



## **Policy & Procedures for Parents**

### **Welcome**

Welcome to Tiny Tykes! We would like to take this opportunity to share some friendly reminders of our Tiny Tykes policies, our tuition rates and annual childcare agreement.

Thank you in advance for taking the time to carefully read this guidebook. Tiny Tykes may be our name, but the level of care and dedication we have to you and your children is anything but tiny!

### **Mission**

Our mission is to provide a safe and affordable educational experience that is designed to:

- Give your child a sense of belonging
- Nourish their self-confidence
- Foster their creativity
- Nurture their spirit of adventure
- Make learning fun

Tiny Tykes, Inc.  
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## 2020 Tiny Tykes Child Care Agreement

The parties to this Agreement are \_\_\_\_\_ (Parent or Guardian) and Tiny Tykes, Inc.

Tiny Tykes, Inc. herein known as ‘the center’ operates a childcare facility and parent desires to enroll a child or children in the center. Parent agrees to pay fees accordingly to the following tuition and fee schedule and the parties agree to other terms and conditions as follows:

2020 Tuition Rates	6 weeks – 3 years	3 years – Kindergarten	School Age (Full Day)
Daily Rates	\$37.50/\$187.50 weekly	\$33.00/\$165 weekly	\$31.00

**A. FEES**

1. \$25 A one-time registration fee is required upon enrollment of your child at the center.
2. \$100 A security deposit due upon enrollment of an infant.  
This is a non-refundable fee to secure your child’s spot.  
All payments for care are due in advance, beginning on the first day of enrollment.  
Payments are due weekly every Monday thereafter or monthly.
3. \$5 A late fee of \$5 per day will be added if a weekly payment is not received by the beginning of the business day on Tuesday (or the beginning of the business day on Wednesday if the center is not open on Monday). If payment is one week or more past due, care may be discontinued at the discretion of Tiny Tykes until payment, including late fee is paid in full.
4. If either party gives a 2-week notice of termination of care, the parent must pay for this time, regardless if care is being given. If parent does not provide a 2-week notice of termination of care, parent is still responsible for payment for this time period.
5. As written above, fees are payable in advance. However, if Tiny Tykes must resort to measures to collect on your overdue account by way of collection agency or any other legal action, you will be responsible for not only the account balance but the costs incurred by Tiny Tykes for such action, including attorney fees, plus 15% interest of any outstanding balance.
6. A preschool curriculum fee is established annually based on curriculum chosen and rates. This fee will be communicated with daycare families prior to the beginning of each school year.

## **A. HOURS | HOLIDAYS | VACATIONS | ABSENCES**

### Hours of Operation

Tiny Tykes is open Monday through Friday, 6:30 a.m. to 6 p.m.

### Holidays

There is no charge for the following holiday closures:

- |                   |                     |                        |
|-------------------|---------------------|------------------------|
| 1) New Year's Day | 2) Memorial Day     | 3) Independence Day    |
| 4) Labor Day      | 5) Thanksgiving Day | 6) Christmas Eve & Day |

If the holiday falls on a Saturday, the center may be closed the Friday before the holiday. If a holiday falls on a Sunday, the center may be closed the Monday after the holiday. If Tiny Tykes has enough available staff to work these shifts and there is enough interest in families we will have a signup sheet to see if it's a possibility for the center to remain open.

### Vacations

To sustain a consistent schedule and budget for Tiny Tykes, it our policy that all family and/or school vacation days require regular tuition payment to reserve your child's enrollment at the center. Tuition is due prior to vacation(s).

## **B. AGES SERVED**

- Ages served 6 weeks-12 years, maximum occupancy 46 children.

## **C. PROGRAM PLAN**

- The program plan is developed and evaluated in writing annually by the director.

Goals and objectives: The children will:

1. Enjoy learning
2. Develop socially and emotionally
3. Be exposed to a diverse population where learning respect for self and others is an ongoing objective
4. Gain skill in communicating
5. Increase auditory and visual skills

6. Develop muscular coordination (both gross and fine motor) within the limits of her/his physical maturation

7. Solve problems independently and collaboratively through play and exploration of their surroundings

8. Increase their ability to think independently, make decisions, and perceive possibilities in open-ended situations

9. Grow in basic math and prereading skills

10. Creatively participate in art and music while learning the proper use of the tools and instruments related to these areas

#### **D. WRITTEN ASSESMENT**

The intellectual, physical, social, and emotional progress of each child will be documented in the child's record and conveyed to the parents during the conferences.

#### **E. HEALTH CARE SUMMARY**

If a child requires special needs proper paperwork & forms plus a copy of a health care summary is required within 30 days of enrollment and an immunization record of each child at the time of enrollment.

#### **F. ILLNESS | EXCLUSION**

If your child is sick, payment in full is still required.

