

# SAMPLE POLICY

Please refer to MN Rule 9502.0405, Subp. 3 A.-P. Provider Policies

**NAME**  
**CHILD CARE HOME TITLE**  
**COMPLETE ADDRESS**  
**PHONE NUMBER**

I welcome you and your children to my home. Since this will be your children's home away from home, I try to provide a safe, caring, home-like atmosphere for your children while providing for their physical, intellectual, emotional and social development.

Because this is a business arrangement, I have outlined my policies and procedures. I have met the requirements necessary to acquire my license from the State of Minnesota. Licensing requirements are listed in MN Rules 9502.0300 to 9502.0445 and MN Statutes 245A. They are available for your review upon request (refer to 9502.0405, Subp. 3. N).

Requirements are also available online at [www.leg.state.mn.us](http://www.leg.state.mn.us).

## **LICENSE CAPACITIES** (See 9502.0405, Subp. 3.A.)

My family child care license Class \_\_\_\_\_ authorizes me to care for a total of \_\_\_\_\_ children who are under the age of eleven (11) years. Of these \_\_\_\_\_ no more than \_\_\_\_\_ children may be under school age. Of the \_\_\_\_\_ under school-age, no more than \_\_\_\_\_ children may be under the age of two (2). Of those \_\_\_\_\_, no more than \_\_\_\_\_ may be under the age of one (1).

## **LICENSING**

For my annual inspection and to be licensed by the Department of Human Services I must complete continuing education requirements, pass a safety inspection and be interviewed by a county social worker. Periodically the county will contact some parents and ask them to complete an evaluation of my child care home and program. If you receive a questionnaire from them, please complete it and return it promptly to the county.

## **NONDISCRIMINATION** (See 9502.0405, Subp. 3.F.)

I will not discriminate in relation to admissions of any child on the basis of race, creed, color, national origin, religion, sex or disability.

## **MEALS AND SNACKS** (See 9502.0405, Subp. 3.C.D.)

I do participate in a federally funded food program. I am required to serve nutritious, well-balanced meals and snacks. I serve the following meals: breakfast, 7:00 a.m. - 8:00 a.m.; lunch, 11:30 a.m. - 12:30 p.m.; snack, 3:30 p.m. - 4:00 p.m. If any food or bottles are brought from home, they must be labeled with the child's name. It is important to let me know if your child has any food allergies.

**-or-**

I do not participate in a federally funded food program, but I do serve nutritious, well-balanced meals and snacks.

\_\_\_\_\_/\_\_\_\_\_  
**initials**

**SLEEPING ARRANGEMENTS** (See 9502.0405, Subp. 3.E.)

I provide each child with a safe, comfortable sleep space with separate bedding. Infants must sleep in cribs or port-a-cribs with waterproof mattresses or pads and a tight-fitting sheet. Infants up to 12 months of age are not allowed to be in, or sleep in, bassinets, cradles, car seats, swings, infant carriers or drop-sided playpens and may not sleep on couches, beds or the floor. I will sleep infants on their backs according to the recommended guidelines of the American Academy of Pediatrics Foundation. If your baby needs to sleep in a position other than on his/her back, you will need to have a Physician’s Directive for Alternative Infant Sleep Position form, which will be kept in your child’s file.

**ILLNESSES AND MEDICATIONS** (See 9502.0405, Subp. 3.G.)

Please do not bring your child into my childcare when he/she is sick. If your child becomes ill while in my care, I will keep her comfortable, isolate her from other children, check on her frequently, and notify you immediately. If your child has any of the following conditions: an oral temperature of 101 or higher, vomiting, diarrhea, or has an undiagnosed rash, I will expect you to make arrangements to come and take your child home. He should remain home for 24 hours after treatment of antibiotics, if necessary, and his temperature has returned to normal without the use of fever reducing medication.

Please let me know within 24 hours of diagnosis in case of an infectious disease listed in MN Rule 4605.7040, since I am required to notify other parents of children in care of a diagnosis. (MN Rule 9502.0435, Subp. 16C.) I must also report it to the MN Department of Health.

