

LITTLE EAGLES

EYOTA, MN



CHILDCARE CENTER

Parent Policy Handbook

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POLICY INFORMATION FOR PARENTS

Greetings and welcome to Little Eagles Childcare Center! First and foremost, we are so honored and delighted that you have chosen to partner with our childcare center to provide for the needs of your child and family.

The purpose of this handbook is for you to become familiar with the program you have selected for your child or children. This is a great guide if you have questions about what goes on at the center and what rules/regulations we have for certain items, and program plan details. A copy will be emailed at the time of enrollment for your records (printed copies upon request). You will also be able to access the policy handbook at any time on Little Eagles Childcare Center's website.

At the time of enrollment, parents/guardians are provided with this information and a copy of our Emergency Preparedness Plan via a hard copy of the handbook or an electronic copy – per individual preference.

Our enrollment packet includes many required forms including emergency contact information, health and immunization forms, child's personal information such as eating, sleeping, toileting, and comfort measures. Please inform us of any individual childcare program needs your child may have so that we can best provide for them while in attendance at our program. The packet also contains enrollment and tuition agreements, late payment and termination policies, and our program plan. Parents are offered an annual review of our program plan. At that time, you may offer any suggestions or recommendations that we will take into consideration to further enhance the quality of our program.

We are licensed by the MN Department of Human Services to operate a childcare center. A copy of the licensing rules can be reviewed at any time in the office, with original enrollment packet, or on the web at <https://mn.gov/dhs> | [651-431-6500](tel:651-431-6500). The rules and regulations that govern us also include local regulators such as food ordinances, city, fire, and health inspectors. National policies also affect our operation such as OSHA, USDA, ADA, IDEA and childcare accreditation standards. You may access these rules via each individual entity.

CODE OF ETHICS, MISSION, PHILOSOPHY

Our Mission: To provide high-quality care and education to the youngest learners of our community. Little Eagles strives to provide a safe, warm, and nurturing environment for all our students and their families. Our goal is to provide an environment that feels like home away from home and for everybody to feel part of the Little Eagles family.

Our Philosophy: Children learn by doing. They make their biggest accomplishments and discoveries through playful interactions. As children play, they grow their curiosity of the world, problem solving, and social skills. Playing gives children, a chance to practice what they've been learning. We believe in teachable moments and strive to find them whenever possible.

CONTACT INFORMATION

Center Phone	507-799-0200
Center Address	417 2 nd Street SW Eyota, MN 55934
Trisha's E-mail	Trisha@LittleEaglesChildcareCenter.com
Tracy's E-mail	Tracy@LittleEaglesChildcareCenter.com

Please note, you'll be able to connect with your child's teacher via e-mail and/or ProCare if you have any questions, comments or concerns about your child throughout the day.

HOURS OF OPERATION

Little Eagles Childcare Center is licensed to operate Monday – Friday from 5:30AM until 6:30pm.

HOLIDAYS

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day

The holidays named above are days that Little Eagles Childcare Center is closed. These are paid holidays. If a Holiday falls on the weekend, Little Eagles Childcare Center reserves the right to close the Friday before or the Monday following. You will be notified in advance with the yearly holiday calendar if Little Eagles chooses to close for a holiday that falls on a weekend day.

TUITION AND PAYMENT POLICY

Payments are due each Friday for the week to follow.

Example: Payment due Friday the 1st will be for care from the 4th – 8th.

Age Group	Full-Time	M/W/F – 3 Day	T/Th – 2 Day
Infants	\$310.00	\$245.00	\$190.00
Toddlers	\$280.00	\$220.00	\$170.00
Preschool Pre-K Kinderprep	\$260.00	\$200.00	\$160.00
School-age Summer or Non-school	\$200.00	X	x
School-age School Year Rates	\$135.00 Before/After	\$17 additional for non-school days (or), \$10 additional for early release before 12 (or), \$7 additional early release after 12pm <i>*These rates did not increase</i>	
Drop-In Rates (Daily) (Non-enrolled Families)	Infants	\$85	Preschool \$65
	Toddlers	\$75	School-age \$65

- Little Eagles Childcare will accept Drop-Ins upon availability. Payment must be paid at drop-off.
- Transitions: New tuition rates do not go into effect until the first full week of child's new age group.
- Tuition is due regardless of attendance (this includes family vacations, illnesses, etc.)

CCAP (CHILD CARE ASSISTANCE PROGRAM)

Little Eagles Childcare proudly accepts Childcare Assistance. It is required that parents have all information filled out before enrollment and child starting care. Families must already be assigned to a caseworker and approved for CCAP. In the event that the client is no longer eligible for assistance or a lapse in assistance has happened, the parent/guardian will be responsible to pay tuition as described in the payment policies.

ENROLLMENT AND REGISTRATION FEES

At the initial time of enrollment there will be a one-time, non-refundable, enrollment fee of \$100.00 per child. An annual registration fee thereafter of \$50.00 per child will be due annually. The fee(s) will be collected on the first Friday of every June. If you paid an enrollment fee within 90-days of June, you will not be required to pay the registration fee that year.

A one-week deposit will be due to hold the spot for any determined time approved by the director. The one-week deposit will be used towards the child's first week in care. The deposit will be non-refundable if the child does not attend or continue to enroll after it is paid.

ADDITIONAL FEES

Late pick up fees beyond 10.5 hours: If a child is in care for longer than the 10.5 hours of allotted time there will be an over-time charged added to the next invoice. The over-time fee is \$5.00 for every ten minutes past. If you come between 5-10 minutes late, it will be rounded up and the \$5.00 will be charged. The clocks to determine time will be the clocks in the classrooms.

Late Fees After Closing Time (6:30PM): The childcare center closes at 6:30 pm. If children are here beyond 6:31 there will be an automatic \$25.00 fee charged (picking up beyond 6:30 cannot be pre-arranged as the center is not licensed to operate for children past 6:30PM). If the child is not picked by 6:40PM there will be an additional \$3.00 per minute charged in addition to the \$25.00 fee. Staff will begin calling parents/guardians at 6:45, and then other contacts listed. If unable to reach anybody by 7:00PM staff will have to call the non-emergency sheriff's department. The clocks to determine time will be the clocks in the classroom.

Late Payments: Payments are due on Friday for the following week. Example: Friday the 1st payment is for the week of the 4th – 8th. Payment is due in the red tuition drop box located next to hallway door entrance by 6:30pm on Fridays. If payment is not received by 12:00 pm on Monday, there will be an automatic \$25.00 fee charged and then \$15.00 each day after at 12:00 pm. If payment is not received by 12:00 PM Wednesday, care will be suspended until the account is paid in full.

NSF: A \$25.00 fee will be applied for any returned check to Little Eagles Childcare Center. If there are two NSF checks, Little Eagles will only accept cash as a form of payment.

INCLEMENT WEATHER

Little Eagles Childcare does not close with the school district for inclement weather. We understand the importance of needing childcare when the school has shut down. If Little Eagles did need to shut down unexpectedly under extreme circumstances, you'd be notified via ProCare.

WITHDRAWAL FROM CARE PROCEDURE

In the event that either party wishes to terminate the contract of care these are the procedures. The two-week trial period begins on the child's first day of care; this is to determine if Little Eagles Childcare is a good fit for your child. We may terminate care without further commitment within the trial period. After the trial-period either party may terminate care, pay is still expected during those two weeks regardless of child's attendance. Please refer to late payment policy. A withdrawal from care form must be filled out to officially terminate care; you may request form through Director.

ARRIVAL AND DEPARTURE PROCEDURES

When dropping your child off in the morning, you'll need to sign them in with the correct time provided in designated check in area. Responsibility is transferred to the staff of the classroom once the child has been signed in and joins the group. Departure requires a child to be signed out and contact with staff is made that you've arrived and are picking up the child. Once a child is signed out, the responsibility is transferred back to the parents. All children need to be picked up by 6:30 p.m.

DROP-OFF AND PICK-UP HOUR CHANGES

If your hours and needs change for when you need to drop-off and pick-up your child from care you will need to submit it writing at least two weeks in advance for staff scheduling purposes. This information will need to be provided to the director and it is not official until the director confirms if there is availability to accommodate and make the change for the requested time frame. This is for both permanent and temporary changes.

PLAYGROUND PICK-UP

If children are out on the playgrounds in the morning at drop-off or at the end of the night at pick up we request families to enter into the building and pick children up from the exit door in the hallway that leads out to the

playground. This helps us with minimizing in and out traffic to the parking lot and being able to keep the gate to the parking lot secured.