Parents will be notified when their child has signs or symptoms that require exclusion from the center. If a parent is not to be reached, the emergency contact person will be next.

Reasons a child may be excluded are as follows:

- An illness that is preventing your child from participating comfortably in activities.
- An illness that has resulted in a need for greater care than the center can provide without compromising the health and safety of other children.

The child has any of the following conditions:

Fever - A child with a fever of 100 degrees or higher will be asked to leave the center. The child may return when they are fever free for at least 24 hours without the use of fever reducing medications.

Diarrhea - A child with uncontrolled diarrhea will be sent home from the center. The child may return when their stools return to a regular consistency. Any underwear or clothing that has feces on it or in it will be either bagged or thrown depending on your request. Please note that we are unable to dispose or clean out any feces.

Vomiting - If a child has vomited, they will be sent home from the center. The child may return when they have vomit-free for 24 hours and they are able to tolerate foods.

Eye Infections – Parents will be notified if their child has signs or symptoms of conjunctivitis. Child must be taken to doc and put on medication before returning.

Strep Throat - A child with strep throat will be sent home from the center. The child may return when they have been on antibiotics for at least 24 hours.

## **G. EMERGENCY & ACCIDENT/INJURY POLICIES & RECORDS**

Written record of accidents, injuries, and incidents will be provided to the child's family and will include: Name & Age of person's involved, Date of the accident, Place of the accident, type of injury, action taken by the staff person's and to whom the accident, injury was reported to.

Yearly accident/injury reports will be reviewed and modified and changes will be made where necessary.

- Procedures for administering First Aid-All teachers and assistant teachers are trained in pediatric first aid and infant and child CPR within 90 days of the start of work. There will be an individual trained in pediatric first aid and infant and child CPR present in the facility during all hours of operation as well as on field trips and when transporting children, but within 90 days of initial licensure, all teachers and assistant teachers will be trained.
- Safety rules to follow in avoiding each of the following:
  1. Injuries- Incident reports will be filled out if necessary. Parents will be notified immediately.
  2. Burns-No children will be allowed in the kitchen, only the cook. The water temp will be at the correct temperature in each classroom & bathroom.
  3. Suffocation- Employees will follow the guidelines for Safe Sleeping.
  4. Pedestrian accidents-No children will ever be unattended.
  5. Poisoning- All toxic materials will be out of children's reach in a designated area. Poison Control will be called 1-800-222-1222
  6. Choking- All staff within 90 days of employment will be trained in CPR/First Aid. There will be someone on site at all times trained.
  7. Traffic Accidents-At this time there will be no transportation.

## **H. MEDICATIONS**

All prescribed and over-the-counter medications must be brought in original dispensing bottle. A medication permission slip must be completed for each medication type and request to dispense. These forms can be provided to you upon request.

## **I. PARENTAL PERMISSION/FIELD TRIP FORM**

Please see attached form to fill out and hand in

## **J. PUBLIC RELATIONS**

Please see attached form to fill out and hand in

## **K. INFANT/TODDLER MEALS**

- Tiny Tykes does not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child's health care provider and approved by families. Sweetened beverages are avoided. If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.
- Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed. Infants and toddlers/twos do not have bottles while in a crib or bed and do not eat from propped bottles at any time. Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.
- The center staff work with families (who are informed by their child's health care provider) to ensure that the food is based on the infants' individual nutritional needs and developmental stage.
- Except for human milk, staff serve only formula and infant food that comes to the facility in factory sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions. Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. No milk, including human milk, and no other infant foods are warmed in a microwave oven.
- We feed whole or reduced fat cow's milk to children ages 12-24 months. We do not feed cow's milk to children younger than 12 months. A request to differ from the latter policy would require a Special Dietary Statement from the child's health care provider.

## **BREASTFEEDING**

Our program supports breastfeeding by accepting, storing, and serving expressed human milk for feedings; accepting human milk in ready-to-feed sanitary containers labeled with the infant's name and date and storing it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months; ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk; and providing a comfortable place for breastfeeding and coordinating feedings with the infant's mother.

#### **L. PERSISTENT UNACCEPTABLE BEHAVIOR**

- Extraordinary Behavior
  - The Center will not tolerate swearing or biased language. If a child uses such language, parents will be informed and asked to discourage the behavior. When a child engages in persistent unacceptable behavior, parents are required to meet with teachers to find a solution to the problem behavior and resolve the difficulty.
  - Outside professional consultation or evaluation may be necessary. Occasionally a child does not adjust to the center environment or a child's repeated behavior interferes with the daily activities of the center. In such cases the center reserves the right to request the child leave the program when there is no improvement in the child's behavior subsequent to the implementation of the plan agreed upon by the parent and teacher.

