

EARLY CHILDHOOD YEARS
ARE A **WONDROUS** TIME
OF **GROWTH** AND
EXPLORATION



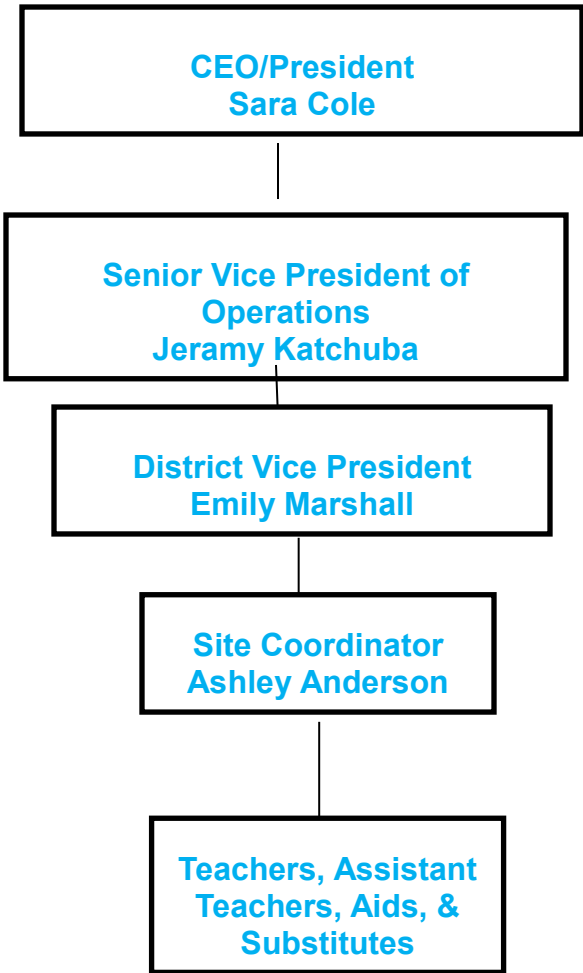
**YMCA EARLY CHILDHOOD DEVELOPMENT
CENTER POLICIES AND PROCEDURES**



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ORGANIZATIONAL CHART



Behavior Guidance Policies – (subpart 1)

The YMCA Early Childhood Development Center is dedicated to providing nurturing, stimulating care to every child and family we serve. To meet this goal, we have instituted the following general behavior guidance policies and procedures for the safety of the children and our staff members.

1. Ensure that each child is provided with a positive model of acceptable behavior
2. Be tailored to the developmental level of the children that the center is licensed to serve
3. Redirect children and groups away from problems towards constructive activity in order to reduce conflict
4. Teach children how to use acceptable alternatives to problem behavior in order to reduce conflict
5. Protect the safety of children and staff person
6. Provide immediate and directly related consequences for a child's unacceptable behavior.

Specific methods for behavior guidance are as follows:

Redirection: Redirection is the number one tool of the staff at the Child Care Center. Use redirection to navigate children, as individuals or groups, away from problems toward constructive activity in order to reduce conflict. *Example: The four children in your group have just come inside from playing in the cold, and are still crying. Redirect their attention by saying, "Should we sing a song? What song would you like to sing?" and beginning a song.*

Focus on the positive: Acceptable alternatives must be given to a child acting in an objectionable manner in order to reduce conflict. Try to avoid telling children what not to do, and instead focus on what they should be doing. *Example: "Feet on the floor" rather than "Don't climb on the table."*

Language: Use appropriate language at all times around the children. Try to be aware of how your words would sound to a parent or outside observer if they happened to walk in, and be sensitive to different levels of acceptability in different households. *Example: One mom asked us not to use the word "hate" (as in, "I hate it when my socks are wet!") around her child, as she did not want it to be a common part of his vocabulary.*

Keep up-to-date: Please check with the teachers at the beginning of the week to learn the curriculum plans so you can highlight the theme for the week in your interactions with the children. Also ask about any new individual behavioral plans for children that you need to be aware of for behavior guidance and consistency. *Example: If a child has been using swear words, ask the teacher what the behavior plan is so you know how to appropriately respond when he/she is in your care.*

Physical altercations: If a child is hurting another child, separate them momentarily and tell the child what the inappropriate action was, why it was not ok, and what they *can* do instead. Help the child empathize with the hurt child. Never use words that shame or blame children for their actions. Let the children know you disapprove of the behavior, not of them. *Example: “Ouch! Hitting hurts! Use your words to tell your friend you want the toy back. Look—our friend is sad. See his tears? I’m going to give him a hug to help him feel better. Please use gentle hands with our friends.”*

Developmental levels: Be aware of the developmental-levels of the classroom you are working in, and what is appropriate to expect from a child in that particular age-range. *Example: Use shorter, easier-to-understand sentences with toddlers than you would with preschoolers.*

Group activities: Children are strongly *encouraged*, but not required, to participate in group activities. If a child is playing contentedly on his or her own and does not want to join in, simply keep inviting him or her to join at intervals throughout the activity. *The two exceptions* are mealtimes and outside times. Children need to come to the table for meals, although we do not force them to eat. It is up to the teacher’s discretion how long children need to sit at the table, and whether or not children have to go outside with everyone else.

Teachable moments: Use every moment as a teaching moment. This includes, but is not limited to, transitioning up and down the stairs, getting snow gear on to go outside, mealtimes, times when the children have to wait, bathroom time, going on walks, etc. *Example: “Can you guys count the stairs with me as we go down them? One, two, three, four, five! Nice job!”*

Self-reliance: Encourage children to be as self-reliant as possible. Assist them when they need help, but take the time to show them how to do things and let them try to do it on their own. *Example: Use the time getting ready to go outside as a teaching moment by encouraging children to put on their own boots/coats/hats and allowing them the time to try to do it for themselves.*

Child interactions: Play with the children! Remain on their level as much as possible, and interact with them. Be aware that commands from across the room are rarely listened to, so be prepared to walk over to the child and help if you are asking him or her to do something. *Example: You just asked a child to pick up the cars he’s playing with across the room, and he hasn’t. Say, “Should we sing the clean-up song while we pick up the cars? Here, I’ll come over and help you find the right bucket for them.”*

Have a plan: Know your plan whenever you are in the classroom. Even if it is just “guided exploration” time, give the children a couple activities to choose from and join them in play. If you are leading a group, find out from the teacher if there are any activities the children should be doing, any diapers that need to be done, etc. Always be aware of that week’s theme so you can highlight it in your play with the children in your group.

Follow-through: Whenever you give a child an expectation, such as “bring your cup to the bucket please,” be prepared to follow-through on it if the child refuses. Remain calm and kind, but for consistency’s sake stay firm even if they protest. *Example: “Books are for reading, not throwing, so please go pick your book up.” The child ignores Teacher and walks to the hallway door saying “hallway,” so Teacher goes to her and says, “As soon as you pick up your book we can go to the hallway. Would you like me to help you?” and takes child by the hand over to the book.*

Give choices: Give children choices whenever possible to give them chances to have control over their own persons, just make sure they are acceptable choices so a power-struggle does not ensue. *Example: It’s time to go potty! Would you like Teacher Anna or Teacher John to bring you?”* Here, the child is going potty with either choice, but they get to pick which teacher brings them so they can maintain a sense of control.

Specific encouragements: Encourage children as much as possible using specific language and examples so that they are aware of the behaviors/actions you want them to be doing. *Example: Say, “You did a great job using your crayon to draw lines on your paper!” rather than an abstract, “Nice job, guys!”*

Singing/reading: Never underestimate the power of songs and books. These are often great ways to calm down and get control of an individual child or a large group because it distracts them from their distress and redirects them to think about something else. In addition, these are the building blocks of language and literacy for children, and so should be used often throughout the day. *Example: Group of four kids are waiting in the loft for the cots to be ready so they can lay down for nap, and are growing tired and cranky. Announce, “It’s story time! Let’s clean up so we can read!” and assist the children in gathering on the bean-bags to read a group story together.*

Schedule changes: Give children a heads-up about what’s next in the schedule, and give them a few-minutes warning before it is time to clean-up and head to the next activity so they can be prepared. *Example: “In two minutes it will be your turn to go potty.”*

Control Your Reactions: Respond to children calmly and matter-of-factly when they are behaving in an unacceptable manner and you need to redirect them. As hard as it can be, do not react with anger, a loud voice, or in a “large” way, as this may encourage children to repeat the behavior to get attention. *Example: In a calm, firm voice, “We roll balls inside. When we go outside you can throw it. Here, sit with me and we can roll it back and forth together.”*

Emotions: Allow children to feel their emotions. Give the child a word for their emotion, such as “sad” or “mad,” and assist them in working through it. *Example: child is sad that Mom just left.*

“You’re crying! Are you sad? Mom had to go to work, but she’ll be back after nap. She misses you too. Should we draw a card to give to Mom when she comes to pick you up?”

-- feel free to talk the children through your own emotions so they can see how it’s done, and use the time to help promote empathy. *Example: Ouch! My finger got pinched in the door! It makes me really sad when that happens. Does anyone want to give me a hug to help me feel better?*

Modeling: Model appropriate behavior for children at all times. This includes:

--mealtimes: encourage children to try everything on their plate by acting excited yourself about what is offered. Use mealtimes as teachable moments. *Example: “Look! I found a round, green pea! Can anyone else find a round, green pea?”*

--bathroom time: ask every child if they would like to sit on the potty, but NEVER force them. You can read them a bathroom book (if they want) to reinforce concepts and “time” their sit on the potty. You can reward a child anytime she or he sits by giving a sticker and tallying it on a potty sheet. Encourage the children to pull up their own pants and underwear, wipe themselves (**check** to make sure they were thorough!), put on shoes, etc. *Always make a child’s body/bodily functions seem “normal” rather than “gross,” in or out of the bathroom—this includes the language you use for body parts, bowel movements, smells, etc.*

--relationships: model positive social interactions with children, parents, and staff. *Example: take a moment to happily greet every child and family when they arrive to make them feel welcome and ease the transition to school, as well as to discuss the child’s day with his/her caregiver at pick-up and ease the transition to home.*

When guiding a child’s behavior do not:

-ask children “why” they did it when they do something unacceptable. *Instead, simply tell them what they can do and redirect to another activity.*

-force children to say they are “sorry” after hurting another friend. *Instead, help them learn how they should behave by encouraging “gentle touches” and promoting empathy by discussing how their friend feels after being hurt.*

-ask children “would you want me to bite/hit/hurt you?” as a way to make them feel bad for hurting a friend. *Instead, tell them to be gentle and discuss how their friend feels after being hurt.*

Behavior Guidance Policies – (subpart 2)

Persistent Unacceptable Behavior

No one plan will work for every child in every situation. Staff needs to be sensitive to the circumstances of each case, such as the child’s temperament, the child’s family situation, if the child is sick, tired, hungry, frustrated, teething, etc, and brainstorm to come up with an appropriate, tailored response to each individual situation.

1. The first step in addressing persistent unacceptable behavior is increasing the amount of individual time, attention, and guidance devoted to that particular child.
2. Staff members should record observations on a form that is accessible for all staff and kept in a location that is confidential. The child's behavior should be recorded as well as the staff member's response.
3. A meeting will be held with center staff, director, parents, and other professionals when appropriate to develop a plan. Parents may be asked what types of behaviors they see at home, in the community, at other family member's homes, etc, and what their methods are for dealing with the problem behavior. The observations and interventions will be shared. The group will brainstorm about possible solutions and create an Individual Childcare Plan. This plan will be shared with other staff members working with the child and kept in a confidential location in the classroom.
4. A referral may be made if necessary and with parental permission.

Behavior Guidance Policies – (subpart 3)

Prohibited Actions

DO NOT:

1. Subject a child to corporal punishment, including but not limited to:

Rough handling	Shaking
Shoving	Slapping
Hair pulling	Kicking
Ear pulling	Biting
Pinching	Hitting
Spanking	
2. Subject a child to emotional stress, including but not limited to: name calling, making derogatory remarks about a child or child's family ostracism, using language that threatens, humiliates, or frightens a child, and shaming
3. Separate child from the group as a means of behavior guidance, except within rule requirements.
4. Punish children for lapses in toileting.
5. Withhold food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
6. Use physical restraint other than to physically hold a child where containment is necessary to protect a child or others from harm.
7. Use mechanical restraints, such as tying.
8. Prone restraint prohibition. A prone restraint is a physical hold or mechanical restraint that places a person in a face-down position. All licensed and certified programs prohibit the use of prone restraints except in very specific brief instances. These exceptions include a person rolling into a prone position during a restraint if the person is restored to a non-prone position as quickly as possible, holding a person briefly in a prone restraint to apply mechanical restraints if the person is restored to a nonprone position as quickly as possible, and holding a person briefly in a prone restraint to allow staff to safely exit a seclusion room.

