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PROGRAM POLICIES

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Parent Information & Program Characteristics

Licensing and capacity: Bilingual Child Care & Education Center, Inc. has been serving children and families since 2010. We are a privately-owned and run company with two locations:

1) ROSEVILLE: 1125 County Road B West, Roseville, MN 55113

The Roseville Center is licensed by the Minnesota Department of Human Services to serve 105 children, infant to 5 years old (pre-kindergarten). The Center's food service program is commercially licensed through Ramsey County Public Health, Environmental Health.

2) MAHTOMEDI: 720 Wildwood Road, Mahtomedi, MN 55115

The Mahtomedi Center is licensed by the Minnesota Department of Human Services to serve 106 children, infant to 5 years old (pre-kindergarten). The Center's food service program is commercially licensed through Washington County Public Health and Environment.

Hours of operation: The hours of operation are 7:00am – 5:30pm Monday through Friday year-round.

Provision of meals and snacks: The Center provides a high quality, fresh, and nutritious meal and snack program that includes many organic options, fresh foods, and a traditional hot lunch program prepared by staff. The hot lunch program includes traditional and healthy items that will help your child to enjoy a diverse range of food. The Center provides many items that are organic whenever possible, including organic whole milk for toddlers/infants 12 months and up, organic 1% milk for children 3-5 years old, fresh organic fruits, vegetables, crackers, cheese, and more. (The Center does not serve juice.) The food program meets the daily nutritional needs of young children as specified by the United States Department of Agriculture, Food and Nutrition Service, in Code of Federal Regulations. The Center will serve food within the following ranges of times:

Breakfast: 8:00am-8:30am (younger groups) & 8:30am-9:00am (older groups) (milk provided)

Lunch: 11:00am–11:30am (younger groups) & 11:30am-12:00pm (older groups) (milk provided)

Snack: 3:00pm-3:30pm (younger groups) & 3:00pm-3:45pm (older groups) (water provided)

(Infants are fed on individual feeding schedules with all food provided by parents until they are ready to join our food program.)

Flexible feeding schedules may be adjusted for infants/toddlers according to their individual diet and feeding needs. Please see that children are fed at home if they do not arrive in time to eat according to the schedule listed above. Parents of infants and children of any age with special feeding needs must be approved in advance and will receive daily written documentation on their feeding plan through our online app, Brightwheel.

The meal and snack schedule accommodates requirements for providing two meals and one snack for a child in attendance five to ten hours. Teachers/staff will be seated with the children during meal and snack times. Furthermore, the Center avoids serving snacks/foods that pose a choking risk for young children (i.e., hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas; hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole.) Staff will cut foods into pieces no larger 1/2-inch squares for older infants and young toddlers, according to each child's chewing and swallowing capability. Parents who wish to provide their child with a bag lunch/food from home are welcome to do so, but they must ensure they meet nutritional needs and do not contain foods that pose a choking hazard. Parents may send juice from home. Please do not send food in glass containers. Furthermore, we ask that any foods with nuts, peanuts, or peanut butter are not sent to school with children to support our nut-aware environment.

Infant diets will be determined by the infant's parent and parents will provide all food/formula/breast milk. We ask parents to ensure that we have a minimum of two extra days' worth of food and breast milk or formula. If mothers are experiencing problems producing a sufficient supply of breast milk, an alternative (formula or breast milk from a bank) must be provided. If insufficient food is provided, the child will be sent home. Additionally, if an infant goes several hours without eating/drinking sufficient amounts, we may also send the child home. If we are concerned that parents are not providing sufficient food for a child's nutritional needs, we will consult with our nurse health consultant, and we may recommend the parent participate in an educational session with a health provider on infant feeding. The child's diet and schedule will be communicated on the Center's Infant Feeding Form. Parents of bottle-feeding infants are asked to provide 2 bottles complete with caps that can be left at the Center. Each part should be labeled with the child's first and last name with a black permanent marker. The Center will wash bottles after each feeding with hot soapy water and run them through the commercial dish washer for sanitation at the end of the day.

The Center will:

- obtain written dietary instructions from the parent of each infant child;
- have the infant's feeding schedule available in the food preparation area;
- offer the child formula or milk and nutritionally adequate solid foods in prescribed quantities at specified time intervals; and
- ensure each bottle is labeled with the child's first and last name.

Protecting infants from illness, diarrhea, and disease through clean formula and food preparation

Formula prepared at the Center (Parents should send formula for preparation at the Center – it should **NOT** be prepared in advance at home and sent.)

1. **Always wash hands** carefully before preparing food.
2. Use hot soapy water, bottle brush, and brush that goes into nipple. Wash bottle and ring at the same time. Squirt water through nipple to clean holes. Rinse well with hot water. Cap bottle when dry so it does not remain exposed to dust and germs in the air. Wash container and items for making formula.

