Outline of Policies and Procedures for Child Care Centers

(Cover Page)

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Center Name

Assistants, Aids, Volunteers

Director

Owner

Lead Teachers

**Policies and Procedures for Staff**

 **Section 1: Behavior guidance policies and procedures**

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0055, SUBPART 1. THE WRITTEN BEHAVIOR GUIDANCE POLICIES AND PROCEDURES MUST INCLUDE ALL OF THE FOLLOWING STATEMENTS IDENTIFIED BELOW, AND THE LICENSE HOLDER MUST SEE THAT THE POLICIES AND PROCEDURES ARE CARRIED OUT.

A. Ensure that each child is provided with a positive model of acceptable behavior;B. Be tailored to the developmental level of the children that the center is licensed to serve;
C. Redirect children and groups away from problems toward constructive activity to reduce conflict;
D. Teach children how to use acceptable alternatives to problem behavior to reduce conflict;
E. Protect the safety of children and staff persons; and
F. Provide immediate and directly related consequences for a child’s unacceptable behavior.

***Persistent Unacceptable Behavior***

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0055, SUBPART 2. THE WRITTEN PROCEDURES FOR DEALING WITH PERSISTENT UNACCEPTABLE BEHAVIOR MUST INCLUDE THE FOLLOWING:

A. Procedures for staff observation and recording of the child’s unacceptable behavior and staff response to the behavior; and

B. Procedures for developing a plan to address the behavior documented in item A in consultation with the child’s parent, other staff persons, and professionals when appropriate.

***Prohibited Actions***

1. Prohibiting the subjection of a child to corporal punishment, which includes, but is not limited to:
	1. Rough handling
	2. Kicking
	3. Shoving
	4. Biting
	5. Spanking
	6. Slapping
	7. Hair pulling
	8. Hitting
	9. Ear pulling
	10. Shaking
	11. Pinching
2. Prohibiting the subjection of a child to emotional stress, which includes, but is not limited to:
	1. Name Calling
	2. Ostracism
	3. Shaming
	4. Making derogatory remarks about a child or the child’s family
	5. Using language that threatens, humiliates, or frightens the child
3. Prohibiting the separation of a child from the group, except within rule requirements
4. Prohibiting punishments for lapses in toilet training
5. Prohibiting withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior
6. Prohibiting 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. Prohibiting the use of mechanical restraints, such as tying
8. Prohibiting prone and contraindicated restraints.

***Separation From the Group***

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0055, SUBPART 4. NO CHILD MAY BE SEPARATED FROM THE GROUP UNLESS THE FOLLOWING HAS OCCURRED:

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 the child or other children in the program
3. A child who requires separation from the group must:
	1. Remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person;
	2. Be returned to the group upon the contingency that the child has stopped or brought the behavior that precipitated the separation under control.
	3. Be returned to the group as soon as the behavior that precipitated the separation abates or stops.
4. Children between 6 weeks and 16 months must not be separated from the group for behavior guidance.

***Separation Report***

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0055, SUBPART 5. IN ADDITION TO YOUR WRITTEN POLICY, IT IS RECOMMENDED THAT YOU USE THE FORM TITLE: SEPARATION REPORT. ALL SEPARATIONS FROM THE GROUP MUST BE NOTED ON A DAILY LOG THAT MUST INCLUDE ITEMS A-F:

1. The child’s name
2. The staff person’s name
3. Time of the separation
4. Date of the separation
5. Information indicating what less intrusive methods were used to guide the child’s behavior before the separation occurred
6. How the child’s behavior continued to threaten the well-being of the child or other children in care
7. If a child is separated from the group three or more times in one day, the child’s parent shall be notified, and the parent notification shall be indicated on the daily log.
8. If a child is separated five or more times in one week or eight times or more in two weeks, the procedures for Persistent Unacceptable Behavior must be followed.