9. Contraindicated restraint prohibition. Programs must not use any type of restraint that is contraindicated for a person's known medical or psychological conditions. In this context, "contraindicated" means the restraint could be harmful for children with certain medical or psychological conditions. If a restraint is contraindicated for a given child, it means the child's medical or psychological conditions rule out the use of that restraint due to the harm that would be caused. An assessment of any contraindications must occur prior to using restraints on a person and the program must document this determination.

Behavior Guidance Policies – (subpart 4)

Separation from the Group

1. Separations from the group as a form of discipline are never allowed, except within rule requirements. For example, a child may be separated when the child's behavior threatens the well-being of the child or other children in the program. Separation may occur if the child is behaving in a *dangerous* manner towards staff, other children, or him/herself and less intrusive methods of guiding the child's behavior have been tried and were ineffective. Examples of less intrusive methods include redirection or calming down with a book.
2. A child who requires separation from the group must remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person. If a child is separated it must be documented on the Separation Log and the child's parents *must* be notified.
3. The child must be told that he/she will be allowed back in the group as soon as the dangerous behavior has ceased and the teachers must follow through with this.
4. Children between the ages of six weeks and 16 months must not be separated from the group as a means of behavior guidance.

Emergency and Accident Policies and Records

A. FIRST AID

Child Care Center teachers and assistant teachers are trained in first aid, CPR, and AED within the first 90 days of the start of work. A staff person trained in first aid will be on site during all hours of operation as well as field trips and when transporting children. Procedures for Administering First Aid are posted in classrooms.

B. SAFETY RULES

1. To prevent **injuries**, classroom environments will be checked daily.

*Adult scissors are not to be in reach of the children or left on tables/counters. They need to be stored in an upper cabinet. They should be supervised with kid-safe scissors.

*When picking up a child, staff will lift children under the shoulders or on the sides of their body. Children should never be picked up or swung by the arms or wrists/hands.

*Many doors located in the center are kept closed in order to avoid finger pinching. Finger door guards will be placed on the door to prevent finger pinching. Children and parents are reminded that “opening doors is a teacher job”. When children are congregated by a door, staff will be in charge of operating the door and will pay close attention to each child’s whereabouts. Lower cabinet doors in areas where children play will be locked so that they do not pinch their fingers. All volunteers are trained to watch all directions when opening or closing a door.

*When children are on the changing table being changed, staff must keep one hand on the child at all times to avoid a fall. Staff are never to leave a child alone on a changing table for any reason.

2. To prevent **burns**, no candles or other materials with flames will be allowed in classrooms. Glue guns are not allowed to be used in the classrooms. Any hot food served to the children will be cooled to an appropriate temperature on their plates or bowls. Containers that arrive hot from the kitchen will be kept away from the children when plates are being dished up. Hot food will be transferred into other serving dishes to keep the children safe when needed. Never leave your hot food or

beverage unattended. In the infant room a bottle warmer will be used to defrost breast milk or warm a bottle. The bottle warmer is set in the corner to prevent tipping. Children are not allowed in staff member's arms when near or using the bottle warmer to heat or check a bottle.

3. To prevent **poisoning**, all hazardous materials, including cleaning solutions, will be kept out-of-reach of children.

4. To prevent **choking**, all hazardous materials, such as balloons, will be kept out of the classroom and out-of-reach of children. Toys will be inspected regularly to ensure there are no broken pieces. All toys will be verified to be age-appropriate and contain no pieces small enough to choke on before being introduced to the classroom.

5. To prevent **suffocation**, all hazardous materials, such as plastic bags, will be kept in locked cabinets and out-of-reach of children.

6. To prevent **traffic accidents**, children will be supervised near the parking lots. Children will stay on the sidewalks with staff while walking to the playground

7. To prevent accidents related to **allergies**, parents are required to submit all enrollment paperwork prior to each child's first day. Any allergies must be indicated on the forms and verbal communication of the allergy is encouraged. All staff will be informed of the allergy, and signs will be posted near the area where food is served.

C. OUTDOORS

SIDEWALKS - . If dangerous walkways are present, contact the membership desk or Nic to inform them of areas needing attention.

WALKS/TRIPS - When children are out in the community, children will hold the loops on a rope or safely ride in a wagon/stroller. Children should move in small groups or walk in an orderly line. Staff members should keep constant watch of all children as they transition – those staying behind, those moving and those already in the new location. Staff will also do head counts and face counts frequently, and do roll call to ensure every child is in attendance.

PLAY AREA -Children are supervised at all times while using the play area. When the children are walking from the building to the play area, the staff members will watch them closely at all times to ensure their safety. While children are using the play area, the staff members are constantly walking around making sure all children are safe and always within sight and sound. Staff members are always checking to ensure all equipment is in working order, all toys are safe, and there are no hazards on the ground or in the area. Any broken equipment or hazards will be repaired or removed immediately. Children should stay off of the fence.

SUN PROTECTION - Canopies or umbrellas will be used to give the children some shade in our play area. Sunscreen will be applied to each child before going outside. Each child will bring their own container of sunscreen and will be labeled with their first and last name. Sunscreen will be applied to their face and arms/legs if exposed. If the child removes their jacket, then sunscreen needs to be applied to their arms. If the children are going to the park or on a field trip, they will need to have it re-applied, if longer than two hours.

WEATHER - Based on the temperature and humidity, the classrooms will adapt their schedule for the day. Common sense will be used for rain, snow, and stormy weather. Proper clothing will be used on the children and water readily available on hot days.

We use the MN Child Care Weather Watch guidelines developed by Anoka County to determine when it's safe for children to play outdoors.

D. SUPERVISION

WASHROOM - Children are supervised when they use the toilet and wash their hands. Cleaning products, wipes and diaper lotions are kept out of- reach-of-children.

NAPTITUDE

Infants - Our cribs are in the classroom and the children supervised by staff in the room

Toddlers – Cots are in the classroom and a staff member is always present during nap time.

Preschoolers- Cots are in the classroom and a staff member is always present during naptime.

AREAS DIFFICULT TO SUPERVISE - Areas difficult to supervise will be watched closely. Staff members will position themselves so that all children can be supervised at all times. When possible, a staff member will walk at the beginning and end of the toddler and preschool groups as they enter and exit the center. Staff will supervise all areas by doors, especially by the exits. Children will also be taught that the doors are not for play and only the staff should operate them unless otherwise specified by an adult.

DROP-OFF/PICK-UP - When a parent drops off or picks up at the classroom, the parent will wait at the half door and the teacher will greet them. The staff member will also mark that child in on the COR app. When a parent arrives to pick-up their child and the children are in the play area, the staff member will let the child know their parent is here for pickup and the staff member will open the gate and make sure it latches securely behind that child. The staff member will then make the child out on the COR app.

E.STORAGE

STORAGE AREAS - All storage areas will be blocked off to children with dividers, doors or locked cabinets.

STORAGE ITEMS – Heavy items are not to be put on top of shelving in the reach of the children in case they pull it off onto themselves or others. (example – box of books, box of blocks, basket of blankets, etc.)

CLEANING SUPPLIES - All chemicals and cleaning materials will be kept in locked cabinets, closets, or out of children’s reach. Staff will ensure all areas are dry and safe for children to use when chemicals have been recently used.

F. DAILY INSPECTION POLICY

Child Care Center staff will conduct a daily inspection of potential hazards in the classroom environments and the outdoor activity areas. Safety Inspection logs may be used to indicate that center has been found safe and free of hazardous materials.

G. FIRE PREVENTION AND PROCEDURES

1. All staff persons will be trained to carry out fire procedures during their new employee orientation.
2. **Fire drills** are held monthly and are documented in the Fire Drill Log. Different times of the day will be used each time.
3. In the event of a fire, if a teacher has an aide or assistant each **teacher assigns** his/her aide or assistant to lead the group to the exit and outside. The teacher follows the group and ensures that no child has been left behind while closing off the fire area, also bringing your own cell phone and the classroom backpack (that contains emergency numbers) with him/her if possible. If the teacher is on their own, he/she must lead their classroom safely from the building keeping constant watch over all of your children.
4. **Evacuation Routes:** Evacuation routes are posted in each room in the center.
5. **The primary exit:** The infant group will exit their classroom through their door that leads to the playground. The Toddler group will exit their classroom through their door that leads to the playground. The preschool groups will exit their classroom, walk across the hall and exit to the playground through either the infant or toddler room. All groups will meet by the playground for roll call.
6. **The secondary exit:** The infant group will exit their room, turn right and exit through the center's emergency door. The toddler group will exit their room. Turn left and exit through the YMCA emergency door. The preschool group can exit their room, turn right and exit the closest YMCA emergency door. All groups will meet by the playground for roll call

7. The local **Fire Department's** number is 218-729-3661 or 911 in case of emergencies.
8. Each teacher is **responsible for the safe evacuation** of all children in his/her classroom. Assistants, aides, and office personnel will assist teachers in the safe evacuation of children. Infants will be placed into a mobile crib and pushed to safety or carried by a staff member or volunteer.
9. How to use a **fire extinguisher**--remember the acronym PASS:
P—Pull the pin at the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher.
A— Aim at the base of the fire, not the flames. To put out the fire, you must extinguish the fuel source at the base.
S—Squeeze the lever slowly. This will release the extinguishing agent. If the handle is released, the discharge will stop.
S—Sweep from side to side. Move the extinguisher back and forth until the fire is completely out. Operate the extinguisher from several feet away, then move towards the fire as it starts to diminish.
10. How to **close off the fire area**: Shut doors
11. **Emergency exits** are always kept free and clear of classroom items, including large furniture and toys.
12. **Staff and Volunteers** will be instructed about each fire procedures on their first day. After each fire drill, staff will be refreshed on the fire procedure policies, informed about the results of the preceding fire drill.

H. EMERGENCY SHELTER

1. In the event of a **natural disaster** in which we must evacuate the premises, Child Care staff will bring children to the Hermantown School Administration Building. Once there, staff will call each family to inform them of the disaster that took place and where to pick up their children, and keep children safe until families arrive.
2. In the event of a **blizzard**, Child Care Staff will call parents at the beginning of the storm to ask parents to come early to pick up their children. If absolutely necessary, staff will stay overnight with children.

3. In the event of a **tornado**, all groups will take shelter outside of their classrooms in the hallway. A flashlight and radio will be kept in each room. If there is time, individual comfort items (such as blankets) may be brought into the locker room. Monthly tornado drills will be held from April to October and documented in the Tornado Drill Log.

I. MISSING CHILD PROCEDURE

If a child is missing, staff must immediately alert the director who will ask staff not needed in the classroom to help search for the child immediately. Staff members will be posted at the exits to ensure that no one can exit the area. If the child has not been found within five minutes, staff must call the police to report the incident and request assistance. Staff must know the number of children and where each child is in his/her group at all times to avoid having a missing child situation.

J. PICK-UP PROCEDURES

1. Never allow an **unauthorized person** to take a child from the center.

If you do not recognize a person picking up a child, check the child's file for the authorized pick-up list, then check the person's identification to ensure they are allowed to pick up. If the person is not on the authorized pick-up list, call the child's parent to inform them of the situation.

2. If a person arrives to pick up a child while **incapacitated**, call the child's parents or other emergency contacts to find another person to pick up the child. Problem-solve with the person—offer to call a ride for him/her, ask them who could come pick them up, etc. If a parent insists on taking their child while intoxicated, staff must allow them to do so, and then immediately call the 911 and report the incident. Staff should call the director/supervisor as soon as possible to inform him/her of the situation.
3. If a person **suspected of abuse** attempts to pick up a child, call the child's parents or other emergency contacts to find another person to pick up the child. Follow any court orders in the child's file. If a parent suspected of abuse insists on taking his/her child and there is no court order barring them to do so, staff must let the parent take the child. If staff suspect the child is in danger, they must call 9-1-1 and try to get their license number

and make/color of their car. Staff should call the director/supervisor as soon as possible to inform him/her of the situation.

