

# Parent Handbook



KIDS, INC. Child Care Centers of MN  
North

Providing quality care for children ages  
6 weeks to 12 years.

Care is available Monday through Friday  
566 Bluff St Hutchinson, MN  
5:45am – 6:15pm

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# I. POLICY INFORMATION FOR PARENTS

## STATEMENT OF PURPOSE

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Kids, Inc. Child Care Centers of Minnesota will provide a nurturing Christian environment for children that is safe and positive. It is our goal to provide a variety of learning experiences that will guide children to develop physically, spiritually, intellectually, and socially. Kids, Inc. staff will help children develop healthy personalities, form values, explore their feelings, and attitudes that form the foundation for a positive self-image and healthy relationships.

## A. CHILDREN'S AGES AND LICENSED CAPACITY

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Kids, Inc. Child Care Centers of MN provides care for children aged 6 weeks to 12 years. Kids, Inc. is licensed for the following ages and capacities.

**62 maximum total capacity at 566 Bluff Street**

**Licensed year around**

Age Category		Minimum Staff: Child Ratio	Maximum Group Size
Infant	6 weeks – 16 months	1:4	8
Toddler	16 – 34 months	1:7	14
Preschooler	34 months – Kindergarten	1:10	20
School Age Child	Kindergarten – 12 years	1:15	30
Adventure Zone Kids Camp	Kindergarten – 12 years	1:15	

## B. HOURS AND DAYS OF OPERATION

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Kids, Inc. Child Care Centers of MN will operate Monday through Friday, 5:45 a.m. - 6:15 p.m.

Kids, Inc. will be closed for the following holidays; New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Eve Day and Christmas Day. These holiday are billed according to your regular childcare schedule.

## C. PROGRAMS

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Your child will have the opportunity to participate in a wide variety of activities at the center. We have an organized program that provides both free play and structured activities. We believe that a child does much of their learning through play. Therefore, many of our hours will be filled with "playing". Each teacher will develop their schedule to meet the individual needs of the children in their care. The learning centers in each classroom include large muscle, science, creative art, block, music and movement, and language art. The formal program plan may be reviewed upon request made to the director.

Outdoor play activities are scheduled every day, weather permitting.

Preschool Classes are offered during the school year. The Preschool Class Handbook will fully explain our exceptional preschool educational program.

Adventure Zone kids camp is a summer school age program held at a different Hutchinson location.

#### D. PARENT CONFERENCES AND COMMUNICATION

Conferences will be offered twice a year for children two and over and every two months for children under two. The parent conference will include a written assessment of the child's intellectual, physical, social, and emotional development.

Monthly calendars and lunch menus are available on our website at: [www.ekidsinc.com](http://www.ekidsinc.com). Upon request a printed calendar will be provided.

Infant and Toddler parents are encouraged to read the child's daily report filled out by the child's teacher or assistant. This will serve as a source of daily communication between parents and the center.

#### E. HEALTH CARE SUMMARY AND IMMUNIZATION RECORDS

An immunization record is required at the time of enrollment.

All children shall have had the required immunizations for their age level as noted and signed on the health care summary form or if the parent conscientiously opposes immunizations, the child care immunization record must be signed by the parent and a Notary Public. If a child's immunizations are not up to date at enrollment a plan to do so must be on file at the center. As your child receives further immunizations an updated record must be submitted to Kids, Inc.

An updated health care summary form, signed by a physician, must be completed and on file for each child enrolled in the center.

After initial enrollment, State Law requires that when children move to a new age group, they have an updated physical form (health care summary) on file. We have regular checks of our files by our Health consultant and the infant room is monitored monthly.

If the health care summary is not turned in within 14 days of enrollment a \$25 refundable deposit will be added to the families account balance. After 30 days of enrollment if the form is not turned in it will be necessary to *exclude your child from care*.

In the event that a child's medical condition should change, different individual needs arise or allergies are discovered it is the PARENTS responsibility to inform the center in WRITING of these changes.

