

Clay County Social Services

Child Care Program

**Providers Policies
(9502.0405 Subp. 3)**

The provider shall have the following written information available for discussion with parents or the agency:

AGES AND NUMBERS OF CHILDREN (including provider's own children):
(9502.0405 Subp. 3A)

Infants (under 12 months) _____ Toddlers (12 to 25 months) _____

Preschooler (24 months to kindergarten) _____ School age (kindergarten to age 11) _____

THE HOURS AND DAYS OF OPERATION: (9502.0405 Subp. 3B)

Hours _____ to _____

Days _____ through _____

MEALS AND SNACKS TO BE SERVED: (9502.0405 Subp. 3C)

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. (9502.0405 Subp. 3D and 9502.0445 Subp. 3D)

Food served during the day will include servings from each of the basic food groups as defined by the United States Department of Agriculture. (9502.0445 Subp. 3A)

SLEEPING AND REST ARRANGEMENTS: (9502.0405 Subp. 3E)

Infants – Crib _____ Portable Crib _____

Wooden slats should be no further apart than 2³/₈ inches.

Toddlers/Preschoolers

Mat _____ Crib _____ Cot _____ Bed _____ Sofa _____ Sleeping Bag _____ Playpen _____

Clean, separate bedding must be provided for each child in care.

NONDISCRIMINATION PRACTICES (9502.0405 Subp. 3F)

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

THE CARE OF ILL CHILDREN (9502.0435 Subp. 16 A, B and 9502.0405 Subp. 3G)

The provider shall notify the parent immediately when a child develops any of the following symptoms.

1. Underarm temperature of 100 degrees Fahrenheit or over, or an oral temperature of 101 degrees Fahrenheit or over.
2. Vomiting;
3. Diarrhea; or
4. Rash, other than mild diaper or heat-related rash.

Additional provider policies on the care of ill children:

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

Provider is unwilling to accept a child that is:

The provider shall require that a child's parent notify the provider within 24 hours of the diagnosis of a serious contagious illness or parasitic infection listed below:

Amebic Dysentery	Pertusis (whooping cough)
Brucellosis	Psittacosis
Encephalitis (all types)	Reye's Syndrome
Food borne illness	Rocky Mountain Spotted Fever
Hepatitis, Viral (A, B, NonA, NonB)	Rubella
Lead Poisoning	Salmonellosis
Leprosy	Shigellosis
Leptospirosis	Trichinosis
Malaria	Tuberculosis
Meningitis (all infectious types)	Tularemia
Meningococemia	Typhus
Mumps	Veneral Disease
Occupationally Related Diseases	Yellow Fever
Ophthalmia Neonatorum	Tetanus
Anthrax	Plague
Botulism	Poliomyelitis
Cholera	Rabies
Diphtheria	Smallpox
Measles (Rubella)	

The provider shall inform a parent of each exposed child the same day the provider is notified a positive diagnosis has been made for any of the illnesses or parasitic infestations listed above. (9502.0435 Subp. 16C)

The provider shall notify the health officer or Minnesota Department of Health of any suspected case of reportable disease as specified above. (9502.0435 Subp. 16E)

Immunization records must be kept for each child in care, using the forms provided by the county. (9502.0405 Subp. 4C)

The provider shall obtain written permission from the child's parents prior to administering medicine diapering products, sunscreens lotions, and insect repellants. (9502.0435 Subp. F1)

The provider shall 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. (9502.0435 Subp. F2)

The provider has made emergency, fire and storm plans and keeps a monthly fire and storm drill log, using forms provided by the county. (9502.0435 Subp. 8F)

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. (9502.0405 Subp. 4B)

Special instructions from the parent shall be obtained in writing and followed about toilet training, eating, sleeping or napping, allergies, and any health problems. (9502.0405 Subp. 4B)

Smoking is not permitted in day care homes during day care hours. (MN Statutes 144.414 subpart 2)

TRANSPORTATION PLANS (9502.0435 Subp. 9)

Each child will be securely fastened in a appropriate passenger restraint system as described in the Day Care Rules.

Written permission to transport children must be obtained from parents.

No child is permitted to remain unattended in any vehicle.

The circumstances under which the child will be transported are:

INSURANCE COVERAGE (9502.0405 Subp. 30 and 9592.0355 Subp. 4)

The provider has day care liability insurance in the amount of _____ per person and _____ per occurrence.

FEES (9502.0405 Subp. 3J)

Basic rate _____

Overtime ____ yes ____ no Amount _____

Holiday ____ yes ____ no Amount _____

Payment if child doesn't come ____ yes ____ no

TERMINATION AND NOTICE PROCEDURES (9502.0405 Subp. 3K)

This contract may be terminated by either parent or provider by giving _____ weeks written notice in advance of the ending date. Payment by parent is due for the notice period, whether or not the child is brought to the provider for care.

HELPERS AND SUBSTITUTES (9502.0315 Subp. 14, 29 and 9502.0365 Subp. 5 and 9502.0405 Subp. 3L)

“Helper” means an adult at least 18 years of age who assumes the responsibility of the provider. The use of a substitute caregiver must be limited to a cumulative total of not more than 30 days in any 12-month period unless the substitute is also a licensed provider or the provider has the written consent of the agency and a parent of each child in care.

_____ Provider will arrange for a substitute during vacations and holidays.

_____ Parent will arrange for a substitute during vacations and holidays.

The Provider will make the following arrangements for emergencies:

PETS IN THE RESIDENCE (9502.0435 Subp. 12C)

_____ yes _____ no

If yes, what kind of pet _____

Date of last rabies shot _____

A complete copy of Family Day Care Rules is available for parents to read.
(9502.0405 Subp. 2)

Parent Signature

Provider Signature

Date

Date