a copy of the report upon request. The report form will be kept on file and logged.

If a serious injury or death occurs, we will report the incident within 24 hours of being notified of the incident on the Serious Injury/Death Report. The report needs to be submitted electronically to DHS on the Child Care Center Serious Injury & Death Reporting Form.

Other Reporting Requirements

1. Abuse; neglect. We will comply with the reporting requirements for abuse and neglect specified in Minnesota Statutes, section 626.556.
2. Use of any emergency medical service by a child while in care: report within 24 hours.

The licensing phone number is posted in the center (651) 431-6500.

Annual Analysis of Accident, Injury, and Incident Records

We will do an annual analysis of accident, injury and incident records and any modifications of our policies based on the analysis.

Meals & Snack

Children at Grow With Me childcare center will enjoy a variety of nutritious meals and snacks that are carefully planned to meet the highest standards of nutrition. We prioritize the health and well-being of your child, and that starts with the food we provide.

Our center offers a well-balanced menu that includes breakfast, lunch, and morning and afternoon snacks, all of which meet the requirements set by the United States

Department of Agriculture (USDA). We follow the USDA's guidelines for the Child and Adult Care Food Program (CACFP), ensuring that your child receives the necessary nutrients for their growth and development.

For breakfast, we provide a nutritious meal that includes a combination of whole grains, proteins, fruits, and dairy products. Your child will enjoy options such as whole-grain cereals, fresh fruits, yogurt, and low-fat milk to fuel their day.

At lunchtime, our menu consists of a variety of wholesome and well-rounded meals. We incorporate lean proteins, whole grains, vegetables, and fruits to create balanced and delicious options. Your child will have the opportunity to try a range of meals that meet their nutritional needs while exposing them to diverse flavors and textures.

In between meals, we offer morning and afternoon snacks to keep your child energized and satisfied. Our snacks are carefully selected to provide a nutritious boost and include options such as fresh fruits, vegetables, whole-grain crackers, and dairy products.

All of our meals and snacks are prepared and served following strict hygiene and safety protocols. We work closely with nutrition experts to ensure that our menu meets the nutritional requirements for growing preschoolers while catering to individual dietary needs or allergies.

At Grow With Me, we understand the importance of instilling healthy eating habits from an early age. We strive to create a positive mealtime environment where children are encouraged to try new foods, develop good eating habits, and make healthy choices. By offering USDA-approved meals and snacks, we are committed to providing your child with the nourishment they need for optimal growth and development. You can have peace of mind knowing that their meals are carefully planned, nutritious, and meet the highest standards.

Please let us know if your child has any specific dietary needs or allergies so that we can accommodate them and ensure they receive safe and suitable meals.

Bag Lunches

When the parent/guardian provides a bag lunch to the center, the bag lunch will be labeled with the child's first and last name and be placed in a refrigerator kept at 40 degrees Fahrenheit or below upon arrival to the center. When it is time to eat, staff will wash their hands with soap and water before removing the bag lunch from the refrigerator and the foods will be placed on a plate at the table where the child will sit to eat. The table will have been washed and sanitized before eating. The lunch box will not be placed on the table. The food should come ready to serve so that staff have limited contact with the food. Any food that is not wrapped or needs to be taken out of a plastic bag or wrap, will be done so with the staff wearing food service gloves. Each bag lunch will provide for the child's daily nutritional needs per the USDA. We will have food available to supplement a child's lunch from home if it is lacking in meeting the child's nutritional needs. Milk will be provided by the center.

Catering

We use a catering service and have a copy of their current license at our program. A monthly menu will be provided to the program by the catering company. The menu will be posted in a prominent place and parents will have access to the menu.

Before staff serve catered food, staff will wash their hands with soap and water following posted instructional signs. Tables and highchair trays will be washed with soap and water and sanitized before food is served onto them. Clean utensils and measuring cups will be used to serve food. Portions will be measured as per USDA guidelines. Food will be served on plates or in bowls. Food will be covered as it leaves the kitchen and is transported to the meal service area. Food is allowed to cool before it is served. Staff and children will wash their hands just before going to the table to eat. Food will not be served onto cracked/chipped plates, cups and bowls. We will use serving utensils such as large spoons, tongs, or single-use food service gloves when serving food. If we serve food family style, we will teach children not to lick serving utensil or put their hands directly into the food. Staff will directly handle any food that needs to be touched with food service gloves. Children can participate in family style meal service by serving their own portion with a spoon or utensil. If a utensil is licked during family style service, we will remove it and replace it with a clean utensil. We will give children clean utensils and napkins if these items are dropped during the meal or snack. We will store leftovers immediately after the meal. Leftovers on children's plates and in serving dishes that were placed on the table where children ate will not be saved for later. We will discard food waste in a covered garbage can with a liner and empty the garbage can at the end of the day or sooner if full. Perishable foods will not sit at room temperature for more than two hours, or one hour in hot weather. Any floors in meal service areas will be promptly swept after the meal or snack.