#### F. ILLNESS AND INJURY

If a child becomes sick or is injured at the center the child's parent will be notified. If an illness occurs while at the center, the child's parent will be contacted and asked to come immediately for the ill

child. Parents are asked to have arrangements made for such occurrences. Kids, Inc. reserves the right to decide if and when a child is ill. The child will be provided with a cot in an isolated area where they may rest until their parents come to get them. The child will be provided direct supervision, and they will be comforted and reassured. We are required to exclude a child from care with the following conditions:

- a. Reportable disease, until a physician determines in writing that the child is well enough to come back.
- b. Vomited two or more times since admission that day.
- c. Three or more abnormal loose stools since admission that day.
- d. Bacterial infection, until they have completed 24 hours on medication.
- e. A child appears ill without physical signs. One might notice a decreased appetite, low energy, unexplained lethargy, irritability or pale in color.
- f. Oral temp of 100 degrees or more with undiagnosed origin before fever reducing medication is given.
- g. Undiagnosed rash or one related to a contagious condition, other than mild diaper or heat rash.
- h. Significant respiratory distress
- i. Not able to participate in the normal activities of the center. Children must be “well enough” to participate in ALL activities, including outside play.
- j. Requires more care than the childcare staff can give without compromising the safety and health of the other children.

The length of time a child should be excluded from a program will vary depending on the illness or the disease. The current guidelines for re-admitting children for specific communicable diseases are:

- CHICKEN POX                      may return after ALL pox are scabbed over
- CONJUNCTIVITIS                Bacterial - may return 24 hours after beginning medication  
Viral - may return when eye drainage is no longer present
- FEVER                              Children must be fever free for 24 hours prior to returning to daycare, without the use of fever reducing medication.
- HEAD LICE                        may return immediately after treatment
- IMPETIGO                         may return 24 hours after medication
- PINWORMS                        may return after treatment
- RINGWORM                        may return after medication has been applied
- SCABIES                          may return after treatment
- STREP THROAT                 may return 24 hours after on medication
- COVID -19                        may return when a medical professional says able to do so, need note from doctor

Specific information regarding the spreading of the disease, prevention and control measures are detailed in Infectious Diseases in Child Care.

#### PARENT NOTIFICATION PRACTICES

In the event of a communicable disease or infection a letter will be posted to notify parents. **Parents are required to notify the center within 24 hours if their child comes down with a contagious reportable disease.**

## G. ADMINISTERING FIRST AID AND SOURCES OF CARE

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A Kids, Inc. staff member who has current First Aid training will administer First Aid.

In case of emergency Hutchinson Health Hospital will be the source of care that Kids, Inc. will use for medical care. The 911 emergency systems will be used in the case of emergency. In case of fire, children will be evacuated to the outside of the playground area. For tornadoes the children will be evacuated to the basement.

Insurance carried by the child's family is always the first line of responsibility for medical claims. Kids, Inc. does not provide medical coverage for children.

## H. ADMINISTERING MEDICINE

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Kids, Inc. will administer medicine if the following criteria is met.

1. Kids, Inc. has a written statement from the parent requesting medicine be administered.
2. The medicine is in its original container.
3. The label on the prescription medication is fully legible. All non-prescription medication will be dispensed only according to package directions and for the ages specified.
4. All medication must have a legible expiration date.
5. Written permission to administer syrup of ipecac will be obtained through the admission.

## I. FIELD TRIPS

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Before each event of a field trip the parent will be asked to provide permission in writing for their child to participate in the field trip. The permission will state the date, purpose, and destination. The child will not be able to participate if written parent permission has not been obtained beforehand.

When Kids, Inc. provides transportation to or from the center for field trips and activities children will be properly restrained in a seat belt.

## J. PUBLIC RELATIONS

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Kids, Inc. will obtain written parent permission before public relations activities involving a child or research experimental procedures.

## K. MEALS AND SNACKS

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### TODDLER, PRESCHOOL AND SCHOOL AGE MEALS AND SNACKS

#### Breakfast

Breakfast is an option if your child arrives before 7:45 a.m. Breakfast needs to include milk, cereal and fruit. If you provide the cereal and fruit or juice we can provide the milk.

<https://snaped.fns.usda.gov/library/materials/healthy-breakfast-and-snack-ideas>

#### Lunch

Parents may choose to purchase a lunch for their child or prepare a bag lunch. Lunch charge is \$ Kids, Inc. will provide meals that meet 1/3 of a child's daily nutritional requirements. This would include a meat or protein, ¼ cup fruit, ¼ cup vegetable, (or ½ cup of either), and a bread product. Cold bag lunches are acceptable, if they meet the minimum daily requirements set by the state, as listed above. If parents send a cold lunch that does not meet these requirements, Kids, Inc. is under obligation to provide meals and charge the parents. Refrigeration will be provided for those lunches that need it. The state requires that we serve milk as a beverage at each meal. There will be no exceptions to this unless it is for medical reasons and you provide documentation from a physician.