4. If no one comes to **pick up a child by closing time**, staff must attempt to reach caregivers and emergency contacts by telephone until he/she reaches someone. If no one has been found to pick up the child *after an hour of attempting to reach caregivers*, staff must call 911 to report an abandoned child. Staff should call the director/supervisor as soon as possible to inform him/her of the situation.

K. EMERGENCY CARE - dial 9-1-1.

L. LOCK DOWN & VIOLENT INTRUDER PROCEDURES

- a. Stay calm, don't panic.
- b. Ensure 911 is called.
- c. If calling 911, give the dispatcher as much information as you can. Provide the address: 4289 Ugstad Rd.
- d. During lockdown, doors to rooms should be closed and staff will lock them, turn off the lights, and try to keep the children quiet. Cover windows if possible with paper or blankets.
- e. Doors should not be opened until cleared to do so by the authorities.

M. Emergency Bomb Threat Evacuation

In the event that a bomb threat is received, DO NOT ASSUME IT IS A HOAX!

- a. Stay calm, don't panic.
- b. Leave quickly and orderly, exit out the doors and meet at the Hermantown School Administration Building. Stay there until emergency personnel say it is safe to return.
- c. If a suspicious object is observed DO NOT TOUCH IT!

N. ACCIDENTS, INJURIES AND INCIDENTS - Parents must be notified through the Incident Form. The following information must be included:

- a. Name and age of child
- b. Date of incident/injury/accident
- c. Place of incident/injury/accident

- d. Type of accident/injury/accident
- e. Action taken by staff person(s)
- f. To whom the accident, injury, or incident was reported (which parent/caregiver)

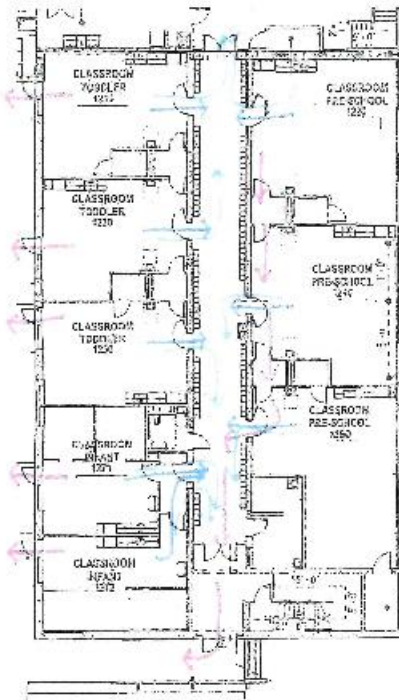
O. ANNUAL ANALYSIS of ACCIDENTS, INJURIES, AND INCIDENTS - An annual analysis of Incident records will take place by our Health Consultant and Director, and any necessary modification of Child Care Center policies will be made based on this analysis.

Evacuation Routes & Emergency Shelter

Evacuation Procedures

Person responsible: Each teacher is responsible for their own group of children. Lead teacher is responsible for bringing enrollment binder and attendance clip board.

Instructions: In event of fire or tornado, all children and staff are to be evacuated immediately and attendance is to be taken at the designated meeting place. In closing off rooms, all doors and windows to the center are to be closed and the lights turned off upon evacuation.



Fire →
Tornado →
Safe Meeting Place •

Changing Table Procedures

1. Get Organized: Locate gloves, table cover, and the child's diapers, wipes, and cream (if the child uses). Parents provide everything but the gloves.
2. Put on your gloves and place a changing cover. Place the child on his or her back on the changing table and remove clothes (shirt can generally stay on, just make sure it's lifted up high enough that it doesn't come in contact with the messy diaper.
3. Unfold fresh diaper and place it under the infant. Unfasten the soiled diaper and leave it in place until all of its contents have been wiped away. Always wipe girls from front to back. Make sure you get in all of the child's folds.
4. Place dirty wipes inside soiled diaper as you pull the diaper out from underneath the baby. Fasten, and set aside out of reach of the baby. Apply diaper rash cream if available.) Fasten the new diaper
5. Put clothes back on the infant/toddler and wash the child's hands and your hands.
6. Throw away changing pad and sanitize the changing table.

Never ever step away or leave a child of any age on the changing table unattended. If you forgot to grab something, ask for help or take the child off the table even if it's just for a moment.

YMCA EARLY CHILDHOOD EDUCATION CENTER HEALTH POLICIES

Health Consultation

A designated Health Consultant reviews the center's health policies on a monthly basis or when there are proposed changes or potential outbreaks of contagious reportable illnesses. The review is to ensure safe practices and to certify that they are adequate to protect the health of children in our care.

Health information at admission.

Before a child is admitted to a center or within 30 days of admission, a report on a current physical examination of the child signed by the child's source of medical care will be obtained.

Reexamination.

For children already admitted to the center an updated report of physical examination signed by the child's source of medical care will be obtained at least annually for children under 24 months of age, and whenever a child 24 months or older advances to an older age category.

Immunizations.

When a child is enrolled in the center, documentation of current immunizations will be obtained or a signed notarized statement of parental objection to the immunization, or a medical exemption will be provided by the parent. A list of immunizations required for enrollment is provided to parents on a form which is used to document and track immunization dates. The form also describes exemptions from immunization and once obtained this form is kept on file at the child care center.

Notice about a sick child

When a child is diagnosed by a source of medical or dental care as having a contagious reportable disease, lice, scabies, impetigo, ringworm, or chicken pox, the parent must inform the center within 24 hours. A notice will be provided to parents of exposed children the same day a parent notifies the center of a child's illness or condition. The health authority will also be notified within 24 hours of receiving the parent's report. If a child becomes sick at the center, their parents are notified immediately.

Administration of medicine

The Child Care Center will not administer medicine unless it is a medicine used to treat a child in an emergency situation (such as anaphylaxis). In order to administer the medicine, the condition and treatment must be listed on the child's ICCP form and a medication administration form must accompany it. On the medication administration form, administration of medicine is recorded with the child's name, name of the medicine, date, time, dosage, and the name and signature of the person who dispensed the medicine.

The Center will administer diapering products, sunscreen lotions, and lotion according to the manufacturer's instructions when written permission from the child's parent is obtained and the original bottle has the expiration date and child's first and last name on it. Lotions, and diaper rash control products will be stored according to directions on the original container and so that they are inaccessible to children. Products will not be used after its expiration date.

First Aid, Emergency, and Safety Policies and Procedures (see attached handout)

The child care facility has written policies governing emergencies, accidents, and injuries. Written records are kept about incidents, emergencies, accidents, and injuries that have occurred. All staff will have CPR and First Aid training, initial training on site specific emergency procedures, and in-service training surrounding health and safety topics periodically throughout the year.

A first aid kit is available in each room of the center and portable kits are available for when groups go off-site or outdoors. The first aid kits contain sterile bandages, band-aids, sterile compresses, scissors, ice packs, thermometer, adhesive tape, and a first aid manual. Battery operated flashlights and portable radios are also available in case of emergency.

Diaper Changing Procedures (see page 21)

Sanitation Procedures and Practices for Food

The Child Care Center will ensure that meals and snacks are available throughout the day. Breakfast and lunch will each provide one-third of the child's daily nutritional needs and a snack is also provided throughout the day.

The lunch is provided by Chickadee Catering and delivered to the program site. We ensure that procedures for preparing, handling, and serving food, and washing food, utensils, and equipment comply with the requirements for food and beverage establishments in chapter 4626. Breakfast and afternoon snack will be prepared by the center on site.

Food Temperatures

Potentially hazardous food shall be at a temperature of 41 degrees F or below when received. If a temperature other than 41 degrees F is specified in law governing its distribution, including laws governing milk, molluscan shellfish, and shell eggs, the food may be received at the specified temperature.

Food that is cooked to a temperature and received hot shall be at a temperature of 140 degrees F or above. A food that is labeled frozen and shipped frozen by a food processing plant shall be received frozen. Upon receipt, potentially hazardous food shall be free of evidence of previous temperature abuse.

The infant rooms have a refrigerator with a temperature 40 degrees or less for dairy products and other perishable foods. Tables, highchair trays, utensils and equipment used for meals are washed before and after each use.

Dietary Needs

Children's dietary needs are collected at the time of enrollment. If a child's dietary needs are not part of the menu plan a "special diet statement" form must be filled out and returned in order for us to serve substitutions in which the parents will provide. If a child has a food allergy, a notice must be posted in areas that food is prepared or served. All staff must be notified of any dietary needs or allergies for children in their care. The diet of an infant must be determined by the infant's parent and the parent must give written dietary instructions.

Preventing to and Responding to Allergies

Before admitting a child for care, documentation of any known allergy must be obtained from the child's parent or legal guardian or the child's sources of medical care. The license holder must develop an individual child care program plan, which includes a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information. At least once each calendar year or following any changes made to allergy-related information in the child's record, the license holder must update the child's individual child care program plan and inform each staff person who is responsible for carrying out the individual child care program plan of the change. The license holder must keep on site documentation that a staff person was informed of a change; and the license holder must contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention. The license holder must call emergency medical services when epinephrine is administered to a child in the license holder's care.

Feeding Infants

We ensure that sanitary procedures and practices are used to prepare, handle, and store formula, milk, breast milk, solid foods, and supplements. Each child's food and bottles will be labeled. The infant's feeding schedule will be posted in the food preparation area and children will be offered formula or milk and nutritionally adequate solid foods in prescribed quantities at specified time intervals.

Providers will wash their hands before and after preparing or handling any bottles, food, or feeding utensils.

Breast Milk Policies

Breast Milk must be clearly labeled with the date the milk was expressed to facilitate using the oldest milk first. It must also be clearly labeled with the child’s name. Fresh milk will not be added to already frozen milk within a storage container. Milk from a used bottle will be discarded and not used for another feeding. Breast milk will be thawed by transferring it to the refrigerator for thawing or by swirling in a bowl of warm water (microwaves will not be used to heat bottles of breast milk). Milk will not be refrozen once thawed. Storage duration of milk is as follows:

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F or 25°C)	6-8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5-39°F or -15-4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
Freezer			Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3-6 months	
Chest or upright deep freezer	-4°F or -20°C	6-12 months	

Formula Policies

Formula is stored according to manufacturer’s instructions and bottles are prepared according to those instructions to ensure the right amount of water so the infant gets adequate calories and nutrients. Any formula that is not consumed during the feeding is discarded.

Bottle Feeding: General

Bottles must be labeled with the child’s name. Bottles and nipples are cleaned thoroughly between each use. Babies are held when they are being fed a bottle (bottles are not propped up).

Feeding Infants Solid Foods

Baby food will be stored according to manufacturer’s instructions and labeled. Children who are eating solid foods will be spoon-fed at the table and buckled securely in their chair. Rice cereals will be mixed according to instructions. All food will be fed out of a bowl with a clean spoon. Any food that is not eaten at the time of feeding will be discarded and the bowls and spoons will be washed between use.

If a child is eating solid foods that they are able to grasp independently and feed to self, the child will be allowed to feed self while seated and buckled at the table. Food will be cut into bite sized pieces. Children will be monitored carefully while eating to prevent choking. Any food that is not consumed at the time of the feeding will be discarded.

Drinking Water

Drinking water from a safe water supply is available to children throughout the hours of operation and offered at frequent intervals. Drinking water for children is provided from their personal water bottle which is washed and sanitized daily, or from drinking fountains accessible to children.

Washing of Food, Food-Contact Surfaces, and Utensils

Raw fruits and vegetables shall be thoroughly washed in water to remove soil and other contaminants before being cut, combined with other ingredients, cooked, served, or offered for human consumption in ready-to-eat

form except that whole, raw fruits and vegetables that are intended for washing by the consumer before consumption need not be washed before they are sold.

Equipment, food-contact surfaces and utensils shall be sanitized. More specifically, they shall be cleaned before each use with a different type of raw animal food, including beef, fish, lamb, pork, or poultry. It shall be cleaned each time there is a change from working with raw foods to working with ready-to-eat foods. It shall be cleaned between uses with raw fruits or vegetables and with potentially hazardous food. It shall be cleaned before using or storing a food temperature measuring device. And, it shall be cleaned any time during the operation when contamination may have occurred. Equipment, food-contact surfaces and utensils shall be cleaned throughout the day at least once every four hours.

Tables and high chair trays used to serve meals must be washed with soap and water before and after each use.