3. Clean top of formula container with a clean cloth wrung out in hot detergent before opening.
4. Prepare formula with room temperature water per instructions on container.
5. Any unfinished and unrefrigerated formula will be discarded after one hour from preparation.

Parents bringing formula container / infant food to the program

1. Commercially prepared, unopened containers of formula should be provided to the Center.
2. Infant food may be commercially prepared or home-made (Center will refrigerate if needed).
3. Containers must be labeled with the child's full first and last name.
4. The Center will date formula when opened. If the amount of time for use is exceeded per the manufacturer's instructions (generally 30 days), the unused portion will be sent home.

Parents bringing breast milk to the program

1. **Wash hands, breast, and breast pump.** Express milk.
2. Use a clean bottle or storage bags as described above in #2 of "Formula Prepared at the Center". All breast milk must be labeled with child's first and last name, and the date/time milk was expressed, and the number of ounces provided.
3. Fresh breast milk, if kept refrigerated, may be used for up to 48 hours. Milk may be frozen in the bottle/bag until ready to use at the Center. Label with the date, time removed from the freezer, and child's full first and last name.
4. Any unfinished and unrefrigerated breast milk will be discarded after one hour from removal from refrigeration.
5. Parents should bring bottles to the Center in **insulated container**. Frozen milk should be kept frozen for transport. Once thawed, it must be used that day or sent home with the parent.
6. Staff will refrigerate bottles/bags as soon as they arrive at the Center.
7. Breast milk thawing and warming will be accomplished by floating the bottle/bag in a container of warm water. Breast milk prepared in this fashion will be tested for temperature before use. Microwaves will not be used to thaw or warm breast milk.
8. If parents take extra bottles home at the end of the day, they will be rinsed for the parent to sanitize per above instructions in #2 of "Formula prepared at the Center".

The Center will ensure that sanitary procedures and practices are used to prepare, handle, and store formula, milk, breast milk, solid foods, and supplements. Procedures will be reviewed and certified by a nurse health consultant. Infant formula and food will be prepared in either the Center's commercial kitchen and/or in the designated food preparation area in the classroom which includes a dedicated food sink. Only staff free of illness will handle formula, breast milk, and solid foods. Unopened formula and infant food will be stored in the designated food preparation and storage area in the classroom. Any food requiring refrigeration will be stored in the commercial fridge/freezer in the kitchen area or classroom. Food storage/use guidelines will be followed, including maintaining refrigerated foods at 40 degrees or less and discarding/returning any opened foods that are not used in the same day. Formula remaining in the bottle after a feeding will be discarded and not used for another feeding.

Additional information on infant feeding

- Staff will hold infants or newborns during bottle feedings until the child can hold his own bottle. Bottles must not be propped or placed in a crib with a child. Staff will remain within an arm's length of a child drinking their bottle independently.
- Infants will be offered finger foods and cups when developmentally appropriate and with parental consent.
- If only a portion of a jar of infant food is used, it will be served from a dish to prevent saliva from contaminating the rest of the container.
- Special diet requests will require written permission from the parent/legal guardian and the licensed health care provider.

Personal Belongings: We provide a cloth bag for the storage of personal belongings as well as labeled cubbies and bins for storage of personal items. Please label your child's belongings with first and last name. We will do our best to keep track of belongings but cannot ensure items will not be misplaced on occasion, and therefore do not assume financial responsibility for lost or damaged items. If you would like to purchase an additional cloth bag, they are available for \$16.00 in the office.

High Quality Early Childhood Curriculum - Spanish Immersion: In addition to providing engaging and high-quality developmental learning activities daily, the Center promotes the natural development of Spanish language skills in an immersion environment. **This setting serves native English, native Spanish, and bilingual/multilingual children equally well!** The Center uses a professionally developed curriculum called **The Creative Curriculum**. The curriculum provides the foundation for learning in Spanish and includes research-based best practices on learning objectives and environments for what is developmentally appropriate for children ages 0-5 and for development and kindergarten readiness. The curriculum aligns with the Minnesota standards for kindergarten readiness. The Center only accepts full-time enrollment for families who wish to raise bilingual children. Full time enrollment provides for the best results in attaining language fluency and has many benefits for a structured routine for children.

Our teaching teams in each classroom are fluent in Spanish. Classroom staff include Profesor/Profesoras, lead qualified teachers, assistant teachers, and aides. Profesoras are experienced early learning career professionals who assist with training others on best practices. Our teaching teams are supported by our administrative team, including an onsite Assistant Director, and a shared Executive Director, Quality Management & Enrollment Director, Education & Training Specialist, and Staff Coordinator & Supervisor.