Behavior Guidance & Strategies

Every adult who cares for children has a responsibility to guide, correct and socialize children toward appropriate behaviors. These adult actions often are called child guidance and discipline. Positive guidance and discipline are crucial because they promote children's self-control, teach children responsibility, and help children make thoughtful choices. The more effective caregivers are at encouraging appropriate child behavior, the less time and effort adults will spend correcting children's misbehavior.

Effective guidance and discipline focus on the development of the child. They also preserve the child's self-esteem and dignity. Actions that insult or belittle are likely to cause children to view their caregivers negatively, which can inhibit learning and can teach the child to be unkind to others. However, actions that acknowledges the child's efforts and progress, no matter how slow or small, is likely to encourage healthy

development. Teaching children self-discipline is a demanding task. It requires patience, thoughtful attention, cooperation, and a good understanding of the child. Grow With Me staff will use **only** positive guidance techniques.

When interacting with young children, staff should ask themselves the following questions:

“Am I...”

- Validating feelings?
- Asking open ended questions?
- Encouraging problem solving?
- Respecting children’s choices?
- Using praise and positive reinforcement?
- Talking with children – not at them?
- Circulating throughout the classroom?
- At the child’s eye level?

Reason For Misbehavior

If caregivers understand why children misbehave, they can be more successful at reducing behavior problems. Listed here are some of the possible reasons why children misbehave.

- Children want to test whether caregivers will enforce rules.
- They experience different sets of expectations between school and home.
- A child does not understand the rules or are held to expectations that are beyond their developmental levels.
- They want to assert themselves and their independence.
- They feel ill, bored, hungry or sleepy.
- They lack accurate information and prior experience.
- They have been previously "rewarded" for their misbehavior with adult attention.

Preventing Misbehavior

Child misbehavior is impossible to prevent completely. Children, usually curious and endlessly creative, are likely to do things parents and other caregivers have not expected. However, there are many positive steps caregivers can take to help prevent misbehavior.

- Set clear, consistent rules. (*e.g., walking feet; gentle touches*)
- Make certain the environment is safe and worry-free.
- Show interest in the child's activities. (*e.g., participating in activities with the children so they stay interested in longer periods*)

- Encourage self-control and independence by providing meaningful choices. (e.g., *"You may pick up the blocks or art center."*)
- Focus on the desired behavior, rather than the one to be avoided. (e.g., *"Ashley, please use gentle touches with your friends."*)
- Build children's images of themselves as trustworthy, responsible and cooperative.
- Give clear directions, one at a time.
- Say "Yes" whenever possible.
- Notice and pay attention to children when they do things right. (e.g., *"Joey is playing so nicely. I like it when you keep the blocks on the table."*)
- Encourage children often and generously.
- Set a good example. (e.g., *using a quiet voice when children should be quiet*)
- Help children see how their actions affect others.

Responding To Misbehavior

Below are strategies Grow With Me staff will use to respond to child misbehavior. Remember, however, that it's always a good idea if rules are explained fully and clearly understood before misbehavior occurs. Whenever possible, involve children in making the rules for the classroom.

- **Redirection**
This strategy should be used most frequently when working with young children. If a child is not following the rules or being uncooperative, quickly get the child's attention and introduce another activity. For example, "Kate, please help me water the flowers now. You've been riding the bike for a long time and it's now Logan's turn."
- **Logical consequences**
These are structured consequences that follow specific misbehaviors. The child should be able to see how the behavior and the consequence are directly related. For example, Andrew is standing on his chair at lunch. His teacher should remind him that if he stands on his chair, he could fall and get hurt; this will make him sad.
- **Participate in the solution**
If a child damages something, he/she needs to help in fixing it or in cleaning up. If a child causes someone distress, he/she should help in relieving that. For example, "It made Brandon very sad when you told him he wasn't your friend anymore. Please come apologize and help me make him feel better."
- **Natural consequences**
Allowing children to experience the consequences of their behavior is also called learning the hard way. For example, Laura does not put her books back in her school bag after she finishes reading. One day she loses a book, and therefore

must find a way to replace it. *Only use natural consequences when they will not endanger the child's health or safety.*

- “Take a break” or “Calm down chair”

In some instances, a child may need to be removed from a particular situation in which he/she has become overwhelmed or violent. The child should be directed to “take a break” or sit in the “calm down chair.” This strategy gives the child a chance to calm down, regain control, and reflect quietly on her or his behavior away from others. Once the child has calmed down, staff should talk with the child about the actions that led up to and resulted in needing a break or being sent to the calm down chair. For example, “Hannah, we have talked often about how hitting is not acceptable. But because you hit John, please leave the blocks center and go to the calm down chair. I will talk to you when you are ready.”