**Section 2: Emergency and Accident Policies and Procedures**

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0110, SUBPARTS 1-3. WRITTEN POLICIES MUST INCLUDE:

1. Procedures for administering first aid
2. Safety rules to follow in avoiding each of the following:
	1. Injuries
	2. Poisoning
	3. Burns
	4. Choking
	5. Suffocation
	6. Traffic Accidents
	7. Pedestrian accidents
3. A statement that the program will conduct a daily inspection of potential hazards in the center and the outdoor activity area
4. Procedures for fire prevention and procedures for staff to follow in the event of a fire. Fire procedures must:
	1. Mandate monthly fire drills and a log of dates and times showing that the fire drills were held
	2. For the following information, the program needs to identify written procedures and post them within the center:
		1. Primary and secondary exits
		2. Building evacuation routes
		3. The telephone number of the fire department
		4. Which staff persons are responsible for the evacuation of children in all areas of the center
	3. Contain instructions on how to use a fire extinguisher and how to close off a fire area
	4. Provide training for staff persons to carry out the fire procedures.
5. Procedures to follow include the location of an emergency shelter in the event of:
	1. Blizzard
	2. Tornado, including mandating monthly tornado drills from April to September and a log of times and dates showing that drills were held
	3. Other natural disaster
6. Procedures to follow when a child is missing;
7. Procedures to follow if:
	1. An unauthorized person attempts to pick up a child;
	2. A person who is incapacitated attempts to pick up a child;
	3. A person who is suspected of abuse attempts to pick up a child and
	4. No one comes to pick up a child.
8. Sources of emergency medical care (911) or designated medical source
9. Procedures for recording accidents, injuries, and incidents involving a child enrolled in the program. The written record of accidents, injuries, and incidents must include the following information:
	1. Name and age of the person(s) involved
	2. Date of the accident, injury, or incident
	3. Place of the accident, injury, or incident
	4. Type of injury
	5. Action taken by a staff person(s)
	6. To whom the accident, injury, or incident was reported.
10. Procedures mandating an annual analysis of accident, injury, and incident records and any modification of the center’s policies based on the analysis.

\*\*If a serious injury or death occurs, the program is required to report the incident within 24 hours of being notified of the incident on the Serious Injury and Death Reporting Form. This report needs to be submitted electronically to DHS.

**Section 3: Allergy Prevention and Response Policies and Procedures**

LEGAL AUTHORITY: MINNESOTA STATUTES, SECTION 245A.41, SUBDIVISION 1. WRITTEN POLICIES MUST INCLUDE:

1. Procedures to follow that specify the license holder will obtain documentation of any known allergy from a child’s parent or legal guardian or the child’s source of medical care before admitting the child for care. If a child has a known allergy, the license holder must maintain current information about the allergy in the child’s record.
2. Procedures to develop an individual child care program plan as specified in Minnesota Rules, part 9503. 0065. subpart 3. The individual child care program plan must include, but not be limited to:
3. A Description of the allergy
4. Specific triggers
5. Avoidance techniques
6. Symptoms of an allergic reaction
7. Procedures for responding to an allergic reaction, including:
	1. Medication
	2. Dosages
	3. Doctors Contact Information
8. Procedures to ensure that each staff person who is responsible for carrying out the individual child care program plan reviews and follows the plan. Documentation of a staff person’s review must be kept on-site.
9. Procedures to ensure that at least once each calendar year or following any changes made to allergy-related information in the child’s record, the license holder must update the child’s child care program plan and inform each staff person who is responsible for carrying out the individual child care program plan of the change. The license holder must keep documentation on-site that a staff person was informed of a change.
10. Procedures to ensure that a child’s allergy information will be available at all times, including on-site, when on field trips, and during transportation. A child’s food allergy information must be readily available to a staff person in the area where food is prepared and served to the child.
11. Procedures to follow that specify the license holder will contact the child’s parent or legal guardian as soon as possible in any exposure or allergic reaction requiring medication or medical intervention. The license holder must call emergency medical services when epinephrine is administered to a child in the license holder’s care.

