

Growing Minds Family Daycare

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Parent Handbook

Welcome

Growing Minds Family Daycare is a high quality daycare providing stimulating mental and physical activities, quality nutrition, and family love. This is a Class A family daycare licensed by Isanti County Family Services. We are honored for you to join our family and look forward to working with you on building bright futures for your little ones.

About the Berbig Family and Ms. Sheighlyn

Growing Minds is the home of Sheighlyn, Ross, Rex, and Dorothy Berbig. Sheighlyn is the primary provider and teacher and Ross is the emergency backup. Ross is a social studies teacher at Blaine High School and will not be present a majority of the hours of operation. Rex is 4 (1/31/2015) and Dorothy is 2 (8/31/2017). They are very excited to meet their new friends!

I, Ms. Sheighlyn, have a BA in Psychology and experience as a child care center Toddler Teacher and caregiver in the family daycare setting. I am excited to bring my knowledge, experience, and nurturing touch to my own family daycare.

Pets

Growing Minds household has 3 cats living in the house. All cats will be kept up to date on Rabies vaccinations (most recent vaccination 7/27/2019).

Hours, Calendar, and Schedule

Growing Minds is a school year family childcare provider. The school year is based on the local and surrounding school districts calendars to support teachers childcare needs. Please see attached schedule for Fall/Winter 2019 schedule.

Open hours are 6:15 AM to 4:30 PM. The 2019-2020 daycare year will begin on 8/26/2019 and end on 6/5/2020.

Daycare is considered to have been a full day if I am open for 6 hours of the day. Occasionally, I may need to open late or close early if myself or one of my family has an appointment. I will do this in coordination with parents to make sure its the least disruptive to the day as possible. This would always be arranged in advance unless its an emergency

Family Schedule Parents must provide the week schedule to the provider as soon as possible but at least by the Friday before care. If you are a part time family, the provider may contact you to ask about a scheduling date to accommodate program needs. That would be considered the notification for that date. Any changes in the schedule, including early and late drop off (beyond 30 minutes of normal time, any amount of time for early), must be communicated and approved by Ms. Sheighlyn by the evening before care. It is also helpful to know of any changes in pickup times. Parents can text or message provider on Kinderlime with any notifications.

Part time schedules If have all 4 enrollment spots filled and at least 2 of them are part time. I may ask if it is possible to have a fixed schedule, so that we can try to fill an additional part time spot. This will help part time families stay in care at Growing Minds without risk of being terminated in favor of a full time enrollment family.

Drop Off Times The hours you write on your schedule represent what your schedule will be most of the time and any changes should be communicated with Ms. Sheighlyn as soon as possible with the required notice except in case of emergency.

Though hours for daycare are available from 6:15 AM-5 PM. If no child is scheduled, daycare is not open. Children may arrive up to 5 minutes before scheduled opening unless prearranged. Please contact provider as soon as

possible if you need to arrive earlier and I will do my best to accommodate. This should be done by the evening prior to care.

Drop-offs will not be allowed after 10 AM unless prearranged and agreed to by provider.

Drop-off procedure Responsible drop off person will ring the doorbell when they arrive. During drop off and pick up times the door should be unlocked and drop off person can enter immediately. The door is locked after drop offs until pickups begin.

Once the family enters, parents will bring belongings down to cubby closet in the daycare room. We are often upstairs in the morning until after breakfast time. After dropping off personal items, parents will sign child in on the tablet.

Pickup procedure: Responsible drop off person will sign the child out on tablet at drop off.

Date night will offer 6 “date nights” year (September-June). Date nights will be approximately every 2 months and parents will be notified at least 2 weeks in advance. Date nights will be 3-4 hours on a Saturday or Sunday and will be included with tuition.

Holidays: All holidays included on the school calendar are paid as normal tuition. These include Labor Day, Thanksgiving, the day after Thanksgiving, December 24 and 25, Dr. Martin Luther King Jr. Day, Presidents Day, and Memorial Day.

Closed Breaks (School year vacations): School year vacations will be paid at 50% of normal tuition rate. There is no charge for Summer vacation.

Sick and Personal days: I am allowed 7 personal or sick days per school year. These are a paid days and tuition is not deducted. Additional personal or sick days will be unpaid and deducted from tuition. For personal days I will notify parents 14 days in advance and on sick days I will contact families as soon as possible.

I will get substitute care when I am able, in an attempt to keep daycare open. It is not my wish to put families in a position of being unable to have childcare and I will do what I can to stay open. If a date night is scheduled and I become unable to provide it, date night will be rescheduled.

Families are required to have backup care in the case of closure.

Family Sick Days and Special days off Families may have 2 sick days (waived tuition) and 2 paid at ½ tuition rate beyond that will be paid at full tuition. Families may take 3 planned personal days planned 2 weeks in advance that will be waived tuition. Any additional days will be paid at full tuition rates. If families want to use these days, the family must notify the provider before the next weeks invoice is sent. The amount will be deducted from the next weeks invoice.

Daycare Closing

There are a number of reasons why daycare may be closed for the day. Examples of reasons for closure: sickness in Berbig family, power outage, etc. The decision to close is the providers. Parents will be notified promptly. Should closures occur during the day while children are present. Parents will be notified and pickup should occur as soon as possible within 2 hours of notification. If parents cannot be reached, emergency contacts will be contacted.

At all times provider has the right to make decisions about the daycare closure or exclusion for the health and safety of all, which may lead to a decision not yet listed in this handbook. Closures due to natural events, power outages, etc. are not deducted from tuition.

Families are required to have backup care in the case of closure for any reason.