If these actions do not help in reducing or changing behavior the following will take place:

5. Staff will report behavior and what strategies have been attempted to the Director.
6. The Director will observe the child and meet with the Lead Teacher to discuss how to approach parent.
7. Lead Teacher will develop the behavior plan in consultation with the parent and with other staff persons and professionals when appropriate.
8. The Director, Lead Teacher and parents will evaluate the behavior management plan. If needed, adjustments will be made.

*** If a child's behavior becomes threatening to themselves, other children, staff or teachers, the child will be removed from the classroom and possibly the program for a period of time.*

Useful Phrases

The following phrases are useful when problem-solving with children.

Instead of	“No” or “Don’t”
Say	“Please stop,” “I don’t like that,” “That’s not OK,” or “That is not a choice.”
Instead of	“That’s not nice.”
Say	“That’s not Okay,” “Please use gentle touches,” or “That hurts.”

Instead of	“No running”
Say	“I need you to use your walking feet” or “You may run when we go outside.”
Instead of	“Stop crying”
Say	“I need you to use your words to tell me what is wrong.”
Instead of	“Can you put away your toys?” (If it is not a choice, do not pose it as a question.)
Say	“You may help me pick up the blocks, or help Amal pick up the puzzles.”
Instead of	“I said yes” (when a child tells you “no”)
Say	“No is not a choice; I need you to...”

Biting Policy

Biting is a behavior that usually appears between the ages of one and three years. While biting is an age-appropriate behavior, it is important to remember it is also an unacceptable behavior in a childcare environment. Children bite for a variety of reasons: teething, sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Biting is not something to blame on children, their parents or their teachers. There are a variety of strategies we implement at Grow With Me to prevent and stop biting. This is the process followed when a child bites:

- The biting child is stopped and told, “Stop biting. Biting hurts” in a firm voice. Teachers should remain calm, being careful not to show anger or frustration towards the child.
- The biting child is removed from the situation. Depending upon the observed motive for the bite, the separation may include re-direction or meeting the child’s needs. As little attention as possible will be placed on the biting child, to avoid reinforcing the behavior.
- Appropriate first aid will be provided to the child who was bitten. Bite will be washed with soap and water; cold compress will be applied to reduce pain and swelling. A bandage will be applied if necessary.

It is important to explore the reasons for biting when it occurs. Teachers need to work with parents to gather information about the child’s behavior and begin observations to determine the reasons for biting. Examples of triggers would be

communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or teething pain. Once triggers are identified, staff can work on prevention strategies and start teaching replacement skills. Below are the steps the teacher will take to identify triggers and replace the behavior:

8. The teacher will examine the context in which the biting is occurring and look for patterns. The following questions should be asked:
 - Was the space too crowded?
 - Were there too few toys?
 - Was there too little to do or too much waiting?
 - Was the child who bit getting the attention and care he/she deserved at other times?
9. The teacher will change the environment, routines, or activities if necessary.
10. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate ways.
11. The teacher will observe the child, to get an idea of why and when they are likely to bite.
12. The teacher will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.
13. The teacher, parent and Director will meet regularly to regulate an action plan and measure outcomes.
14. If biting continues the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting.

All information is confidential, and names of the children involved in the incident are not shared between parents. In addition, biting is always documented on an Incident/Accident Report which is completed and signed by a teacher and parent. A copy is provided to the parent and the original kept in the child's permanent enrollment file in the office.

General Requirements

Our behavior guidance policies and procedures:

- g. ensure that each child is provided with a positive model of acceptable behavior.
- h. are tailored to the developmental level of the children we are licensed to serve.
- i. redirect children and groups away from problems toward constructive activity in order to reduce conflict.
- j. teach children how to use acceptable alternatives to problem behavior in order to reduce conflict.
- k. protect the safety of children and staff persons.

- L. provide immediate and directly related consequences for a child's unacceptable behavior.