**Healthy Guidelines Website:** <https://www.usda.gov/topics/food-and-nutrition>

<https://snaped.fns.usda.gov/nutrition-education/nutrition-education-materials/healthy-eating-using-myplate>

#### Snacks

Kids, Inc. will provide two snacks a day. Morning snack is at approximately 9:00 am and afternoon snack is at approximately 3:00 p.m.

#### INFANT MEALS

Kids, Inc. will serve infants bottled breast milk, formula, and food provided by parents. Parents can place food for their child in the marked basket. Staff will communicate on the daily report when supplies are getting low.

### L. BEHAVIOR GUIDANCE POLICY

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General expectations for children's behavior include:

- Touch and speak in a gentle way
- Use of inside voices
- Walk while indoors
- Respect of others space, person and property
- Follow the requests made by the caregiver

No physical punishment or humiliation will be used to discipline children; misbehavior will be dealt with in a positive, firm and consistent manner.

Our staff firmly believes that a child is not bad but rather at times his behavior does not fit within the guidelines and limitations established for the safety of all persons at the center.

1. Our first approach is to talk with the child and remind him of the rules.
2. If this does not correct the behavior, the next approach would be to divert the child to another activity.
3. Finally, if needed, the child will be asked to sit on a chair to take "time out" to give him/her a chance to pull herself/himself together, or to talk with the caregiver about the consequences of his actions.

If disruptive behavior cannot be dealt with, conferences will be held with the parents. The Director may ask the parent to find other care if felt this is in the best interest of all parties involved. This will follow our incident policy as listed below:

Our policy on dismissing a child or family from child care weighs on the following standards:

- Past behavior and life circumstances
- Willingness of parents to hold a child responsible for his/her behavior and to work with caregivers in helping to correct problems
- Parents attitude in dealing with Kids, Inc. caregivers, treating them with respect and courtesy

We feel that when problems arise we need to deal closely and openly with parents to help resolve these issues. We try to let parents know immediately, even when small problems arise so that it can be caught right away and avoid larger problems. We also enlist assistance from mental health



consultants at SteppingStone Therapeutic through observations and resources for our caregivers and children enrolled in our Kids, Inc. programs.

Preschoolers and toddlers get three warnings in a two-month period and then the time starts over. School-agers get a three-month period then they start over and Parents get only three warnings.

The dismissal is as follows...after three incidents in the allotted period; the child is on a two-week suspension. After this time the child is welcome back with a clean slate. If the child receives three more incident reports, the suspension goes to three months. If by chance the family comes back and wants care here again and three more incidents occur, they are removed indefinitely.

#### **M. PRESENCE OF PETS**

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At this time there are no pets at Kids, Inc.

#### **N. PARENT VISITS**

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We welcome any parent of an ENROLLED child to visit any time during our regular business hours. Come and see the staff and children at work and at play.

#### **O. DEPARTMENT OF HUMAN SERVICES**

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Kids, Inc. is licensed by the State of Minnesota Department of Human Services (DHS), Division of Licensing. This insures that high standards are met in regards to facility, staff, equipment and anything related to our child care operation. They can be reached at 651-296-3971 or 651-431-6500

#### **P. CLOTHING**

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Parents are responsible for seeing their child is provided with proper clothing for the weather. Children's clothes are very much alike in looks and sizes and need to be clearly marked with the child's full name. We urge you to consider washable and comfortable play clothes which the children can manage themselves as much as possible. As Kids, Inc. does not take responsibility for items that are damaged or lost we encourage you to save expensive or favorite items for when the children are not going to be at the child care center. This is an area where children can start assuming responsibility for themselves.

#### **Q. PERSONAL BELONGINGS**

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Parents are requested to limit the number of personal belongings children bring to the center; however each child will be provided with a hook to hold personal belongings. All items brought to Kids, Inc. must be clearly marked with the child's first and last name. Sharing is a just emerging trait in young children. Therefore, rather than toys, we encourage them to bring things such as a CD or a book that can be easily shared by the group. Parents are asked to help the child understand that it is not wise to bring valuable toys or other things to the center that he may not wish to share.

Kids, Inc. does not assume responsibility for loss or damage to items brought from home. This includes clothing items as well as toys and anything else that is brought from home. If a child does bring a toy we feel is not appropriate for group use or causes a problem it will be set aside to be returned home. Things with violent characters or deal in witchcraft or combat toys that promote violence are not acceptable in our childcare setting. Shirts with these or similar violent characters will be turned inside out if they are worn to childcare.