**Section 4: Handling and Disposal of Bodily Fluids Policies and Procedures**

LEGAL AUTHORITY: MINNESOTA STATUTES, SECTION 245A.41, SUBDIVISION 2. WRITTEN POLICIES MUST INCLUDE PROCEDURES TO ENSURE:

* + - 1. That surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, must be cleaned and disinfected according to Minnesota Rules, part 9503.0005, subpart 11
			2. That blood-contaminated material must be disposed of in a plastic bag with a secure tie
			3. That sharp items used for a child with special care needs must be disposed of in a “sharps container.” The sharps container must be stored out of reach of a child
			4. That the license holder must have the following bodily fluid disposal supplies in the center: disposable gloves, disposal bags, and eye protection
			5. That the license holder must ensure that each staff person follows universal precautions to reduce the risk of spreading infectious disease.

\*\*The following bodily fluid disposal supplies must be available in the center: disposable gloves, disposal bags, and eye protection.

**Section 5: Emergency Preparedness Policies and Procedures**

1. Procedures for an evacuation, relocation, shelter-in-place, or lockdown
2. A designated relocation site and evacuation route
3. Procedures for notifying a child’s parent or legal guardian of the evacuation, relocation, shelter-in-place, or lockdown, including procedures for reunification with families
4. Accommodations for a child with a disability or a chronic medical condition
5. Procedures for storing a child’s medically necessary medicine that facilitates easy removal during an evacuation or relocation
6. Procedures for continuing operations in the period during and after a crisis;
7. Procedures for communicating with local emergency management officials, law enforcement, or other appropriate state or local authorities
8. Accommodations for infants and toddlers if the program serves infants and/or toddlers. (If the most up-to-date Child Care Emergency Plan Form is not being used, this is not included on the form, and the Emergency Plan Addendum must be used.)

\*\*The relocation site and evacuation route must be posted in a visible place as part of the written procedures for emergencies and accidents in Minnesota Rules, part 9503.0140, subpart 21.

**Section 6: Health Policies and Procedures**

**\*Submit written documentation stating the health consultant’s approval for all sections of the health policies and practices with the application.** If changes are made to the policies during the application process, the applicant will need to obtain an updated approval of policies from the health consultant.

1. First aid policies and procedures;
2. Safety policies and procedures required in Minnesota Rules, part 9503.0110, subpart 3, items A, B, and C;
3. Diapering procedures and practices developed in consultation with a health consultant which include:
	1. The use of individual disposable diaper change covers for the table and
	2. Application procedures for the use of diaper products on a child.

**Section 7: Food and Water Policies and Procedures**

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0145, SUBPART 3, MINNESOTA RULES, PART 9503.0145, SUBPART 7, AND MINNESOTA STATUTES, SECTION245A.14, SUBDIVISION 17. THE LICENSE HOLDER MUST DEVELOP WRITTEN POLICIES FOR PREPARING, HANDLING, AND SERVING FOOD THAT COMPLY WITH REQUIREMENTS IN MINNESOTA RULES, CHAPTER 4626.