Communication

Communication between Growing Minds and parents is essential for us to be able to provide the best care for your child. I ask that parents be open with me about their expectations and needs. It is also important that parents read the full handbook and ask questions about the policies they are not sure about.

Occasionally, parents will find that Growing Minds policies will not work for their family and decide to find other childcare arrangements. I ask that parents have read the handbook so that while enrolled there will be no surprises about my expectations, policies, or procedures. Parents can communicate with Ms.

Sheighlyn through Kinderlime, text message, phone call, or email.

Clothing

Children should be brought in appropriate clothing for indoor and outdoor play. Children will use smocks or bibs for art or meals when necessary but parents

should expect that clothing could become messy. All clothing should be labeled with the child's name.

Every child should have extra clothing that is labelled with their names and appropriate for their size and the season. Spare clothing should include: socks, pants or shorts, shirts, and underwear if potty trained.

If clothing is not labeled by parents it will be labeled by the provider.

Winter weather months During the winter months, children should arrive in clothing appropriate for indoor activities and also have outdoor gear with them to go outside every day. Families should leave hat and gloves at the daycare and it will be washed weekly.

Winter requirements: Heavy jacket, snow pants, snow boots, hat, and mittens or gloves.

Warmer months During summer months please leave several sets of extra clothes as well as a bathing suit for play with water.

Potty Training

The provider will assist with potty training when the child shows signs of being ready for potty training, in coordination with parents. There are different ways of potty training and all children potty train differently. Some take weeks, some take years. Children are considered potty trained when they are wearing underwear and are able to use the restroom with minimal assistance. While potty training, parents should provide several pairs of pants and undies.

Who provides what? Diapers, formula, etc.

Growing Minds provides diapers, wipes, formula, diaper ointment, snacks, and food. Parents provide extra clothes and bottles (for infants and toddlers). Parents may choose to provide diapering, infant formula or breastmilk; if provided by parents they should be properly labeled with the child's name and expiration date in permanent marker. The only two items that will change the tuition rate is breast milk or infant formula and cloth diapers. Parents who provide breast milk or infant formula will have \$10 deducted from weekly tuition. Parents who provide cloth diapers will have \$5 deducted from weekly tuition. This is included in the contract.

Cloth Diapers I encourage parents to use cloth diapers if they are able. Cloth diapers reduce waste in landfills, are better for the environment, and are less expensive over time. That is why I offer a cloth diaper discount. If parents choose to provide cloth diapers they shall be all-in-one style, pocket, or something similar. Parents will also provide a medium-large clean wet bag every day. If the baby is exclusively breastfed, the provider will immediately place diaper in wetbag. If baby eats solids or drinks formula, the provider will make some effort to get bulk of bowel movement off diaper but parents should expect to need to spray or scrape at home. Parents must take the wet bag home at the end of every day.

License Type and Capacity Limits

This is a Class A family daycare. We are licensed to have up to 10 children with 6 being under the age of 5, no more than three under the age of 2, and no more than two under the age of 12 months.

Nutrition and Meals

Provider will provide nutritious, well-balanced, vegetarian meals. Ms. Sheighlyn takes nutrition very seriously and believes that healthful food is essential for proper development. That is why we will do our best to provide mostly whole foods, plant-based meals. There will be a menu for the week that we plan to stick to. Sometimes things on the menu will change. Let the provider know if you would like to be notified of changes.

No outside food will be allowed at daycare and all outside food will be kept in cubbies.

If children are dropped off after meal times they should have meals at home. Food brought from home will not be allowed in the daycare and will be kept in their cubby. If you are dropping off late with provider approval please check with provider about meal times.

Breakfast

Breakfast is served at 7:30. If children are dropped off after 8AM, they should eat breakfast at home.

Infant Solid Nutrition

Introducing solids will always begin with a discussion between parents and provider. When infants reach 6 months they can begin offering solid food. They will have their bottle first followed by solid food. Growing Minds uses 'baby led weaning' techniques. Baby led weaning includes giving babies food they can hold and put to their mouths independently. Provider will work with parents to ensure a smooth introduction to solid foods.

Please go to <http://www.babyledweaning.com/> for more information about 'Baby led weaning'.

Breastfeeding Policy (please review even if you are not breastfeeding)

Growing Minds is a breastfeeding friendly daycare and will work with breastfeeding mothers and families to ensure that their babies are getting everything they need. I encourage mothers to bring expressed breast milk. All stored milk should be labeled with the mother and child's name and date that milk was expressed. Please make sure milk is not more than 6 months old. We do not have a deep freezer to store bulk amounts of breastmilk. We prefer that bottles are premade with breastmilk for the day but will also take them as bags. Babies will be held while drinking bottles and be fed using paced feeding. Breastfeeding parents may nurse at the daycare in a comfortable location. This will be in either the living room or the preschool room depending on the needs of the daycare and comfort of the parent to nurse in front of others. Parents should always be aware of the other children and make an effort not to disrupt naps or ongoing activities.

Parents should know that while their child is receiving care here, they will be exposed to breastfeeding both live and in educational/play activities.

Sleep Arrangements

Infants Growing Minds follows 'Safe to Sleep' recommendations. As parents ourselves, we know how important your babies are to you and want to make sure that they are always safe in our care so that you can have peace of mind while you're away. The provider may not lay an infant down on their stomach or will risk having a corrective action and fine against the daycare. Parents need to be

practicing Safe to Sleep rules at home before entering daycare so that babies are able to sleep at daycare.

Any child under the age of 12 months will sleep independently in a pack 'n play or crib. The only items present in the crib will be a (1) a firm mattress, (2) a tight-fitting sheet, (3) pacifier, (4) the infant in their clothing. Infants will be put into bed with the clothing they were brought in by parents and will not be swaddled.