Persistent Unacceptable Behavior

We deal with persistent unacceptable behavior by increasing the amount of staff guidance and time. Our staff deal with persistent unacceptable behavior by:

- C. observing and recording the behavior of the child and the staff response to the behavior.
- D. developing a plan to address the behavior documented in item A in consultation with the child's parent and with other staff persons and professionals when appropriate.

Prohibited Actions

Our behavior guidance policy prohibits the following actions by or at the direction of a staff person:

- H. Subjection of a child to corporal punishment. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
- I. Subjection of a child to emotional abuse. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, making derogatory remarks about the child or the child's family, and using language that threatens, humiliates, or frightens the child.
- J. Separation of a child from the group except within rule requirements.
- K. Punishment for lapses in toilet habits.
- L. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
- M. The use of physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm. G. The use of mechanical restraints, such as tying.

Separation From The Group

No child will be separated from the group unless we have tried less intrusive methods of guiding the child's behavior which have been ineffective, and the child's behavior threatens the well-being of the child or other children in at the program. A child who requires separation from the group will remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person; the child will remain within sight and sounds of a staff person at all times. When separation from the group is used as a behavior guidance technique, the child's return to the group is contingent on the child's stopping or bringing under control the behavior that precipitated the separation, and the child will be returned to the group as soon as

the behavior that precipitated the separation abates or stops. A child between the ages of six weeks and 16 months will not be separated from the group as a means of behavior guidance.

Separation report

All separations from the group will be noted on a daily log. A notation in the log will include the child's name, staff person's name, time, date, and information indicating what less intrusive methods were used to guide the child's behavior and how the child's behavior continued to threaten the well-being of the child or other children in care. If a child is separated from the group three times or more in one day, the child's parent will be notified, and notation of the parent notification will be indicated on the daily log. If a child is separated five times or more in one week or eight times or more in two weeks, the procedure in Persistent Unacceptable Behavior will be followed.

Contact DHS

Department of Human Services (DHS)
Division of Licensing
651-431-6500

Visitation

Parent of enrolled children may visit any time during the hours of operation per Minnesota Statutes, 245A.14, Subdivision 15;

Nap and Rest Policy

The parent/guardian of each child will be informed of our center's nap and rest policy at the time of enrollment. Young children sleep and rest best at routinely scheduled times. Our nap and rest policy is consistent with the developmental level of the children enrolled at the center.

Toddlers: One afternoon nap after lunch.

Pre-Schoolers: One afternoon nap or rest time after lunch.

- A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot or mat or in a crib or bed.

- Naps and rest must be provided in a quiet area that is physically separated from children who are engaged in activity that will disrupt a napping or resting child.
- Children's heads are uncovered when sleeping.
- At all times, program staff remain alert to supervise children sleeping. Lighting will be sufficient to ensure that children can be seen by supervising staff.
- Toddlers and preschool children nap with shoes on in case of emergency evacuation. • Cribs, cots, beds, and mats must be placed so there are clear aisles and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment.
- Cribs, cots, beds, and mats must be placed directly on the floor and must not be stacked when in use.
- Separate bedding such as blankets and possibly cot sheets are stored in a sanitary manner and washed weekly and when soiled.

Nap and Rest Policy Specific to Infants:

Infants: Naps are determined by each, individual infant. Multiple naps per day will wean to two naps per day and then wean to one nap per day by the time the infant transitions to the toddler room.

Infants sleep in safety approved cribs that are checked at least monthly by staff. When a transitional older infant room is present, a program may apply to licensing for a variance for the whole room, every child, to be on cots. If the variance is granted, written permission from each infant's parent/guardian is also required. When an infant room is present with all ages of infants in the same room, and the program wishes to use cots for certain older infants, the program must submit to licensing a variance for each, individual child to be on a cot. If the variance is granted, written permission from the infant's parent or guardian is also required. The program must ensure that each infant have a designated area to rest, uninterrupted.

Supervision occurs when a staff person is accountable for the children's care, can intervene to protect the health and safety of the child and is within sight and hearing of the child at all times except when:

When an infant is placed in a crib room to sleep, supervision occurs when a program staff person is within sight or hearing of the infant. When supervision of a crib room is provided by sight or hearing, the program will have a plan to address the other supervision component. Please select what meets your program policy below:

Our cribs are not in a crib room and therefore within sight and sound of staff at all times.

Our program a crib room and the crib room is:

- Equipped with a baby monitor so that we can hear in the crib room, and we also conduct frequent, visual checks of each sleeping in the crib room. We recommend documenting these visual checks.