1. Sanitation procedures and practices for food not prepared by or provided by the license holder as specified in Minnesota Rules, part 9503.0145, subpart 3. These procedures and practices must comply with the requirements for food and beverage establishments in Minnesota Rules, chapter 4626, and must include procedures for:
	1. Handwashing
	2. Maintaining hot and cold food temperatures at safe levels
	3. Washing of food, utensils, and equipment
	4. Serving of food.
2. Procedures for food prepared on-site must be in compliance with the requirements for food and beverage establishments in Minnesota Rules, chapter 4626, and must include procedures for:
	1. Preparation of food
	2. Handling of food
	3. Serving of food
	4. Handwashing
	5. Washing of food, utensils, and equipment
3. The license holder must ensure that sanitary procedures and practices are developed to prepare, handle, and store infant food. A health consultant must review procedures and practices and include:
	1. Policies and procedures for the preparation of formula, milk, breast milk, solid foods, and supplements
	2. Policies and procedures for the handling of formula, milk, breast milk, solid foods, and supplements
	3. Policies and procedures for the storage of formula, milk, breast milk, solid foods, and supplements
4. Per Minnesota Statutes, section 245A.14, subdivision 17, if a licensed child care center will provide drinking water to children in reusable water bottles or cups, license holders must develop a written policy and ensure implementation of the policy that, at a minimum, includes the following procedures:
	1. Each day the water bottle or cup is used, the child care center cleans and sanitizes all water bottles and cups using procedures in compliance with the Food Code under Minnesota Rules, chapter 4626;
	2. ) A water bottle or cup is assigned to a specific child and labeled with the child’s first and last name
	3. Water bottles and cups are stored in a manner that reduces the risk of a child using the wrong water bottle or cup
	4. A water bottle or cup is used only for water

**Section 8: Maltreatment of Minors Mandated Reporting Policies and Procedures**

LEGAL AUTHORITY: MINNESOTA STATUTES, SECTION 245A.145, SUBDIVISION 1ANDMINNESOTA STATUTES, SECTION 245A.66, SUBDIVISION 1. DHS MUST DEVELOP POLICIES AND PROCEDURES FOR REPORTING SUSPECTED CHILD MALTREATMENT THAT FULFILL THE REQUIREMENTS OF MINNESOTA STATUTES, CHAPTER 260E. THE LICENSE HOLDER MUST PROVIDE THESE POLICIES AND PROCEDURES TO THE PARENTS OF ALL CHILDREN AT THE TIME OF ENROLLMENT IN THE CHILD CARE PROGRAM AND BE AVAILABLE UPON REQUEST.

1. The DHS Licensed Child Care Center website provides policies and procedures for reporting suspected child maltreatment. Centers are required to use this policy. Note that there are two sections on the policy that need to be filled in with information specific to the child care program,
2. Additional information is required to be added to the policy.
	1. For reports of suspected abuse or neglect of children occurring within a family or in the community, a contact phone number for the local child protection agency (or law enforcement, if applicable) must be entered into the policy. It must be an accurate, working number and specific to the designated reporting agency in the county or city where the center is located.
	2. A primary and secondary person must be designated on the policy to ensure that internal reviews are completed when the facility has a reason to know that an internal or external report of alleged or suspected maltreatment has been made.

**Section 9: Risk Reduction Plan Policies and Procedures**

LEGAL AUTHORITY: MINNESOTA STATUTES, SECTION 245A.66, SUBDIVISION 2ANDMINNESOTA STATUTES, SECTION 245A.066, SUBDIVISION 3. FOR EXAMPLE, A FORM FOR CREATING RISK REDUCTION PLAN IS RECOMMENDED FOR LICENSE HOLDERS AND IS AVAILABLE ON THE DHS LICENSED CHILD CARE CENTER WEBSITE. THE RISK REDUCTION PLAN MUST INCLUDE AN ASSESSMENT OF THE RISK TO CHILDREN THE CENTER SERVES OR INTENDS TO SERVE AND IDENTIFY SPECIFIC RISKS BASED ON THE OUTCOME OF THE ASSESSMENT. THE ASSESSMENT OF RISK MUST BE BASED ON THE FOLLOWING:

1. Physical plant - The risk reduction plan must identify specific risks to children based on an assessment of the physical plant where licensed services are provided, including an evaluation of the following factors
	1. The condition and design of the facility
	2. The condition and design of the outdoor space
	3. Bathrooms
	4. Storage areas
	5. Accessibility of medications and cleaning products that are harmful to children when children are not supervised and
	6. The existence of areas that are difficult to supervise;
2. For each risk identified in the physical plant assessment, the risk reduction plan must include developing and implementing specific policies and procedures or referring to existing policies and procedures that minimize the risks identified.
3. Environment - The risk reduction plan must identify specific risks to children based on an assessment of the environment for each facility and each site, including an evaluation of the following factors:
	1. The type of grounds and terrain surrounding the building and
	2. The proximity to hazards, busy roads, and publicly accessed businesses
4. For each risk identified in the physical plant assessment, the risk reduction plan must include the development and implementation of specific policies and procedures or a reference to existing policies and procedures that minimize the risks identified.
5. Additional risk of harm factors to children - In addition to program-specific risks identified in the physical plant and environment assessments, the risk reduction plan must include the development and implementation of policies and procedures or refer to existing policies and procedures that minimize the risk of harm or injury to children for the following known risks:
	1. Closing children’s fingers in doors, including cabinet doors;
	2. Leaving children in the community without supervision;
	3. Children leaving the facility without supervision;
	4. Caregiver dislocation of children’s elbows;
	5. Burns from hot food or beverages, whether served to children or being consumed by caregivers, and the devices used to warm food or beverages;
	6. Injuries from equipment, such as scissors and glue guns;
	7. Sunburn;
	8. Feeding children foods to which they are allergic;
	9. Children falling from changing tables; and
	10. Children accessing dangerous items or chemicals or coming into contact with residue from harmful cleaning products.
6. Accessibility of hazardous items - The risk reduction plan must include a statement that hazardous items will be inaccessible to children at all times when children are present.
7. Policies and procedures to ensure adequate supervision of children - The risk reduction plan must include specific policies and procedures to ensure adequate supervision of children at all times, as defined under Minnesota Statutes, section 245A.02, subdivision 18. The policies and procedures must include particular emphasis on the following:
	1. Times when children are transitioned from one area within the facility to another;
	2. Nap-time supervision;
	3. Supervision of infant crib rooms as specified under Minnesota Statutes, section 245A.02, subdivision 18, which requires that when an infant is placed in a crib to sleep, supervision occurs when a staff person is within sight or hearing of the infant;
	4. When supervision of a crib room is provided by sight or hearing, the plan must address the other supervision components;
	5. Child drop-off and pick-up times;
	6. Supervision during outdoor play and community activities, including but not limited to field trips and neighborhood walks;
	7. Supervision of children in hallways; and
	8. Supervision of school age children when using the restroom and visiting the child’s personal storage space.
	9. Supervision of preschool children when using the restroom located within the classroom.
8. Yearly review of the risk reduction plan - The license holder must review the risk reduction plan yearly. When conducting the review, the license holder must consider incidents that have occurred in the center since the last review, including:
	1. The assessment factors in the plan;
	2. The internal reviews conducted under this section, if any;
	3. Substantiated maltreatment finding, if any; and
	4. Incidents that caused injury or harm to a child, if any, that occurred since the last review.

**Section 10: Child Care Program Plan Policies and Procedures**

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0045, SUBPART 1. THE WRITTEN CHILD CARE PROGRAM PLAN MUST INCLUDE THE FOLLOWING CONTENT:

1. A statement mandating that children are supervised at all times;
2. A statement identifying the age categories and number of children to be served by the program;
3. A statement describing the days and hours of operation of the program;
4. A description of the general education methods used by the program and the religious, political, or philosophical basis, if any;
5. A statement that the program plan must be developed and evaluated in writing annually by a staff person qualified as a teacher under Minnesota Rules, part 9503.0032;
6. Goals and objectives that promote the physical, intellectual, social, and emotional development of the children in each age category, as described in Minnesota Rules, part 9503.0005, subpart 2, for which care is provided;
7. A description of specific activities designed to promote the intellectual, physical, social, and emotional development of a child in a manner consistent with the child’s cultural background;
8. A statement that the intellectual, physical, social, and emotional progress of each child be documented in the child’s record and conveyed to the parent(s) during the conferences specified in Minnesota Rules, part 9503.0090, subpart 2;\
9. A daily schedule for both indoor and outdoor activities for each age category served by the program;
10. A description of activities that are both quiet and active, teacher-directed and child-initiated;
11. A description of a variety of activities that require the use of varied equipment and materials and
12. A statement that the program plan must be available for parents upon request.