Infant's will not sleep with anything attached to their pacifier. Pacifier keepers may be used outside of naptime but will be removed for naptime. Please ensure that the pacifier keeper is easily removed or provide an additional pacifier just for naptime that doesn't have anything attached to it.

Once an infant begins rolling over on their own, they may begin rolling over in their sleep. Parents have the option to sign a form allowing for infants under the age of 6 months to remain on their stomachs, after initially being placed on their backs, to remain on their stomach once they have independently rolled over.

Once an infant is 6 months or older they will be allowed to remain on their stomach, after initially being placed on their back, if they roll over in their sleep. If a child has a medical reason for needing to be placed in an alternate sleeping position under the age of 6 months please request the appropriate form from Growing Minds to have completed by the child's physician.

Toddlers and Preschool Sleep arrangements When toddlers are able to stay on a sleeping mat without getting up before sleeping, they will be moved to a sleeping mat.

Sleeping Mats daycare will provide a sleeping mat and sheet for the sleeping mat. Parents should provide a blanket, pillow and pillow cover. Parents may bring

Children who no longer nap will still be required to have quiet time. All children will lay down at naptime. After initial quiet time laying down in napping room in pack and play or mat, children will engage in quiet time activities or screen time until nap time is over

Developmentally Appropriate Sleep Needs and Parent Requests

Nap times will be determined both what is developmentally appropriate and the needs of other students at the daycare and daily routine needs.

Curriculum and Activities

Every week there will be a theme that we will be covering that week. Themes examples are: Where are we? Geography!, Bugs, Dinosaurs, To the Rescue!, etc. Parents will receive a newsletter in the beginning of every month that will include a monthly calendar, themes, and other topics. My curriculum will always aim to be culturally sensitive and inclusive.

Learning and activities will include all areas of Early Childhoods Indicators of Progress: Minnesota's Early Learning Standards (2005). This includes social emotional development, approaches to learning, language and literacy development, creativity and the arts, cognitive development, physical and motor development.

Reading will be an important part of our day. Current guidelines suggest that children should be read to 20 minutes per day. We know at the end of the day getting home from work leaves little time for 20 minutes of reading. That is why we will aim for at least 15 minutes of reading every day and leave the last 5 to you.

Screen Time There will be some screen time included in children's days but it won't be a major activity. Children who are awake during nap or wake up before nap time is over may have more screen time than others.

Social guidance and behavior plan

All caregivers will help your child acquire a positive self-concept, self-control, and will teach him/her acceptable behavior; I will use constructive, positive interventions that are suited to the age of your child. Caregivers will use redirection as a first step. No child in my program shall be subject to corporal punishment or emotional abuse. This will include another child inflicting such punishment upon another. Time outs or 'breaks' will be used when determined necessary and will be appropriate for the child's age and maturity.

All caregivers will be trained by me on my expectations for guidance and discipline.

Challenging behavior We expect parents to work as a team with the provider to troubleshoot challenging behavior. If basic troubleshooting doesn't work, parents

will be asked to have a parent-teacher meeting to make intervention plan to be used at home and at daycare.

Sometimes even behaviors that are developmentally appropriate are disruptive and unsafe for the group care setting. For example, parents should know that biting is developmentally appropriate and there could be the occasional bite. Biting can become an unacceptable behavior if done excessively.

If problem behavior continues and puts other children's safety at risk or disrupt the community on an ongoing basis, parents will be asked to increase tuition to assist in paying for additional staff to meet the needs of their child or to find other care that is more suitable to their needs.

Termination Policy

By the Parent Parents will submit written notice to terminate care with 30 days notice. The family must be paid in full by two weeks from final date. Parents who choose to terminate care immediately will receive no refunds.

By the Provider The provider will give written notification to parents of my intent to discontinue care with 30 days notice. I reserve the right to terminate immediately, if the continuing care of the child causes a danger to the other children, provider, or provider's property, or if continuation of care will be a disruption to our daycare community. No refunds will be issued when a child is terminated immediately for cause.

The provider reserves the right to suspend care if payment is not paid in full. It is important that daycare is paid on time every week. Just like you, my paycheck pays my bills. In addition, tuition also pays for food and supplies that are necessary for daycare. Families may not return to care until late balances are paid in full.

Examples of reasons care would be discontinued: Non-payment or excessive late payments of tuition and fees, not observing provider policies as outlined in the parent handbook, physical and/or verbal abuse of staff or children by parent or child, refusal to provide the required paperwork, refusing immunizations, excessive damage by family or child, etc. This is not an all inclusive list.

I need to be able to trust parents to follow the daycare's policies and communicate with providers. If I am unable to trust parents to respect the daycare's policies care cannot continue.

Smoking

Smoking is prohibited in a Family Child Care Home pursuant to MN Rules and Statutes. If smoking occurs in my home after hours, I am responsible to post a sign indicating this is a smoking house. My home is a non-smoking home. Families and responsible parties may not smoke on the daycare premises or dispose of smoking materials on daycare property.

Wellness and Illness

Vaccines For the health and wellness of the Berbig family and other daycare families, it is required that children are kept up to date by current CDC recommendations, including the flu vaccine (beginning in 2020 the flu shot is required to be received and documentation given to the provider by November 1st). If a child is unable to receive vaccinations for medical reasons a doctor's note must be provided with a legitimate explanation for vaccine exclusion, doctors must note if this reason is permanent or temporary. If temporary, the doctor's note must be renewed every 6 months. If vaccines are being delayed for a medical reason, there must be a doctor's note with plans for vaccines. We will also need an updated note every 6 months until vaccines are current or the plan changes to permanently not receive vaccines. If you are unsure what the current recommendations are please see Appendix B for current recommendations.