Teacher Qualifications: All teaching staff members meet or exceed the Minnesota Department of Human Services Rule 3 licensing requirements. Teachers must pass a background check and are certified in CPR and Pediatric First Aid, Abusive Head Trauma (aka Shaken Baby Syndrome) Prevention, and Sudden Unexpected Infant Death (SUID) training. All staff also participate in the required annual professional training including a rotation of ongoing monthly refresher training on licensing, sanitation, curriculum, and other relevant topics. We encourage all staff who are not yet

lead-teacher qualified to pursue a Child Development Associate (CDA) while in our employment. Furthermore, our teachers are primarily native Spanish speakers, along with bilingual/bicultural and fluent 2nd language teachers.

Teacher consistency is important to us, and we implement several measures to support that goal. We offer competitive pay, health and retirement benefits, PTO, teacher support/training/resources, and a highly collegial and professional work environment. We employ teachers to provide internal coverage for absences; however, there may be circumstances that require us to use temporary and substitute staff who are also required to meet state licensing requirements.

Classroom Teacher/Student Ratios & Max group size: Children are supervised at all times by qualified staff members and each child is assigned to a classroom according to their age (some exceptions may apply per developmental issues). The year-round infant - preschool program abides by state requirements for staff to child ratios. **This includes a 1:4 teacher/student ratio and max group size of 8 for infants up to 15 months; 1:7 teacher/student ratio and max group size of 14 for toddlers 16 -32 months; and a 1:10 teacher/student ratio and max group size of 20 for ages 33 months to 5 years (pre-kindergarten).**

State licensing allows for mixed groups for up to 25% of the day. BCEC will generally only have mixed groups between 7:00 am – 8:30 am at drop off time or from 4:30 – 5:30 pm at pick up time. Mixed groups abide by the ratio of the age of the youngest child in the group. The max group size always applies except during meals, outdoor activities, field trips, naps, and special activities. In this way, BCEC assures that all activities implemented are developmentally appropriate for the ages served by each classroom.

Classroom Placement: We determine our classroom age composition based on annual enrollments, grouping children in classrooms mostly closely aligned by age. Our goal is to avoid mid-year classroom transitions when possible so that children can stay in their classroom with their teacher and classmates from September through May and enjoy our school year curriculum that is specifically designed for each age group. This may include using a “mixed age” licensed room designation during part of the year. In general, children are placed in classrooms and according to the following guidelines:

Bebes: *Infants up to 18 months* (max group size of 8 within a classroom of 12 babies/3 teachers)

Chiquitos: *Toddlers 16 months to 32 months* (max group size of 14 within a classroom of 14 children/2 teachers)

Preescolar: *Preschoolers 31 months to 5 years* (max group size of 20 within a classroom of 20 children/2 teachers)

Parents are consulted for preferences if a child is of an age that can work in more than one group (older or younger). For best access, enrollment for the fall is encouraged by March, but enrollment is accepted year-round per space availability. If classrooms are full, we encourage families to be placed on our waiting list for spots that may become available throughout the year.

Children are placed in age-appropriate classrooms and generally transition to the next classroom in June or September. Transitions may be considered at alternate times to best accommodate developmental needs based upon a parent or teacher request and if space is available. All families will submit current Health Care Summary forms and immunization records per the guidelines in the health care summary and immunization records section of these Program Policies. Any special needs or other issues are communicated among teaching staff so that new teachers are prepared to continue supporting the child’s positive development.

Our commitment is to provide high-quality teaching staff. Each classroom is assigned permanent teaching staff who have primary responsibility for working with a consistent group of children. However, we ask for your patience and understanding when changes happen. Our teaching staff provide ongoing personal contact, meaningful learning and play activities, supervision, and immediate care as needed to protect children’s well-being and help them to thrive! New staff will be formally introduced following their successful two-week training period. Staffing decisions are confidential as are the employment relationships we have with our teachers. As such, we are unable to discuss with parents any personal information or employment-related decisions that pertain to our staff. The Center prohibits families enrolled at our Center from independently hiring our staff for childcare.

Attendance: The Centers only accept full-time enrollments. There are no options for part-time, half-day, hourly, or drop-in care. For the best learning environment and to provide a consistent schedule for children, parents are encouraged to have their children arrive by circle time. Children participating in this program are expected to attend on a regular basis. Ongoing unexcused absences (for reasons other than illness or vacation) may result in a referral to an alternate program that can better meet the need for a flexible schedule. Enrollment at the Center is competitive, and we prefer to enroll families who are committed to regular attendance. Regular attendance of children supports their healthy development and a consistent classroom learning environment.

Large muscle play: The Center will provide opportunities for active/large muscle activity throughout the day: 1) The indoor gym space, 2) Our natural playground directly behind the building, and 3) At times in classrooms with directed dance or yoga activities or other large muscle games.