SOCIAL MEDIA POLICY

We discourage employee-client friendships on social media platforms. *This excludes previous friends on social media before being employed at Little Eagles Childcare.* We want to ensure that we have all employee-client communication logged through ProCare. It's also to ensure that staffs personal time is respected, and they are not answering work related questions outside of their scheduled shifts. We understand the relationships that form between provider and families, as well as having an understanding of being a part of a small-town community. Little Eagles cannot take responsibility for thing addressed outside of work.

OFF SITE BABYSITTING POLICY

It is not recommended for our staff to babysit for clients outside of our facility. If arrangements are made for staff to babysit for a client both parties need to sign a waiver stating this in no way is in association with Little Eagles Childcare Center and if anything were to happen, we cannot be held responsible.

OPEN DOOR POLICY

Little Eagles Childcare Center has an open-door policy. Parents/guardians are more than welcome to visit their child in care at any time (we ask that you're mindful of naptimes for the other children). Visitations from other adults can be a distraction to learning and routine so we suggest short visits (10 minutes or less) to ensure the structure and routines in children's days run as they expect.

PROCARE – COMMUNICATION APP

In replace of writing on paper daily logs with information about your child's day (food, diapers, naps, behavior, etc.) Little Eagles Childcare uses a communications app called ProCare. This app will allow staff to upload pictures to you, record all of their daily activities and more. This app is to create means of communication to parents throughout the day and provide updates on how their child is doing.

Please note it is all staff's number one priority to care for the children and this app will be updated throughout the day as do-able. Things may not be done in real-time and we appreciate you understanding that your child comes first. If it becomes an issue with parent complaints that it wasn't updated, etc., we reserve the right to discontinue the app and use paper logs to be received at pickup.

PRIVACY POLICY

We prohibit our staff from sharing any personal information about our clients, children or other staff members. This means, teachers are not able to give out any information from the above persons including but not limited to, last name, birthdate, address, phone number, place of employment, tuition agreements or other financial arrangements, names of any family members. Staff is prohibited from providing parents with such information as: who other children were involving any incident/accident/injury reports, illnesses. Staff is prohibited from taking children's pictures on personal cell phones and/or posting on social media about families/children enrolled in our care.

At enrollment, parents are provided paperwork and asked to consent to which information (if any) we can provide other parents if they request it (phone number, email, address, etc.) for personal reasons such as play dates, etc.

Birthday parties and events: To continue a safe and nurturing environment we don't want children feeling left out, but we do encourage the growth of friendships so if you're not intending on inviting the entire classroom please pass out birthday/event invitations outside the facility.

Failure to adhere to this policy is grounds for immediate termination of the childcare contract for care.

SCREEN TIME

Screen time will be very limited, and only allowed for children in the toddler (2's) room and up. We will allow screen time to be on the last Friday of every month. The children will be allowed to watch one movie (1.5 - 2 hours at most). The movie will be G rated and the Lead Teacher will choose the movie based upon relation to the current learning topic in the classroom. We will notify parents ahead of time of what movie we will be watching. If parents request their child not to watch the movie, child will need to remain home that day, or during that time, as we cannot ensure adequate staffing ratios for child to not be with his/her classroom.

MEALS

We are proud participants in a USDA food program. We serve the following meals:

Breakfast	AM Snack	Lunch	PM Snack
8:00-8:30 AM	10:00-10:15	12:00-12:30 PM	3:15-3:45 PM

Please be sure your child arrives BEFORE the scheduled end time of the meal, or we will expect that they have already eaten before arriving.

NAP-TIME PICK UPS

If you plan to pick your child up early during the times of nap, please let director and staff know. We want to be able to ensure all children are able to rest without interruption if they need to, in and out during nap time can be distracting so staff will wake or get child when you arrive and bring them to you to avoid waking other children.

PHOTOGRAPHY POLICY

Within the facility and grounds of Little Eagles Childcare Center parents must only photograph their own child. To protect the privacy of the other families in our center you may not include another person's child in your photograph. When signing the agreement contract, you have to option to what photography permissions you give Little Eagles Childcare to photograph your child through our ProCare app or the center's camera. For photos posted on ProCare please be mindful that if other children are present in the photographs it's requested that it is NOT shared on social media to protect the privacy of other families unless you edit, sticker, or blur the other child's face from the photo first.

CHILDREN'S ATTIRE

All children must be dressed and ready for the day when they arrive to care. Staff will not be responsible for dressing children out of the pajamas and into their day clothes. Please dress your child in clothing that's appropriate for indoor and outdoor activities every day that they can be comfortable in. Please make sure children wear comfortable shoes that they can wear all day, shoes must remain on at all times as a safety precaution.

Winter clothing required: Jackets, snow pants, winter boots, hats, mittens or gloves. All items must be labeled with the child's name.

Summer clothing required: Comfortable clothing that allows children to participate in daily activities. Provide swimwear to keep at the center for water-play days as well as a towel. Please no flip-flops; shoes should be close toed to avoid tripping and injury.

All children must be provided with a spare set of clothes to be kept in their cubby. Children will be changed into spare clothing if their clothes become soiled. We believe that when kids get messy, it must mean they're having fun so if a child gets items such as paint, markers, dirt/grass stain on their clothing we will not require a change of clothing unless deemed necessary by teacher.

We are prohibited to wash any soiled clothing within our facility. Any soiled clothing will be double plastic bagged and sent home.

PERMISSION TO ADMINISTER

During the time of enrollment every family will be provided with a document labeled "Permission to Administer" this is going to have various products and items that you will give permission for the staff of Little Eagles Childcare to use with/on your child. Please read over the document carefully when selecting. If an item is not marked we will not be able to use it on them (sunscreens, repellents, topical ointments such as diaper creams, lip balms, lotions, etc.)

SAFETY LOCK ON PRESCHOOL CLASSROOM

The preschool classroom door has a safety lock from the inside. If the door is locked you will just need to knock and one of the staff members will open it for you. Staff members are all trained on how to use the device properly and efficiently in the event of an emergency situation.

CONFERENCES

We believe that communication is the key between parents, teachers, and the director for your child's education and success with us at Little Eagles Childcare Center. We will have (optional) conferences twice a year. Conferences will be held in June and December. The conferences will include written assessment of your child's intellectual, physical, social and emotional development. Documentation of conferences is kept in the child's record. Infant and toddler parents are given daily reports regarding their child's food intake, elimination, sleeping patterns and general behavior via ProCare. If at any other time a parent/guardian or the Director/Lead Teacher feels a conference is necessary one can be set up for a time that works for all parties.

WRITTEN PARENTAL PERMISSIONS

FIELD TRIPS: Written parental permission will be obtained from each child's parent before taking a child on a field trip (including walking ones and one-site outdoor picnics). Parents will be informed of the hours, mode of transportation, and the purpose and destination of the field trip. Staff will take emergency cards (with ER numbers of child's parent, persons to be called if a parent can't be reached, and child's doctors), a first aid kit and manual, and attendance records on all field trips.

At least one person trained in pediatric CPR and obstructed airways and is up to date on first aid and OSHA will accompany children on field trips. If children will be divided into groups, then additional CPR/FA/OSHA trained staff will accompany each group. Children will be transported according to MN DHS Statutes Chapter 9503.0150 "Transportation" and MN Human Services Licensing Chapter 245A.18 "Child Passenger Restraint Systems." Permission forms will be kept on file from one licensing review to the next. Staff will have means to identify the children and attendance will be taken frequently.

STAFF WILL NOT TRANSPORT CHILDREN

*The center will obtain written parental permission before a child is involved in each experimental research or public relations activity involving a child while at the center. The permission form is kept in the child's record.

THE CREATIVE CURRICULUM

Little Eagles Childcare offers a structured, curriculum based, lesson plan every day for every classroom. At Little Eagles Childcare we are proud to offer the Creative Curriculum as well as implementing ECIP's (Early Childhood Indicators of Progress) into our daily education for the children in our care. Together, as a parent-teacher team, assessments are formed for each individual child to best develop a plan for the most successful learning experience and environment for each child.

The Creative Curriculum addresses four areas of development... social/emotional, physical, cognitive and language. We understand that no two children are the same in developmental areas so together parents and teachers work together to find what works for every child as an individual. Communication will be key for the success of all parties including the children, families and teachers. "The Creative Curriculum balances both teacher-directed and child-initiated learning, with an emphasis on responding to children's learning styles and building on their strengths and interests. This curriculum applies the latest theory and research on best practices in teaching and learning and the content standards developed by states and professional

organizations. While keeping the original environmentally based approach it clearly defines the teacher's vital role in connecting content, teaching, and learning for preschool children. It features goals and objectives linked directly to our valid and reliable assessment instrument.”

