

MINNESOTA PRAIRIE COUNTY ALLIANCE FAMILY CHILD CARE PROVIDER POLICY

THIS CONTRACT MAY BE USED ALONE OR BE ATTACHED TO YOUR OWN CONTRACT OR INCORPORATED INTO YOUR OWN CONTRACT [MN Rule 9502.0405, Subp. (3)]

The provider shall have the following information available for discussion with parents. This information is required by MN Rule 9502, which governs the licensing of all MN family child care homes. A complete copy of Rule 9502 is available for parents to read upon request. (9502.0405, Subp. 2). A copy of MN Rule 9502 is available at <https://www.revisor.mn.gov/rules/?id=9502>

PROVIDER NAME: _____

LICENSE CLASS: _____ LICENSED CAPACITY: _____

1. AGES AND NUMBERS OF CHILDREN:

_____ Infants (6 weeks – 12 months)
_____ Toddlers (12 – 24 months)
_____ Preschoolers (24 months – 5 years old)
_____ School Age (5 years old until the age of 11)

2. HOURS AND DAYS OF OPERATION:

Hours: _____ to _____ Days: _____

3. MEALS AND SNACKS:

Breakfast A.M. Snack Lunch P.M. Snack Dinner

Food, lunches, and bottles brought from home must be labeled with the child’s name and refrigerated when necessary. Bottles will be washed after use. Food served during the day will include servings from each of the basic food groups.

4. SLEEPING AND REST ARRANGEMENTS:

Infants: Crib Portable Crib Mesh Sided Crib

Toddlers/Preschoolers: Bedding (*Clean, separate bedding must be provided for each child in care.*)

Mat Crib Cot Bed Sofa Sleeping Bag Mesh Sided Crib

5. SMOKING:

Smoking is not permitted in the residence or in the garage during child care hours. If smoking is permitted in the Residence or garage after hours of child care, the provider will verbally inform parents and also post a written notice.

The family child care provider and/or household members:

_____ Smokes
_____ Does/Do not smoke
_____ Allows smoking in the home after child care hours
_____ Does not allow smoking in the home after child care hours

6. PETS IN THE RESIDENCE:

No Yes, kind(s) and number of pets _____

MINNESOTA PRAIRIE COUNTY ALLIANCE FAMILY CHILD CARE PROVIDER POLICY

7. CARE OF ILL CHILDREN:

- A. The provider shall notify the parent immediately when a child in care develops any of the following symptoms:
 - 1. Underarm temperature of 100° F or over, or an oral temperature of 101° F or over;
 - 2. Vomiting;
 - 3. Diarrhea; or
 - 4. Rash, other than mild diaper or heat-related rash.

- B. The provider shall comply with the following health requirements:
 - 1. Keep immunization records for each child in care, using forms provided by the MN Prairie.
 - 2. Obtain written permission from the child’s parents prior to administering medicine, diapering products, sunscreen lotions, and insect repellents.
 - 3. Obtain and follow written instructions from a licensed physician or dentist prior to administering each prescription medicine. Medicine with the child’s name and current prescription information on the label constitutes instructions.
 - 4. Notify Public Health Nursing or Minnesota Department of Health of any suspected case of reportable disease (per MN Rule 4605.7000). A list of the reportable diseases will be given to parents when they enroll their child and again if the list changes.
 - 5. Provider shall follow written instructions from an authorized agent or the physician of an ill child Placed in the provider’s care if the child has any of the reportable diseases.
 - 6. Inform a parent of each exposed child the same day the provider is notified a positive diagnosis has Been made for any of the reportable diseases.
 - 7. **The provider shall require that parent(s) notify the provider within 24 hours of the diagnosis of a Serious contagious illness or parasitic infestation.**

Additional policies on the care of ill children:

Provider is unwilling to accept a child that is:

Provider is willing to accept a sick child under the following circumstances:

8. FEES: If information regarding provider’s fees is not included in your own contract, please specify here:

- a. Rates: _____
- b. Frequency of Payment: _____
- c. Penalty for Late Payments: _____

Additional information regarding substitute caregiver arrangements:

Provider will will not arrange for a substitute during vacations and holidays.

Provider will make the following arrangements for emergencies:

MINNESOTA PRAIRIE COUNTY ALLIANCE FAMILY CHILD CARE PROVIDER POLICY

10. TERMINATION AND NOTICE PROCEDURES:

_____ notice will be given to the parent if the provider plans to discontinue care of a child. The
(Length of time)
parent will give _____ notice when taking a child out of care.
(Length of time)

Additional Requirements: _____

11. TRANSPORTATION PLANS:

Provider will transport children: Yes No

Describe the circumstances under which the child will be transported:

Each child will be securely fastened in an appropriate passenger restraint system as described in the Family Child Care Rules. No child is permitted to remain unattended in any vehicle.