Serving Food

Each child will have their own individual set of clean utensils and tray or plate and cup. Beverages are served from an original container or bulk beverage dispenser. Staff will only touch food with a gloved hand.

Time only, rather than time in conjunction with temperature may be used as the public health control for a working supply of potentially hazardous food before cooking, or for ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption if the food is marked or otherwise identified with the time within which it shall be cooked, served, or discarded. When the food that is provided for service and consumption is removed from temperature control, the food is served or discarded within four hours and is not removed from the time control and returned for use at a later time. Food in unmarked containers or packages or for which the time expires are discarded.

Cleanliness, Condition of Equipment, and Maintenance

The indoor and outdoor space and equipment of the center is clean and is sanitized and inspected on a regular basis and logs of those inspections are on file at the center. Equipment and furniture is durable, in good repair, structurally sound and stable following assembly and installation. Equipment is free of sharp edges, dangerous protrusions, points where a child's extremities could be pinched or crushed, and openings or angles that could trap part of a child's body. Tables, chairs, and other furniture are appropriate to the age and size of children who use them. Toys and equipment that are likely to be mouthed by infants and toddlers are made of a material that can be disinfected. These are cleaned and disinfected when mouthed or soiled and at least daily.

Infant rattles meet the United States consumer product safety standards contained in the Code of Federal Regulations, title 16, sections 1510.1 to 1510.4, as adopted on May 23, 1978. All toys and other articles intended for use by children under three years of age that present choking, aspiration, or ingestion hazards because of small parts meet the size standards in Code of Federal Regulations, title 16, sections 1501.1 to 1501.5, as adopted on June 15, 1979.

The areas used by children are free from debris, loose flaking, peeling, or chipped paint, loose wallpaper, or crumbling plaster, litter, and holes in the walls, floors, and ceilings. Rugs have a nonskid backing or be firmly fastened to the floor and be free from tears, curled or frayed edges, and hazardous wrinkles.

Toilet/Diaper Facilities

Toilet rooms at the center are cleaned daily and when soiled. Our facility does not use toilet training chairs. The diaper changing area is away from the food area, and has a hand sink equipped with hot and cold running water within three feet of the diaper changing surface. A smooth, nonabsorbent diaper changing surface and floor covering and a sanitary container for soiled and wet diapers, liquid hand soap, facial tissues, toilet paper, and paper towels are available. The center has and follows diaper changing procedures which are posted near the changing area.

Toilet/Diaper Facilities

Toilet rooms at the center are cleaned daily and when soiled. Our facility does not use toilet training chairs. The diaper changing area is in the bathroom, away from the food area, and has a hand sink equipped with hot and cold running water within three feet of the diaper changing surface. A smooth, nonabsorbent diaper changing surface and floor covering and a sanitary container for soiled and wet diapers, liquid hand soap, facial tissues, toilet paper, and paper towels are available. The center has and follows diaper changing procedures which are posted near the changing area.

1. Get Organized: Locate gloves, table cover, and the child's diapers, wipes, and cream (if the child uses). Parents provide everything but the gloves.
2. Put on your gloves and place a changing cover. Place the child on his or her back on the changing table and remove clothes (shirt can generally stay on, just make sure it's lifted up high enough that it doesn't come in contact with the messy diaper.
3. Unfold fresh diaper and place it under the infant. Unfasten the soiled diaper and leave it in place until all of its contents have been wiped away. Always wipe girls from front to back. For non-circumcised males, the foreskin should not be pulled back. Make sure you get in all of the babies folds.
4. Place dirty wipes inside soiled diaper as you pull the diaper out from underneath the baby. Fasten, and set aside out of reach of the baby. Apply diaper rash cream if available.) Fasten the new diaper
5. Put clothes back on the infant/toddler and wash the babies hands and your hands.
6. Throw away changing pad and sanitize the changing table.

Never every step away or leave a child of any age on the changing table unattended. If you forgot to grab something, ask for help or take the child off the table even if it's just for a moment.

Diaper changing area.

A diaper must be changed only in the diaper changing area. The diaper changing area must be separate from areas used for food storage, food preparation, and eating. The area must have a hand sink equipped with hot and cold running water within three feet of the diaper changing surface, a smooth nonabsorbent diaper changing surface and floor covering, and a sanitary container for soiled and wet diapers.

Hand Washing

Children's hands are washed with soap and water after a diaper change, use of a toilet, and before eating a meal or snack. Staff monitors hand washing and assist children that need help. Staff also washes their hands after changing a child's diaper, after using toilet facilities, and before handling or eating any food.

Hazardous Objects

Sharp objects, medicines, plastic bags, and poisonous plants and chemicals, including household supplies, are stored out of reach of children.

Pets

Parents will be informed at the time of admission that a pet is present in the classroom. If a pet is introduced to the classroom after the child has been admitted, the parents will be notified that a pet will be introduced.

HEALTH CONSULTANT REVIEW NOTIFICATION

January 31, 2024

Department of Human Services
Division of Licensing
P.O. Box 64837
St. Paul, MN 55164-0837

To Whom It May Concern:

My name is Alison Schubitzke and I am the Health Consultant for the YMCA Early Childhood Development Center. My RN license number for the State of Minnesota is 2520943.

I have reviewed and approved the following health and safety policies and procedures for:

- Health requirements found in Minnesota Rules, part 9503.0140 (subparts 1 and 2)
- Safety policies and procedures required in part 9503.0110, subpart 3, items A, B, and C.
- Diapering procedures and practices
- Sanitation procedures and practices for food not prepared by or provided by the license holder as specified in part 9503.0145, subpart 3 and they are in compliance with the requirements for food and beverage establishments in chapter 4626 which includes procedures for hand washing, maintaining hot and cold food temperatures at safe levels, washing of food, utensils, and equipment, and serving food.

Sincerely,

Alison Schubitzke
Health Consultant
YMCA Early Childhood Development Center

MALTREATMENT OF MINORS MANDATED REPORTING

This policy is for all providers licensed by the Minnesota Department of Human Services.

Who should report

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are mandated (required) to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

Where to report

- If you know or suspect that a child is in immediate danger, call 911.
- Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child care facility should be made to county child protection services.
- Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at 651-431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at 218-726-2012 or local law enforcement at 911 or 218-729-1200.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at 651-431-6500.

What to report

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor.
- A mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

Maltreatment Of Minors Mandated Reporting Policy

Retaliation prohibited

- ☒ An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child who is the subject of the report.
- ☒ The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

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:
 - I. related policies and procedures were followed;
 - II. the policies and procedures were adequate;
 - III. there is a need for additional staff training;
 - IV. the reported event is similar to past events with the children or the services involved; and
 - V. 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 Emily Marshall . If this individual is involved in the alleged or suspected maltreatment, Jeremy Katchuba 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 designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

Staff training

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). 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

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the child care program and must be available upon request.

YMCA Early Childhood Education Center Risk Reduction Plan

Program Name: YMCA Early Childhood Education Center
License #1101224

Child care centers must develop a risk reduction plan that identifies the general risks to children served by the child care center. The license holder must establish specific policies and procedures or refer to existing policies and procedures that minimize identified risks, train staff on the procedures, and annually review the procedures. [Minnesota Statutes, section 245A.66, subdivision 2]

1. Physical Plant. Identify specific risks to children based on an assessment of the physical plant where licensed services are provided. The assessment must include an evaluation of the required factors listed below in column 1. Write each identified risk in column 2; insert additional lines as needed. In column 3, write specific policies and procedures you have developed and implemented to minimize each risk, **or** in column 4, reference existing policies and procedures that minimize each risk.

Physical plant factors required to be assessed	Identified risks	Policies and procedures developed and implemented to minimize the risks	Existing policies and procedures that minimize the risks
Condition and design of the facility	The outdoor play area is located near the parking lot.		All children will be supervised closely to ensure that no one gets near a car. When children are exiting they will be leaving their classrooms which directly connect to the playground. They are watched closely by the staff members to ensure their safety. Regular maintenance will be done on the facility and the outdoor play space to maintain appropriate operating conditions.

			<p>Daily safety checks are done both indoors and outdoors at least once a day to ensure all materials are in good working condition.</p> <p>Anyone entering the childcare center will go through a secure check-in process.</p>
	<p>Fenced Play area</p>	<p>Classroom emergency backpack is hung on the outside of the fence, so children do not have access to the bag. The emergency bag will include cell phone, a first aid kit, roster, emergency telephone numbers, ICCP forms (and accompanying emergency medication), sunscreen/bug spray (and approval list), incident report form, and separation forms.</p>	<p>Children are supervised at all times while using the play area. When the children are walking from the building to the play area, the staff members are watching them closely at all times to ensure their safety. While children are using the play area, the staff is constantly walking around making sure all children are safe and always within sight and sound. Staff members are always checking to ensure all equipment is in working order, all toys are safe, and there are no hazards on the ground or in the area. Any broken equipment or hazards will be repaired or removed immediately.</p> <p>Children should stay off of the fence.</p> <p>Toy box lids should only be opened and closed by staff members. Children are not allowed to climb into them or on top of them.</p>

			Upon entering the play area, gate is latched closed.
	Protection from Sun		<p>Canopies and umbrellas will be used to give the children some shade in our play area.</p> <p>Sunscreen will be applied to each child on the "sunscreen list" before going outside. A list of children who have written permission from his/her parent is stored in each classroom.</p> <p>Sunscreen will be applied to their face and arms/legs if exposed. If the child removes their jacket, then sunscreen needs to be applied to their arms. If the children are going to the park or on a field trip, they will need to have it re-applied, if longer than two hours. Staff encourages parents/guardians to provide sun hats for their children.</p>
	Weather Safety		Based on the temperature and humidity, the classrooms will adapt their schedule for the day. Common sense will be used for rain, snow, and stormy weather. Proper clothing will be used on the children and water readily available on hot days.

			<ul style="list-style-type: none"> If it is over 90 degrees, the children should only be outside for 30 minutes. If it is below zero, with or without wind chill, the children will not play outside.
	Each classroom will have their own bathroom.	Diaper lotions and creams are labeled with child's first and last name and are stored in the classroom. Parental consent forms for administration of diaper lotions are kept on file for each child.	<p>Diaper lotions and creams are labeled with child's first and last name and are stored in the classroom. Parental consent forms for administration of diaper lotions are kept in each child's folder.</p> <p>Children are supervised when they use the toilet and wash their hands.</p>

Physical plant factors required to be assessed	Identified risks	Procedures developed and implemented to minimize the risks	Existing policies and procedures that minimize the risks
Storage areas	We have one storage closet		Closet will remain locked and staff in the room will have the key for access
	Storage Items in the classroom.		Storage closets containing cleaning

			chemicals remain locked. Heavy items are not to be put on top of shelving in the reach of the children in case they pull it off onto themselves or others. (example – box of books, box of blocks, basket of blankets, etc.) Cracked or broken storage totes are removed and replaced.
Accessibility of medications and cleaning products	Medications and Cleaning supplies	Sunscreen and bug spray	Medications will be kept on an upper shelf. Cleaning products will be kept up high out-of-reach of children or in locked cabinets or locked closets. Hand sanitizer and sunscreen is stowed in upper shelf, out of reach of children.
Areas that are difficult to supervise	Areas located in the center that is difficult to supervise are....		Staff will position themselves in different areas to supervise closely.

2Environment. Identify specific risks to children based on an assessment of the environment for each facility. The assessment must include an evaluation of the required factors listed below in column 1. Write each identified risk in column 2; insert additional lines as needed.

In column 3, write specific policies and procedures you have developed and implemented to minimize each risk, **or** in column 4, reference existing policies and procedures that minimize each risk.

Environmental factors required to be assessed	Identified risks	Policies and procedures developed and implemented to minimize the risks	Existing policies and procedures that minimize the risks
Type of grounds and terrain	Drain pond		All children will be supervised closely to ensure that no one

surrounding the building			gets near the pond. When children are exiting the building to use the outdoor play space or go on a walk, they are watched closely by the staff members to ensure their safety.
Proximity to hazards and busy roads	Parking lot and busy road nearby		To prevent pedestrian accidents , Children will hold hands with an adult/hold a ring on a rope or ride in a stroller or wagon when walking outdoors. Try to walk in smaller groups depending on how many staff available.