PROGRAM PLANS AND OPTIONS

LICENSED TO SERVE

8 Infants	6 Weeks to 16 Months
12 Toddlers	16 Months to 31 Months
48 Preschool	31 Months to First day of Kindergarten
30 School age	Entering Kindergarten – 12 Years

CLASSROOMS (AGES/MAX GROUP SIZE)

Maximum capacity of children we are licensed to serve for each age group:

Classroom Name	Age Group	Max Group Size
Owl's Nest	Infants (6 Weeks to 16 Months)	8
Waddlin' Penguins	Toddlers (16 to 31 Months)	12
Little Loons	Preschool (31 – 40 Months)	16
Mighty Ducklings	Pre-K (40 – 48 Months)	20
Rocking Robins	Kinderprep (48 months until Kindergarten)	12
Soaring Eagles	School-age (Kindergarten – 12 Years)	30

RATIOS

Classroom Name	Age Group	Minimum Staff-To-Child Ratio
Owl's Nest	Infants	1:4
Waddlin' Penguins	Toddlers	1:7
Mighty Ducklings Little Loons Rockin' Robin's	Preschool Pre-K Kinderprep	1:10
Soaring Eagles	School-age	1:15

PROGRAM OPTIONS

Little Eagles Childcare Center is licensed by the Minnesota Department of Human Services to care for children ages 6 weeks to 12 years old. Our staff includes a combination of Lead Teachers, Assistant Teachers, and Aides to meet required staff-to-child ratios at all times. Little Eagles Childcare offers six separate classrooms to meet the diverse needs of the children we serve. Each program plan will be developed and evaluated in writing annually by a staff person qualified as a teacher. This plan will be available for parents to view on request.

<p>Infant Program: 6 weeks to 16 months</p>	<p>The atmosphere in the infant room is inviting, warm and loving. Intellectual, and physical development is stimulated with music, literacy, language, muscle development and exploration of the big world around them with developmentally age-appropriate equipment. Infant teachers provide excellent care that caters to each child's individual needs. The infant curriculum includes learning a variety of different sign language words.</p>
<p>Toddler Program: 16 Months – 31 Months</p>	<p>The toddler curriculum is designed to cover areas of physical activities, language, arts, creative thinking, socialization, and communication. We strive to encourage independence with exploring and discovering on their own, within sight and sound</p>

	of their teachers. We work with small and large muscle development with age-appropriate practices.
Preschool Program: 31 Months – 4 Years	Much attention to large and small muscle development is focused on in the preschool curriculum. Dramatic play, cognitive development, socialization, exploration and all other areas of development that are covered in the previous classrooms. All are adjusted to help children grow and achieve age-appropriate milestones.
Kinderprep Program: 4 Years – Entering Kindergarten	Preparing our young learners with Kindergarten readiness skills. Kinderprep is designed for children who will be entraining into Kindergarten to help guide their learning and prepare them to be ready for what local school districts expect from new Kindergarten students. Teachers work closely with independence (dressing selves, etc.), following directions, advancing fine motor skills such as cutting, pasting, or working with play-doh. Children practice writing their names, letter and number recognition, and letter sounds.
School-age Program: Kindergarten – 12 Years Old	Engaged learning environment all year round that helps children to continue growing and learning. A safe, structured place that has an equal balance of fun and learning for school-aged children. Learning centers, homework help, fun physical activities and more.

PHYSICAL, INTELLECTUAL, SOCIAL AND EMOTIONAL DEVELOPMENT

The lead teacher in each classroom will be in charge of creating a lesson plan that is based on the centers themes each week. The teachers will create a curriculum for the students based off of the months focus areas (letter, color, shape, community helper, and science/math topic) in addition to the weekly theme. They will include goals and objectives that support the listed developments, the goals will be in accordance with the children's ages in the classroom and will also be age-appropriate and developmentally appropriate. These plans will include specific activities designed to promote the 4 areas of development and will be consistent with each child's cultural backgrounds. Lead teachers will document all children's intellectual, physical, social and emotional progress. These documentations will be stored with the child's records and used at conferences times to share with parents.

PHYSICAL, INTELLECTUAL, SOCIAL AND EMOTIONAL ACTIVITIES

Physical: The need for physical development starts shortly after a child's birth. During the first year, activities are introduced to encourage movement, reaction to sound, and psychomotor skills such as holding heads up, crawling well, and walking steadily. Your child's attentive teachers who are familiar with the needs of the individual babies they care for will assist in these activities. Mobile toddlers will have plenty of room to exercise and have regularly scheduled play times to engage them in fun games with their peers. Toddlers, preschooler's and school-agers will have access to safe and fun playground equipment to help enhance their large motor skills.

Specific Activities that you will see between teacher and your child:

Infants	Floor space is arranged so that there's a large space for babies to move about freely and safely. Provided sturdy furniture and items so they can pull themselves up. Older infants will have opportunities to develop pincer grasp (holding objects with thumb and index finger) and other small muscle skills. Teachers will assist in tummy time and encourage them as they learn to crawl and walk. Other activities: Peek-a-boo,
Toddlers	We've created an environment that allows toddlers to run in a safe space and play freely with toys. Daily activities are planned to promote children's physical activity with music and movement. They'll also have access to developmentally appropriate playground activity to strengthen their large motor skills. Other activities: Throwing, catching, kicking, balance toys, riding toys.

Preschool, PreK, and Kinderprep	Teachers will plan movement experiences/obstacle courses in doors for children to enhance their physical activity. Outdoors, there's adequate space and equipment for running, jumping, climbing, constructing, playing games with balls, and hoops, and riding toys. Fine motor skills will also be developed with items such as stringing beads, working with play-doh, measuring with cooking ingredients, puzzles, coloring, and many more.
School-age	Our school-age children are provided enough space, time and appropriate equipment so they can fine their large-muscle skills. Teachers will enhance activities by encouraging them to play with their peers. Children will have access to playground equipment, balls, hoops and other outside toys to encourage movement. To advance their small motor skills they'll have many opportunities to draw, paint, play musical instruments, do puzzles, and work on craft projects.

Intellectual: Learning takes place through play. Our well-trained teachers are aware of what toys and games are developmentally appropriate for each child, ensuring they remain intellectually stimulated. Curiosity is also developed through animated storytelling, allowing your child to sharpen his/her listening skills and attention span. Our well-planned curriculum (Creative Curriculum) also delivers a diverse range of subjects that introduce to your young child new knowledge about the world, enriching their experience and appreciation of the world around them.

Specific Activities that you will see between teacher and your child:

Infants	Our infant classrooms are designed with babies in mind, all of the infant toys and objects are safe to be mouthed, squeezed, shaken and tossed. Teachers will encourage the infants to explore and experience with toys and materials. Touch, feel, grasp – learning through simple reflex activities (soft toys or rattles). Repetitive play to help with rhythm and language skills; using infants' hands to clap, pop goes to weasel, etc.).
Toddlers	Teachers will provide many opportunities for children to participate in familiar experiences as often as they would like, by doing this the children will practice new skills by using them again and again. Dramatic play, furnishings and props will be provided to encourage children to explore familiar roles and to play together. Children will be offered opportunities to do adult-like things such as toy cooking and encouragement to cleaning up after themselves. A daily schedule will be used to help children learn there is a predictable order to the day, as this helps children feel safe and learn about sequencing.
Preschool, Pre-K, and Kinderprep	Preschool children are curious about how things work and what they can do, teachers will help children conduct investigations and meaningful topics that the children want to learn about. They'll ask the children about their observations and predictions; this will pose questions to extend their thinking. Children will count objects, develop an understanding of one-to-one correspondence, sort and classify objects, compare and measure. Teachers will help connect new experiences with what they already know (pointing out connections and encouraging children to make those links).
School-age	School-age children enjoy working on long-term projects and like to make finished products, so the teachers will provide many opportunities for children to make books, use computer for reading/writing and to read stories aloud. Many books will be accessible to the children at all times. Art projects, writing supplies – to write their own stories, or plays for children to act out.

Emotional: Our wonderful teacher's will develop an emotional connection with the children in the classroom through a series of games, activities and lessons. They empathize with children during upsetting moments and help them recover emotional balance and build resilience. Activities including role-play allow your child freedom of expression and indirectly help resolve problems; these activities contribute greatly to a child's emotional development.

