VIII. POLICY INFORMATION FOR PARENTS

A. ENROLLMENT PACKET

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 electronic copy (circle one).

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 child care 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 the program plan. At that time, you may offer any suggestions or recommendations that we will take in consideration to further enhance the quality of our program.

We are licensed by the MN Department of Children, Youth, and Families to operate a child care center. 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 child care accreditation standards. You may access these rules and regulations via each individual entity. Our license allows for the following:

B. LICSENSED TO SERVE

0 **Infants** (at least 6 weeks to 16 months)

21 **Toddlers** (at least 16 months to 33 months)

20 **Preschool** (at least 33 months to first day of kindergarten)

15 **School-Age** (has started kindergarten)

_______ **Drop-In**

C. DAYS/HOURS OF OPERATION

Program Name: Guiding Light Early Learning Center

Days of Operation: SUN ☐ MON ☑ TUE ☑ WED ☑ THU ☑ FRI ☑ SAT ☐

We are licensed to operate betweeen the hours of:

6:00 A.M. to 5:30 P.M. and/or

________ A.M. to ________ A.M. Session and/or

________ P.M. to ________ P.M. Session

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D. PROGRAM'S EDUCATIONAL METHODS *(ATTACH)*

E. PARENT CONFERENCES

Parent conferences are planned and offered two times a year for children under school-age. For school-aged children parent conferences will be offered once a year. Conferences will include a written assessment of the 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.

F. HEALTH CARE SUMMARY

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

G. IMMUNIZATIONS

Upon enrollment 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. From time to time there may be children at the program who are not fully vaccinated. We emphasize the importance of vaccination to protect the health and safety of all of the children and staff at our program.

H. INADEQUATELY IMMUNIZED CHILDREN

If a case of measles, mumps, rubella, pertussis, polio, or diphtheria occurs at our program, 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 due to conscientiously held belief or medical contraindications.

Or ☐ (check here) we at ____,
require all children and staff attending this program to be up to date at all times on childhood and adult vaccinations required by law and we do not allow unvaccinated persons at our program unless there is an exemption signed by the individual's primary health care provider for a medical reason.

I. SPECIAL NEEDS / ALLERGIES / MEDICAL CONDITIONS

Parents/guardians have the responsibility to inform the program when their child has any special needs, allergies or conditions requiring attention. If a child is admitted having special needs, procedures stipulated by our licensing requirements will be followed. An individualized child care program plan (ICCPP) will be developed to meet the child's individual needs. The plan will be coordinated with either the service plan, education plan and/or with the child's parent, physician, psychiatrist, and/or psychologist.

The ICCPP will need to be updated annually and when there is any change. The plan will be kept in your child's file, with any medication, on field trips and during transportation. The program will provide any additional staff training (within reason) required by your child's ICCPP however, there may be times when you are requested to assist in the training or ensure the child's nurse specialist is involved in the training.

J. INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

As a child care provider, we continually monitor the development of all children in our care through ongoing observation and recording. We want the best outcomes for all children. Child care providers are considered a primary referral source for early childhood intervention under federal IDEA special education law. We are required to refer a child in our program who has been identified as having developmental concerns or a risk factor that warrants a referral as soon as possible, but in no case more than seven days after the identification. While this is a mandate, we want to keep open communication with parents and caregivers about their child and any concerns we have before a referral is made. We can assist you with the referral or partner with you in the referral process.

K. EXCLUSION OF ILL CHILDREN

Children should be kept home if they have any of the following symptoms or illnesses: MN Rule 3 9503.0080 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 to reduce 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 draining 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-degree Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given.
- **Undiagnosed rash** or a rash attributable to a contagious illness or condition.
- Significant **respiratory distress**; fast, difficult, or different breathing, uncontrolled coughing, and/or wheezing.
- **Not able to participate** in child care 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 your child becomes ill or injured during the day, she/he will be kept isolated from the other children and under staff supervision. A parent or your authorized pick up person will be notified and asked to pick up your child. Your child will be monitored, and comfort measures will be provided. In the event of a medical emergency, 911 will be called and then the parent.