Parents or Guardians must provide vaccine record to provider *Every 6 months for an infant, *yearly for a toddler, *every 18 months for a preschooler, * every 3 years for a school aged child. Records requirements are set by MN Statute.

Children with Allergies All families of children with known allergies will provide a Family Child Care Allergy Information form. If family provides an anti-allergy injection pen such as Epi-Pen, a note from the physician will be required with details of how to respond to an allergic reaction. If such a device is given to the daycare and there is no physician note explaining otherwise, the medicine will be

used any time there's an allergic reaction. This is required by Ms. Sheighlyn's CPR and First Aid Certification.

Sick Policy We trust parents to use their judgement not to bring children to daycare when they are sick. If children are not feeling well enough to participate in activities, they should be kept home. Luckily in family childcare, children get sick less often because there aren't as many other kids or adults in and out of a center. It is really important that they are not brought in when they are sick because if me or my children get sick, it is likely that the daycare will need to close and everyone will have to find other care for their children until we are well. If you choose to bring your child into care. Once they check in, they are considered here for the day.

If your child has any of the following conditions they will need to be kept or sent home: (1) an oral temperature of 101°F or an underarm temperature of 100°F, (2) vomiting, (3) diarrhea, (4) or has an unknown or unexplained rash. If a child is sent home with a fever they may not return to daycare the next day. Children must be fever free without the use of antipyretics (tylenol, ibuprofen, etc.). If antibiotic or antipyretic medication is required, they shall be on medication for 24 hours before returning to care. Each illness is different. Some take different times to become non-contagious. Parents will keep the provider informed with diagnosis to determine when the child can return to care.

When it is necessary for a child to see a doctor for an illness or condition, the doctor should give a recommendation of when they can return to the child care setting. Written recommendations from the doctor will be considered, but the provider reserves the right to exclude child from care until they are healthy enough to rejoin daycare.

At all times provider has the right to make decisions about the daycare closure or exclusion for the health and safety of all, which may lead to a decision not yet listed in this handbook.

Please let me know if your child has been diagnosed with any infectious condition so that I can make other parents aware. I will not share who had the condition to protect your health privacy but parents need to be aware of the exposure.

Some guidelines to help you decide if your child is well enough to attend daycare.

<u>Condition</u>	<u>Incubation Period</u>	<u>Communicability</u>
Influenza	1 - 3 days	Exclude from daycare until temperature has been normal for 24 hours without medication and able to participate in activities.
Lice	Nits hatch 7 - 10 days	Exclude from daycare until first treatment is completed and no live lice can be seen.
Pink eye	1 - 3 days	Exclude from care until 24 hours after first treatment.
Strep Throat	2 - 5 days	Exclude from daycare until 24 hours after first treatment and temperature is normal without medication.

Reportable Diseases and Illnesses When children contract a serious, contagious illness, listed in MN Rules, part 4605. 7000, I am required to notify the health officer or MN Department of Health of any suspected case of a reportable disease as specified below. I will also notify Isanti County Public Health at (763) 689-4071. I will inform you of all exposed children the same day I am notified of a positive diagnosis of any illness or parasitic infection. Please see reportable illness table in appendix A.

Medications

I require written permission and instructions to administer prescription and nonprescription medication such as acetaminophen, sunscreen, diaper ointment, etc. Prescription medications must be supplied in its original container, have the child's name, and current prescription information on the label for prescription medication (this includes twin pack epi pens).

I will give medication for pain like teething but not “teething fevers”; I will not give medication to control fevers unless the child is waiting to be picked up and

the temperature has risen to above 103° oral temperature or 102° underarm temperature, with parents permission.

When the provider contacts parents for pickup due to illness, the child needs to be picked up within 90 minutes of notification unless other arrangements are made. If the provider is unable to reach a parent after 30 minutes, emergency contacts will be contacted.

Emergency Backup/Substitutes/Second Adult Caregiver and/or Helpers

Teacher or Provider: The individual(s) who is licensed by the county.

Substitute Teacher: An adult who assumes the responsibilities of the provider.

Assistant Teacher “Secondary Adult Caregiver”: An adult who assists in the responsibilities of the family child care program.

Teacher Aid “Helper”- Person at least 14 years of age and less than 18 years of age who assists Teacher or Assistant Teacher with any daycare needs or responsibilities. Teacher Aids will never be left alone with a child.

Anyone who cares for children in this licensed program must complete and pass a background study with Isanti County Family Services, be first aid and CPR certified, Abusive Head Trauma, and Sudden Unexpected Infant Death trained.

The provider will occasionally use a substitute for care. A substitute may be used if the provider needs to take a personal or sick day. This may be planned or unplanned but I will try to communicate with you the change as soon as I am able.

Emergency Drills

I conduct and record fire and tornado drills monthly.

Authorized Pickup

Occasionally your children may need to be picked up from daycare by someone other than the parent or guardian. It is required to have alternate pickups/emergency contact people listed on your Admissions and Arrangements form and Growing Minds Enrollment form. For Safety, I will require Picture ID pickup from anyone whom I am not familiar with picking up your child. Before sending an alternate pickup person, parents must inform the of the alternate pickup person and let them know to expect to have their ID checked.

You will provide a code to the provider if emergency arrangements need to be made, when you call to make these arrangements you will provide this code to verify that you are the responsible parent or guardian calling willfully.

Emergency Contacts and Authorize Pickup

Parents are required to provide information for 3 emergency contacts and authorized pickups. In case of an emergency where one of the parents is not available, the provider needs to have other authorized people to contact.