Specific Activities that you will see between teacher and your child:

Infants	Teachers will offer consistent, responsive care for all infants. Infants who are cared for and nurtured consistently are more likely to feel confident and become independent. Teachers will respond to baby's cues and needs at all times and talk to them. Eye contact with babies is important to establish a trusting relationship.
Toddlers	Toddlers are starting to use caring behaviors to help and comfort others; teachers will model caring behaviors and acknowledge children's behaviors whenever they see them caring for each other. Provide dolls to show them how to nurture babies as we do in real life. Talk to them about feelings, when they're mad, sad, happy, excited, etc. Early symbolic play helps children act out feelings that they can't yet put into words such as, toy tea sets, dishes, combs and brushes, phones, brooms, etc.)
Preschool, Pre-K, and Kinderprep	At this age, children are able to recognize, name and express their feelings and those of others, we will help to encourage children to label and talk about their emotions. Teachers will relate their feelings of storybook characters to the children's own lives. They'll emphasize the importance of respecting both their own and others' feelings.
School-age	Often time's children of this age group enjoy cooperative games and games with rules, but they may have a difficult time with losing. Teachers will offer physical activities that children can do to refine their motor skills. When children feel discouraged, they will be invited to talk about their feelings and plan ways to strengthen their skills.

Social: As soon as a child ventures beyond infancy, they begin to meet with new company. Little Eagles Childcare Center is an ideal environment for him or her to interact with and make new friends. Exercises and activities like playtime and even math lessons or assistance help children bond and socialize better. A friendly and conducive environment provides toddlers; preschoolers and school-age children tremendous help in encouraging positive social behavior.

Specific Activities that you will see between teacher and your child:

Infants	Teachers will respond to each infant individually, building a child's trust and sense of security. Once trust is established, they'll feel safer to explore the environment. Teachers will lay babies next to one another and comment what they see the infants doing, mirrors will be accessible low down for infants to see themselves and others. Teachers will model and use words for older infants that can be used when playing together and talking about how they feel to encourage perspective taking. Teachers will read books about playing and making friends.
Toddlers	Toddlers assert themselves and want to do things independently. Teachers will provide a safe way for them to practice self-help skills such as: hand washing, nose blowing, and tooth brushing as independently as they can. Children will be offered simple puzzles, foam blocks, sturdy books and water-based markers that they can use successfully on their own. Teachers will provide opportunities for children to learn and take turns. "Classroom favorites" for toys will be duplicated so children can play with them at the same time together.
Preschool, Pre-K, Kinderprep	Preschoolers are learning to solve problems through negotiation and compromise; our teachers will engage children in a social problem-solving process. Children this age enjoy playing with other children and often have "one or two best friends" - teachers will provide many opportunities for children to play together. They'll encourage children to help each other, to cooperate on tasks, and to comfort other children. They'll support the children as they learn to make friends.
School-age	Children at this age are eager to become independent from adults. Teachers will give them opportunities to play on their own (within supervision guidelines), study, and be with peers. They're generally concerned about being accepted by peers, and they often conform to peer expectations – we've created an environment where all children will feel as though they are part of the group and where their unique abilities and interests are promoted. Teacher's will ensure that each child feels special and at the same time, giving them opportunities to share experiences with peers that are acceptable.

DAILY ACTIVITIES

Teachers will design their lesson plans to include a variety of both quiet and active activities that are teacher directed and child initiated. They will also have activities that require the use of varied equipment and materials. Activity examples that you may see in your child's classroom will be developmentally appropriate for each room and age range.

Child initiated play: dramatic play, blocks, science, math, games, puzzles, books, art, and music.
 Teacher initiated: Work sheets, flashcards, group time activities, craft activities, reading and writing instructions, memorization games, Simon says, sports/ball related games.

Physical activities may use different equipment such as climbers, playground equipment, balls, hoops, riding trikes and other large motor toys. When children are engaged in art/craft time they will use materials such as paper, scissors, glue, markers and crayons, pencils and pens, paint, and many other art supplies. They will have the opportunity to use props, and other items for dramatic play. Teachers will ensure that every item being used is developmentally and age appropriate.

DAILY SCHEDULE

Each classroom will have a daily routine posted that will be followed. We understand how important structure is for children, and that they are most likely to succeed if they know what to expect in their daily schedule. Here's a sample schedule of what can be expected in each classroom during the day.

Time	Infants	Toddlers	Preschool/Kinderpr ep	School-age
5:30-7:00	Quiet time, self-directed play with teachers (Nap for some)	Quiet time, self-directed	Quiet time, self-directed play	Quiet activities (board games, reading, coloring, puzzles...)
7:00-8:00	Teacher directed play choice activity	Teacher directed play activity	Teacher directed play, fine motor skills	Wash up Bathroom Breakfast (Leave for school: 7:45 am)
8:00-9:00	Diapering Wash up Breakfast	Diapers/Bathroom Wash up Breakfast	Bathroom breaks Wash up Breakfast	<i>Bathroom breaks Wash up Breakfast (summer)</i>
9:00-10:00	Texture exploration/fine motor activities	Fine motor activities	Circle Time (Weather, who's here today, calendar, ABC's, colors) and centers	<i>Outside time/large motor activities</i>
9:30-10:30	AM nap/AM snack upon waking up	Wash up AM Snack Diapers/Bathrooms	Wash up AM Snack Bathroom breaks	
10:30-11:00	Outside play – Stroller and gross motor	Outside play – Large motor activities	Outside play – Large motor activities	<i>Wash up Bathroom AM snack</i>
11:00-11:30	Diapering Discovery play (social/emotional activities, cognitive,			<i>Reading/writing/summer workbooks if applicable</i>

	language/communication)			
11:30-1:00	Lunch and PM naps (self-directed play with teachers for those not napping)	Diapers/bathroom Wash up Lunch	Bathroom breaks Wash up Lunch	<i>Bathrooms Wash up Lunch</i>
1:00-3:00		PM Nap/quiet time	PM Nap/quiet time	<i>Quiet time/rest for those who need it; quiet activities for the rest.</i>
3:00-4:00	Diapers Wash up PM snack	Diapers/bathroom Wash up PM snack	Bathroom break Wash up PM snack	Arrival back Wash up Bathroom PM snack
4:00-6:30	Closing activities; self-directed play with teachers, communicating with parents	Self-directed free choice play/Outside time until parent pick up	Self-directed free choice play/Outside time until parent pick up	Self-directed free choice play/Outside time until parent pick up

School-age schedule in italics is during non-school or summer days.

Please note that infants will nap when they need to, as well as designated nap times (if they need it). This applies for diaper changings for all ages, there will be scheduled bathroom times, but children will always be changed when needed in addition to scheduled times. Times may vary; schedule subject to change by teacher – please check schedule in the classroom.

NAP AND REST POLICY

The parent of each child will be informed at the time of enrollment regarding the center’s policy on naps and rest. The nap and rest policies are consistent with the developmental level of the children enrolled in the program.

Age Group	Nap Schedule
Infants	Child led naps. Progressively moving towards 2 naps per day when developmentally appropriate by child, and one nap per day when transitioning into toddlers.
Toddlers	One afternoon nap after lunch
Preschool, Pre-K, and Kinderprep	One afternoon nap/quiet time after lunch
School-age	Naps are not required. Quiet activity or reading time will be offered from 1:00-1:30 for all students.

Little Eagles Childcare will adhere to the following policies for nap and rest time in accordance with the Minnesota Department of Health and Health Consultants for Child Care (continued on next page)

- A child who has completed a nap or rested quietly for 30 minutes will not be required to remain on a cot or in a crib or bed.
- Naps and rests will be 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 will 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 will be placed directly on the floor and must not be stacked when in use.
- Separate bedding will be provided (from home) for each child in care. Bedding and blankets will be washed weekly and when soiled or wet. Little Eagles Childcare Center will wash the blankets on a certain day per week in each room.