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

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

L. 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. Programs may use an off-site community park/recreation area as their outdoor play space if it is within a 4 blocks of the center. If transportation is offered check here ☐. Only staff that have been trained and certified in the updated Minnesota car seat training program requirements are allowed to transport children and will follow the child passenger requirements during transportation.

Our outdoor guidelines for healthy development, children including infants should go outside when:

A. Weather seems comfortable and when it is somewhat uncomfortable. In summer, children should wear light colored, lightweight sun protective clothing and hats, sunscreen, play in shaded areas, and have drinking water available. In winter, dress in warm, dry layers and play in wind-protected areas. (Use weather humidity/wind chill/air quality guidelines.) Please ensure your child comes dressed in appropriate indoor and outdoor clothing.

B. 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.

C. Children have a runny nose, cold or ear infection unless they have a documented condition identified by their health care provider that can be worsened by cold, wind or being outdoors.

M. FIRST-AID / CPR / OSHA

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 Hutchinson Health Hospital. 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.

All staff persons will be trained in Pediatric First Aid and Infant and Child CPR before unsupervised direct contact with children and within 90 days of hire.

N. MEDICATIONS

1. PRESCRIPTION MEDICATIONS

Prescription medications will only be given with written authorization from your child's licensed healthcare provider/dentist (prescription label) and the parent or guardian.

Parent must state dosage, time, and duration the medication is to be given. Please also inform the staff of the last time the 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 paper work using ICCPP care plans.

Medication must be 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 diaper 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 record and is available to you.

2. NON-PRESCRIPTION MEDICATIONS

Written permission from the parent is required for the administration of any non-prescription medication such as Tylenol, Advil, Benadryl, cold medicines, etc.

These will be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a physician or dentist. All other medication polices will apply to non-prescription medicines.

Or ☐ (Check here) we do not administer any non-prescription medications.

3. OVER THE COUNTER PRODUCTS

Written parent permission will be obtained 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 the applications of these products. Powders, cornstarch and aerosol sprays are not allowed due to inhalation hazards.

O. 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 on-site outdoor picnics). Parents will be informed of the hours, mode of transportation, the purpose and destination of the field trip. Staff will take emergency cards (with emergency numbers for child's parent, persons to be called if a parent can't be reached, and child's doctors), a first aid kit with manual, and attendance records on all field trips.

At least one person that has been trained and up to date in pediatric CPR/obstructed airways, 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 following the requirements of MN Statute 142B.51. Only staff who have completed the required car seat training program and have a certificate of completion on file will be allowed to transport children. Permission forms will be kept on file for five years.

Staff will have means to identify the children and attendance will be taken frequently.

☐ check here if the program does not participate in off-site field trips.

P. RESEARCH AND PUBLIC RELATIONS

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

Q. MEALS AND SNACKS

Our center provides: ☑ Breakfast ☑ Snack(s) ☑ Lunch ☐ Dinner

Our license requires us to comply and follow USDA requirements for meals and snacks. These are planned monthly and provided to parents. Children will wash their hands before eating and go directly to the table to eat. Staff will sit with children during meal and snack times. Children will have access to water throughout the day using single service cups, a water fountain or water bottle *(if using the water bottle policy in Appendix-E)*. Water bottles are allowed on field trips. Any treats or foods brought into the center will be unopened and commercially prepared.

☐ Check here if infant feeding, formula and breast milk guidelines are attached.

Sanitation procedures and practices will be adhered to in accordance with licensing and health guidelines for safe food preparation, handling, and serving. Bag lunch requirements, catered food and /or infant feeding guidelines will be in accordance with USDA guidelines. A physician's written permission will need to accompany any feeding/ food request that does not align with the USDA requirements or is not indicated on a child's health care summary and/or individual child care program plan.

This institution is an equal opportunity provider.

(See full Civil Rights Statement in Appendix-H)

R. ALLERGIES / DIET RESTRICTIONS / MODIFICATIONS

Licensing requirements mandate that before enrollment, we obtain information regarding children with **known allergies**, **special eating, or nutritional needs.** An individual child care program plan (ICCPP) will be developed for "any noted allergy" with the parents and/or physician. The plan will be maintained in the child's file and will be updated at least yearly or more often if any changes are made to allergy-related information in the child's plan. Children's allergy information will be available at all times including on site, when on field trips, or during transportation.