Additional risk of harm factors to children. In addition to any program-specific risks identified under the physical plant and environment assessments, the risk reduction plan must address the risks identified below in column 1. In column 2, write specific policies and procedures you have developed and implemented to minimize each risk, **or** in column 3, reference existing policies and procedures that minimize each risk.

Identified risks	Policies and procedures developed and implemented to minimize the risk	Existing policies and procedures that minimize the risk
Closing children’s fingers in doors, including cabinet doors	Many doors located in the center are kept closed in order to avoid finger pinching. Children and parents are reminded that at “opening doors is a teacher or grown-up job”. When children are congregated by	Parent Policy - DOORS - We want to prevent children from getting their fingers pinched in the doors. We ask that you open and close the doors for your children in our center. Always look through windows before opening any door and

	<p>a door, staff will be in charge of operating the door and will pay close attention to each child's whereabouts, especially being careful not to bump heads or pinch fingers or feet in the door. Lower cabinet doors in areas when children play will be locked so that they do not pinch their fingers. All volunteers and staff are trained to watch all directions when opening or closing a door.</p>	<p>look behind you before closing any doors. Please remind your child(ren) that "opening doors is a teacher or grown-up job".</p> <p>Many doors located in the center are kept closed in order to avoid finger pinching. Children and parents are reminded that at "opening doors is a teacher or grown-up job". When children are congregated by a door, staff will be in charge of operating the door and will pay close attention to each child's whereabouts. Lower cabinet doors in areas when children play will be locked so that they do not pinch their fingers. All volunteers are trained to watch all directions when opening or closing a door.</p>
<p>Leaving children in the community without supervision</p>	<p>Staff will do head counts and face counts frequently, and do roll call to ensure every child is in attendance.</p>	<p>When children are out in the community, staff will pair the children up so they are with an adult. This will help to make sure everyone is with their partner at all times. Staff will also do head counts frequently, and do roll call to ensure every child is in attendance. Children under the age of 4 will use a walking rope.</p>
<p>Children leaving the facility without supervision</p>		<p>Staff will supervise all areas by doors, especially by the exits. Children will also be taught that the doors are not for play and only the staff should operate them unless otherwise specified by an adult.</p>
<p>Caregiver dislocation of children's elbows</p>		<p>When picking up a child, staff will lift children under the shoulders or on the sides of their body. Children should</p>

		never be picked up or swung by the arms or wrists/hands.
Burns from hot food or beverages, whether served to children or being consumed by caregivers, and the devices used to warm food and beverages		Any hot food served to the children will be cooled to an appropriate temperature on their plates or bowls. Containers that arrive hot from the kitchen will be kept away from the children when plates are being dished up. Hot food will be transferred into other serving dishes to keep the children safe when needed. Staff will not have hot beverages in the classrooms, no matter what kind of container. Hot food/beverages consumed by staff will be kept in the office/kitchen area on the counter pushed as far back as possible so the children are not able to reach it. Never leave your hot food or beverage unattended.
Injuries from equipment, such as scissors and glue guns		Glue guns are not allowed to be used in the classrooms. Adult scissors are not to be in reach of the children or left on tables/counters. They need to be stored in an upper cabinet. Children will be supervised when using kid-safe scissors.
Sunburn and Dehydration		Water is available to children at all times. If going on a field trip, a jug of water and paper cups are brought with. Sunscreen will be applied to each child on the "sunscreen list" before going outside. A list of children who have written permission from

		his/her parent is posted in each classroom. Sunscreen will be applied to their face and arms/legs if exposed. If the child removes their jacket, then sunscreen needs to be applied to their arms. If the children are going on a field trip, they will need to have it re-applied, if longer than two hours.
Feeding children foods to which they are allergic	Parents are required to submit all enrollment paperwork prior to each child's first day. Any allergies must be indicated on the forms and verbal communication of the allergy is encouraged. All staff will be informed of the allergy and will sign off on the ICCP, and signs will be posted in the area where food is served.	Parents are required to submit all enrollment paperwork prior to each child's first day. Any allergies must be indicated on the forms and verbal communication of the allergy is encouraged. All staff will be informed of the allergy, and signs will be posted in every room in which the child uses.
Children falling from changing tables		When staff is changing children, one hand must be kept on the child at all times. Staff will never leave a child alone on a changing table for any reason.
Children falling from chairs/benches	Staff will remind children to sit with ("4 on the floor" meaning all 4 legs of the chair remain in contact with the floor) and when they sit, their feet should be down and bottoms in the chair or bench (children should not be permitted to sit on their knees or tip back in their chairs).	Age appropriate furniture will be used for children in each classroom. Children will only be allowed on equipment that is designated for their age group.
Children accessing dangerous items or chemicals or coming into contact with residue from harmful cleaning products		All chemicals and cleaning materials will be kept in locked cabinets, closets, or out of children's reach. Staff will ensure all areas are dry and safe for children to use when

		chemicals have been recently used.

2. Accessibility of hazardous items. The accessibility of hazardous items to children is prohibited at all times when children are present.

3. Policies and procedures to ensure adequate supervision of children. The risk reduction plan must include specific policies and procedures to ensure adequate supervision of children at all times as defined under Minnesota Statutes, section 245A.02, subdivision 18. The policies and procedures must include particular emphasis on the areas identified below in column 1. In column 2, write specific policies and procedures developed and implemented to ensure children will be adequately supervised at all times.

Required areas to be addressed regarding supervision of children	Policies and procedures developed and implemented to ensure adequate supervision of children
Times when children are transitioned from one area within the facility to another	<p>Children will hold the hand of an adult, hold the hand of a buddy, hold a walking rope, ride safely in a wagon/stroller, or walk in a line with one teacher in the front and one in the back. Children should move in small groups or walk in an orderly line. Staff members should keep constant watch of all children as they transition – those staying behind, those moving and those already in the new location. Staff will count how many children they have before they leave one area, while they are moving to the new area, and once they get to their destination. Also when staff is dividing a group up into smaller groups one staff member will say to the other staff member I have: (and name each child) so both staff members know who is watching which children.</p> <p>If the group gets split up and the adult in the front cannot see the adult in the back, the adult in the front should stop until the group is back together.</p>

<p>Nap-time supervision, including infant crib rooms, as specified under Minnesota Statutes, section 245A.02, subdivision 18, which requires that when an infant is placed in a crib to sleep, supervision occurs when a staff person is within sight or hearing of the infant. When supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision component.</p>	<p><u>Infants</u> - Our cribs are behind a physical room divider. Staff can see children and monitor while sleeping.</p> <p><u>Toddlers</u> - Cots are in the classroom and a staff member is always present during naptime. Children's heads are not covered with blankets to faces can be seen while napping</p> <p><u>Preschoolers</u>- Cots are in the classroom and a staff member is always present during naptime. Children's heads are not covered with blankets to faces can be seen while napping</p> <p><u>All:</u> Rooms will have adequate light during nap time to be able to see all of the children and equipment.</p>
<p>Child drop-off and pick-up times</p>	<p>When a parent drops off or picks up in the classroom, the parent needs to enter the classroom and safely shut the door before the staff member and parent begin to communicate. When a parent arrives to pick-up their child and the children are outside in the play area, the parent is invited in through the gate and the gate is latched. Then the staff member and parent can safely communicate.</p>
<p>Supervision during outdoor play and on community activities, including but not limited to field trips.</p>	<p>Children are supervised at all times when outdoors on-site or off-site to ensure the safety of the children. Outside or in public, children will hold the hand of an adult, hold the hand of a buddy, or safely ride in a wagon/stroller.</p>
<p>Supervision of children in hallways</p>	<p>Children will not be left alone in hallways. When walking in the hallways, children will walk in a line with one teacher in the front and one in the back or will walk in small groups and adults will supervise and do head/face counts. Doors to classrooms are to remain closed at all times even when empty.</p>
<p>Security door between the childcare center and the YMCA</p>	<p>A door separates the center and the Y. The door is controlled by a keypad/fob. Approved staff and parents of children in the daycare program are issued codes that are active only during the appropriate times of day.</p>

During preschool swimming time	<p>A Red Cross certified lifeguard will be on duty at all times that the children are swimming. When times that a lifeguard is not on duty, the pool area is locked. When the daycare group goes swimming, they change in their classrooms and then travel to the pool area. At least 2 staff are with the group at all times.</p> <p>A certified pool operator is on site and chemicals are tested 3x/day to ensure safety and quality of pool water.</p> <p>Children only swim in the zero depth entry section and are not permitted into the deep end of the pool or the hot tub. Children in Preschool 1 (4-5 year-olds) may swim in the deeper water with life jackets and a teacher in the water. Swim diapers are to be worn by swimmers who are not yet potty trained.</p>
During gym time	Gym time is reserved daily for the children in the daycare program. Providers will position themselves strategically so that all children are in view at all times. School age children and adults not associated with our program should not be present in the area that we play.
Designee on duty	When the Director or Site Coordinator are not on duty a named Designee will be present. Designees are all CPR/First Aid and childcare certified to be able to assist at any time of the day if extra supervision is needed to carry out an activity or a transition.
Playground	Only children that are actively enrolled in the center should use the fenced in playground when we are outside. School-age children should not have access when our children are on the playground.
Outdoor air temps, water play, and air quality	<p>The following will be used to determine safe outdoor play for children:</p> <ul style="list-style-type: none"> -Child Care Weather Watch -Air Quality Alert Policy <p>Outdoor water play should be limited to a half hour and should only occur when the heat index is in the green or yellow zone.</p>

	<p>When dressing children for outdoor play, if staff need a jacket to feel comfortable, kids must be dressed in jackets. If staff need mittens to feel comfortable, children also need mittens. Always lean towards more clothing as layers of clothing can be removed if children are warm.</p> <p>Activities should be ceased when any of the children show visible signs of being too chilled (shivering, lips starting to change color, etc) or overheated (sweating, change of skin color, etc).</p>
Active Supervision Practices (Updated 4/29/24)	All staff must take a supervision training before their first day in a classroom. All staff will also complete supervision training annually.

Date risk reduction plan was initially completed: March, 25th 2019. It is reviewed at least annually and any time there is a change.

4. Orientation to the risk reduction plan. The license holder shall ensure that all mandated reporters, as defined in section 626.556, subdivision 3, who are under the control of the license holder, receive an orientation to the risk reduction plan prior to first providing unsupervised direct contact services, as defined in section 245C.02, subdivision 11, to children, not to exceed 14 days from the first supervised direct contact, and annually thereafter. Documentation of orientation to the risk reduction plan must be documented in each mandated reporter’s personnel record. [MN Statutes, section 245A.66, subdivision 3]

5. Annual review of the risk reduction plan.

Program Name: YMCA Early Childhood Education Center

The license holder must review the risk reduction plan annually. When conducting the review, the license holder must consider incidents that have occurred in the center since the last review, including:

- (1) A review of the assessment factors in the plan:
- (2) A review of the internal reviews conducted under Minnesota Statutes, section 245A.66, subdivision 1, if any:

- (3) A review of substantiated maltreatment findings, if any:
- (4) A review of incidents that caused injury or harm to a child since the last review, if any:

Based on the annual review, what changes were made to the risk reduction plan?

- Revision of swimming policies
- Addition of safe-sleep practices for toddlers/preschoolers
- Revision of gym & playground to include that school-age children should not be present.
- Revision to add outdoor air temps/quality guidelines
- Revision to add information about when a group gets split up.

Name and title of person completing annual review: Emily Marshall

Date of annual review/revisions: 9/11/2022, 7/20/2023, 9/18/2023, 4/29/2024

Following any change to the risk reduction plan, the license holder must inform mandated reporters, under the control of the license holder, of the changes in the risk reduction plan. The annual review of the risk reduction plan or changes in the plan must be documented in the center's administrative records.

Child Care Program Plan

This program plan is developed and evaluated in writing annually by our teachers. The program plan is available to parents upon request.

MISSION STATEMENT "YMCA Early Childhood Education Center seeks to strengthen families and the community by integrating family support, parent education and enriched childcare services."

GENERAL INFORMATION - Children will be supervised at all times 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, swimming and/or going on a walk on a daily basis. 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.

CAPACITY - The classrooms are licensed to care for:

16 infants – ages 6 weeks – 16 months

28 toddlers – ages 16-33 months

74 preschoolers – ages 33 months up to Kindergarten

HOURS OF OPERATION – We are open Monday through Friday. We are licensed from 6:30am-6:00pm.