- Cribs will be provided for each infant whom the center is licensed to provide care. The equipment will be of safe and sturdy construction that conforms to federal crib standards under Code of Federal Regulations, title 16, part 1219 for full-size baby cribs, or part 1220 for non-full-size baby cribs. Each crib is inspected monthly by staff and results recorded on the DHS form dated 8-13. In addition, CPSC checks are done annually and recorded on the form.
- The program will place each infant to sleep on the infant's back, unless the license holder has documentation from the infant's physician directing an alternative sleeping position for the infant. (Use DHS form Physician Directive for Alternative Infant Sleep Position 7-13) This form is ONLY for alternative sleep position, not location. The form will remain on file.
- 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 statement from the parent indicating that the infant regularly rolls over at home. (Use DHS form dated 7-13)
- Infants will be placed in their own crib on a firm mattress with a fitted sheet that is appropriate to the mattress size, which 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 staff will not place anything in the crib with the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16, part 1511.
- When infants fall asleep before being placed in a crib the infant will be moved to a crib as soon as practicable. The infant must remain within sight and sound until the infant is placed in a crib and must not be in a position where the airway may be blocked or with anything covering the infant's face.
- When an infant falls asleep while being held, the staff will consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep.
- Placing a swaddled infant down to sleep is not recommended of 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, the staff 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 hips or legs, to create a swaddle. The DHS consent form dated 7-2013 must be used. Prior to any use of a swaddle, the license holder must obtain informed written consent for the use of a swaddling from the parent or guardian of the infant.
- Children's heads will be uncovered during sleep; sight/sound at all times.
- All toddlers and preschool children will be put to sleep with footwear on to ensure emergency evacuations are safe.
- Little Eagles Childcare Center does not have a separate sleep room for napping children. The area where the cribs are located is within sight and sound of the staff at all times, the staff will ensure sight and sound by performing crib checks in the crib area. Sight supervision will be maintained by visually checking on sleeping infants every 10-15 minutes.
- All staff persons and volunteers who work with infants have training on Sudden Unexpected Infant Death and Sudden Infant Death Syndrome (SUID/SIDS) per MN statutes, section 245.A.40, Subd. 5 before they care for infants. This training is completed each calendar year.

GRIEVANCE PROCEDURES

Grievance by a Parent, Guardian, or Child's Authorized Representative	Grievance Over a Staff Member	Grievance Over Facilities or Equipment
1. If there's a grievance over the childcare program or procedure, direct contact with the teacher or director should be made. The complaint should be made either verbally or in writing.	There may arise a situation where a parent or guardian has a personal grievance against a staff member. Due to the personal nature of such a grievance, the director will approach the staff member and give them a chance	For complaints about the facilities or equipment, the director (Trisha) should be consulted. Director will see to it that it is repaired immediately.

<p>2. If the individual making the complaint feels that is being ignored or if the matter is of a serious nature, the complaint should be made to the director. The director of Little Eagles Childcare Center is the owner, depending on the nature of the complaint; the director will either handle it or consult with co-owner (Tracy Meche) first. The director will be responsible to see it that the grievance is handled properly and expeditiously.</p>	<p>to explain their actions. If an unsatisfactory resolution of the problem occurs, then the next step should be taken.</p> <ol style="list-style-type: none"> 1. The lead teacher or director will provide in writing how the problem will be resolved. 2. If the complaint is about the director and cannot be resolved internally the co-owner (Tracy Meche) will be notified. 	
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BEHAVIOR GUIDANCE POLICY

Little Eagle's Childcare Center's behavior guidance policy is designed to:

- Ensure that each child is provided with a positive model of acceptable behavior.
- Be tailored to the development level of the children that the program is licensed to serve.
- Redirect children and groups away from problems toward constructive activity in order to reduce conflict.
- Teach children how to use acceptable alternatives to problem behavior in order to reduce conflict.
- Protect the safety of children and staff persons.
- Provide immediate and directly related consequences for the child's unacceptable behavior.

Young children need to be taught appropriate behaviors. Appropriate alternatives to corporal punishment vary as children grow and develop.

- As infants become more mobile, the staff will create a safe space and impose limitations by encouraging activities that distract them from harmful situations. Brief verbal expressions of disapproval help prepare infants and toddlers for later use of reasoning. For toddlers, disapproval will be followed with comments about expected behaviors.
- Preschoolers have begun to develop an understanding of rules and can understand "break time" to calm down (out-of-group activity by sending the child to a calming activity such as puzzles, sensory table). However, children will never be isolated from the group. The teacher will follow up by asking the child about his/her feelings and suggest appropriate behavior.
- School-age children begin to develop a sense of personal responsibility and self-control and will recognize the removal of privileges.

We promote positive behavior in the following ways:

1. The classrooms are designed to be developmentally appropriate.
2. There are sufficient toys and activities to simulate children of all age groups we serve.
3. The staff model, encourage and praise positive behaviors by using clear and positive statements of behavior expectations.
4. The staff appropriately supervises and interacts with children.

PERSISTANT UNACCEPTABLE BEHAVIOR

Little Eagles Childcare Center will use the following procedure for behavior that is persistent and unacceptable that requires an increased amount of staff guidance and time. This behavior policy applies to all children in our care.

If a child is not behaving appropriately, will use the following positive guidance techniques:

1. Ignoring: Ignoring a child who is trying to gain attention by acting out may be an appropriate response, unless it is a behavior that is unsafe.
2. Redirection/Distraction: This technique offers an alternative to a child such as suggesting a new activity, or different toy, encouraging independent play, or interacting with a child in a different way.
3. Discussion: Discussing with the child how their behavior is inappropriate and engaging with the child other words or methods that would suggest a more appropriate response.
4. Reasonable Consequences: The staff may implement reasonable consequences such as taking away a toy if the child used the toy to hit another child.
5. Take a Break: The child is separated from the group to calm down and will have access to something else to do. While the child will remain supervised, his or her classmates will not immediately influence him or her. This is different the concept of “time out,” which is often seen as more punitive as the child is isolated and does nothing. In “take a break” the child will have access to other activities while he or she settles down. Once the negative behavior is under control, the child can be returned to the group. We do not use “take a break” with children under the age of two years old.

When staff observes a persistent unacceptable behavior, they will observe and record the behavior in writing. If these positive guidance techniques are not effective, we may involve parents/guardians with the following progressive guidance techniques:

1. We will inform parents/guardians in writing what behaviors have been observed and what the staff has done to try to modify the behavior.
2. If the inappropriate behavior continues, the Center Director and teacher will meet with parents/guardians to develop a written action plan to correct the behavior. We will seek their input and agree on steps to attempt to modify the behavior. We may suggest involving outside resources to assist with the situation.
3. If the inappropriate behavior persists, the child will need to take a day or two of behavioral leave of absence on the next scheduled day/s of care (standard attendance rates apply during behavioral leaves).
4. After returning to group care, if the child continues to act inappropriately, we may dis-enroll child. We reserve the right to use these progressive guidance techniques at our discretion. It is our goal to work together for a positive outcome of behavior change. Circumstances may arise when we may immediately dis-enroll a child if his/her behavior creates a health or safety risk to themselves, other children, or staff.

PROHIBITED ACTIONS

Positive reinforcement is the best approach to discipline. The following actions are prohibited by or at the direction of a staff person:

1. Subjection of a child to corporal punishment which includes but is not limited to: Rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
2. Subjection of a child to emotional stress, which includes but is not limited to: Name calling, ostracism, shaming, making derogatory remarks about a child or a child’s family, and using language that threatens, humiliates or frightens a child.
3. Separation from the group except within rule requirements.
4. Punishments for lapses in toileting.
5. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
6. The use of physical restraints other than to physically hold a child where containment is necessary to protect a child or others from harm.
7. The use of mechanical restraints, such as tying.

SEPERATION FROM THE GROUP

No child may be separated from the group unless the following has occurred. *Children between the ages of six weeks and 16 months must not be separated from the group as a means of behavior guidance.*

1. Less intrusive methods of guiding the child’s behavior have been tried and were ineffective.

2. The child's behavior threatens the well-being of other children in the program.

A child who requires separation from the group must:

1. Remain within an enclosed part of the classroom where the child can be continuously seen and heard by the program staff person.
2. The child's return to the group must be contingent on the child's stopping or bringing under control the behavior that precipitated the separation; and
3. The child must be returned to the group as soon as the behavior that precipitated the separation abates or stops.

SEPERATION REPORTS

All separation from the group will be noted on a daily log that includes the following:

- The child's name, the staff person's name, time, date, information indicating what less-intrusive methods were used to guide the child's behavior, and how the child's behavior continued to threaten the well-being of the child or other children in our care.

If a child is separated from the group three or more times in one day, the child's parent will be notified, and the parent notification will be indicated on the daily log. If a child is separated five times or more in one week or eight times or more in two weeks, the procedure outlined in the section titled "persistent unacceptable behavior" will be followed.

If a child is suspended from his/her elementary school due to behavior or discipline issues, we also will not care for the child during the suspension period.