- Staff will be informed of any of the children having food allergies. A copy of the ICCPP will be available where food is prepared and served. Documentation of staff training is available on-site.
- The program will contact the child's parent or legal guardian as soon as possible of any instance of exposure or allergic reaction that requires medication or medical intervention. Emergency medical services are always called when epinephrine is administered to a child in the center's care.

PLEASE NOTE: All food preferences, choices, likes, dislikes, intolerances, etc. should be noted in the diet modification of your child's health care summary and not in the allergy section. This will prevent unnecessary paper work required in obtaining allergy care plans.

S. 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. Or, _☑_ (check here) we do not have or allow pets at our program.

T. BEHAVIOR GUIDANCE

Our behavior guidance policy is designed to:

- Ensure that each child is provided with a positive model of acceptable behavior
- Be tailored to the developmental 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 a 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 have begun to understand when they have not followed them. Brief explanation of the unwanted behavior helps them to understand. 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:

- The classrooms are designed to be developmentally appropriate.
- There are sufficient toys and activities to stimulate children of all age groups we serve.
- The staff model, encourage and praise positive behaviors by using clear and positive statements of behavior expectations.
- The curriculum is designed to be stimulating and age appropriate for the children.
- The staff appropriately supervises and interacts with the children.

1. PERSISTENT UNACCEPTABLE BEHAVIOR

Guiding Light Early Learning 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, we will use the following positive guidance techniques:

***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.

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 the child in a different way.

***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.
***Reasonable Consequences**:* The staff may implement reasonable consequences such as taking away a toy if the child used the toy to hit another child.

When staff observe 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:

A. We will inform parents/guardians in writing what behaviors have been observed and what the staff has done to try to modify the behavior.

B. 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.

C. 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).

D. After returning to group care, if the child continues to act inappropriately, we may disenroll the 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 disenroll a child if his or her behavior creates a health or safety risk to themselves, other children, or the staff.

2. 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 the child's family, and using language that threatens, humiliates, or frightens the child.

3. *Separation of a child 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 restraint other than to physically hold a child where containment is necessary to protect a child or others from harm.*

7. *The use of prone or any contraindicated restraint will not be allowed under any circumstances*.

    - A program must not use a prone restraint on any person receiving services in a program, except in the instance of if a person rolls into a prone position during the use of a restraint, the person must be restored to a non-prone position as quickly as possible.

    - A program must not implement a restraint on a person receiving services in a program in a way that is contraindicated for any of the person's known medical or psychological conditions. Prior to using restraint on a person, the program must assess and document on the child's ICCPP a determination of any medical or psychological conditions that restraints are contraindicated for and the type of restraints that will not be used on the person based on this determination.

8. *The use of mechanical restraints, such as tying.*

**** All staff will be trained on all current prohibited actions.**

3. SEPARATION FROM THE GROUP

Criteria: No child may be separated from the group unless the following has occurred:

- Less intrusive methods of guiding the child's behavior have been tried and were ineffective.
- The child's behavior threatens the well-being of the child or other children in the program.

A child who requires separation from the group will:

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

Children between the ages of 6 weeks and 16 months will NOT be separated from the group as a means of behavior guidance.

4. SEPARATION REPORT

All separations 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.

U. OPEN DOOR POLICY

Parents of enrolled children are welcome to visit our program at any time during hours of operation.
The telephone number of DCYF Child Care Center Licensing Unit: 651-431-6015

V. NAPS AND REST POLICY

The nap and rest policy are consistent with the developmental level of the children enrolled in the program.

INFANT: Each individual infant determines nap time. The multiple naps throughout the day will progress down to two naps per day. Infants transitioning to the toddler room will be weaned to one nap per day.

TODDLER: One afternoon nap after lunch.

PRE-SCHOOL: One afternoon nap/rest time after lunch.

SLEEP / REST STANDARDS

- 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 rest 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. (Mats allowed for programs serving children < 5 hours during the day.)
- Separate bedding will be provided for each child in care or ☑ (check here) if parents need to bring child's bedding to the program. Bedding and blankets will be washed weekly and when soiled or wet. The program will do this, or items will be sent home.
- Cribs will be provided for each infant for 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 DCYF licensing *'Monthly Crib Inspection'* form. CPSC checks are done annually & 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 or Advanced Practice Registered Nurse (APRN), or Physicians Assistant (PA) directing an alternative sleeping position for the infant using the DCYF licensing *'Directive for Alternative Infant Sleep Position'* form. This form is **only** for alternate sleep position. The form will remain on file.