- Sleep sacks may be used in the crib. Sleep sacks must be correct size on the infant to ensure proper fit.
- A crib must be provided for each infant for which the center is licensed to provide care.
- Cribs must be of safe and sturdy construction that conforms to federal crib standards under Code of Federal Regulations, title 16, part 1219 for full-size baby cribs, or part 1220 for non- full-size baby cribs.
- We do monthly crib inspections which are documented on DHS form Monthly Crib Safety Inspection Form for Child Care Centers. On this same form, we will also document an annual certification of the crib by going to www.cpsc.gov
- We will place each infant in a crib on a firm mattress with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort.
- We will place each infant to sleep on the infant's back, unless the license holder has documentation from the infant's physician directing an alternative sleeping position for the infant. The physician directive will be on DHS form Physician Directive for Alternative Sleep Position and will remain on file at our location.
- We will not place anything in the crib with the infant except the infant's pacifier. No attachments to the pacifier such as strings, clips, or stuffed toy attachments will be allowed.
- An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home. We will use the DHS form: "Optional Form for Parent Statement Infant Less Than Six Months of Age Regularly Rolling Over:
- When an infant fall asleep before being placed in a crib, we will move the infant to a crib as soon as practical and will keep the infant within sight until the infant is placed in a crib.
- When an infant falls asleep while being held, we will consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant will not be in a position where the airway may be blocked or with anything covering the infant's face.
- Placing a swaddled infant down to sleep in a licensed setting is not recommended for an infant of any age and is prohibited for any infant who has begun to roll over independently. However, with the written consent of a parent or guardian we may place the infant who has not yet begun to roll over on its own down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle. Prior to any use of swaddling for sleep, we will obtain informed written consent for the use of swaddling from the parent or guardian of the infant on the DHS form "Parental Consent for Swaddling an Infant" prepared in partnership with the Minnesota Sudden Infant Death Center.
- Cribs are not placed by any exposed heating units.
- Cribs are not placed near drapery cords.
- Cribs used for fire evacuation are clearly labeled.

- Bibs are removed from infants before placing them in the crib.

Program Drug & Alcohol Policy

Our program's policy is to inform license holders, employees, subcontractors, and volunteers, when responsible for children 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. We train our employees, subcontractors, and volunteers at orientation and then annually on our drug and alcohol policy and require signed documentation that the training has occurred. This documentation will be in each person's personnel record.

- The age, defenselessness, and dependence upon the judgment of caregivers/teachers of the children under care make the prohibition of the use of tobacco, alcohol, illegal drugs and toxic substances an absolute requirement for children's safety and well-being.
- Because safe child care necessitates alert, unimpaired caregivers/teachers, the use of alcohol or illegal drugs and substances any time in proximity of child care areas is prohibited, including times when children are transported, when playing in outdoor play areas not attached to the facility, and during field trips. Off-site use prior to or during work hours, of alcohol, illegal drugs, over-the-counter (OTC) medications or prescription medications that have not been prescribed for the user, is prohibited.
- Adults under the influence of alcohol and other drugs cannot take care of young children and keep them safe. Alcohol and illegal drug use and misuse of prescription or (OTC) drugs prevent caregivers/teachers from providing appropriate supervision and care.

Due to the safety hazards of smoking and the health risks to children of second-hand and third-hand smoke exposure, smoking any time in proximity of child care areas or the child care facility grounds is prohibited. This includes times when children are transported, when playing in outdoor play area not attached to the facility and during field trips.

Allergy Prevention and Response Policy & Procedures

Staff are trained on allergy policies during orientation training and at least once per calendar year. The training is documented in each staff person's file. Our program is

responsible for implementing these policies and procedures and monitoring implementation.

The allergy prevention and response policies and procedures are provided to the parents of all children at the time of enrollment in the program and made available upon request.

Before admitting a child for care, we obtain documentation of any known allergy from a child's parent or legal guardian OR source of medical care. We will maintain current information about the allergy in the child's record.

We will also develop an Allergy Individual Childcare Program Plan (ICCPP). The ICCPP for Allergies for Licensed Child Care Centers form from DHS may be used and found at this link: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7995-ENG> An Allergy ICCPP is used to describe a child's individual needs and document the center's plan to carry out the implementation of accommodations to meet the individual needs of the child in the childcare center setting. The Allergy ICCPP must be coordinated with an existing plan and/or the child's Health Care Summary to ensure that the accommodations are aligned with existing recommendations from case management professionals and/or physicians and is suitable to the childcare center environment. The Allergy ICCPP may be developed to address a child's individual needs as determined in the referral process or in coordination with an outside professional. A child's individual needs could also be identified on the child's Health Care Summary or documentation from the child's medical provider.