## R. DISCRIMINATION STATEMENT

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Kids, Inc. will not discriminate against any child, in terms of initial enrollment or services provided, regardless of race, creed, color, national origin, source of payment, sex or ability. However, Christian values will be emphasized. Kids, Inc. Child Care Centers of MN will not discriminate on the basis of physical and/or mental disability provided we can provide adequate service to such child without hindering the care of all the children.

## S. SPECIAL NEEDS

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Special needs children will be served when determined that Kids, Inc. could adequately meet the needs of the individual. The childcare center will seek outside assistance from community service agencies when looking into specific needs of a child. Permission will be received from parents before carrying out this assistance. Prior to the enrollment, the Center may seek the help of a qualified consultant to aid in determining the feasibility of providing care for this special needs child.

It is the Parent's responsibility to inform the center of any special medical conditions needs or allergies that are present at the time of enrollment or occur during the duration of care at Kids, Inc.

## T. MISSING CHILD

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When a child is determined to be missing, the head teacher or director will contact local law enforcement immediately as well as the contact person.

## U. SECURITY

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Children are checked in and out of the computer using the fingerprint of an approved, registered parent or adult. Everyone picking up a child from childcare will be asked to show a picture ID identifying themselves as the people you authorized before they can register their fingerprint. The authorized person must be at least 16-years-old. Also if a parent picks up a child that is not familiar to the staff person, you will be asked to present ID.

In the event that someone determined to be under the influence of alcohol or other substances would pick up a child the local law enforcement will be called to handle the situation.

Parents must bring their children in to the building to sign them in and check them out. This task is not to be done by an older sibling or someone not authorized to do so. Kids, Inc. is not responsible for children who are not checked in.

If your child is not picked up within 45 minutes of our closing time and no one can be reached by phone, the child will be classified as abandoned and Social Services will be called.

## V. Diapering Policy:

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- Parents are responsible to bring diapers for their child(ren).
- Children will be changed every two hours and after naps; and when it is noticeable that the child needs to be changed. At each diaper change staff record the following information: when they were changed, them and the reason for the change.
- Kids Inc. uses the brand Parent's Choice unscented wipes. If your child is unable to use these wipes the parents are responsible to bring the wipes that work best for their child. Diaper Cream is the responsibility of the parent.

### **Diaper Policies**

Children are to be changed every two hours and after naps. At each diaper change record the following information: when they were changed, who changed them and the reason for the change. Children are to be changed according to the following diapering procedures on the diaper-changing table only:

- Staff person washes hands
- Gets fresh diaper
- Place child on changing table (NEVER leave child unattended)
- Remove soiled diaper
- Wash diaper area following Diaper wipe procedure
- Put on clean diaper
- Wash child's hands
- Remove child from changing area
- Wash and disinfect changing area
- Staff person wash hands

Make sure you are accurately recording diaper changes and initialing by it so it can be told who diapered last. Make sure you are volunteering to change diapers and taking turns with the other staff in the room you are in.

### **Diaper Wipe Procedure**

Assess the situation and remove the number of diaper wipes you feel will be necessary to use. Once diaper changing procedure starts you may not re-enter the diaper wipes, this would contaminate the whole container. If you take too many, use them to clean the diaper changing pad or wipe off the sink handles, etc.

### **DIAPERING PROCEDURE**

- Assemble ALL supplies needed for diapering and place within your reach
- Cover the diapering surface with single use paper the length of the child
- Place the child on the diapering surface  
DO NOT leave the child unattended during the diapering process
- Remove soiled diaper and fold soiled surface inward
- Place out of the child's reach
- Change child's clothes if wet or soiled
- Place soiled or wet clothing or cloth diapers in a labeled plastic bag and return to the parents at the end of the day
- Clean skin to remove soil with warm water, soap, and damp paper towels or individual child's pre - moistened disposable wipes, moving front to back
- Do not over look skin creases
- Rinse with moistened paper towel
- Pat bottom dry
- Wash your hands

- Use skin care products only if supplied by the parent.
- Put on clean diaper and clothing if needed.
- Wash child's hands with soap and running water when possible, rinse and dry well (small babies' hands may be washed with a moistened, soapy paper towel and wiped with a clean damp towel)
- Remove child from diapering area to a supervised play area
- Return to diapering area
- If possible to do with out contaminating your hands, drop solid stool into toilet
- Discard soiled diaper in a plastic bag before placing it, changing table paper and paper towels into a plastic lined waste container. Keep waste container away from children.
- Clean and disinfect changing surface and soiled supplies. Wash first with detergent and water. Use Q.T. solution to disinfect.
- WASH YOUR HANDS THOROUGHLY WITH SOAP AND WARM RUNNING WATER FOR AT LEAST 20 SECONDS. Use paper towel to turn off faucet to prevent recontamination of hands.
- Report any abnormal skin or stool conditions to parents including rash, unusual stool consistency, color, odor or frequency.