- Before caring for infants, all staff and volunteers will have training on Sudden Unexpected Infant Death and Sudden Infant Death (SUID/SIDS) per MN Statutes, section 142B.65, subd. 6. This training is required yearly.
- An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home. (Use DCYF licensing form).
- 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. The pacifiers are free from attachments such as stuffed animals, blankets, or bands/beads with clips that attach to clothing.
- When an infant falls 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 for an infant of any age and is <u>prohibited</u> <u>for any infant who has begun to roll over independently</u>. 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 the hips or legs, to create a swaddle. The DCYF licensing 'Swaddling Consent' form must be used. Or ☐ (check here), we do NOT allow swaddling of any sort at our program. We encourage infants to use their hands to explore and self soothe.
- Children's heads will be uncovered during sleep; staff will maintain sight/sound at all times.
- All toddlers and preschool children will sleep with footwear on to ensure emergency evacuations are safe.
- ☐ (Check here) The area where the cribs are located is not within sight and sound of the staff at all times. Our safe sleep policy requires the staff to ensure supervision within sight and sound at all times. The staff will ensure sound by having a baby monitor located in the crib area. The monitor will be turned on at all times during operation when an infant is under the care of the program. Sight supervision will be maintained by visually checking on sleeping infants every 10 - 15 minutes.
- An infant under one year of age may wear a helmet while sleeping if the center has signed documentation by a physician, advanced practice registered nurse, physician's assistant, licensed occupational therapist, or licensed physical therapist using the DCYF licensing 'Helmet Approval for Sleeping Infants' form.

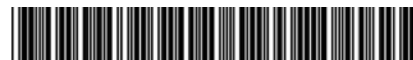
W. PROGRAM GRIEVANCE PROCEDURE FOR PARENTS

If there is a grievance over the child care program or procedure, direct contact with the teacher or director should be made. The complaint should be made either verbally or in writing. If the individual making the complaint feels that it is being ignored or if the matter is of a serious nature, the complaint should be made to the director. Depending on the nature of the complaint, the director will either handle it personally or refer it to the owner or their superior. The director will be responsible to see to it that the grievance is handled properly and expeditiously.

There may arise a situation where a parent/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 to explain their actions. If an unsatisfactory resolution of the problem occurs, the head teacher or director will provide in writing how the problem will be resolved. If the complaint is about the director and cannot be resolved internally the owner or their superior will be notified.

For complaints about the facilities or equipment, the director should be consulted and will see that it is repaired / rectified immediately.

X. MALTREATMENT OF MINORS MANDATED REPORTING



OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Maltreatment of Minors Mandated Reporting

This form may be used by any provider licensed by the Minnesota Department of Children, Youth, and Families, except family child care. The form for family child care providers is DHS-7634C-ENG.

What to report

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

Who must report

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

Where to report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Children, Youth, and Families, should be made to the DCYF Central Intake line at **651-431-6015**.
- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, in a child foster residence setting, or in a child foster care home, should be reported to the local county social services agency at (320) 539-3144 or local law enforcement at (320) 587-2242 .
- Reports concerning suspected maltreatment of a child related to a Children's Residential Facility (CRF), Home and Community Based Services (HCBS), or a Substance Use Disorder (SUD) Treatment facility should be made to the Minnesota Department of Human Services.
- Reports concerning suspected maltreatment of a child in a Psychiatric Residential Treatment Facility (PRTF) should be made to the Minnesota Department of Health, Office of Health Facility Complaints at health.ohfc-complaints@state.mn.us.

When to report

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

Information to report

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

Failure to report

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

Retaliation prohibited

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

Staff training

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 142B.10, subdivision 21.

Provide policy to parents

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

The following sections do not apply to family child foster care per Minnesota Statutes, section 142B.54, subd. 1.

Internal review

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

Primary and secondary person or position to ensure reviews completed

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

Documentation of internal review

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

Corrective action plan

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

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