General Education Methods

Teachers at the YMCA Early Childhood Development Center utilize *High Scope Curriculum* to cultivate lesson plans that promote the use of interest areas to promote learning experiences in all developmental areas. We do not utilize television as a learning method in our childcare facilities.

This curriculum is assessed by *COR Advantage*, which is an ongoing comprehensive assessment tool. It will help to document the development level of each child. They will be used to help plan lesson plans and conveyed in bi-annual parent/teacher conferences. The assessments will be documented in child's record.

Infant Program Plan

YMCA Early Childhood Development Center recognizes that infancy is a crucial time for learning in a child's life and sets the stage for future learning and relationships. We understand that the most important job a child has at this stage in life is to build healthy, secure attachments with caregivers, and staff interactions will always seek to promote attachment. The daily interactions that staff members have with infants are designed to promote developmental growth in all areas, including fine and gross motor, active and passive language skills, cognitive skills, and social/emotional skills. Little Treasures staff members follow daily schedules that are very flexible according to each infant's needs for that particular day. The following activities are offered daily to children:

Fine Motor Activities: small blocks, rattles, shape sorters, and eating utensils

Gross Motor Activities: playing with balls, tunnels, riding toys, tumbling on mats, large foam blocks, rocking boat, baskets/boxes

Cognitive Activities: puzzles, pop-up toys, stacking rings/cups, shaker bottles

Intellectual Activities: looking at hard cover and cloth books for children to explore, both on their own and with staff reading to them, puppet play, nursery rhymes, and keeping up a "running dialogue" with infants during the day and on walks

Quiet and Active Activities: reading books, cuddling, sensory items.

Infants are changed on a two-hour schedule or sooner if needed.

Infants who are not yet mobile receive a chance for "tummy time" every day.

Toddler/Preschool Program Plan

Fine Motor Activities: blocks, musical instruments, peg boards, trucks and eating utensils, lacing, stickers.

Gross Motor Activities: playing with balls, tunnels, riding toys and tumbling on mats.

Cognitive Activities: puzzles, symbolic play and open-ended toys, puppet play.

Social-Emotional Activities: self-awareness of feelings, rules and limits, self-care materials, and promoting positive relationships.

Intellectual Activities: looking at hard cover books for children to explore, both on their own and with staff reading to them, puppet play, nursery rhymes, counting, and keeping up a “running dialogue” with toddlers during the day and on walks.

Quiet and Active Activities: reading books, puzzles and sensory table.

Preschool Program Plan

Fine Motor Activities: blocks, musical instruments, play dough, connecting toys, painting and eating utensils, logos, magnetiles.

Gross Motor Activities: running, jumping, playing with balls, tunnels, riding toys and tumbling on mats.

Cognitive Activities: puzzles, verbal games, board/card games, symbolic play and open-ended toys.

Social-Emotional Activities: working in groups, rules and limits, self-awareness of behavior, and promoting positive relationships.

Intellectual Activities: looking at hard cover books for children to explore, both on their own and with staff reading to them, puppet play, nursery rhymes, letter structure, letter sound, letter formations, identifying shapes, learning/identifying numbers, and counting.

Quiet and Active Activities: reading books, manipulatives, glitter bottles, puzzles, chenille stem activities and sensory table.

OBJECTIVES

ENHANCED CHILDCARE SERVICES - Our children will: develop strong relationships with responsive adults, meet developmental milestones (cognitive, physical, social and emotional), gain the skills needed to be ready for Kindergarten, be in a safe and healthy environment, be allowed to be curious and explore their world, play outside to develop their gross motor skills, benefit from nutrition and health services, and gain the ability to regulate a full range of emotions. The development of our children will be accessed by COR Advantage, which will showcase their developmental milestones.

FAMILY SUPPORT SERVICES - Our parents will: develop strong relationships with responsive adults to reduce isolation, develop secure and healthy relationships with their children, learn coping strategies to help them become healthy and self-sufficient, be connected to needed services for

themselves and their families, be able to concentrate on their job or schooling because they trust our caregivers, be involved in their child's education therefore increasing their child's success in school, increase their knowledge of child development, improve their parenting skills, and protect their children by reducing neglect and abuse.

STAFF DEVELOPMENT - Our staff members will: develop strong relationships with the children in their classrooms, build connections with parents, develop a team approach for responsive caregiving, establish clear communication with other staff members and supervisors, adapt classroom environments to meet the changing needs of young children, utilize High Scope Curriculum in lesson planning, participate in Reflective Practice when possible, apply learned concepts from trainings to their position or classroom, actively participate in team meetings, keep all required classes up-to-date, and supervise and involve volunteers in the classroom. Teachers will complete COR Advantage Assessment Profiles on each child. They will use them in lesson planning and bi-annual parent/teacher conferences.

CONFERENCES/PARENT COMMUNICATION

Parent/Teacher conferences will be held every six months. The child's progress (intellectual, physical, social, and emotional) will be documented and shared with the parent/guardian.

Nap and Rest Policy

1. Infants nap according to their own internal clocks and are never forced into sleeping. Toddlers and Preschoolers will have quiet rest time after lunch.
2. Confinement limitation: A child who has completed a nap or rested quietly for **30 minutes** is never required to remain on a cot or in a crib or bed.
3. Placement of equipment: Naps and rest are provided in a quiet area that is physically separated from children who are engaged in an activity that will disrupt a napping or resting child. Cribs, cots, and beds 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, and beds must be placed directly on the floor and must not be stacked when in use.
4. Bedding: separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet. Blankets must be washed or dry cleaned weekly and when soiled or wet.
5. Crib Standard: A crib must be provided for each infant for which the center is licensed to provide care. The equipment must be of safe and sturdy construction that conforms to federal crib standards under Code of Federal Regulations, title 16, part 1219 for full-sized baby cribs, or part 1220 for non-full-size baby cribs. See Minnesota Statutes, section 245A.146, for additional crib safety standards including routine crib inspection requirements.
6. Reduction of risk of sudden unexpected infant death: Pursuant to Minnesota Statutes, section 245A.1435, the license holder must 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 must be on a form approved by the commissioner Physician's Directive for Infant Sleep Position form and must remain on file at the licensed location. 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. Parents of infants will be given a form titled "Infant

Less than Six Months of Age Regularly Rolling Over” that must be on file to meet this requirement.

7. The license holder must 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. The license holder must not place anything in the crib with the infant except for the infant’s pacifier (and nothing may be attached to the pacifier) as defined in Code of Federal Regulations, title 15, part 1511. These requirements apply for children up to one year of age. Pacifiers must be labeled with the child’s name or other individual identifier, but the label must be in good condition and securely adhered to the pacifier. There are different ways centers may label pacifiers. For example, centers may label the pacifier directly with the child’s first and last name or may create a chart or system with numbers, colors, or the child’s initials to label and match pacifiers with the appropriate child.
8. License holder may not place infants under one year of age down to sleep wearing clothing or sleepwear that has weighted materials, a hood, or a bib.
9. If a swaddle is used, it must be wrapped over the infant’s arms, fastened securely across the infant’s upper torso, and not constrict the infant’s hips or legs. Like other clothing or sleepwear, a swaddle cannot have weighted materials, a hood, or a bib. 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 according to this paragraph, a license holder 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 by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form approved by the commissioner Parent Consent for Swaddling and prepared in partnership with the Minnesota Sudden Infant Death Center.

10. If an infant under one year of age requires a helmet for their development and would wear it while being placed down to sleep, centers must use the DHS form to obtain signed documentation from a physician, advanced practice registered nurse, physician assistant, licensed occupational therapist, or licensed physical therapist.
11. If a parent or guardian requests the use of a cradleboard for a cultural accommodation, centers may request a variance to Minnesota Statutes, section 245A.1435. If a variance is granted, the license holder must check the cradleboard not less than monthly to ensure it is structurally sound and there are no loose or protruding parts and maintain written documentation of this review.
12. If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable and must keep the infant within sight of the license holder until the infant is placed in a crib. When an infant falls asleep while being held, the license holder must 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 must not be in a position where the airway may be blocked or with anything covering the infant's face.

Drug and Alcohol Policy

1. No one serving clients at the YMCA Early Development Education Center is to be under the influence of a chemical that impairs the individual's ability to provide care, including prescription medication. Staff persons prescribed medication by a doctor that impairs brain function must report it immediately to the director to determine if it is safe for the staff person to care for children and clients at the center.
2. Drug or alcohol use is strictly prohibited by any person on the YMCA premises, including employees, subcontractors, and volunteers.
3. No one serving clients of the YMCA Early Childhood Development Center is to be under the influence of drugs or alcohol at any time while on the premises.
4. Disregarding the Drug and Alcohol Policy is cause for immediate consequence, up to and including termination.
5. Staff persons are trained on the Drug and Alcohol Policy upon hire. Documentation of staff training on the drug and alcohol policy is kept in each staff person's personnel record.

YMCA Early Childhood Development Center Parent Policies

Mission Statement: "YMCA Early Childhood Education Center seeks to strengthen families and the community by integrating family support, parent education and enriched childcare services."

Licensing: We provide enhanced childcare for children ages 6 weeks to the first day of kindergarten. We are licensed through the State of Minnesota Department of Human Services, Child Care Licensing (651-431-6500). We are licensed to serve up to 104 children (16 infants, 28 toddlers, and 60 preschoolers). Our hours are Monday through Friday 6:30 A.M. – 6:00 P.M.

Child Care Program Plan: You can request a copy from your child's teacher or from our office staff.

Philosophical basis: YMCA Early Childhood Education Center operates under the knowledge that each parent is the expert on his or her child. With that in mind, we want to partner with you in providing care for your child and to ensure that it is in a manner acceptable to you. To this end, please inform staff whenever you have a question, concern, comment, or request pertaining to your child's time here. We welcome input from parents and will make every effort to accommodate your wishes and/or explain our rationale behind a particular policy. We use the method of "redirection" to navigate children, as individuals or groups, away from problems toward constructive activity to reduce conflict. Please refer to our Behavior Guidance Policies for in-depth explanations of the methods we use when working with the children.

Safety & Courtesy:

DOORS - We want to prevent children from getting their fingers pinched in the doors. We ask that you open and close the doors for your children in our center. Always look through windows before opening any door and look behind you before closing any doors. Please remind your child(ren) that

"At YMCA Early Childhood Education Center, grown-ups open doors."

Outdoors: We play outdoors as much as possible as the fresh air and exercise is so important for all of us! Please bring appropriate outdoor clothing for your children and put their names on them. Talk to the Director if you need assistance with clothing items.

Holidays: We are licensed to be open Monday through Friday 6:30 a.m. to 6:00 p.m. We are closed on and do not bill for the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, and Christmas Day. When one of the listed holidays falls on a Saturday, the preceding day shall be a holiday. When the holiday falls on a Sunday, the following Monday shall be a holiday.

Billing: You may pay fees weekly, bi-monthly, or monthly by checking account or credit card. You can select the dates payments can be made throughout the month for your convenience. The Y will schedule your payments to be automatically withdrawn on the dates you select. It is your responsibility to change your billing methods if your card expires.

Pick-up: Please pick up your child at the time you are scheduled to pick up as we plan staffing according to the children's schedules. Please call if you will be late picking up your child. **You will be charged a late fee of \$1 a minute for every minute past 6:00.** If you don't pick up your child at the arranged time and we have not heard from you by **6:30** p.m. and we cannot reach your emergency numbers, we will call the police to come for your child. Please make sure both your **phone numbers and your emergency contact numbers are kept up-to-date** and notify us immediately of any phone number/address changes. It is extremely important in the case of an emergency situation involving your child that we have a fast, reliable way of reaching you, so let us know of the most effective way to get ahold of you when necessary (cell vs. work phone, for example, or Grandparents' or neighbors' numbers).

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.

Enhanced Programs: We provide enhanced programming to support families. We offer referrals for parents to needed resources, assist parents in acquiring basic needs assistance, and advocate for parents when needed. Children are cared for in a warm, loving and educational environment that includes qualified teachers, assistant teachers, and aides. We provide quality, individualized attention for each child. We make every effort to work

with parents and children who have special needs. Please talk to someone in the office if you have any needs, concerns, or questions regarding your child or otherwise—we are here to help!

Health: *All children must have an updated immunization record and health care summary on file.* The Health Care Summary is due within 30 days of enrollment and an immunization record is due at the time of enrollment. We have a nurse who reviews all of the children's health records for accuracy, looks to ensure that each child's immunization records and health care summary are current, and assists us in developing individual health-care plans when necessary. In the event that a child's health care summary or immunization records are not up-to-date, that child may not be allowed to return until the necessary paperwork is received.