## II. NAP AND REST POLICY

### A. CONFINEMENT LIMITATION

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A child who has completed a nap or rested 30 minutes will not be required to remain on a cot, crib, or bed.

### B. PLACEMENT OF EQUIPMENT

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Naps and rest will be provided in a quiet area that is physically separated from children who are engaged in an activity that will disrupt a napping or resting child. Cribs, cots, or beds will be placed so there are clear aisles and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment. Cribs, cots, and beds will be placed directly on the floor.

### C. BEDDING

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Separate bedding will be provided for each child in care. Bedding will be washed weekly and when soiled or wet. Blankets will be washed weekly and when soiled or wet.

### D. CRIB STANDARD

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A crib will be provided for each infant for which the center is licensed to provide care. The crib will conform to the federal crib standards.

### E. REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT DEATH

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Swaddled infants will be held and will not be laid down.

All Toddlers and Preschool children are required to rest. Our naptime starts at approx. 12:00 or 1:00 depending on the child's age. All children at the center at this time will be put down to rest. This quiet time allows for those who need to sleep during naptime. If you would like your child to sleep for a certain amount of time or would like us to wake them at a certain time please make these requests on your registration sheet or at a later date in writing to be kept in your file. All children, with the exception of those in Kindergarten or older, will need to follow this policy if present at the designated nap times.

### III. PROGRAM GRIEVANCE PROCEDURES FOR PARENTS

#### GRIEVANCE PROCEDURE

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In the event that some part of your child's care is not satisfactory please work this out in the following manner. Please state your grievance in writing so that it is clear and to the point. Present these to the persons below in the order given. If satisfactory results are not obtained present your grievance to the next position on the list.

1. Your child's teacher
2. Assistant director
3. Director

It is the policy of the center that the person contacted has up to 3 working days to respond to your grievance.

## IV. MALTREATMENT OF MINORS MANDATED REPORTING POLICY

### WHO SHOULD REPORT CHILD ABUSE AND NEGLECT

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- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

### WHERE TO REPORT

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- If you know or suspect that a child is in immediate danger, call 911.
- Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child care facility should be made to county child protection services
- Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at **320-587-9533** or local law enforcement at **320-587-2242**.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at (651) 431-6500.

### WHAT TO REPORT

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- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

## FAILURE TO REPORT

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A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

## RETALIATION PROHIBITED

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An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

## INTERNAL REVIEW

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When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether:

1. Related policies and procedures were followed;
2. The policies and procedures were adequate;
3. There is a need for additional staff training;
4. The reported event is similar to past events with the children or the services involved; and
5. There is a need for corrective action by the license holder to protect the health and safety of children in care.

## PRIMARY AND SECONDARY PERSON OR POSITION TO ENSURE INTERNAL REVIEWS ARE COMPLETED

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The internal review will be completed by Kathy Nordman. If this individual is involved in the alleged or suspected maltreatment, Mary Anderson will be responsible for completing the internal review.

## DOCUMENTATION OF THE INTERNAL REVIEW

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The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

## CORRECTIVE ACTION PLAN

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Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

## STAFF TRAINING

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The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota



Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the child care program and must be made available upon request.

## V. REPORTABLE DISEASES

Cases, suspected cases, carriers, and deaths due to the following diseases and disease agents should be reported to the Dept. of Health. The disease followed by an asterisk shall be reported immediately by telephone (651-201-5414) to the Minnesota Department of Health.