BITING POLICY

Not all kids go through the phase of biting, but the age-appropriate developmental behavior does occur more commonly than we'd like it to, unfortunately. The biting behavior generally is seen in children between the ages of 1 and 3. Biting is an age-appropriate behavior, but it is important to remember it's also an unacceptable behavior in Little Eagles Childcare's safe environment. There are many, many reasons why children may bite another peer. The most common reasons are teething, sensory exploration, cause and effect, imitation, being too crowded or over stimulated, attention seeking, frustration and being stressed. The child, the parents nor the teacher can take blame for biting that occurs. We will try several different approaches to try to not only stop the biting from occurring but to prevent it if at all possible. We will follow these procedures:

- The child who has bitten will be told, "We don't bite. Biting hurts our friends" in a firm, voice. Always being careful not to show frustration or anger towards the child.
- The child who bit needs to be removed from the area and relocated to a different activity where staff is still able to see the child while they tend to the child who was bit. It is best if staff puts as little attention as possible on the child who has bitten and puts most of their attention comforting the child who has been bit.
- Provide First Aid as appropriate to the child whose been bit. The bite must be washed out with soap and water. Apply a bandage if necessary.
- **An injury/incident report must be filled out for both children.** Staff will explain situation to both parents upon pick up and have the forms signed. Like always, the forms will be turned into the Director at the end of the night and kept in children's files in the office. Please remember, it is **prohibited** for staff to tell parents the name of the other children involved in the incident. This information needs to remain confidential. If parents ask or are frustrated over a biting incident that has occurred offer them information about biting and why it occurs. We have an informational packet available upon request.

If biting is consistently happening with a certain child or between certain children it is important to observe, record and assess what may be causing the biting or what the reasoning for it may be. This will better help us understand if the child that is biting has certain triggers. Some examples of certain triggers may be: Unable to

communicate their needs/wants, which causes frustration, uneasy transitions, being hungry, tired, teething pain.

There are several steps that the teachers in the classroom can take to help figure out what actions can be taken to help the child overcome biting.

1. The teacher(s) must first ask themselves... when the biting occurred, was it over toys? Were there not enough toys? Was the child being crowded, does he/she need more space? Was the child bored, waiting too long? Was the child seeking attention prior to biting his/her peer? Does the child need more one-on-one attention?
2. Change the classroom environment or routines/activities if necessary.
3. Teacher will work closely with child who's biting to resolve conflicts as they arise (ex: child takes toy away from biting child, biting child attempts to bite...show child how to better resolve that conflict and frustration in more appropriate ways)
4. Observe, observe, observe. Figure out WHY and WHEN incidents are occurring. Is it right before lunch? Is child showing signs of being tired? Is it when toys are being taken? Get an idea for when/why they're biting.
5. Is there a certain child who is usually the one being bit? If so, exhaust all efforts to reduce their chance of continuous biting incidents.
6. If biting continues and cannot be resolved in a timely fashion it will be expected that the Director, Lead Teacher and Parent meet regularly to come up with an appropriate Plan of Action for the unacceptable behavior.
7. If the behavior continues, the teacher will then shadow the child and have child remain close to the teacher's side.
8. Unacceptable behavior can result in discontinued care. If there is unacceptable behavior occurring consistently and all parties' work together to resolve it there should not be any issues with needing to discontinue care, but everybody needs to work together to help the child overcome biting.

INCONSOLABLE CHILD

Little Eagles Childcare Center strives to provide a calm and nurturing environment for our students, staff, and families. If a child is inconsolable for more than 45 minutes (tantrum, continuous crying, screaming, etc.) a staff member will contact parents/guardians to pick the child up for the remainder of the day.

HEALTH POLICY

HEALTH CONSULTANT

A health consultant will review health and safety policies stipulated by Rule 3 and 245A. Little Eagles Childcare Center serves infants therefore a health consultant is required to review our programs health and safety policies monthly. Little Eagles Childcare Center uses Health Consultants for Child Care, INC.

FOOD RELATED PROCEDURES

A five-week meal menu will be available for parents at all time. It will be posted on the parent communication board outside of the offices in the entry way.

Children may bring a water bottle to leave at the center that will be labeled with their first and last name and washed daily.

Birthday or special occasion treats being brought from home are accepted but they must be commercially prepared.

ALLERGIES | DIET RESTRICTIONS | MODIFICATIONS

Before enrollment, children with known allergies, special eating, or nutritional needs will need to have an individual childcare program plan (ICCP) developed between parents and/or physician and must be maintained in your child's file. The plan must be updated yearly or following any changes made to allergy-related

information to the child's record. Children's allergy information will be available at all times including on site, when on field trips, or during transportation (including walks, etc.)

PETS

Parents will be informed at the time of admission that a pet is present and before pets are brought into the center for "show and tell" or for special occasions. The pet will be properly housed, cared for, inoculated and licensed in accordance with the local health ordinance.

CHILDRENS HEALTH RECORDS

Records concerning children will not be released without written parental permission or as otherwise required by law. Little Eagles Childcare Center will utilize the MIIC system for recording children's immunization records and running necessary reports.

HEALTH CARE SUMMARY

Upon enrollment or within 30 days, a medical record of each child must be submitted to the director. It must include a current examination and it must be signed by each child's source of medical care. A record of physical examination is again required annually for children under 24 months of age and whenever a child 24 months or older advances into an older age group.

IMMUNIZATIONS

Upon enrollment and before the first day of care begins documentation of current immunizations must be submitted. For inadequate or unimmunized children, a signed notarized statement of parental objection to the immunization or medical exemption is required.

INADEQUATELY IMMUNIZED CHILDREN: In the case of measles, mumps, rubella, pertussis, polio, or diphtheria occurs in the childcare center setting, children who are inadequately or incompletely immunized will be excluded through the incubation period, of the last reported case of the disease, as determined by the local health department. This exclusion is necessary because these children may become infected and contribute to further disease spread. This exclusion also applies to children or staff who have not been immunized for conscientiously held belief or medical contraindications. When documentation exists that a child is unimmunized on the basis of personal beliefs rather than a medical condition Little Eagles Childcare Center will refuse to enroll the child. For legal information, contact: Child Care Law Center, www.childcarelaw.org, 415-558-8005. A policy statement regarding unvaccinated children is added to the program's parent handbook.

EXCLUSION OF ILL CHILDREN

Children should be kept home if they have any of the following symptoms or illnesses: MN Rule 3 9503.0008 Exclusion of Sick Children guidelines are as follows:

- Any child with a reportable illness or condition as specified by the health department that is contagious and a physician determines has not had sufficient treatment that reduces the health risk to others.
- Chicken Pox – until the child is no longer infectious or until the lesions are crusted over.
- Vomiting – 2 or more times since admission that day.
- Diarrhea – 3 or more abnormally loose stools since admission that day or loose stools that cannot be contained within a diaper.
- Contagious Conjunctivitis or pus drainage from the eye.
- Bacterial infection such as strep throat or impetigo and has not completed 24 hours of antimicrobial therapy.
- Unexplained lethargy.
- Lice, ringworm, or scabies that is untreated and contagious to others.
- Fever 100 degrees Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given.
- Undiagnosed rash or a rash attributed to a contagious illness or condition.

- Significant respiratory distress; fast, difficult, or different breathing, uncontrolled coughing, and/or wheezing.
- Not able to participate in childcare program activities with reasonable comfort.
- Requires more care than the program staff can provide without compromising the health and safety of other children in care.

If a child becomes ill during the day he/she will be kept isolated from the other children. A staff member will remain with the child and make him/her comfortable as possible. A parent will be notified to pick up the child.

The parents are asked to notify the program within 24 hours, exclusive of weekends and holidays when a child is diagnosed by a child's source of medical or dental care as having a contagious disease. Contagious illnesses will be reported to all parents the same day the information is received. The staff will post a notice in a prominent place stating the illness, incubation period, early signs to watch for and exclusion recommendations. These postings will be updated with each new case of the illness.

Behavior or health issues which may affect the safety, health, and general well-being of other children at Little Eagles Childcare Center may result in limited exclusion or termination of enrollment.

MEDICATIONS

Prescription Medication

Prescription medication will only be given with written authorization from your child's licensed healthcare provider/dentist (prescription label) and the parent or guardian. There will be a prescription medication form that needs to be filled out completely prior to administering the medication.

Parent must state dosage, time and duration the medication is to be given. Please also inform the staff of the last time medication was given.

The program will not administer medication doses that can be done at home. Any medication to be given once or twice a day needs to be done at home. Any medication to be given long term will require additional paperwork using ICCP care plans.

Medications must come in its original container and be properly and legibly labeled with your child's full name and current prescription information. Twins and siblings cannot share any medications including diapering products.

Medications will not be given after the expiration date and unused portions will be returned to the parent. Please send proper medication dispensers to administer the medication.

Medication will be kept out of the reach of children. Staff will record name of child, name of medication, or prescription number, date, time, dosage and the name and signature of the person who dispensed the medication. This documentation will be maintained in your child's records and is available to you.