The following are guidelines to help you decide if your child is well enough to come to child care.

<u>Disease</u>	<u>Incubation period</u>	<u>Communicability</u>
Influenza	1-3 days	Exclude until temperature has been normal for 24 hours
Pink Eye	1-3 days	Exclude only if child has a fever
Strep throat	1-3 days	Exclude until 24 hours after first treatment and temperature has returned to normal
Lice	Nits hatch from 6 - 10 days	Exclude until first treatment is completed

I require written permission and instructions to administer prescription and over-the-counter medication such as Tylenol, cough syrup, sunscreen lotions, diapering products, insect repellants, etc. Medicines must be supplied in original containers with the child's name and current prescription information on the label.

**IMMUNIZATIONS**

An Immunization Form must be completed for each child two months of age and older prior to admission into my child care. Minnesota law requires that children enrolled in child care homes must be current with required immunizations or have a medical or non-medical exemption from vaccines. \* Children who do not have all required immunizations have 18 months from initial enrollment to complete them.

\* Medical exemptions require the signature of a physician or clinic representative.

\* If you conscientiously oppose any required immunization, a non-medical exemption must be signed by the parent or guardian in the presence of a notary.

\_\_\_\_\_/\_\_\_\_\_**initials**

**ALLERGY INFORMATION** (See MN Stat. 245A.51, Subd. 1)

Please ensure that I am made aware of any known allergy your child has, what I need to look for, and how I need to respond to an allergic reaction.

**EMERGENCIES/BACK-UP** (See 9502.0405, Subp. 3.L. & 245A.53, subd. 2)

The Admission and Arrangements Form must also be completed prior to admission. If for any reason your child would require emergency medical attention, I need to have your written permission to follow any steps necessary for his/her well-being. I will notify you at the earliest possible time. You will be responsible for all medical expenses incurred.

If for any reason I need to leave for an emergency, I have an adult who can come in for a short period of time until you arrive. In the event that I am ill or on vacation and cannot provide care, you will need to have your own back-up arrangements available. I will notify you as soon as possible when I am unable to provide care for your child.

**EMERGENCY DRILLS** (See 9502.0405, Subp. 3.H.)

I conduct and record monthly fire and storm drills. I have a fire evacuation plan that we practice monthly. I talk about severe weather with the children during severe weather season.

**TRANSPORTATION** (See 9502.0405, Subp. 3.I.)

\_\_\_ I have not taken the Child Passenger Restraint Training class. I will not be transporting your child(ren).

\_\_\_ I have taken the Child Passenger Restraint Training class. (See below.)

At times I transport the children to various activities. Before I may transport, I must have completed training on the proper use and installation of child restraint systems in motor vehicles. I must have your written permission to transport your children. Each child under the age of eight and shorter than four feet nine inches tall must be individually fastened in a safety seat (MN Statute 169.685). No child must ever be left unattended. In the event of a planned field trip, a written permission form will be required.

\_\_\_\_\_ I do give my provider permission to transport my child.

\_\_\_\_\_ I do not give my provider permission to transport my child for any reason, except an emergency.

**CLOTHING AND SUPPLIES**

For infants, I may ask you to provide formula, disposable diapers, wipes, baby bottles and two extra sets of clothes. For older children, I would appreciate an extra set of clothes. Children of all ages spend time out of doors each day, weather permitting. Please bring hats, mittens, winter jackets, snow pants and boots during colder weather.

\_\_\_\_\_/\_\_\_\_\_  
**Initials**

**SMOKING** (See 9502.0405, Subp. 3.P. & MN Stat. 144.414, subd. 2)

Smoking is not allowed in my home during child care hours. This is according to the Minnesota Clean Indoor Air Act.

**SUPERVISION**

I am required to be within sight or hearing of an infant, toddler or preschooler at all times so that I am capable of intervening to protect their health and safety. For school-age children I am required to be available for assistance and care. Written permission is needed from you if your school-age child is to be off my property. This includes walking to/from the bus stop or school.