Late pickup

It is important that children are picked up by closing time at 5:00 PM. After 5:00 PM The Berbig Family may have appointments, after school activities, or planned family time. If you are for some reason unable to pick up your child by 5:00 PM, please make arrangements for alternative transportation. Growing Minds will accommodate teacher's schedules for staff meetings and parent-teacher conferences. These need to be scheduled with the provider upon enrollment or as soon as possible.

In the case that late pickup occurs, late fees will be added to your tuition payment for the following week. The payment will be \$1 for every minute per child. After 2 late pickups, it will increase to \$2 per minute per child. If you know you are going to be late, please contact us. The provider will not address this at pickup. Parents are expected to know our policies and know there will be additional fees added to your bill. If the provider chooses not to charge late fees one time, that does not mean the next time it will not be charged.

Chemical Use Statement

No person in the daycare household during operating hours will be under the influence of drugs or alcohol. If an employee appears to be under the influence of a substance they will be asked to leave and will not return to daycare without a drug test.

Any person picking up a child who is believed to be under the influence of drugs or alcohol or appears to be in an impaired condition to drive will be encouraged to allow me to find alternate transportation. Under Minnesota Law I am not

allowed to withhold a child from their parent or legal guardian; however, I will not hesitate to call Law Enforcement if I feel the child is in jeopardy. If the person picking up is not a parent or guardian, the parent or guardian will be contacted and asked to provide alternate transportation.

Grievance Policy and Procedure

Parents should always feel comfortable to talk to Ms. Sheighlyn about any concerns. It is important that we are working together to build a peaceful daycare community.

Parents can talk to Ms. Sheighlyn in person, by email at sheighlynberbig@gmail.com or growingmindsfamily@gmail.com, or by phone (612)406-6898.

If concerns cannot be resolved between the family and Growing Minds, families are able to take their concerns to the following agencies.

1. Isanti County Family Services Intake (for reporting of suspected maltreatment of a child) at (763) 689-1711;
2. Isanti County Child Care Licensing (Family and Group Family Licensed Homes) (763)689-1711; or
3. The Department of Human Services (Licensing Division) at (651)296-3971.

Transportation

Sheighlyn Berbig is authorized to transport children by vehicle, however, will not provide transportation for drop offs, pick ups, or other errands for herself or parents.

On occasion if there is a small group we may take a field trip with parents permission.

We will regularly go for short walks close to the daycare home and use Pioneer Park as a place to play. By signing the parent handbook you are giving permission to provider to take your child for walks and outings to Pioneer Park.

Rates and Fees

Tuition I require that tuition payments are made a week in advance of week care is provided. Invoices will be sent out on Wednesday with payments due on Friday. You will be notified 45 days in advance of any changes in rates. Contracts will be reviewed at least twice per year in January and June. Tuition payments are guaranteed payments to provider from the time a contract is signed until the end of the daycare year unless otherwise stated in the contract.

If there are part time enrollees and another family needs to enroll full time, part time family will be given notice of termination to fill a full time enrollment.

Full-time care (4-5 days per week)

Infant care (under 12 months of age): \$200 per week

Toddler(12+ months and not potty trained): \$180 per week

Preschool age (24+ AND potty trained): \$170 per week

School-age (5 years+) before and/or after school care: \$75

Full day: \$20 per day (this is only for days that teachers work but kids don't have school or on school vacations while GM is open)

Part-time care (1-3 days per week)

When you enroll for part-time care it is a discounted rate from full time.

You do not receive any other discount.

Infant care: \$150 per week, added day \$53 per day

Toddler: \$130 per week, added day \$45 per day

Preschool age care: \$120 per week, added day \$40 per day

School-age before and/or after school care: \$60 per week, \$20 per added day. Full day: \$25

Part day preschool

When available, part day preschool may be available. This is primarily for parents who stay who and want their child to have some socialization and preschool activities. This position is treated as enrollment and not for drop in care. Children should be ages 3.5+ years and fully potty trained. **Hours for this part day are 8 AM-11 AM and the rate is \$25.**

Drop-in care (2 days or less per week)

Occasionally dates can be prearranged but true drop-in is never guaranteed. Drop-in care is offered to children over the age of 2. Parent date nights are not included. No discounts apply. \$25 registration fee applies for drop-in before care begins. Families who have been previously enrolled for at least 1 month with children younger than 2 years will be considered for drop in care on a case by case basis.

Still in diapers \$50

Potty trained \$45

Date night drop-in

Enrolled families: \$10

Date night drop-in: \$20

Non-refundable holding fee: This fee is due at the time that you sign the contract and the provider holds a spot in the program for your child(ren). This fee is equal to two weeks of your child(ren)s tuition. **The spot will not be held without this holding fee paid.** This fee is non-refundable if you choose not to send your child to this daycare. When your child does begin care as contracted the fee will be applied to your first and last week of care that school year or upon contract termination.

At the end of the school and daycare year, families will have until the end of June to place a hold for their child(ren). There is no charge for the summer but the same holding fee is due to hold their spot.

If you are starting mid-school year, the same holding fee is due at the time that the provider holds the spot for care. This is all that is required, as long as the start date is within 30 days. If the start date is beyond 30 days, and the enrollment is for an open spot, half of the tuition will be paid to the provider until child starts daycare, when full tuition will begin. Unless otherwise agreed upon, at 60 days full tuition will begin.

Registration fee: This is a one time fee for drop in care.

Late Pick up fee: \$1 for every minute late per child, after 2 late pickups the fee increases to \$2 per minute per child.

Late Payment fee: First time \$5 per day late. Second and beyond \$10 per day late. This must be paid for care to continue.