Non-prescription Medication

Little Eagles Childcare Center will not administer any non-prescription medications. If your child needs pain or fever reducers we feel it is best for the child to be at home to get more one-on-one attention. If there is a confirmed ear infection, teething pain, or other pain related circumstances we can administer with non-prescription medication form filled out, if we are in agreeance that your child can still attend and participate in daily activities. Your child's temperature will be checked first, and if temperature is greater than 100.0 before administering, your child will need to be sent home.

Over the counter Medications

Written parent permission will be obtained in your enrollment packet to apply any OTC products (external products) such as insect repellent, sunscreen lotion, diapering products, lip balm, lotions, etc. We are not required to document applications of these products. Powders, cornstarch and aerosol sprays are not allowed due to inhalation hazards.

OUTDOOR PLAY

Regular physical activity has important health benefits. Weather permitting daily outdoor play will be provided. Going outside offers an environment that encourages exercise and a different setting. For infants and toddlers, getting dressed to go outside is valuable one-on-one time for teachers and children.

Being outside reduces the spread of infectious disease. Our outdoor guidelines for healthy development, children including infants should go outside when:

1. Weather seems comfortable and when it is somewhat uncomfortable. In the summer, children should wear light colored, lightweight sun protective clothing and hats, sunscreen; play in shaded areas, and having drinking water available. In winter, dress in warm dry layers and play in wind-protected areas. (Use weather humidity/wind chill/air quality guidelines.)
2. It is snowing, raining, or when snow is on the ground and the children are wearing water-resistant clothing. Snow and rain are important learning materials.
3. Children have a runny nose, cold or ear infection unless they have documented condition identified by their health care provider that can be worsened by cold, wind or being outdoors.

SPECIFIC DISEASE AND ILLNESS POLICY

Disease/Illness Name	Symptoms	Our Policy
Bronchitis	Cough. Production of mucus, which can be clear, white, yellowish-gray or green in color — rarely, it may be streaked with blood. Fatigue. Shortness of breath. Slight fever and chills. Chest discomfort.	Exclude from center until temp <100.0 degrees for 24 hours without fever reducing medication and child is well enough to participate in activities.
Common Cold	Runny or stuffy nose. Sore throat. Cough. Congestion. Slight body aches or a mild headache. Sneezing. Low-grade fever. Generally feeling unwell.	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication. Child must be well enough to participate in everyday activities.
Fifth Disease (Parvovirus Infection)	Fever. Upset stomach. Headache. Runny nose. Distinctive facial rash – several days after other symptoms, bright red on both cheeks (usually) may appear. Eventually it may extend to the arms, trunk, thighs and buttocks, where the rash has a pink, lacy, slightly raised appearance.	If there's no present fever, no exclusions will be necessary.
Hand, Foot, and Mouth Disease	Fever. Sore throat. Feeling of being unwell. Painful, red, blister-like lesions on the tongue, gums and inside of the cheeks. A red rash, without itching but sometimes with blistering, on the palms, soles and sometimes the buttocks. Irritability in infants and toddlers. Loss of appetite.	Exclude from daycare until fever is gone for 24 hours WITHOUT the assistance of fever-reducing medications AND until all sores have healed completely over.
Head Lice	Intense itching. Tickling feeling from movement of hair. Lice on your scalp, body, or clothing. Adult lice may be about the size of a sesame seed or slightly larger. Lice eggs (nits) on hair shafts. Nits resemble tiny pussy willow buds. Nits can be mistaken for dandruff, but unlike dandruff, they can't be easily	Child must have gone through the first treatment with head lice treatment shampoo. All nits must be removed from the hair to avoid possible re-infestation and spread to others. Communicable until removed. Check all other

	brushed out of hair. Small red bumps on the scalp, neck and shoulders.	household members and wash all clothing that will be worn into the center that lice may transfer in from.
Impetigo	Red sores that quickly rupture, ooze for a few days and then form a yellowish-brown crust. The sores usually occur around the nose and mouth but can be spread to other areas of the body by fingers, clothing and towels. Itching and soreness are generally mild.	Antibiotics need to be administered for a full 24 hours before child is able to return back to childcare.
Influenza (AND h1n1)	Fever over 100.4. Aching muscles, especially in your back, arms and legs. Chills and sweats. Headache. Dry, persistent cough. Fatigue and weakness. Nasal congestion. Sore throat	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication. Child must be well enough to participate in everyday activities.
Norovirus (Stomach Flu)	Nausea. Vomiting. Abdominal pain or cramps. Watery or loose diarrhea. Generally feeling unwell. Low-grade fever. Muscle pain. Signs/symptoms usually begin 12 to 48 hours after exposure. Generally last one to three days.	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication. Vomiting and diarrhea have stopped, and child feels well enough to participate in everyday activities.
Pertussis (Whooping Cough)	Usually mild at first and resemble those of a common cold: Runny nose. Nasal congestion. Red, watery eyes. Fever. Cough. After a week or two, signs and symptoms worsen. Thick mucus accumulates inside your airways, causing uncontrollable coughing. Severe and prolonged coughing attacks may: Provoke vomiting. Result in a red or blue face. Cause extreme fatigue. End with a high-pitched "whoop" sound during the next breath of air.	Since all cases of Pertussis have to be reported to the Department of Health, the Director must be informed of confirmed cases of Pertussis immediately. An exclusion of care will occur until test results are confirmed. Children with a positive test result must be excluded from care throughout the duration of the antibiotics (5 days). The cough may persist for weeks after.
Pink Eye (Bacterial or Viral) AND Eye Colds	Pink eye may affect one or both eyes. Redness. Itchiness. A gritty feeling. A discharge that forms a crust during the night that may prevent your eye or eyes from opening in the morning. Tearing.	Bacterial: Exclude from care until child has been on recommended medication for 24 hours and has minimal eye drainage. Viral and Eye Colds: Exclude from care until child has minimal eye drainage.
Pneumonia	Chest pain when you breathe or cough. Cough, which may produce phlegm. Fatigue. Fever, sweating and shaking chills. Nausea, vomiting or diarrhea. Shortness of breath. Newborns and Infants may not show signs of the infection. They may vomit, have a fever and cough, appear restless or tired and without energy, or have difficulty breathing and eating.	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication. Child must be well enough to participate in everyday activities.
Respiratory Syncytial Virus (RSV)	Symptoms show 4-6 days after exposure, showing mild-cold like symptoms that include: Congested or runny nose. Dry cough. Low-grade fever. Sore	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing

	throat. Mild headache. Severe cases: Can cause pneumonia or bronchiolitis — an inflammation of the small airway passages entering the lungs. Signs and symptoms may include: Fever. Severe cough. Wheezing — a high-pitched noise that's usually heard on breathing out (exhaling). Rapid breathing or difficulty breathing, which may make the child prefer to sit up rather than lie down. Bluish color of the skin due to lack of oxygen (cyanosis)	medication. Child must be well enough to participate in everyday activities.
Ring Worm	Ringworm typically begins as a flat scaly area on the skin, which may be red and itchy. This patch develops a slightly raised border that expands outward — forming a roughly circular ring. The contours of the ring may be quite irregular, resembling the wavy outline of a snake or a worm. The interior of the ring may be clear, scaly or marked with a scattering of red bumps. In some people, several rings develop at the same time and may overlap.	Child should be excluded from childcare until treatment has been administered for 24 hours. Close contact with other children should be excluded for 72 hours after treatment was started.
Roseola	Generally, takes a week or two for signs and symptoms of infection to appear — if they appear at all. Fever. Roseola typically starts with a sudden, high fever — often greater than 103. Some children may also have a slightly sore throat, runny nose or cough along with or preceding the fever. Your child may also develop swollen lymph nodes in his or her neck along with the fever. The fever lasts three to five days. Rash. Once the fever subsides, a rash typically appears — but not always. The rash consists of many small pink spots or patches. These spots are generally flat, but some may be raised. There may be a white ring around some of the spots. The rash usually starts on the chest, back and abdomen and then spreads to the neck and arms. It may or may not reach the legs and face. The rash, which isn't itchy or uncomfortable, can last from several hours to several days before fading. Other signs and symptoms of roseola may include: Irritability in infants and children. Mild diarrhea. Decreased appetite. Swollen eyelids	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication. Other rash illnesses should be excluded and ruled out first, especially measles.
Streptococcal Sore Throat/Scarlet Fever	Throat pain that usually comes on quickly. Painful swallowing. Red and swollen tonsils, sometimes with white patches or streaks of pus. Tiny red spots on the area at the back of the roof of the mouth (soft or hard palate). Swollen, tender lymph nodes in your neck. Fever. Headache. Rash. Nausea or vomiting, especially in younger children. Body aches. Viral infections can also have these same symptoms, so children should be tested.	Exclude children from childcare until a strep test has been performed and there is a negative test result. If a positive result, child must remain out of childcare until they've been on recommended anti-biotics for a full 24 hours.

