

# Draft of DAY CARE POLICIES

## **Licensing of Daycare Home**

I am licensed by the Minnesota Department of Human Services as a Class \_\_\_\_\_ facility. My daycare license is processed by Grant County Social Services and allows for no more than \_\_\_\_\_ children at one time of which no more than \_\_\_\_\_ are under school age. Upon your request I will be able to provide you a complete copy of parts 9502.0315 to 9502.0445 of the Licensing of Day Care Facilities rules.

## **Smoking**

Smoking is not permitted in the residence during the hours children are in care.

## **Insurance Coverage**

This daycare residence (**carries or does not carry**) insurance coverage for general liability.

## **Nondiscrimination Practices**

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

## **Fees**

I charge a basic rate of \_\_\_\_\_ per hour. \_\_\_\_\_. (**or whatever your payment policies are**)

## **Termination and Notice Procedures**

A \_\_\_\_\_ notice will be given to the parent if I plan to discontinue care of a child. The parent is required to give me \_\_\_\_\_ notice when taking a child out of care.

## **Time of Operation**

My hours of operation are \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ through \_\_\_\_\_.

## **Meals and Snacks**

I participate in the \_\_\_\_\_ food program. All meals that are prepared here are prepared in accordance with guidelines set forth by the National School Lunch Program. I provide \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.

## **Labeling requirements**

Food, lunches, and bottles brought from home will be labeled with the child's name and refrigerated when necessary.

## **Sleeping and Rest Arrangements**

Clean, separate bedding is provided for each child in care. I have \_\_\_\_\_ for use by the children in my care.

## **Toilet Training**

Any toileting needs or toilet training that needs to be done will be discussed with the parents to allow for uniformity of care.

## **The Care of Ill Children**

I am willing to accept a sick child that is not seriously ill or contagious to other children in my care. I will notify the parent immediately when a child in care 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.

I shall inform a parent of each exposed child the same day I am notified a positive diagnosis has been made for any of the illnesses or parasitic infestations listed below. I shall also notify the health officer or Minnesota Department of Health of any suspected case of a reportable disease.

I shall obtain written permission and instructions from the child's parents prior to administering medicine, diapering products, sunscreen lotions, and insect repellents. I shall also 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.

I require that a child's parent notify me within 24 hours of the diagnosis of a serious contagious illness or parasitic infestation listed below. **The diseases followed by an asterisk shall be reported immediately to my licenser:**

Amebiasis	Hantavirus infection	Rabies
Anthrax*	Hepatitis, Viral (A, B, Non A, Non B)	Retrovirus infections (other than HIV)
Babesiosis	Histoplasmosis	Reye's Syndrom
Blastomycosis	HIV/AIDS	Rheumatic Fever
Botulism*	Influenza	Rubella
Brucellosis	Kawasaki disease	Rocky Mountain Spotted Fever
Campylobacteriosis	Legionellosis	Salmonellosis (inc. typhoid)
Cat Scratch disease	Leprosy	Shigellosis
Chancroid*	Leptospirosis	Streptococcal disease
Chlamydia trachomatis infections	Listeriosis	Syphilis*
Cholera*	Lyme Disease	Tetanus
Cryptosporidiosis	Malaria	Toxic shock syndrome
Dengue Virus Infection	Measles*	Toxoplasmosis
Diphtheria	Meningococemia	Trichinosis
Diphyllobothrium latum infection	Mumps*	Tuberculosis
Ehrlichiosis	Pertussis*	Tularemia
Encephalitis (viral)	Plague	Typhus
E. Coli infection	Polioyelitis*	Yellow Fever
Giardiasis	Psittacosis	Yersiniosis
Gonorrhea	Q Fever	
Haemophilus influenzae disease		

### **Immunizations**

Immunization records must be kept for each child in care, using the forms provided by the County. In order for your child to be admitted to daycare his or her immunizations must be up-to-date and updated annually, this is in accordance with state law.

### **Fire and Storm Plans**

I have made emergency, fire, and storm plans that I practice monthly with my children. I keep a monthly fire drill log, using forms provided by the County.

### **Transportation Plans**

Each child will be securely fastened in an appropriate passenger restraint system as described in the Day Care Rules. I will obtain written permission to transport children from parents and will describe the circumstances under which the child will be transported. No child will be permitted to remain unattended in any vehicle.

**Helpers and Substitutes**

“Helper” means a person at least 13 years of age and less than 18 years of age who assists me with the care of children. I must always be present. “Substitute” means an adult at least 18 years of age who assumes the responsibility of the provider. (Might want to list those people you use)

**Pets**

I have \_\_\_\_\_. He is up-to-date on all of his shots. His last Rabies shot was \_\_\_\_\_. Children will only be allowed to handle the animals with supervision and parents will be notified of a child who’s skin is broken by an animal bite or scratch on the date the injury occurred.

**Registration**

An admission form will have to be filled out for each child in attendance. This form will ask for information about parents, responsible friend and/or relative (if parents cannot be reached in an emergency), doctors and dentist, names of people that can take child from daycare home (no child will be released to someone unless authorized by the parent), etc. Please fill this out as accurately and completely as possible. You will also be asked to fill out other forms and will be asked to update these records periodically.

I hereby acknowledge that I have read the foregoing and hereby accept the conditions and contents.

\_\_\_\_\_

Parent Signature

Date \_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date \_\_\_\_\_

\_\_\_\_\_

Provider’s Signature

Date \_\_\_\_\_