Accident Reports: We make every effort and precaution to keep all children safe while they are at YMCA Early Childhood Education Center. However, in the course of a hard day of playing and having fun, children sometimes get injured. If this happens staff will call you immediately if the injury seems to require medical attention. Otherwise staff will complete an Accident Report that details what happened, where it happened, and how the injury was treated, and ask you to sign it when you arrive at pick-up time. Signing an Accident Report merely acknowledges that we informed you of the incident. You may still follow up any questions/concerns with teachers, office personnel, or the director at any time.

Medication: We can administer medication to your child only in emergency situations. (see page 22 for more information on medication administration)

Illness: We follow the State of Minnesota licensing guidelines (Rule 3) regarding attendance of children who are sick. If your child exhibits any of the following symptoms you will be called immediately to pick him or her up, and they may be separated from the group in a cozy area until a care-giver arrives. Children with the following symptoms/illnesses are not allowed to be at the center due to the risk of infection to staff and other children:

- chicken pox
- vomiting two or more times in one day
- three or more loose stools in one day
- pus draining from the eye
- bacterial infection such as strep or impetigo
- unexplained tiredness
- lice, ringworm, pinworm, or scabies
- a 100 degree Fahrenheit axillary (under the armpit) or higher temperature before fever reducing medication is given. (Unless there is

documentation from the patient's medical provider that the fever is due to a non-contagious condition.)

- undiagnosed rash
- significant respiratory distress
- appears uncomfortable and cannot participate in programming

Your child will be allowed to attend childcare again once YMCA Early Childhood Education Center has received a doctor's note that he or she has been treated and is o.k. to be in the center (for contagious illnesses) and/or the symptoms (such as fever or diarrhea) have been gone for at least 24 hours. Thank you ahead of time for your understanding regarding this policy. If your child has been diagnosed with a contagious disease, please alert us as soon as possible. If your child is exposed to a contagious illness while at the center, a sign will be posted alerting you. *Please note:* If your child is too sick to play outside, please keep your child home. Our program includes outdoor play year round.

Emergencies: If your child ever requires medical attention or first aid, you will be notified immediately by phone and/or a written accident report (for this reason we MUST have current family phone numbers!). If First Aid is required a First Aid-certified staff person will administer the care necessary. In an emergency situation staff will call 911 and notify caregivers immediately.

Staff: We are staffed by a program director, and many talented teachers, assistant teachers, aides, and volunteers. All staff members working in the center have Sudden Unexpected Infant Death and Abusive Head Trauma training. At least one staff person trained in First Aid and CPR will be in the building at all times and will use his or her skills when necessary.

Volunteers: Volunteers may be in the classrooms with the children. They will always be under the supervision of our staff members. They will not make bottles or diaper/toilet the children.

Photos: We occasionally participate in research, university education projects or public relations activities which may include photos/videos of the children, activities or observations. A "photograph and video recording consent release form" is completed in the enrollment packet for YMCA Early Childhood Education Center purposes.

Meals: We provide healthy meals and snacks for the children in our care. Nutrition is so important. We try to limit sugar intake. We provide breakfasts, hot/cold lunches and afternoon snacks. If you would like to bring in treats for your child's class, for birthdays or otherwise, they must be store-bought and nut or peanut butter free because of health policies. YMCA Early

Childhood Education Center is partially reimbursed for food based on families' incomes by the Child and Adult Care Food Program. You will be asked to fill out their family information form once a year. This information is kept confidential.

Standard/Full Civil Rights Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Conferences: Parent/teacher conferences will be offered every six months for each child in the center. These conferences will pertain to the child's developmental progress. All classrooms use the COR Assessment which measures the social-emotional, fine and gross motor, language, and cognitive areas of development. Additional conferences or meetings may be requested by either teachers or parents if either party has concerns they would like to discuss.

Educational Methods: All of our staff members work hard to further each child's developmental progress. The High Scope curriculum that we use is designed to provide children opportunities to increase their language, cognitive, fine and gross motor and social-emotional skills.

We provide plenty of opportunities for children to increase their knowledge and try out their new skills. Children are never shamed or punished for not making developmental progress in an area.

Field Trips: You will receive advanced notice of any field trips the class is planning on taking. A field trip consent form will be provided for each field trip and parents must return the written permission form in order for the child to attend the field trip.

Public Relations: A permission form will be given to parents for each occasion of research, experimental procedure, or public relations activity which may involve their child. A child must have a completed written parental permission form in order to participate in such events.

Behavior Guidance: We are aware that all children are curious about their surroundings, including the physical environment and people around them. If a situation arises that requires discipline, the teaching staff will redirect the child to another activity or offer appropriate choices. The child will also be reminded about acceptable behavior. In a situation where a child may become too disruptive to redirect, he/she may be asked to calm down with a staff member. If a preschooler has difficulty calming down, he/she may need to be separated from the group. Any separations are documented and you will be notified. For a full list of policies and procedures surrounding behavior guidance, see pages 2-8 of this Policy and Procedure Manual.

Persistent Unacceptable Behavior: In the event that a child is having consistent disruptive behavior in their classroom YMCA Early Childhood Development Center teachers and/or office staff will request a meeting with the child's family to discuss the behavior, share tips, and brainstorm together for ideas to make the situation easier. If the child is continuing the behavior after an appropriate interval of time is given to try the new ideas YMCA Early Childhood Development Center staff will call another meeting to request permission for a social-emotional health consultant to observe the child in his or her classroom, and then have a meeting following the observation time to discuss the findings with the consultant, teachers, and family. If after another appropriate interval of time to implement the recommended changes the child is still having consistent disruptive behavior YMCA Early Childhood Development Center may make referrals to therapists, family support programs, or a different setting for the child. If families are willing to work with our staff and other professionals to make the situation better, we will make every effort to make it possible for the child to remain at the YMCA Early Childhood Development Center or assist with placement in an appropriate alternative setting.

Written Reports: 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. Verbal reports are provided to preschool parents at the end of each day.

Pets: We may occasionally have pets visiting in the center. You will be notified before each visit.

Nap and Rest Policy – For Parents

1. Infants nap according to their own internal clocks and are never forced into sleeping. Toddlers and Preschoolers will have quiet rest time after lunch.
2. Confinement limitation: A child who has completed a nap or rested quietly for **30 minutes** is never required to remain on a cot or in a crib or bed.
3. Placement of equipment: Naps and rest are provided in a quiet area that is physically separated from children who are engaged in an activity that will disrupt a napping or resting child. Cribs, cots, and beds 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, and beds must be placed directly on the floor and must not be stacked when in use.
4. Bedding: separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet. Blankets must be washed or dry cleaned weekly and when soiled or wet.
5. Crib Standard: A crib must be provided for each infant for which the center is licensed to provide care. The equipment must be of safe and sturdy construction that conforms to federal crib standards under Code of Federal Regulations, title 16, part 1219 for full-sized baby cribs, or part 1220 for non-full-size baby cribs. See Minnesota Statutes, section 245A.146, for additional crib safety standards including routine crib inspection requirements.
6. Reduction of risk of sudden unexpected infant death: Pursuant to Minnesota Statutes, section 245A.1435, the license holder must 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 must be on a form approved by the commissioner Physician's Directive for Infant

Sleep Position form and must remain on file at the licensed location. 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. Parents of infants will be given a form titled "Infant Less than Six Months of Age Regularly Rolling Over" that must be on file to meet this requirement.

7. The license holder must 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. The license holder must not place anything in the crib with the infant except for the infant's pacifier (and nothing may be attached to the pacifier) as defined in Code of Federal Regulations, title 15, part 1511. These requirements apply for children up to one year of age. Pacifiers must be labeled with the child's name or other individual identifier, but the label must be in good condition and securely adhered to the pacifier. There are different ways centers may label pacifiers. For example, centers may label the pacifier directly with the child's first and last name or may create a chart or system with numbers, colors, or the child's initials to label and match pacifiers with the appropriate child.
8. License holder may not place infants under one year of age down to sleep wearing clothing or sleepwear that has weighted materials, a hood, or a bib.
9. If a swaddle is used, it must be wrapped over the infant's arms, fastened securely across the infant's upper torso, and not constrict the infant's hips or legs. Like other clothing or sleepwear, a swaddle cannot have weighted materials, a hood, or a bib. 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 according to this paragraph, a license holder 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 by a

provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form approved by the commissioner Parent Consent for Swaddling and prepared in partnership with the Minnesota Sudden Infant Death Center.

10. If an infant under one year of age requires a helmet for their development and would wear it while being placed down to sleep, centers must use the DHS form to obtain signed documentation from a physician, advanced practice registered nurse, physician assistant, licensed occupational therapist, or licensed physical therapist.
11. If a parent or guardian requests the use of a cradleboard for a cultural accommodation, centers may request a variance to Minnesota Statutes, section 245A.1435. If a variance is granted, the license holder must check the cradleboard not less than monthly to ensure it is structurally sound and there are no loose or protruding parts and maintain written documentation of this review.
12. If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable and must keep the infant within sight of the license holder until the infant is placed in a crib. When an infant falls asleep while being held, the license holder must 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 must not be in a position where the airway may be blocked or with anything covering the infant's face.

Program Grievance Procedure for Parents

1. Persons served by Cook County Child Care Center, and their authorized representatives, have the right to bring a grievance to the highest level of authority at Cook County Child Care Center.
2. If a parent/caregiver has a grievance, they should first attempt to address the issue informally with the child's teacher.
3. 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 Child Care Director.
4. If the Child Care Director does not address the issue satisfactorily to the parent, or if the parent does not feel comfortable discussing it with them, the parent should address the issue with the YMCA Branch

Executive Director, District Vice President, Senior Vice President of Operations, and then the CEO/President of the YMCA.

5. To remedy concerns that appear to have been ignored or unresolved after initial reporting, utilize this formal grievance procedure. This procedure provides for a timely, thorough and objective investigation of the following concerns
 - a. Inappropriate behavior by employees/volunteers
 - b. Inappropriate behavior by other members/guests/program participants
 - c. Retaliation
 - d. Whistleblower complaints

6. Written Complaint Required for Formal Process

Verbal complaints are encouraged, particularly for issues that may be easily and expeditiously resolved, but a written complaint is required to initiate this grievance process. To ensure a timely and effective response, complaints should include the following information to the extent possible:

- a. The name(s) of individuals involved
- b. The date(s) the behavior occurred
- c. The name(s) of any known witness(es)
- d. A summary of the conduct meriting the grievance including:
 - i. The behavior complained of and/or the alleged policy or legal violation(s)
 - ii. Direct quotes when relevant and available
 - iii. Any relevant documentation
- e. The remedy sought by the person making the complaint

7. Timeline

Youth or families who themselves have complaints or who are aware of behavior meriting a complaint must provide the above described written complaint via email to their program director or Branch Executive Director within 5-10 business days. The Program Director or Branch Executive Director will meet with the person who reported the information to hear their concern and attempt to resolve the complaint within 5-10 business days of the meeting.

If the person filing the grievance is not satisfied with the written response, the individual may submit an appeal to the District Vice President. The District VP will follow up with the person filing the grievance within 5-10 business days to hear the concern and attempt to resolve the complaint. Following this meeting, the District VP will provide a written response within 5-10 business days of the meeting.

8. Investigation

Any employee of the Duluth Area Family YMCA that receives a written grievance will thoroughly investigate issues raised and will protect the privacy and confidentiality of all parties involved to the extent possible by law. All parties must cooperate with the investigation. If the Duluth YMCA determines a violation of policy or law has occurred, the Duluth YMCA will take appropriate action, up to and including termination and notification of external authorities.

9. Retaliation

The Duluth Area Family YMCA strictly prohibits retaliation against any person for reporting, filing,

testifying, assistant or participating in any manner in any investigation, proceeding or hearing conducted by the Duluth YMCA or a federal or state law enforcement agency or court. Any suspected retaliation should be reported to the Branch Executive, the District VP, or the HR Director immediately after becoming aware of it. Any report of retaliatory conduct will be objectively, timely and thoroughly investigated. Any report of retaliatory conduct will be objectively, timely and thoroughly investigated. If a report of retaliation is found to be valid, the organization will take appropriate remedial action, up to and including discharging the individual(s) responsible. This organization will not retaliate against any person for raising a complaint and will not knowingly permit retaliation by management or other employees.