**AUTHORIZED PERSONS**

Occasionally your child may need to be picked up from child care by someone other than the guardian. Your child will not be released unless the names are listed on the Admissions and Arrangements Form. Please provide a reliable list of people to reach in case of an emergency.

Parents and legal guardians are allowed access to their child at any time.

**DISCIPLINE**

I would like your views and ideas on the type of behavior guidance used in your home. Parenting methods that work at home are not always appropriate in the child care setting. According to the Minnesota Rule I am not allowed to use any type of physical discipline such as hand slapping, spanking, hitting, pinching, biting, etc. with child care children. Please do not ask me to use these methods. I will not do or say anything that will threaten, humiliate or frighten your child. I will try to redirect your child and use logical consequences for behavior guidance. A short period of "think time" away from the other children or activities may be necessary if a child does not respond to verbal messages. I believe that by rewarding and praising the many positive behaviors the positives will be repeated.

**PETS** (See 9502.0405, Subp. 3.M.)

I have following pets in my home: \_\_\_\_\_.  
All are up to date on their rabies vaccinations.

\_\_\_\_\_  
*initials*

**ACTIVITIES**

Activities are an important part of my child care program. They are informally structured to meet the needs of each child. Games and craft projects are designed to be challenging, but within the abilities of the child. Building blocks and construction toys encourage imagination and creativity; and puzzles teach problem-solving ability, shape and color recognition. Group activities teach cooperation and sharing, and many games help with counting and number skills. Cutting, pasting and coloring projects help develop coordination and small muscle control. Children of all ages spend some time outdoors every day, weather permitting. Outdoor activities strengthen and develop large muscles.

I will limit your child's television viewing while in my home. At times we may watch educational programs and movies. We celebrate each child's birthday and plan parties or special projects for major holidays.

**VACATION/HOLIDAYS** (See 9502.0405, Subp. 3.L)

I am closed on the following holidays, and you will be required to pay for them, or the day celebrated if they fall on weekdays: New Years' Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day and Christmas Day.

I will notify you 30 days in advance of any changes in my rates. Rates are guaranteed whether or not you bring your children. Your two-week vacation period is permitted (with/without) compensation to me. You (will/will not) be responsible for paying me for my yearly two-week vacation. I will notify you in advance so that the necessary arrangements can be made.

**PAYMENT** (See 9502.0405, Subp. 3.K.)

I require that childcare payments be made in advance of when care is provided. Payment will be due on Monday for the upcoming week of care. I require a two-week written notice in advance of my termination so I can plan accordingly. If none is given, two weeks additional payment must be made whether or not your child is present. If I find that I can no longer care for your children, I will give you at least a two-week notice unless I feel there is risk to the health and safety of myself or any other children in my care.

Some breakage and wear can occur with toys and furnishings in a child care home. If personal property damage is either deliberate or excessive, you will be expected to pay for it.

\_\_\_\_\_  
*initials*

**CHILD CARE CONTRACT**

(See 9502.0405, Subp. 3. J.)

My rate is \$ \_\_\_\_\_ per day/week for the care of your children, \_\_\_\_\_,  
\_\_\_\_\_ and \_\_\_\_\_.

My contracted hours are from \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m. M T W TH F.  
Any time before or after your scheduled time will be considered overtime, and there will be an  
overtime charge of \$ \_\_\_\_\_ for every 30 minutes or portion of 30 minutes.

**TRIAL PERIOD**

Since an adjustment period is necessary, let us try out this agreement for \_\_\_\_\_ weeks. If it is  
not satisfactory, we each have the right to terminate this agreement within that period.

I have received a copy of this provider’s policies, Grievance Policy, Reporting Policy, the Rule  
Summary and the Emergency Preparedness Plan. By signing this contract, I am acknowledging that  
I have read/understand these policies and agree to abide by them.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Provider Signature                                      Date