Returned check fee: \$10 for first occurrence as long as it is paid immediately. Second occurrence and further is \$20 in addition to late fees due to late payment. Beyond

Drop in registration fee: Before care can take place a \$25 registration fee must be paid.

Temporary Care

Temporary care is any care that starts with a decided end date (besides the end of the school year. Temporary care will be allowed for a minimum of one month and positions will not be held. Families will pay the non refundable holding fee and then begin paying full tuition, weekly, immediately. For families using temporary care, the non refundable deposit is for the last two weeks of care.

Supervising Agency Contact Information

Growing Minds Family Daycare is licensed by Isanti County Family Services. Their phone number is (763)689-1711.

Mandated Reporting

MN State Statute 245A.145 Subd.1 requires that any employee/ helper/ caregiver/ volunteer or I, report any suspected form of physical, sexual or emotional abuse, or neglect of a child in my care. When any of my employee/ helper/ caregiver/ volunteer or I, know or have reason to believe or suspect maltreatment has occurred, we are required to report immediately, meaning as soon as possible but no longer than 24 hour, to the county agency or police as required by Minnesota Statutes Statutes, section 626.556. If any employee/ helper/ caregiver/ volunteer or I have reasonable cause to believe a child as a result of physical or sexual abuse or neglect, they shall report this information to the county medical examiner or coroner.

Reports can be made to the following:

1. Isanti County Family Services Intake at 763.689.1711
2. Local Law Enforcement (Police or Sheriff); and

3. Isanti County Child Care Licensing at 763.689.1711

You may receive verbal reports or notes from me about your child having bruises or scrapes without needing to fear that I suspect you are abusing your child or children. The verbal or written notes that you may receive from me are just to alert you of any injuries noticed, and also protect myself from mistaken accusations of abuse.

Non-Discrimination Policy

I will not discriminate in relation to the admission of any child on the basis of race, color, creed, national origin, sex, disability, sexual orientation or gender identity.

Insurance

I do carry daycare liability insurance through my homeowner insurance policy with American Family.

Minnesota Statute Rule 2

Please find Rule 2 summary in Appendix C.

Appendix A, B, and C are on the following pages.

Diseases Reportable to the Minnesota Department of Health

651-201-5414 or 1-877-676-5414

24 hours a day, 7 days a week

REPORT IMMEDIATELY BY TELEPHONE

Anthrax (*Bacillus anthracis*) ⓘ
 Botulism (*Clostridium botulinum*)
 Brucellosis (*Brucella* spp.) ⓘ
 Cholera (*Vibrio cholerae*) ⓘ
 Diphtheria (*Corynebacterium diphtheriae*) ⓘ
 Free-living amebic infection ⓘ
 (including at least: *Acanthamoeba* spp., *Naegleria fowleri*, *Balamuthia* spp., *Sappinia* spp.)
 Glanders (*Burkholderia mallei*) ⓘ*
 Hemolytic uremic syndrome ⓘ
 Measles (rubeola) ⓘ
 Melioidosis (*Burkholderia pseudomallei*) ⓘ*
 Meningococcal disease (*Neisseria meningitidis*) (invasive) ⓘⓄ

Middle East Respiratory Syndrome (MERS) ⓘ
 Orthopox virus ⓘ
 Plague (*Yersinia pestis*) ⓘ
 Poliomyelitis ⓘ
 Q fever (*Coxiella burnetii*) ⓘ
 Rabies (animal and human cases and suspected cases)
 Rubella and congenital rubella syndrome ⓘ
 Severe Acute Respiratory Syndrome (SARS) ⓘⓈ
 Smallpox (variola) ⓘ
 Tularemia (*Francisella tularensis*) ⓘ
 Unusual or increased case incidence of any suspect infectious illness ⓘ
 Viral hemorrhagic fever ⓘ
 (including but not limited to Ebola virus disease and Lassa fever)

REPORT WITHIN ONE WORKING DAY

Amebiasis (*Entamoeba histolytica/dispar*)
 Anaplasmosis (*Anaplasma phagocytophilum*)
 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)
 Babesiosis (*Babesia* spp.)
 Blastomycosis (*Blastomyces dermatitidis*)
 Campylobacteriosis (*Campylobacter* spp.) ⓘ
 Carbapenem-resistant Enterobacteriaceae (CRE) ⓘ
 Cat scratch disease (infection caused by *Bartonella* species)
 Chancroid (*Haemophilus ducreyi*)
 Chikungunya virus disease
 Chlamydia trachomatis infections
 Coccidioidomycosis
Cronobacter sakazakii in infants under one year of age ⓘ
 Cryptosporidiosis (*Cryptosporidium* spp.) ⓘ
 Cyclosporiasis (*Cyclospora* spp.) ⓘ
 Dengue virus infection
Diphyllobothrium latum infection
 Ehrlichiosis (*Ehrlichia* spp.)
 Encephalitis (caused by viral agents)
 Enteric *Escherichia coli* infection ⓘ
 (*E. coli* O157:H7, other Shiga toxin-producing *E. coli*, enterohemorrhagic *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enteroaggregative *E. coli*, enterotoxigenic *E. coli*, or other pathogenic *E. coli*)
 Giardiasis (*Giardia intestinalis*)
 Gonorrhea (*Neisseria gonorrhoeae* infections)
Haemophilus influenzae disease (all invasive disease) ⓘⓄ
 Hantavirus infection
 Hepatitis (all primary viral types including A, B, C, D, and E) ⓘ
 Histoplasmosis (*Histoplasma capsulatum*)
 Human immunodeficiency virus (HIV) infection,
 including Acquired Immunodeficiency Syndrome (AIDS) ⓘ
 Influenza ⓘ
 (unusual case incidence, critical illness, or laboratory-confirmed cases)
 Kawasaki disease
Kingella spp. (invasive only) ⓘⓄ
 Legionellosis (*Legionella* spp.) ⓘ
 Leprosy (Hansen's disease) (*Mycobacterium leprae*)
 Leptospirosis (*Leptospira interrogans*)