<http://www.health.state.mn.us/divs/idepc/dtopics/reportable/disease.html>

1. [Acanthamoeba spp. \(via free-living amebic infection\)\\*](#)
2. [Acquired Immunodeficiency Syndrome \(AIDS\) \(via HIV reporting\)](#)
3. [Amebiasis \(\*Entamoeba histolytica/dispar\*\)](#)
4. [Anaplasmosis \(\*Anaplasma phagocytophilum\*\)](#)
5. [Anthrax \(\*Bacillus anthracis\*\)\\*](#)
6. [Arboviral disease](#)
7. [Babesiosis \(\*Babesia\* spp.\)](#)
8. [Balamuthia spp. \(via free-living amebic infection\)\\*](#)
9. [Blastomycosis \(\*Blastomyces dermatitidis\*\)](#)
10. [Botulism \(\*Clostridium botulinum\*\)\\*](#)
11. [Brucellosis \(\*Brucella\* spp.\)\\*](#)
12. [Campylobacteriosis \(\*Campylobacter\* spp.\)](#)
13. [\(Invasive\) Candidiasis](#) (Sentinel surveillance)
14. [Carbapenem-resistant \*Acinetobacter\* spp. \(CRA\) and \*Pseudomonas aeruginosa\* \(CR-PA\)](#) (Sentinel surveillance)
15. [Carbapenem-resistant Enterobacteriaceae \(CRE\)](#)
16. [Cat scratch disease \(infection caused by \*Bartonella\* species\)](#)
17. [Chancroid \(\*Haemophilus ducreyi\*\)](#)
18. [Chickenpox \(via Varicella disease\)](#)
19. [Chikungunya virus disease](#)
20. [\*Chlamydia trachomatis\* infections](#)
21. [Cholera \(\*Vibrio cholerae\*\)\\*](#)
22. [\*Clostridium difficile\*](#) (Sentinel surveillance)
23. [Coccidioidomycosis](#)
24. [Congenital rubella syndrome \(via Rubella\)\\*](#)
25. [\*Cronobacter\* \(\*Enterobacter\*\) \*sakazakii\*](#)
26. [Cryptosporidiosis \(\*Cryptosporidium\* spp.\)](#)
27. [Cyclosporiasis \(\*Cyclospora\* spp.\)](#)
28. [Dengue virus infection](#)
29. [Diphtheria \(\*Corynebacterium diphtheriae\*\)\\*](#)
30. [\*Diphyllobothrium latum\* infection](#)
31. [Eastern equine encephalitis \(via Arboviral disease\)](#)
32. [Ebola virus disease \(via viral hemorrhagic fever\)\\*](#)
33. [Ehrlichiosis \(\*Ehrlichia\* spp.\)](#)
34. [Encephalitis \(caused by viral agents\)](#)
35. [Enteric \*Escherichia coli\* infection](#)
36. [Free-living amebic infection\\*](#)
37. [Giardiasis \(\*Giardia intestinalis\*\)](#)