#### **M. BEHAVIOR GUIDANCE POLICY & PROCEDURE**

1. Ensure that each child is provided with a positive model of acceptable behavior
2. Be tailored to the developmental level of the children that the center is licensed to serve
3. Will redirect children and groups away from problems toward constructive activity in order to reduce conflict.
4. Teach children how to use acceptable alternatives to problem behavior in order to reduce conflict
5. Protect the safety of children and staff persons
6. Provide immediate and directly related consequences for a child's unacceptable behavior.

#### **N. PET POLICY**

There will be no pets allowed on the property

#### **O. VISTING HOURS**

Parents of enrolled children may visit the center anytime during the hours of operation. Any enrolled child's parents or legal guardians are allowed access to the parents or legal guardians child at anytime while the child is in care. Telephone DHS: 651-431-6500

#### **P. NAP & REST POLICY**

1. Parent consultation. The parent of each child must be informed at the time the child is enrolled of the center's policy on naps and rest.
2. Confinement limitation. A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot or mat or in a crib or bed.

3. Placement of equipment. Naps and rest must be provided in a quiet area that is physically separated from children who are engaged in activity that will disrupt a napping or resting child. Cribs, cots, beds, and mats must 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, beds, and mats must be placed directly on the floor and must not be stacked when in use.

4. Crib standard. A crib or portable crib must be provided for each infant for which the center is licensed to provide care. The equipment will be safe & of sturdy construction that conforms to federal crib standards.

5. Bedding. Separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet. Blankets must be washed or dry cleaned weekly and when soiled or wet.

6. Staff sit or lie next to children, rub their backs and comfort them to help them fall asleep. When children are up, staff attend to cots as directed by their lead teacher. All staff will be within sight and hearing of all children.

#### Reduction of risk of sudden unexpected infant death:

- Each infant will be put to sleep on their back within sight or hearing of a staff, unless we have documentation from the infant's physician directing an alternative sleeping position for the infant. The physician directive must be on a form approved by the commissioner-Physician's Directive for Infant Sleep Position form and will remain on file at the licensed location. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least 6 months of age or we have a signed statement from the parent indicating that the infant regularly rolls over at home.
- Each infant will be placed in a crib on a firm mattress with a fitted sheet that is appropriate to the mattress size that fits tightly on the mattress and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. Nothing will be placed in the crib with the infant except for the infant's pacifier.
- If an infant fall asleep before being placed in a crib, we must move the infant to a crib as soon as practicable and must keep the infant within sight of the license holder until the infant is placed in a crib. -When infant falls asleep while being held, the employee must consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant must not be in a position where the airway may be blocked or with anything covering the infant's face.
- Placing a swaddled infant down to sleep is not recommended for an infant of any age and is prohibited for any infant who has begun to roll over independently. However, with the written consent of a parent or guardian, the staff may place the infant who has not yet begun to roll over on its own down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle. Prior to any use of swaddling for sleep by a caregiver, the caregiver must obtain informed written consent for the use of swaddling from the



parent or guardian of the infant on a form approved by the commissioner Parent Consent for Swaddling and prepared in partnership with the Minnesota Sudden Infant Death Center.

#### **Q. GRIEVANCE**

Parent may contact the childcare center's director regarding a grievance at any time.

#### **R. MALTREATMENT OF MINORS MANDATED REPORTING POLICY**

##### **Who Should Report Child Abuse and Neglect**

- Procedure to follow if parent/guardian is suspected of child abuse. The staff will not release any child if any parent or guardian is suspected of child abuse.
- 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**

- 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 651-431-6500 or local law enforcement at 218-998-8555.
- 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, for reporting possible licensing violations.

##### **What to Report**

- 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**

- 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 MN Department of Human Services Division of Licensing programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

#### **Retaliation Prohibited**

- 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**

- 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:
  - (i) related policies and procedures were followed;
  - (ii) the policies and procedures were adequate;
  - (iii) there is a need for additional staff training;
  - (iv) the reported event is similar to past events with the children or the services involved; and
  - (v) 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**

- The internal review will be completed by the Owner/Director.
- If this individual is involved in the alleged or suspected maltreatment, the Owner/Director will be responsible for completing the internal review.

### **Documentation of the Internal Review**

- 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**

- 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**

- 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.

- PLEASE RETAIN ALL PAGES OF THIS AGREEMENT ASIDE FROM THE SIGNATURE PAGE –

**TINY TYKES**

**2020**

**Signature Page**

**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.**

---

Parent/Guardian's Name  
(Please print)

Primary Contact Number

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Parent/ Guardian's Address

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Child's Name

Date of Birth

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Child's Name

Date of Birth

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Child's Name

Date of Birth

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Mother's E-mail Address

Father's E-mail Address

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Parent/ Guardian Signature

Date:

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Director's Signature

Date:

- PLEASE RETAIN ALL PAGES OF THIS AGREEMENT ASIDE FROM THE SIGNATURE PAGE -