Listeriosis (*Listeria monocytogenes*) ⓘ
 Lyme disease (*Borrelia burgdorferi*, and other *Borrelia* spp.)
 Malaria (*Plasmodium* spp.)
 Meningitis (caused by viral agents)
 Mumps ⓘ
 Neonatal sepsis ⓘⓄ
 (bacteria isolated from a sterile site, excluding coagulase-negative *Staphylococcus*) less than seven days after birth
 Pertussis (*Bordetella pertussis*) ⓘ
 Psittacosis (*Chlamydophila psittaci*)
 Retrovirus infections
 Salmonellosis, including typhoid (*Salmonella* spp.) ⓘ
 Shigellosis (*Shigella* spp.) ⓘ
 Spotted fever rickettsiosis
 (*Rickettsia* spp. infections, including Rocky Mountain spotted fever)
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)
 Streptococcal disease - invasive disease caused by Groups A and B streptococci and *S. pneumoniae* ⓘⓄ
 Streptococcal disease - non-invasive *S. pneumoniae*
 (urine antigen laboratory-confirmed pneumonia)
 Syphilis (*Treponema pallidum*) ⓘ
 Tetanus (*Clostridium tetani*)
 Toxic shock syndrome ⓘ
 Toxoplasmosis (*Toxoplasma gondii*)
 Transmissible spongiform encephalopathy
 Trichinosis (*Trichinella spiralis*)
 Tuberculosis (*Mycobacterium tuberculosis* complex) ⓘ
 (pulmonary or extrapulmonary sites of disease, including clinically diagnosed disease). Latent tuberculosis infection is not reportable.
 Typhus (*Rickettsia* spp.)
 Unexplained deaths and unexplained critical illness
 (possibly due to infectious cause) ⓘ
 Varicella (chickenpox) ⓘ
Vibrio spp. ⓘ
 Yellow fever
 Yersiniosis, enteric (*Yersinia* spp.) ⓘ
 Zika virus disease ⓘ
 Zoster (shingles) ⓘ
 (all cases <18 years old; unusual case incidence/complications regardless of age)

SENTINEL SURVEILLANCE

Diseases reportable through sentinel surveillance are reportable based on the residence of the patient or the specific health care facility. Sentinel surveillance is not statewide reporting.

Staphylococcus aureus ⓘⓄ
 Candidemia (*Candida* spp.) (blood isolates only) ⓘⓄ
 Carbapenem-resistant *Acinetobacter* spp. (CRA), and *Pseudomonas aeruginosa* (CR-PA) ⓘ
Clostridium difficile ⓘ
 Severe Acute Respiratory Illness ⓘ
 Respiratory syncytial virus (RSV)

FOOTNOTES

- ⓘ Submission of clinical materials required. Submit isolates or, if an isolate is not available, submit material containing the infectious agent in the following order of preference: a patient specimen; nucleic acid; or other laboratory material. Call the MDH Public Health Laboratory at 651-201-4953 for instructions.
- Ⓞ Invasive disease only: isolated from a normally sterile site, e.g.: blood, CSF, joint fluid, etc.
- Ⓢ In the event of SARS or another severe respiratory outbreak, also report cases of health care workers hospitalized for pneumonia or acute respiratory distress syndrome.
- ⓘ Also report a pregnancy in a person with Zika; or a person chronically infected with hepatitis B, HIV, or syphilis.

* Beginning July 13, 2018 MDH will be conducting this surveillance pursuant to Minnesota Rules 4605.7000 to 4605.7900 (4605.7080).

TO REPORT

- For immediate reporting call: 651-201-5414 or 1-877-676-5414.
- Report forms can be downloaded at www.health.state.mn.us/diseasereport

m DEPARTMENT OF HEALTH

Infectious Disease Epidemiology, Prevention and Control
 Phone: 651-201-5414 or 1-877-676-5414 | Fax: 651-201-5743
www.health.state.mn.us/diseasereport

ID# 53119 | 7/2018

Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger United States, 2019

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs	
Hepatitis B (HepB)	1 st dose	2 nd dose			←----- 3 rd dose -----→													
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			←----- 4 th dose -----→				5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		←--- 3 rd or 4 th dose, See Notes ---→											
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		←----- 4 th dose -----→											
Inactivated poliovirus (IPV: <18 yrs)			1 st dose	2 nd dose	←----- 3 rd dose -----→							4 th dose						
Influenza (IIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only					
or													or					
Influenza (LAIV)													Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes	←----- 1 st dose -----→					2 nd dose							
Varicella (VAR)						←----- 1 st dose -----→					2 nd dose							
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose		
Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs)																	Tdap	
Human papillomavirus (HPV)																	See Notes	
Meningococcal B																	See Notes	
Pneumococcal polysaccharide (PPSV23)																	See Notes	

 Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making
 No recommendation



Rule and Statute Summary

Family Child Care

Minnesota Rules, parts [9502.0300 - 9502.0445](#), &
Minnesota Statutes, [Chapters 245A.02](#), & [section 245C.03](#)