38. [Gonorrhea \(\*Neisseria gonorrhoeae\* infections\)](#)
39. [Haemophilus influenzae disease](#)
40. [Haemophilus influenzae \(Hi\) Neonatal Sepsis Expanded Surveillance \(HiNSES\)](#)
41. [Hantavirus infection](#)
42. [Hemolytic uremic syndrome\\*](#)
43. [Hepatitis \(all primary viral types including A, B, C, D, and E\)](#)
44. [Histoplasmosis \(\*Histoplasma capsulatum\*\)](#)
45. [Human immunodeficiency virus \(HIV\) infection, including Acquired Immunodeficiency Syndrome \(AIDS\)](#)
46. [Influenza](#)
47. [Jamestown Canyon virus disease \(via Arboviral disease\)](#)
48. [Kawasaki disease](#)
49. [Kingella spp.](#)
50. [La Crosse encephalitis \(via Arboviral disease\)](#)
51. [Lassa fever \(via viral hemorrhagic fever\)\\*](#)
52. [Legionellosis \(\*Legionella\* spp.\)](#)
53. [Leprosy \(Hansen's disease\) \(\*Mycobacterium leprae\*\)](#)
54. [Leptospirosis \(\*Leptospira interrogans\*\)](#)
55. [Listeriosis \(\*Listeria monocytogenes\*\)](#)
56. [Lyme disease \(\*Borrelia burgdorferi\*, and other \*Borrelia\* spp.\)](#)
57. [Malaria \(\*Plasmodium\* spp.\)](#)
58. [Measles \(rubeola\)\\*](#)
59. [Meningitis \(caused by viral agents\)](#)
60. [Meningococcal disease \(\*Neisseria meningitidis\*\)\\*](#)
61. [Middle East Respiratory Syndrome \(MERS\) \\*](#)
62. [Mumps](#)
63. [\*Naegleria fowleri\* \(via free-living amebic infection\)\\*](#)
64. [Neonatal sepsis](#)
65. [Orthopox virus\\*](#)
66. [Pertussis \(\*Bordetella pertussis\*\)](#)
67. [Plague \(\*Yersinia pestis\*\)\\*](#)
68. [Poliomyelitis\\*](#)
69. [Powassan virus disease \(via Arboviral disease\)](#)
70. [Psittacosis \(\*Chlamydia psittaci\*\)](#)
71. [Q fever \(\*Coxiella burnetii\*\)\\*](#)
72. [Rabies\\*](#)
73. [Respiratory Syncytial Virus \(RSV\) \(Sentinel surveillance\)](#)
74. [Retrovirus infection](#)
75. [Rubella and congenital rubella syndrome\\*](#)
76. [Salmonellosis, including typhoid \(\*Salmonella\* spp.\)](#)
77. [Sappinia spp. \(via free-living amebic infection\) \\*](#)
78. [Severe Acute Respiratory Illness \(SARI\) \(Sentinel surveillance\)](#)
79. [Severe Acute Respiratory Syndrome \(SARS\)\\*](#)
80. [Shigellosis \(\*Shigella\* spp.\)](#)
81. [Shingles \(via zoster disease\)](#)
82. [Smallpox \(variola\)\\*](#)
83. [Spotted fever rickettsiosis \(\*Rickettsia\* spp. infections, including Rocky Mountain spotted fever\)](#)
84. [St. Louis encephalitis \(via Arboviral disease\)](#)
85. [Staphylococcus aureus \(only VISA/VRSA, and death or critical illness due to community- associated Staphylococcus aureus in a previously healthy individual\)](#)
86. [\(Invasive\) Staphylococcus aureus Surveillance \(Sentinel surveillance\)](#)
87. [Streptococcal disease](#)
88. [Syphilis \(\*Treponema pallidum\*\)](#)
89. [Tetanus \(\*Clostridium tetani\*\)](#)
90. [Toxic shock syndrome](#)
91. [Toxoplasmosis \(\*Toxoplasma gondii\*\)](#)

92. [Transmissible spongiform encephalopathy](#)
93. [Trichinosis \(\*Trichinella spiralis\*\)](#)
94. [Tuberculosis \(\*Mycobacterium tuberculosis\* complex\)](#)
95. [Tularemia \(\*Francisella tularensis\*\)\\*](#)
96. [Typhoid \(via salmonellosis\)](#)
97. [Typhus \(\*Rickettsia\* spp.\)](#)
98. [Unusual or increased case incidence of any suspect infectious illness \\*](#)
99. [Unexplained deaths and unexplained critical illness \(possibly due to infectious cause\)](#)
100. [Vancomycin-intermediate \*S. aureus\* \(VISA\) \(via \*Staphylococcus aureus\*\)](#)
101. [Vancomycin-resistant \*S. aureus\* \(VRSA\) \(via \*Staphylococcus aureus\*\)](#)
102. [Varicella \(chickenpox\)](#)
103. [Vibrio spp.](#)
104. [Viral hemorrhagic fever \(including but not limited to Ebola virus disease and Lassa fever\)\\*](#)
105. [West Nile virus \(via Arboviral disease\)](#)
106. [Western equine encephalitis \(via Arboviral disease\)](#)
107. [Yellow fever](#)
108. [Yersiniosis, enteric \(\*Yersinia\* spp.\)](#)
109. [Zika virus disease](#)
110. [Zoster \(shingles\)](#)

## VI. RESOURCES FOR PARENTS

### MCLEOD COUNTY RESOURCE LIST

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#### **McLeod County Social Services**

1805 Ford Avenue North, Suite 100

Glencoe, MN 55336

Phone: 320-864-3144

\*\*The following programs are available through McLeod County Social Services:

CCAP: Child Care Assistance Program: Helps parents with lower income pay for child care.

MFIP: Minnesota Family Investment Program: Helps families with children meet their basic needs, while helping parents move to financial stability through work.

Medical Assistance: Provides health care coverage to low-income families.

#### **McLeod County Public Health Services**

1805 Ford Ave N #200 Glencoe, MN 55336

Phone: 320-864-3185

### EARLY CHILDHOOD RESOURCES

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#### **Help Me Grow – Birth to Five initiative**

helpmegrowmn.org

1-866-693-5769

**ECFE: Early Childhood Family Education:** A program for all families with children between the ages of birth to kindergarten entrance. ECFE's goal is to enhance the ability of all parents and other family members to provide the best possible environment for their child's learning and growth.