An Allergy ICCPP will include the following information:

1. Identification of the Allergy
2. A description of the allergy (use a separate form for each known allergy)
3. Specific triggers of the allergy
4. Symptoms the child may display when exposed to an allergen or trigger
5. What to avoid
6. Avoidance techniques
7. Procedures for responding to the allergic reaction including:

- Medication with dosages
- Doctor's contact information- name & phone number

A separate Allergy ICCPP will be developed for each individual allergy, even if the same child has more than one identified allergy. We will ensure that each staff person who is responsible for carrying out the Allergy ICCPP(s) review and follow the Allergy ICCPP(s). Each staff person will document their name and date they have reviewed the Allergy ICCPP(s) and this documentation will be kept on site.

The child's allergy information will be available at all times including on-site, when on field trips, during transportation and in the area where food is prepared and served. The child's record will not be disclosed to any person other than the child the child's parent or guardian, the child's legal representative, employees of the license holder, and the commissioner unless the child's parent or guardian has given written consent or as otherwise required by law.

At least once each calendar year or following any changes made to the allergy-related information in the child's record, we will update the child's Allergy ICCPP(s) and inform each staff person who is responsible for carrying out the Allergy ICCPP(s) of the change. We will keep on site documentation that a staff person was informed of a change. In the event of any exposure to a child's allergen at our program, we will contact the child's parent or guardian immediately. If an epinephrine auto injector is used, 911 will be called immediately.

We will provide for a child's dietary needs prescribed by the child's source of medical care or require the parent to provide the prescribed diet items that are not part of the menu plan. When serving a child who has a prescribed diet, the diet order will be kept, and its duration specified in the child's record.

Handling & Disposal of Bodily Fluids Policy & Procedures

Our policy on the handling and disposal of bodily fluids will be provided to the parents of all children at the time of enrollment in our program and made available upon request.

The licensed child care center must comply with the following procedures for safely handling and disposing of bodily fluids:

- a. surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, must be cleaned and disinfected according to Minnesota Rules, part [9503.0005](#), subpart 11;
- b. blood-contaminated material must be disposed of in a plastic bag with a secure tie;
- c. sharp items used for a child with special care needs must be disposed of in a "sharps container." The sharps container must be stored out of reach of a child;
- d. the license holder must have the following bodily fluid disposal supplies in the center: disposable gloves, disposal bags, and eye protection; and
- e. the license holder must ensure that each staff person follows universal precautions to reduce the risk of spreading infectious disease.

All staff are trained on our handling and disposal of bodily fluids policy and procedures at the beginning of their employment with orientation and then every calendar year. Our

staff will be trained to use protective equipment when handling and disposing of bodily fluids. Our program is responsible for implementing these policies and procedures and monitoring implementation,

We have the following protective equipment and supplies available to our staff, at no cost, for use when handling and disposing of bodily fluids:

- Disposable gloves
- Eyewear protection such as plastic safety goggles
- Face masks
- Disposable aprons
- A sharps container
- Disposal bags
- Paper towels
- Soap & water spray
- Plain water rinse spray
- Disinfectant sprays

Any surface that comes into contact with potentially infectious bodily fluids, including blood and vomit, will be cleaned, and disinfected, "Disinfected" means treated to reduce microorganism contamination after an object has been cleaned. Disinfection must be done by rinsing or wiping with a solution of one-fourth cup chlorine bleach plus water to equal one gallon, or an equivalent product or process approved by the community health board as defined in Minnesota Statutes, section [145A.02](#), or its designee. Disinfecting vomit specifically is covered at the end of this policy. Disinfecting other bodily fluids will be done by:

1. First cleaning the area with soap and
2. Secondly rinsing the area with plain water
3. Thirdly, using a disinfectant:
 - A bleach solution at the appropriate disinfectant level.
 - An equivalent product (typically quat) that has been approved by the community health board/local public health.
 - A solution of one-fourth cup chlorine bleach plus water to equal one gallon.

We will dispose of any blood-contaminated materials in a plastic bag, double bag the materials and then securely tie the bag in a knot and take the bag out to the dumpster.

Children's clothing that has been soiled with bodily fluids will be bagged and sent home with the parents/guardians of the child for cleaning and washing at home.