EMERGENCY AND ACCIDENT POLICIES

FIRST AID | CPR | OSHA

The director, staff persons, substitutes, and unsupervised volunteers are required to have pediatric first aid training and infant and child CPR and treatment of obstructed airways every two years by a qualified trainer before having unsupervised direct contact with a child, not to exceed the first 90 days of employment. Staff will be OSHA trained regarding bloodborne pathogens which includes universal precautions.

In the event of any accident or illness, trained staff will administer First Aid and/or CPR according to the guidelines of their training and OSHA. If we decide this is an emergency, 911 will be called. As determined by the paramedics, your child will be transported to the nearest medical facility. Parents will be responsible for the cost of any medical transportation needed.

A parent/guardian or alternate emergency contact as listed on your child's emergency contact information will be contacted as soon as possible. We will also attempt to contact your child's source of health care. Parents are responsible for keeping the information on the emergency card up to date. This includes your office, home/mobile phone numbers and at least two people authorized to act on your behalf should the center not be able to reach you. These emergency contacts also need to be authorized to pick up your child.

At least one staff person that is fully trained will be present during hours of operation, including field trips, and when transporting children in care. This includes when all teachers and assistant teachers are within their first 90 days and not yet trained.

MISSING PARENT

If a parent has not picked up their child, center staff will attempt to contact them (home, cell, office). If unable to contact, emergency contacts will be called. If unable to reach these persons within one hour, the police will be notified to pick up the child. A note will be left on the door for the parent regarding the situation and a phone number to call. Staff will not transport children.

MALTREATMENT OF MINORS MANDATED REPORTING POLICY

Who Should Report Abuse and Neglect?	<p>Any person may voluntarily report abuse or neglect.</p> <p>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.</p>
Where to Report	<p>If you know or suspect that a child is in immediate danger, call 911.</p> <p>Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family childcare facility should be made to county child protection services.</p> <p>Reports concerning suspected abuse or neglect of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division's Central Intake line at 651-431-6600.</p> <p>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 507-328-6400 (daytime) & 507-281-6248</p>

	(after hours) or local law enforcement at 507-328-6400 (sheriff's office) & 911 in emergency situations.
What to Report	<p>Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, chapter 260E) and should be attached to this policy.</p> <p>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.</p> <p>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.</p>
Failure to Report	<p>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.</p> <p>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.</p>
Retaliation Prohibited	<p>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.</p> <p>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.</p>
Internal Review	<p>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.</p> <p>The internal review must include an evaluation of whether:</p> <ul style="list-style-type: none"> • related policies and procedures were followed; • the policies and procedures were adequate; • there is a need for additional staff training. • the reported event is similar to past events with the children or the services involved; and • there is a need for corrective action by the license holder to protect the health and safety of children in care.
Primary and Secondary Person or Position to Ensure Internal Reviews are Completed	The internal review will be completed by Trisha (Director). If this individual is involved in the alleged or suspected maltreatment, Tracy will be responsible for completing the internal review.
Documentation of the 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, chapter 260E). 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 childcare program and must be available upon request.

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260E.03 DEFINITIONS.

Subdivision 1. **Scope.** As used in this chapter, the following terms have the meanings given them unless

the specific content indicates otherwise.

Subd. 2. **Accidental.** "Accidental" means a sudden, not reasonably foreseeable, and unexpected occurrence or event that:

(1) is not likely to occur and could not have been prevented by exercise of due care; and

(2) if occurring while a child is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

Subd. 3. **Child fatality.** "Child fatality" means the death of a child from maltreatment.

Subd. 4. **Commissioner.** "Commissioner" means the commissioner of human services unless otherwise

indicated in this chapter.

Subd. 5. **Egregious harm.** "Egregious harm" means harm under section 260C.007, subdivision 14, or a similar law of another jurisdiction.

Subd. 6. **Facility.** "Facility" means:

(1) a licensed or unlicensed day care facility, certified license-exempt child care center, residential facility, agency, hospital, sanitarium, or other facility or institution required to be licensed under sections 144.50 to 144.58, 241.021, or 245A.01 to 245A.16, or chapter 144H, 245D, or 245H;

(2) a school as defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or

(3) a nonlicensed personal care provider organization as defined in section 256B.0625, subdivision 19a.

Subd. 7. **Family assessment.** "Family assessment" means a comprehensive assessment of child safety, risk of subsequent maltreatment, and family strengths and needs that is applied to a maltreatment report that does not allege sexual abuse or substantial child endangerment. Family assessment does not include a determination as to whether maltreatment occurred but does determine the need for services to address the safety of family members and the risk of subsequent maltreatment.

Subd. 8. **Findings and information.** "Findings and information" means a written summary described in section 260E.35, subdivision 7, paragraph (b), of actions taken or services rendered by a local welfare agency following receipt of a report.

Subd. 9. **Immediately.** "Immediately" means as soon as possible but in no event longer than 24 hours.

Subd. 10. **Interested person acting on behalf of the child.** "Interested person acting on behalf of the child" means a parent or legal guardian; stepparent; grandparent; guardian ad litem; adult stepbrother, stepsister, or sibling; or adult aunt or uncle; unless the person has been determined to be the offender who committed the maltreatment.

Subd. 11. **Investigation.** "Investigation" means fact gathering conducted during:

(1) a family investigation related to the current

safety of a child and the risk of subsequent maltreatment

that determines whether maltreatment occurred and whether child protective services are needed; or (2) a facility investigation related to duties under section 260E.28.

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Subd. 12. **Maltreatment.** "Maltreatment" means any of the following acts or omissions: (1) egregious harm under subdivision 5; (2) neglect under subdivision 15; (3) physical abuse under subdivision 18;

(4) sexual abuse under subdivision 20; (5) substantial child endangerment under subdivision 22; (6) threatened injury under subdivision 23; (7) mental injury under subdivision 13; and (8) maltreatment of a child in a facility.

Subd. 13. **Mental injury.** "Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Subd. 14. **Near fatality.** "Near fatality" means a case in which a physician, advanced practice registered nurse, or physician assistant determines that a child is in serious or critical condition as the result of sickness or injury caused by maltreatment.

Subd. 15. **Neglect.** (a) "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:

(1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;

(2) failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to

as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

(3) failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;

(4) failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;

(5) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;

(6) medical neglect, as defined in section 260C.007, subdivision 6, clause (5);

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(7) chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or

(8) emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

(b) Nothing in this chapter shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects

and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.

(c) This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

Subd. 16. Person in a current or recent position of authority. "Person in a current or recent position of authority" means an individual in a position of authority over a child and includes but is not limited to any person who is a parent or acting in the place of a parent and charged with any of a parent's rights, duties, or responsibilities to a child, or a person who is charged with any duty or responsibility for the health, welfare, or supervision of a child, either independently or through another, no matter how brief, within 120 days immediately preceding the act. Person in a position of authority includes a psychotherapist.

Subd. 17. Person responsible for the child's care. "Person responsible for the child's care" means (1) an individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or (2) an individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employee or agent, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.

Subd. 18. Physical abuse. (a) "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825.

(b) Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582.

(c) For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:

- (1) throwing, kicking, burning, biting, or cutting a child;
- (2) striking a child with a closed fist;
- (3) shaking a child under age three;
- (4) striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
- (5) unreasonable interference with a child's breathing;

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6. (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;
7. (7) striking a child under age one on the face or head;
8. (8) striking a child who is at least age one but under age four on the face or head, which results in an

injury;

(9) purposely giving a child:

(i) poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or

(ii) other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;

(10) unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or

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

Subd. 19. Report. "Report" means any communication received by the local welfare agency, police department, county sheriff, or agency responsible for child protection pursuant to

this section that describes maltreatment of a child and contains sufficient content to identify the child and any person believed to be responsible for the maltreatment, if known.

Subd. 20. **Sexual abuse.** "Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children). Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

Subd. 21. **Significant relationship.** "Significant relationship" means a situation in which the alleged offender is:

- (1) the child's parent, stepparent, or guardian;
- (2) any of the following persons related to the child by blood, marriage, or adoption: brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent, great-grandparent, great-uncle, great-aunt; or
- (3) an adult who jointly resides intermittently or regularly in the same dwelling as the child and who is not the child's spouse.

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Subd. 22. **Substantial child endangerment.** "Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

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

Subd. 23. **Threatened injury.** (a) "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.

(b) Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:

(1) subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction.

(2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;

(3) committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction;
or

(4) committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.

(c) A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services.

History: *1Sp2020 c 2 art 7 s 3*

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