#### **ECSE: Early Childhood Special Education**

A program that provides supports and services to infants, toddlers and preschool children with disabilities and their families.

#### **Early Childhood Screening**

A quick and simple check of how your child is growing and developing. Between the ages of 3 and 4, screening can detect possible health or learning concerns so that children can get help before they start school.

- **Hutchinson**

Hutchinson Public Schools ECFE Parent-Child Center

775 School Road South Hutchinson, MN 55350

320-587-8908

[ecfe@hutchtel.net](mailto:ecfe@hutchtel.net)

ECSE- Hutchinson Public Schools

320-234-2619

- **Lester Prairie**

ECFE, Early Childhood Screening, and ECSE – Lester Prairie Public School

320-395-2521

ECSE also collaborates with: SW/WC Service Cooperative

320-231-5184

- **Glencoe-Silver Lake**

Glencoe-Silver Lake Public Schools ECFE, ECSE and Early Childhood Screening  
1621 East 16<sup>th</sup> Street Glencoe, MN 55336  
320-864-2681  
ECSE also collaborates with: SW/WC Service Cooperative  
320-231-5184

- **Buffalo Lake –Hector-Stewart**

Buffalo Lake-Hector-Stewart Public Schools  
211 3<sup>rd</sup> St. NW Buffalo Lake, MN 55314  
ECFE(in Buffalo Lake) 320-833-5311 ext. 204  
Early Childhood Screening 320-833-5311 ext. 204  
ECSE 320-833-5311 ext. 202

**Early Learning Scholarships**

(families in Kandiyohi, McLeod, Meeker, Renville counties are eligible to apply)  
Child Care Aware West/Central District  
7<sup>th</sup> Street & Washington Ave, Suite 302  
P.O. Box 159  
Montevideo, MN 56265  
320-269-6578 or 1-800-292-5437

## **MENTAL HEALTH SERVICES**

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Stepping Stone Therapeutic  
20288 Highway 15 North Suite 100  
Hutchinson, MN 55350  
320-587-2326

Hutchinson Health Mental Health Clinic  
1071 Hwy 15 S. Hutchinson, MN 55350  
320-484-4610

The Jonas Center  
925 12<sup>th</sup> Street East  
Glencoe, MN 55336  
320-864-6139

NorthStar Counseling Center  
75 Hassan Street Southeast  
Hutchinson, MN 55350  
320-234-3451

Prairie's Edge Counseling Center  
1020 Highway 7 West Suite A  
Hutchinson, MN 55350  
320-234-0240

Lighthouse Counseling  
121 1<sup>st</sup> Ave Southeast

Hutchinson, MN 55350  
320-234-7100

## DENTAL SERVICES

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<http://www.mouthhealthy.org/en/find-a-dentist>  
<http://www.1800dentist.com>  
1-800-336-8478

## PARENT AND FAMILY RESOURCES

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### **Physical Activity Resources**

[http://kidshealth.org/parent/centers/fitness\\_nutrition\\_center.html](http://kidshealth.org/parent/centers/fitness_nutrition_center.html) - Kids Nutrition and Fitness Center

<http://www.letsmove.gov/> - Nutrition and Fitness

<http://www.healthychildren.org/english/healthy-living/fitness/Pages/default.aspx> - Articles and Tips

<http://www.obesityaction.org/educational-resources/resource-articles-2/childhood-obesity-resource-articles/winter-exercise-tips-for-kids> – Winter Exercise Tips

[www.powerfulinteractions.com](http://www.powerfulinteractions.com)

### **Nutrition Resources**

<http://www.nncc.org/Nutrition/fd.metoo.html> - Common eating patterns by age, serving sizes by age, sample menu

<http://www.healthychildren.org/english/healthy-living/nutrition/Pages/default.aspx> - Articles and Tips

<http://www.mayoclinic.com/health/nutrition-for-kids/NU00606/METHOD=print> – Guidelines

<http://www.choosemyplate.gov/food-groups/downloads/TenTips/DGTipsheet12BeAHealthyRoleModel.pdf> – 10 Tips

<http://www.eatright.org/kids/>

[http://kidshealth.org/parent/centers/fitness\\_nutrition\\_center.html](http://kidshealth.org/parent/centers/fitness_nutrition_center.html) - Kids Nutrition and Fitness Center

<http://www.letsmove.gov/> - Nutrition and Fitness