10. If a parent/caregiver ever feels abuse took place at the Cook County Child Care Center, they have the right to report it directly to the State Child Care Licensing Department 651-431-6500



YMCA Early Childhood Education Center Admission Form

Child Information:

Child's Name (First, Last, Middle): _____ Preferred name: _____

Birthdate: _____ Age at Admission: _____

Address (include P.O. Box): _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent Information:

Parent/Guardian Name: _____ Relation to child: _____

Cell Phone: _____ Email: _____

Home Address: Check box if same as child _____

Work Phone: _____ Place of Employment: _____

Address of Employment: _____

Parent/Guardian 2 Information:

Parent/Guardian Name: _____ Relation to child: _____

Cell Phone: _____ Email: _____

Home Address: Check box if same as child _____

Work Phone: _____ Place of Employment: _____

Address of Employment: _____

Emergency Contact Information (other than parent/guardians. Two contacts required)

(1) Name: _____ Relation to Child: _____

Phone: _____ Alternate Phone: _____

(2) Name: _____ Relation to Child: _____

Phone: _____ Alternate Phone: _____

Names of other persons authorized to remove the child from the site:

Name: _____ Relation to Child: _____ Phone: _____

Name: _____ Relation to Child: _____ Phone: _____

Name: _____ Relation to Child: _____ Phone: _____

Child Health Insurance Information

Is the child covered by insurance? Yes or No.

Carrier or Plan Name _____ Plan ID number: _____

Physician Name: _____ Physician Phone: _____

Name of Clinic: _____ Address/Phone: _____

Dentist Name: _____ Dentist Phone: _____

Name of Clinic: _____ Address/Phone: _____

Authorization is hereby given to the child care provider to obtain emergency medical care or treatment in the event of an emergency. Yes or No

If physician above is unavailable, I authorize another licensed physician to treat my child Yes or No

Medications: For medications that need to be administered, please complete a Medication Administration Record.

Food, Allergies, and Restrictions

List all allergies and reactions to medications, food, animals, environment and any other. None

List any food restrictions (examples: meat, dairy, gluten, seafood, eggs, nuts, other) None

Description of child's eating habits and expectations you have of the provider regarding eating:

General Health history Questions:

Recent illness, injury, or infectious disease Yes or No

Chronic or recurring illness or condition Yes or No

Ever been hospitalized/surgery Yes or No

Wear glasses/contacts/protective eyewear Yes or No

Diabetes? Yes or No

Asthma? Yes or No

History of head injury Yes or No

Ever been knocked unconscious Yes or No

Ever passed out/dizziness or chest pain from exercise Yes or No

Ever had a seizure Yes or No

History of cardiac abnormality Yes or No

Frequent ear infections Yes or No

Frequent Headaches Yes or No

Ever been treated for ADD or ADHD Yes or No

Mental health issues or emotional difficulties? Yes or No

Explain any yes

answers: _____

Restrictions &/Or Adaptations

Description of child's sleeping habits and expectations you have of the provider regarding sleeping:

Description of child's toileting habits and expectations you have of the providers regarding toileting:

Description of child's communication habits:

Effective methods for comforting your child:

My child is best at:

My child most enjoys:

My child least enjoys:

My child may need help with:

Methods of positive discipline that work best with my child:

Other information that is important to know about my child:

Backgrounds and Interests:

Way in which family prefers to communicate with the program (email, phone, face to face, etc)

Any other family routines or other information that is important to know about my child:

Parent/Guardian Signature:

We the undersigned hereby agree to abide by the arrangements and authorizations so stated above.

Parent/Guardian Signature

Printed Name

Date

Provider Signature

Printed Name

Date

Immunization Form

Name _____

Birthdate _____

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Haemophilus influenzae type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (Varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.



Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____

(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.
Minnesota Department of Health - Immunization Program (2019)

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your 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 child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on _____ (date) _____ Notary Stamp

by _____ (name of parent or guardian)

Notary Signature: _____ STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's Immunization Information System. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's Immunization Information System:

Signature: _____ Date: _____
(of parent/guardian)

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's . . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>

Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ Address _____

Date _____

MS-2083

Parent/Provider Conference | Date:

Name:

_____ Overview of program and how the child is doing, likes/dislikes, etc.

_____ Share observation summaries from the past 6 months

_____ Discuss any upcoming developmental milestones/transitions and plans to aid in the transition (transition to solid foods, potty training, preschool, etc)

_____ Share formal assessment results and discuss goals if on IFSP

_____ Any concerns (behavior, development, etc?)

_____ Anything that can be worked on at home?

_____ Review resources for families and assist families in applying for or connecting with services.

_____ Review any changes to the Parent Handbook & sign acknowledgement

_____ Review child forms and alert parent of any forms/records needing update



Minnesota Department of **Human Services** _____

Parental Consent for Swaddling an Infant

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 written consent of a parent or guardian, a license holder may place the infant who has **NOT YET BEGUN** to **ROLL OVER ON ITS OWN** down to sleep in a crib, on their back, 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.

Any other type of swaddle, including with a blanket, is prohibited.

Prior to any use of swaddling for sleep by a licensed provider, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant. The parent or guardian must demonstrate to the provider how to safely place baby in the swaddle so it is not too tight or too loose.

I _____, the parent/guardian of _____ cos _____
(parent) (infant)

give written consent to _____
(provider)

To place my infant to sleep in a crib, on their back, in a one-piece sleeper equipped with an attached system ("wings") that fastens securely *ONLY* across the upper torso to create a swaddle.

- ____ I verify that my infant has **NOT** yet begun to roll over.
- ____ I verify that the provider will **only** use the one-piece sleeper to swaddle my infant
- ____ I verify that the provider has a one-piece sleeper with attached "wings" **OR**
- ____ I verify that I have provided the one-piece sleeper with attached "wings"
- ____ I verify that I have demonstrated to the provider how to place baby in the swaddle.
- ____ I verify that I will immediately notify the provider when my infant has begun to roll over.

Signature of Parent _____ Date _____

Signature of Provider _____ Date _____

At the time that the parent or provider observes that this infant has begun to roll over, this parental consent is no longer valid.

Baby has begun to roll over. Swaddling has been discontinued.

Date: _____ Provider Initials: _____ Parent Initials: _____

*Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition 2012

Parental Consent for Swaddling
July 2013

ALTERNATIVE INFANT SLEEP POSITION PARENT AND PROVIDER INFORMATION

One of the easiest ways to lower a baby's risk of Sudden Unexpected Infant Death (SUID) due to sudden infant death syndrome (SIDS), suffocation, and other sleep related causes is to put the baby on the back to sleep for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SUID when they sleep on their backs. Since the recommendation to place a baby on their back for sleep began, the SIDS rate in the United States has dropped by more than 50 percent. Placing babies on their back to sleep is the best way to reduce the risk of SUID.

The following are recommended for Safe Sleep for Your Baby:

1. Always place a baby on his or her back to sleep, for naps and at night. The back sleep position is the safest position for all babies and every sleep time counts.
2. A baby should be put to sleep in a safety-approved crib on a firm mattress covered by a fitted sheet appropriate to the mattress size.
3. Keep soft objects, toys, loose bedding, pillows, blankets, quilts, sheepskins and crib bumpers out of the baby's sleep area. The only item that should be placed in the crib with the baby is a pacifier. **Please note: In licensed programs, the only item allowed in a crib with an infant is a pacifier.**

• As the parent providing this physician signed form I am acknowledging that I have read the above information regarding the AAP and NICHD recommendations for sleeping babies safely, Minnesota's requirements for licensed providers, and recommendations from **Safe Sleep for Your Baby**.

The Safe Sleep for Your Baby Brochure may be viewed at:

https://www.nichd.nih.gov/publications/pubs/Documents/STS_SafeSleepForYourBaby_General_2013.pdf

- As the parent providing this physician signed form I am acknowledging that I am aware that placing a baby on her/his back for sleep has been recommended by health experts to be the safest way to place a baby for sleep.
- As the parent providing this physician signed form I am acknowledging that I am aware that since the recommendation to place babies on their back for sleep began, the SIDS rate in the United States has dropped by more than 50 percent.
- As the parent providing this physician signed form I am acknowledging that I am aware that placing a baby on the stomach or side, places the baby at greater risk for dying from Sudden Unexpected Infant Death (SUID).
- As the parent providing this physician signed form I am acknowledging that I am aware that Minnesota Statute, Section 245A.1435, requires licensed providers to position an infant on the back for sleep unless the provider has a signed directive from a physician for an alternate sleep position.



Minnesota Department of **Human Services**

Physician Directive for Alternative Infant Sleep Position

The American Academy of Pediatrics (AAP)¹, National Institute of Child Health and Human Development (NICHD) and the Minnesota Sudden Infant Death (SID) Center at Children's Hospitals and Clinics of Minnesota recommend back sleeping for babies to reduce the risk of sudden unexpected infant deaths (SUID) due to sudden infant death syndrome, suffocation, and other sleep related causes. The 2011 AAP recommendation further states that an alternative sleep position be considered only for the rare exception of infants for whom the risk of death when sleeping on the back is greater than the risk of SUID when sleeping on the stomach. **Babies sleep safest on their backs.**

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

This form is the approved format to direct an alternative sleep position and must remain on file at the licensed location.

In addition, Minnesota law requires licensed providers to use a fitted crib sheet 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. Nothing may be placed in crib with the infant except the infant's pacifier. These requirements apply to license holders serving infants up to one year of age. Licensed providers may only use cribs that meet requirements specified in statute and must inspect cribs monthly to assure they are safe.

I understand that back sleeping is recommended and is safest for babies. I am directing an alternative position for this infant for the reason(s) stated below. By signing this form I am acknowledging that I am directing only an alternative sleep position and that the infant must always be placed in an approved crib to sleep.

NAME OF CHILD	DATE OF BIRTH
---------------	---------------

_____ Place this infant on his/her STOMACH for sleep periods (not recommended); OR

_____ Place this infant on his/her SIDE for sleep periods (not recommended)

Medical Reason(s) for alternate sleep position: _____
(Add information if necessary)

Expected duration of need for alternate sleep position: _____

When infant will be re-evaluated re: need for alternative sleep position: _____

PRINTED NAME AND SIGNATURE OF PHYSICIAN	DATE
---	------

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

SIGNATURE OF PARENT	DATE
SIGNATURE OF PROVIDER	DATE

¹ Moon JY, American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. Technical Report - SIDS and other sleep related infant deaths: expansion of recommendations for a safe infant sleeping environment. Pediatrics 2011. 128(5) available at www.pediatrics.org/cgi/content/full/128/5/e

Commissioner's Designated Form for Physician's Directive for Alternative Sleep Position
July 2012



Minnesota Department of Human Services _____

**OPTIONAL FORM FOR PARENT STATEMENT
INFANT LESS THAN SIX MONTHS OF AGE REGULARLY ROLLING OVER**

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. Minnesota Statutes, section 245A.1435.

Name of Infant: _____

Date of Birth of infant (MM/DD/YYYY): _____

By completing this form, I (the parent) attest that my infant independently and regularly rolls over onto its stomach after being placed to sleep on its back. I (the parent) acknowledge that while in the care of the licensed program, my infant will be placed on its back to sleep and that when my infant independently rolls over onto its stomach while sleeping, the license holder may allow my infant to remain sleeping on its stomach.

Name of Parent: _____ Name of Parent: _____

Signature of Parent: _____ Signature of Parent: _____

Date Signed: _____ Date Signed: _____

****Please Note: The use of this form for the parent's signed statement is optional.****

Administrative Records

The following is a list of records that will be maintained by the program within the center at all times and be available for inspection at the request of the Commissioner.

- A folder for each child will be kept on site which will contain a record of the policies and information given to parents, child information (contact, health, schedule, etc)
- Personnel records for each staff member which includes personal information and documentation of trainings/orientations.
- The Child Care Program Plan
- Accident, injury, emergency, and incident reports.
- Staff distribution schedule
- Separation logs/reports
- Health Consultant reports
- Log of fire and storm drills
- Medicine Administration forms
- Crib Checks
- Record of the use of experienced aides and unqualified substitutes
- Record of internal reviews and corrective action plans
- Risk Reduction Plan
- Policies and Procedures necessary to maintain compliance with licensing requirements.