The "Admission and Arrangements" form contains a section for parents to authorize the provider to transport Child(ren).

12. EMERGENCY PLAN: The provider has made emergency, fire, and storm plans, and keeps a monthly fire and storm drill log, using forms provided by the licensing agency.

13. When admitting a child to day care, the provider and parents shall discuss child rearing, sleeping, feeding, and behavior guidance practices essential for the care of the child.

14. Special instructions from the parent shall be obtained in writing and followed about toilet training, eating, sleeping, or napping, allergies and health problems.

15. NON-DISCRIMINATION PRACTICES:

The provider shall not discriminate in relation to admissions on the basis of race, creed, color, national origin, religion, or sex.

16. INSURANCE: The provider does or does not carry liability insurance.

17. DISCIPLINE PROCEDURES:

The provider will use the following behavior guidance with children in care:

The provider is prohibited from using the following:

*No child shall be subject to corporal punishment or emotional abuse. "Corporal punishment" means the nonaccidental infliction of physical pain on a child by a caregiver. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking. "Emotional abuse" means the infliction of verbal or psychological abuse on a child by a caregiver.

*Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, derogatory remarks about the child or child's family, and threats which threaten, humiliate, or frighten the child.

*Food, light, warmth, clothing, and medical care shall not be withheld from the child.

MINNESOTA PRAIRIE COUNTY ALLIANCE FAMILY CHILD CARE PROVIDER POLICY

- *Discipline and punishment shall not be delegated to another child.
- *The separation of a child from a group to guide behavior must be appropriate to the age of the child and circumstances requiring the separation.
- *An infant shall not be separated from the group for disciplinary reasons.
- *A child shall not be separated from the group for a period longer than ten minutes.
- *A child separated from the group must be placed in an area or separate room that is well-lighted, free from hazards, ventilated, and open to the view of caregivers.
- *No child shall be placed in a locked room to separate the child from the group.

18. 245A.04 APPLICATION PROCEDURES

Subdivision 1. Application for licensure

(c) An applicant or license holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual’s ability to provide services or care. The license holder must train employees, subcontractors, and volunteers about the program’s drug and alcohol policy.

My **Drug/Alcohol Policy** is as follows:

19. 245A.04 APPLICATION PROCEDURES

Subdivision 1. Application for licensure

(d) An 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.

My **Grievance Policy** is as follows:

20. **MANDATED REPORTER:** The provider is legally mandated to report suspected child abuse and neglect. The complete reporting policy is provided to parents/guardians of children enrolled in the program.

I have read and understand the policies as outlined in this contract and I agree to adhere to the terms set forth in this agreement.

Parent Signature

Date

Provider Signature

Date

4605.7040 DISEASE AND REPORTS; CLINICAL MATERIALS SUBMISSIONS.

Cases, suspected cases, carriers, and deaths due to the following diseases and infectious agents shall be reported. When submission of clinical materials is required under this part, submissions shall be made to the Minnesota Department of Health, Public Health Laboratory.

A. Diseases reportable immediately by telephone to the commissioner:

- (1) anthrax (*Bacillus anthracis*). Submit clinical materials;
- (2) botulism (*Clostridium botulinum*);
- (3) brucellosis (*Brucella* spp.). Submit clinical materials;
- (4) cholera (*Vibrio cholerae*). Submit clinical materials;
- (5) diphtheria (*Corynebacterium diphtheriae*). Submit clinical materials;
- (6) free-living amebic infection (including at least: *Acanthamoeba* spp., *Naegleria fowleri*, *Balamuthia* spp., *Sappinia* spp). Submit clinical materials;
- (7) hemolytic uremic syndrome. Submit clinical materials;
- (8) measles (rubeola). Submit clinical materials;
- (9) meningococcal disease (*Neisseria meningitidis*) (all invasive disease). Submit clinical materials;
- (10) Middle East Respiratory Syndrome (MERS). Submit clinical materials;
- (11) orthopox virus. Submit clinical materials;
- (12) plague (*Yersinia pestis*). Submit clinical materials;
- (13) poliomyelitis. Submit clinical materials;
- (14) Q fever (*Coxiella burnetii*). Submit clinical materials;
- (15) rabies (animal and human cases and suspected cases);
- (16) rubella and congenital rubella syndrome. Submit clinical materials;
- (17) severe acute respiratory syndrome (SARS). Submit clinical materials;
- (18) smallpox (variola). Submit clinical materials;
- (19) tularemia (*Francisella tularensis*). Submit clinical materials; and
- (20) viral hemorrhagic fever (including but not limited to Ebola virus disease and Lassa fever). Submit clinical materials.