- A. Minnesota Rules, Parts 9502.0300 to 9502.0445 govern the provisions of licensing family and group family child care. Minnesota Statutes, Chapter 245A, governs licensed programs and may supersede some requirements in the family child care rule. Minnesota Statutes, Chapter 245C, governs background study processes in licensed programs.
- B. Headings of the rule and statute are as follows:
- [9502.0315](#) - **Definitions.** This defines terms in the licensing rule.
 - [245A.02](#) - **Definitions.** This defines terms in the statutes.
 - [245A.03](#)- **Who must be licensed.** This specifies who requires a license or exclusions from one.
 - [9502.0335](#) - **Licensing process.** This specifies the process for licensing, and describes which conditions may affect the licensing process.
 - [9502.0345](#) - **Agency records.** This specifies which records must be maintained by the county social service or human service agency for each provider.
 - [9502.0355](#) - **Caregiver qualifications.** This specifies the qualifications of providers of family and group family day care.
 - [9502.0365](#)
[9502.0367](#) - **Licensed capacity, child/adult ratios, age distribution restrictions.** This specifies the requirements of the total number of children in care including children under school age and total number of infants and toddlers. It also specifies the number of required caregivers including whether a caregiver must be an adult.
 - [9502.0375](#) - **Reporting to agency.** This specifies which reports the provider must make to the licensing agency or police, including suspected abuse and neglect of children.
 - [9502.0395](#) - **Behavior guidance; discipline.** This specifies the methods of child guidance to be utilized in family and group family day care. It also specifies that corporal punishment and emotional abuse are prohibited.
 - [245A.04](#) - **Application procedures.** This specifies the process for licensing including the Commissioner's right of access.

- [9502.0405](#) - **Admissions; provider records; reporting.** This specifies what must be included in provider policies. It specifies what information the provider is required to maintain on each child in care including records for children with disabilities.
- [245A.041](#)- **Systems and records.** This specifies the maintenance and retention of records.
- [9502.0415](#) - **Activities and equipment.** This specifies the activities and equipment which must be provided to facilitate the physical, intellectual, emotional, and special development of children in day care.
- [9502.0425](#) - **Physical environment.** This specifies the physical environment requirements including indoor and outdoor play space, water hazards, means of escape, stairways, decks, sewage disposal, indoor temperature, fire extinguishers, smoke detection systems, etc. Also includes smoking prohibition
- [9502.0435](#) - **Sanitation and health.** This specifies sanitation and health requirements including toxic, substances, sanitation and cleanliness, firearms, emergency procedures, pets in the home, diapering procedures, care of ill children, and the administration of medication.
- [9502.0445](#) - **Water, food, and nutrition.** This specifies requirements for food storage, safe water, milk, meals, and snacks.
- [245A.05](#) - **Denial of application.** This specifies the reasons for denial of an application.
- [245A.06](#) - **Correction order and conditional license.** This specifies the reasons for issuing correction orders, fix it tickets and for issuing a conditional license.
- [245A.065](#)- **Child care fix-it ticket.** This specifies the violations and timelines for a fix-it ticket.
- [245A.07](#) - **Sanctions.** This specifies the reasons for issuing licensing actions such as suspensions, revocations, fines, and temporary immediate suspensions.
- [245A.075](#)- **Disqualified individual.** This is for keeping a disqualified individuals away from the license holder's home when a set-aside and variance has not been issued.
- [245A.08](#)- **Hearings.** This specifies the process of granting subsequent license after revocation.
- [245A.081](#)- **Settlement agreement.** This is for a license holder or the commissioner to discuss a possible settlement agreement related to a licensing sanction.
- [245A.10](#)- **Fees.** This specifies fees that maybe be charged for licensing.
- [245A.14](#) - **Special conditions for nonresidential programs.** This specifies additional requirements for special family child care homes – as well as additional requirements for wading pools, swimming pools, attendance records and parental access.

- [245A.1434](#)- **Information for child care license holders.** This specifies the commissioner shall inform license holders of changes to state and federal statute, rule, regulation and policy changes in a timely manner.
- [245A.1435](#) - **Reduction of risk of sudden unexpected infant death in licensed programs.** This specifies safe sleeping requirements for sleeping infants in care.
- [245A.145](#)- **Child care program reporting notification.** This specifies that licensed holders must have policies for reporting suspected child maltreatment and program complaints.
- [245A.146](#) - **Crib safety requirements.** This specifies requirements and standards for cribs used by infants in care including monthly crib safety inspections.
- [245A.147](#) - **Family child care infant sleep supervision requirements.** This specifies suggestions for in-person checks for sleeping infants and the use of monitors.
- [245A.148](#) - **Family child care diapering area disinfection.** This specifies requirements for the disinfecting of the diaper changing area.
- [245A.151](#)- **Fire Marshal inspection.** This specifies who may complete a fire marshal inspection and how much an inspection costs.
- [245A.1511](#)- **Contractors serving multiple family child care license holders.** This specifies that contractors who serve multiple family child care homes may request that the county agency maintain a record of the contractor’s Background Study results and training requirements.
- [245A.152](#) - **Childcare license holder insurance.** This specifies requirements regarding liability insurance and parent notification by the license holder.
- [245A.18](#) - **Child passenger restraint systems.** This specifies requirements when transporting children in care.
- [245A.50](#) - **Family child care training requirements.** This specifies training requirements for applicants, license holders, caregivers and substitutes in a family child care home.
- [245A.51](#)- **Family child care health and safety requirements.** This specifies requirements on allergies, handling bodily fluids and emergency preparedness.
- [245C.03](#)- **Background study; individuals to be studied.** This specifies requirements regarding who must have a background study completed.

C. A complete copy of MN Rules, parts 9502.0300 to 9502.0445 and MN Statutes Chapters 245A and 245C may be viewed at the day care residence, the county agency, or the Minnesota Department of Human Services. It may also be viewed or printed by going to the website of the Minnesota Office of the Revisor of Statutes at www.revisor.leg.state.mn.us/