**Section 11: Nap and Rest Policies**

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0050, MINNESOTA STATUTES, SECTION 245A.1435, ANDMINNESOTA STATUES, SECTION 245A.146. POLICY FOR NAPS AND REST IS CONSISTENT WITH THE DEVELOPMENTAL LEVEL OF THE CHILDREN ENROLLED IN THE CENTER MUST INCLUDE:

1. Confinement limitation - A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot or in a crib or bed;
2. Placement of equipment - Naps and rest must be provided in a quiet area that is physically separated from children engaged in an activity that will disrupt a napping or resting child. Cribs, cots, and beds must be placed so there are clear aisles and unimpeded access for adults and children on at least one side of each piece of napping and resting equipment. Cribs, cots, and beds must placed directly on the floor and must not be stacked when in use;
3. Bedding—Separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet, and blankets must be washed or dry cleaned weekly and when soiled or wet.

The remaining requirements in this section are applicable for programs serving infants:

1. Reduction of risk of sudden unexpected infant death - Pursuant to Minnesota Statutes, section 245A.1435
	1. The license holder must place each infant to sleep on the infant’s back unless the license holder has documentation from the infant’s physician directing an alternative sleeping position. The physician directive must be on a form approved by the commissioner, the Physician’s Directive for Alternative Infant Sleep Position form, and must remain on file at the licensed location. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home. To meet these requirements, it is recommended that you use the sample form titled Optional Form for Parent Statement: Infant Less Than Six Months of Age Regularly Rolling Over;
	2. The license holder must place each infant in a crib on a firm mattress with a fitted sheet that is appropriate to the mattress size, fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. The license holder must not place anything in the crib with the infant except for the infant’s pacifier, as defined in Code of Federal Regulations, title 16, part 1511;
	3. If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable and must keep the infant within sight of the license holder until the infant is placed in a crib. When an infant falls asleep while being held, the license holder must consider the supervision needs of other children when determining how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant must not be in a position where the airway may be blocked or with anything covering the infant’s face and
	4. Placing a swaddled infant down to sleep in a licensed setting is not recommended for an infant of any age. It is prohibited for any infant who has begun to roll over independently. However, with the written consent of a parent or guardian, according to this paragraph, a license holder may place the infant who has not yet begun to roll over on its own down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle. Before any use of swaddling for sleep by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form approved by the commissioner, Parent Consent for Swaddling, and prepared in partnership with the Minnesota Sudden Infant Death Center.
2. Crib standard - A crib must be provided for each infant for which the center is licensed to provide care. The equipment must be of safe and sturdy construction that conforms to federal crib standards under Code of Federal Regulations, title 16, part 1219for full-size baby cribs, or Code of Federal Regulations, title 16, part 1220for non-full size baby cribs. See Minnesota Statutes, section 245A.146, subdivision 4, for additional crib safety standard including routine crib inspection requirements.

**Section 12: Program Drug and Alcohol Policies and Procedures**

LEGAL AUTHORITY:MINNESOTA STATUTES, SECTION 245A.04, SUBDIVISION 1, PARAGRAPH (C).

1. A policy must be developed that prohibits license holders, employees, subcontractors, and volunteers from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual’s ability to provide services or care when they are directly responsible for persons served by the program. The license holder must train employees, subcontractors, and volunteers on the program’s drug and alcohol policy. Documentation of training must be kept in each staff person’s personnel file.