B. Diseases reportable within one working day:

- (1) amebiasis (*Entamoeba histolytica/dispar*);
- (2) anaplasmosis (*Anaplasma phagocytophilum*);
- (3) arboviral disease, including, but not limited to, La Crosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, West Nile virus disease, Powassan virus disease, and Jamestown Canyon virus disease;
- (4) babesiosis (*Babesia* spp.);
- (5) blastomycosis (*Blastomyces dermatitidis*);
- (6) campylobacteriosis (*Campylobacter* spp.). Submit clinical materials;
- (7) carbapenem-resistant Enterobacteriaceae (CRE). Submit clinical materials;
- (8) cat scratch disease (infection caused by *Bartonella* species);
- (9) chancroid (*Haemophilus ducreyi*);
- (10) Chikungunya virus disease;
- (11) Chlamydia trachomatis infections;
- (12) coccidioidomycosis;
- (13) *Cronobacter sakazakii* in infants under one year of age. Submit clinical materials;
- (14) cryptosporidiosis (*Cryptosporidium* spp.). Submit clinical materials;
- (15) cyclosporiasis (*Cyclospora* spp.). Submit clinical materials;
- (16) dengue virus infection;
- (17) *Diphyllobothrium latum* infection;
- (18) ehrlichiosis (*Ehrlichia* spp.);
- (19) encephalitis (caused by viral agents);

MINNESOTA PRAIRIE COUNTY ALLIANCE FAMILY CHILD CARE PROVIDER POLICY

- (20) enteric *Escherichia coli* infection (*E. coli* O157:H7, other Shiga toxin-producing (enterohemorrhagic) *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enteroaggregative *E. coli*, enterotoxigenic *E. coli*, or other pathogenic *E. coli*). Submit clinical materials;
- (21) giardiasis (*Giardia intestinalis*);
- (22) gonorrhea (*Neisseria gonorrhoeae* infections);
- (23) *Haemophilus influenzae* disease (all invasive disease). Submit clinical materials;
- (24) hantavirus infection;
- (25) hepatitis (all primary viral types including A, B, C, D, and E);
- (26) histoplasmosis (*Histoplasma capsulatum*);
- (27) human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS);
- (28) influenza (unusual case incidence, critical illness, or laboratory confirmed cases). Submit clinical materials;
- (29) Kawasaki disease;
- (30) *Kingella* spp. (invasive only). Submit clinical materials;
- (31) legionellosis (*Legionella* spp.). Submit clinical materials;
- (32) leprosy (Hansen's disease) (*Mycobacterium leprae*);
- (33) leptospirosis (*Leptospira interrogans*);
- (34) listeriosis (*Listeria monocytogenes*). Submit clinical materials;
- (35) Lyme disease (*Borrelia burgdorferi* and other *Borrelia* spp.);
- (36) malaria (*Plasmodium* spp.);
- (37) meningitis (caused by viral agents);
- (38) mumps. Submit clinical materials;
- (39) neonatal sepsis (bacteria isolated from a sterile site, excluding coagulase-negative *Staphylococcus*) less than seven days after birth. Submit clinical materials;
- (40) pertussis (*Bordetella pertussis*). Submit clinical materials;
- (41) psittacosis (*Chlamydophila psittaci*);
- (42) retrovirus infections;
- (43) salmonellosis, including typhoid (*Salmonella* spp.). Submit clinical materials;
- (44) shigellosis (*Shigella* spp.). Submit clinical materials;
- (45) Spotted fever rickettsiosis (*Rickettsia* spp. infections, including Rocky Mountain spotted fever);
- (46) *Staphylococcus aureus* (only vancomycin-intermediate *Staphylococcus aureus* (VISA), vancomycin-resistant *Staphylococcus aureus* (VRSA), and death or critical illness due to community-associated *Staphylococcus aureus* in a previously healthy individual). Submit clinical materials;
- (47) streptococcal disease (all invasive disease caused by Groups A and B streptococci and *S. pneumoniae* [including urine antigen laboratory-confirmed pneumonia]). Except for urine, submit clinical materials;
- (48) syphilis (*Treponema pallidum*);
- (49) tetanus (*Clostridium tetani*);
- (50) toxic shock syndrome. Submit clinical materials;
- (51) toxoplasmosis (*Toxoplasma gondii*);
- (52) transmissible spongiform encephalopathy;
- (53) trichinosis (*Trichinella spiralis*);
- (54) tuberculosis (*Mycobacterium tuberculosis* complex) (pulmonary or extrapulmonary sites of disease, including clinically diagnosed disease). Latent tuberculosis infection is not reportable. Submit clinical materials;
- (55) typhus (*Rickettsia* spp.);
- (56) varicella (chickenpox). Submit clinical materials;
- (57) *Vibrio* spp. Submit clinical materials;
- §(58) yellow fever;
- (59) yersiniosis, enteric (*Yersinia* spp.). Submit clinical materials;
- (60) zika virus disease; and
- (61) zoster (shingles) (all cases <18 years old; other unusual case incidence or complications regardless of age). Submit clinical materials.