If needles and other sharps are used in our program facility, they will be disposed of in a puncture-resistant sharps container. Our sharps container is stored inaccessible to children. When our sharps container is 3/4 full or filled to the "fill line", we will stop adding any more sharps, seal the container and discard it safely according to our local county guidelines. We will not allow sharps to be sticking out of the sharps container.

Anyone that has handled or disposed of bodily fluids will wash their hands following the posted handwashing procedures.

Vomit may contain Norovirus, a stomach bug, and will be treated as if it does.

Supplies/gear used to handle vomit are:

- Face Mask
- Gloves
- Goggles
- Disposable apron
- Paper towels
- Plastic bags
- Soap & water
- Norovirus disinfectant

The steps we use to handle and dispose of vomit are:

1. Remove all children from the area effected. Put on gear.
2. Wipe up vomit with paper towels and throw away in a plastic bag.
3. Clean all areas with a bleach disinfectant (or other approved disinfectant that kills Norovirus) then place paper towels in a plastic bag. Disinfectant everything in a 10-foot circle) (For carpeting, do not vacuum. Use a steam cleaner)
4. Clean all surfaces again with warm water and soap.

The steps we follow to take off our gear after vomit clean-up are:

1. Take off apron and gloves and dispose of in a plastic bag
2. Wash hands following the posted handwashing instruction signs
3. Take off goggles & Mask
4. Wash hands again following the posted handwashing instruction signs
5. Get rid of the garbage by taking it out to the trash
6. Wash hands again following the posted handwashing instruction signs

We access Norovirus clean up information via this link:

<https://blogs.cdc.gov/publichealthmatters/2017/12/norovirus-clean-up/>

References: MN Department of Health- Vomit Clean Up- Dec 2019 and CDC: Norovirus Clean Up- Dec 2017

The section titled "OSHA" in this policy manual has a complete Exposure Control Plan written to Occupational Safety & Health Administration (OSHA) standards.



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2-21

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Maltreatment of Minors Mandated Reporting

This form may be used by any provider licensed by the Minnesota Department of Human Services, except family child care. The form for family child care providers can be found in eDocs #7634C.

What to report

- Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to [Minnesota Statutes, section 260E.03](#), and pages 3-6 of this document. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years.

Who must report

- If you work in a licensed facility, you are a “mandated reporter” and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- In addition, people who are not mandated reporters may voluntarily report maltreatment.

Where to report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division’s Central Intake line at 651-431-6600.
- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, or in a child foster care home, should be reported to the local county social services agency at 612-348-3552 or local law enforcement at Champlin Police Dept. 763-421-2971.

When to report

- Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

Information to report

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.
- In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations, and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03.

Retaliation prohibited

- An employer of any mandated reporter is prohibited from retaliating against (getting back at):
 - an employee for making a report in good faith; or
 - a child who is the subject of the report.
- If an employer retaliates against an employee, the employer may be liable for damages and/or penalties.

Staff training

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Provide policy to parents

For licensed child care centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. The definitions section (p. 3-6) is optional to provide to parents.

The following sections only apply to license holders that serve children. This does not include family child foster care per [Minnesota Statutes 245A.66, subd. 1](#).

Internal review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
- The internal review must include an evaluation of whether:
 - related policies and procedures were followed;
 - the policies and procedures were adequate;
 - there is a need for additional staff training;

- the reported event is similar to past events with the children or the services involved; and
- there is a need for corrective action by the license holder to protect the health and safety of children in care.

Primary and secondary person or position to ensure reviews completed

The internal review will be completed by . If this individual is involved in the alleged or suspected maltreatment, will be responsible for completing the internal review.

Documentation of internal review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

Corrective action plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan to correct any current lapses and prevent future lapses in performance by individuals or the license holder.

Definitions

Found in [Minnesota Statutes, section 260E.03](#)

Egregious harm ([Minnesota Statutes, section 260E.03, subd. 5](#))

"Egregious harm" means harm under [section 260C.007, subdivision 14](#), or a similar law of another jurisdiction.