**Parent Policies and Procedures**

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0090. THE POLICY INFORMATION THAT IS REQUIRED TO BE PROVIDED TO PARENTS INCLUDES:

1. Ages and the total number of children the program is licensed to serve;
2. Hours and days of operation, including AM and PM sessions for half-day programs;
3. Child care program options the center is licensed to operate include;
	1. A description of the program’s educational methods and religious, political, or philosophical basis, if any;
	2. How the parents may review the center’s child care program plan;
4. Center’s policy on parent conferences, which must include a written assessment to a parent of a child’s intellectual, physical, social, and emotional development;
5. Center’s policy requiring a health care summary within 30 days of enrollment and an immunization record of a child at the time of enrollment;
6. Policies and procedures for the care of children who became sick at the center and parent notification practices for the onset of or exposure to a contagious illness or condition when an emergency or injury requires medical attention;
7. Center’s policies and procedures for administering first aid and sources of care to be used in case of emergencies;
8. Center’s policies on the administration of medicine;
9. Procedures for obtaining written parental permission for field trips;
10. Procedures for obtaining written parental permission before each occasion of research, experimental procedure, and public relations activity involving a child;
11. The program’s policies on the provisions of meals and snacks
12. Center’s behavior guidance policies and procedures;
13. Presence of pets;
14. Center’s policy that parents of enrolled children may visit the center any time during the hours of operation per Minnesota Statutes 245A.14, subdivision 15
15. Telephone number of the Department of Human Services (DHS), Division of Licensing 651-431-6015;

***Nap and Rest Policy for Parents***

LEGAL AUTHORITY: MINNESOTA RULES, PART 9503.0050

1. The applicant and license holder must include the center’s naps and rest policy that is consistent with the developmental level of the children enrolled in the center.

***Maltreatment of Minors Mandated Reporting Policy for Parents***

LEGAL AUTHORITY:MINNESOTA STATUTES, SECTION 245A.145, SUBDIVISION 1ANDMINNESOTA STATUTES, SECTION 245A.66, SUBDIVISION 1. DHS MUST DEVELOP POLICIES AND PROCEDURES FOR REPORTING SUSPECTED CHILD MALTREATMENT THAT FULFILL THE REQUIREMENTS IN MINNESOTA STATUTES, CHAPTER 260E. THE LICENSE HOLDER MUST PROVIDE THESE POLICIES AND PROCEDURES TO THE PARENTS OF ALL CHILDREN AT THE TIME OF ENROLLMENT IN THE CHILD CARE PROGRAM AND BE AVAILABLE UPON REQUEST.

1. Policies and procedures for reporting suspected child maltreatment are available on the DHS Licensed Child Care Center website. Centers are required to use this policy. Note that there are two sections on the policy that need to be filled in with information specific to the child care program:
2. Required additional information is added to the policy.
	1. For reports of suspected abuse or neglect of children occurring within a family or in the community, a contact phone number for the local child protection agency (or law enforcement, if applicable) must be entered into the policy. It must be an accurate, working number and specific to the designated reporting agency in the county or city where the center is located.
	2. A primary and secondary person must be designated on the policy to ensure that internal reviews are completed when the facility has a reason to know that an internal or external report of alleged or suspected maltreatment has been made.

***Emergency Preparedness***

1. Procedures for an evacuation, relocation, shelter-in-place or lockdown
2. A designated relocation site and evacuation route
3. Procedures for notifying a child’s parent or legal guardian of the evacuation, relocation, shelter-in-place, or lockdown, including procedures for reunification with families
4. Accommodations for a child with a disability or a chronic medical condition
5. Procedures for storing a child’s medically necessary medicine that facilitates easy removal during an evacuation or relocation
6. Procedures for continuing operations in the period during and after a crisis
7. Procedures for communicating with local emergency management officials, law enforcement, or other appropriate state or local authorities
8. Accommodations for infants and toddlers, if program serves infants and/or toddlers. (If the most up-to-date Child Care Emergency Plan Form is not being used, this is not included on the form and the Emergency Plan Addendum must be used) The emergency plan must be provided to parents of all children at the time of enrollment in the child care program and must be made available upon request.

***Program Grievance Procedure for Parents***

The applicant and license holder must have a program grievance procedure that permits persons served by the program and their authorized representatives to bring a grievance to the highest level of authority in the program.