[Minnesota Statutes, section 260C.007, Subd. 14:](#)

"Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:

1. conduct towards a child that constitutes a violation of sections [609.185](#) to [609.2114](#), [609.222, subdivision 2](#), [609.223](#), or any other similar law of any other state;
2. the infliction of "substantial bodily harm" to a child, as defined in section [609.02, subdivision 7a](#);
3. conduct towards a child that constitutes felony malicious punishment of a child under [section 609.377](#);
4. conduct towards a child that constitutes felony unreasonable restraint of a child under [section 609.255, subdivision 3](#);
5. conduct towards a child that constitutes felony neglect or endangerment of a child under [section 609.378](#);
6. conduct towards a child that constitutes assault under section [609.221](#), [609.222](#), or [609.223](#);
7. conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under [section 609.322](#);
8. conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);

9. conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
10. conduct toward a child that constitutes criminal sexual conduct under [sections 609.342](#) to

[609.345. Maltreatment](#) ([Minnesota Statutes, section 260E.03, subd. 12](#))

"Maltreatment" means any of the following acts or omissions:

1. egregious harm under subdivision 5;
2. neglect under subdivision 15;
3. physical abuse under subdivision 18;
4. sexual abuse under subdivision 20;
5. substantial child endangerment under subdivision 22;
6. threatened injury under subdivision 23;
7. mental injury under subdivision 13; and
8. maltreatment of a child in a facility.

Mental injury ([Minnesota Statutes, section 260E.03, subd. 13](#))

"Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Neglect ([Minnesota Statutes, section 260E.03, subd. 15](#))

- A. "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:
 1. failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
 2. failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
 3. failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
 4. failure to ensure that the child is educated as defined in sections [120A.22](#) and [260C.163, subdivision 11](#), which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section [125A.091, subdivision 5](#);
 5. prenatal exposure to a controlled substance, as defined in section [253B.02, subdivision 2](#), used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically

indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;

6. medical neglect, as defined in section [260C.007, subdivision 6](#), clause (5);
 7. chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or
 8. emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.
- B. Nothing in this chapter shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.
- C. This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

Physical abuse ([Minnesota Statutes, section 260E.03, subd. 18](#))

- A. "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section [125A.0942](#) or [245.825](#).
- B. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section [121A.582](#).
- C. For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:
1. throwing, kicking, burning, biting, or cutting a child;
 2. striking a child with a closed fist;
 3. shaking a child under age three;
 4. striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
 5. unreasonable interference with a child's breathing;
 6. threatening a child with a weapon, as defined in [section 609.02, subdivision 6](#);
 7. striking a child under age one on the face or head;
 8. striking a child who is at least age one but under age four on the face or head, which results in an injury;
 9. purposely giving a child:
 - i. poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or
 - ii. other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
 10. unreasonable physical confinement or restraint not permitted under [section 609.379](#), including but not limited to tying, caging, or chaining; or

11. in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section [121A.58](#).

Sexual abuse ([Minnesota Statutes, section 260E.03, subd. 20](#))

"Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section [609.342](#) (criminal sexual conduct in the first degree), [609.343](#) (criminal sexual conduct in the second degree), [609.344](#) (criminal sexual conduct in the third degree), [609.345](#) (criminal sexual conduct in the fourth degree), [609.3451](#) (criminal sexual conduct in the fifth degree), or [609.352](#) (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children).

Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections [609.321](#) to [609.324](#) or [617.246](#). Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section [609.321](#), subdivisions 7a and 7b.

Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section [243.166, subdivision 1b](#), paragraph (a) or (b), or required registration under section [243.166, subdivision 1b](#), paragraph (a) or (b).

Substantial child endangerment ([Minnesota Statutes, section 260E.03, subd. 22](#))

"Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

1. egregious harm under subdivision 5;
2. abandonment under section [260C.301, subdivision 2](#);
3. neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
4. murder in the first, second, or third degree under section [609.185](#), [609.19](#), or [609.195](#);
5. manslaughter in the first or second degree under section [609.20](#) or [609.205](#);
6. assault in the first, second, or third degree under section [609.221](#), [609.222](#), or [609.223](#);
7. solicitation, inducement, and promotion of prostitution under section [609.322](#);
8. criminal sexual conduct under sections [609.342](#) to [609.3451](#);
9. solicitation of children to engage in sexual conduct under section [609.352](#);
10. malicious punishment or neglect or endangerment of a child under section [609.377](#) or [609.378](#);
11. use of a minor in sexual performance under section [617.246](#); or
12. parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section [260C.503, subdivision 2](#).

Threatened injury ([Minnesota Statutes, section 260E.03, subd. 23](#))

- A. "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.

- B. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:
1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
 2. been found to be palpably unfit under section [260C.301, subdivision 1](#), paragraph (b), clause (4), or a similar law of another jurisdiction;
 3. committed an act that resulted in an involuntary termination of parental rights under section [260C.301](#), or a similar law of another jurisdiction; or
 4. committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section [260C.201](#), subdivision 11, paragraph (d), clause (1), section [260C.515, subdivision 4](#), or a similar law of another jurisdiction.
- C. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section [260E.14, subdivision 4](#), from the Department of Human Services.