Parent conferences and notification to a parent of social/emotional, intellectual/cognitive, physical, and language development: Written developmental assessments are conducted by the teacher two times per year during the September-May school year: 1) fall semester conferences in January 2) spring semester conferences in May. Teachers will also conduct a benchmark assessment upon enrollment. Assessments are not conducted during the summer. During parent/teacher conferences the child’s individual developmental progress will be reviewed. The parent receives a written copy and is asked to sign a copy for the child’s file. Parents may also request a special conference at any time. Parents may be asked to provide additional information to help teachers best identify and tailor learning strategies for each child.

Children are assessed by regular classroom teachers through observation and the use of evaluation tools such as worksheets, number/letter/color flashcards, etc. Teachers refer to The Creative Curriculum's materials that set forth specific milestones for each objective based on a typical progression range by year for ages 0-5. Observation and evaluation take place in the regular setting in the classroom or gym/playground. Teachers receive initial training from Administrators on conducting assessments when they are hired, along with annual reinforcement training and support throughout the school year. The Education and Training Specialist routinely visits all classrooms for individualized coaching and support.

The formal assessment data is used to share results with parents, to individualize learning, and to promote development for children. Parents who have questions about developmental assessments or tools/methods are encouraged to speak with the Executive Director.

Parent Communication: Good communication between home and school is the foundation for a child's success at the Center. The Center asks parents to sign a communication agreement upon enrollment, agreeing to reach out directly to the classroom teacher or the Center Administrators to discuss any issues of concern and to seek constructive solutions. We promise to always be respectful and responsive to your concerns. Likewise, we ask our families to be respectful in communicating with us. With this understanding, we will form a productive and successful partnership between school and home in support of your child's positive development. The Executive Director maintains an open-door policy and welcomes parents to reach out at any time to discuss issues of importance. Parents sharing their concerns with us helps us maintain quality and understand what parents want and need. It also informs our process for continual quality improvement. If parents do not honor their commitment to seek positive solutions through respectful discussion, or if they withdraw without a discussion or attempt to solve problems, the center will not accept re-enrollment at a later date.

Teachers and Administrators communicate regularly with parents in a variety of ways. The Center provides parents with a daily account of their child's activities and schedule posted within each classroom. We use a parent communication app called Brightwheel to provide daily reports for infants and toddlers through 32 months old. Brightwheel also provides a system through which messages and notifications can easily be exchanged between parents, teachers, and administrators. Verbal reports are communicated at drop off or pick up. Incidents or injuries are communicated on a written form at pick-up. Signatures of receipt may be requested. All teachers send regular individual and classroom updates on Brightwheel. **BRIGHTWHEEL IS THE PRIMARY ELECTRONIC METHOD OF PARENT COMMUNICATION ON ALL ISSUES RELATED TO CARE AND CENTER NEWS. PARENTS SHOULD MAKE SURE THEY ARE ENROLLED AND SHOULD READ MESSAGES THAT ARE COMMUNICATED VIA THE APP.** Parents are encouraged to communicate with the teacher regularly, particularly when any issues arise regarding their child at home or at the Center.

Parent Involvement and Input: The Center welcomes parent and family input and is committed to creating the best possible learning environment for children. Family events are organized regularly, and all parents are encouraged to volunteer and visit the classrooms whenever possible.

Parents of enrolled children may visit the Center any time during hours of operation: Parents may access the center through the secure door using a parent-issued magnetic key or the buzzer system (Roseville) or with a key code (Mahtomedi). Following termination of care, families should return the magnetic FOB key to the Center. Lost or additional FOBs may be purchased or replaced at cost of \$8.00 each.

Security. The building doors always remain locked to ensure the safety of the children. We ask that parents not allow entry to any individual whom they do not know. If someone is trying to enter the building, you may ask them to use the security buzzer or you may escort them to the office staff. The Center also has cameras throughout the facility as an added measure for safety. Our buildings have live view cameras that record and store footage for 30 days, enabling administrators to review footage if needed.

Obtaining written parental permission for field trips: Field trips may be planned for children 3-5 years old, although the Center has not organized field trips as part of its programming for several years. Before going on a field trip outside of the center, parents will be asked to sign a permission form with details of the trip (e.g., day, time, purpose, and destination). Parents are welcome to join us as chaperones, but it is not required. Parents will be responsible for activity fees related to the field trips (transportation and entrance fees). Other than in the event of an emergency, children will not leave the premises, including any walks or visits to the local playground. Such events will be planned and permission secured in advance.

When planned activities at our program require transportation (i.e., field trips), the methods used will be in accordance with the Department of Human Services' regulations and Minnesota law. The Center charters a school bus for field trips. Car seats are not required for school bus transportation. Children will learn rules for bus safety (staying seated, hands inside the bus, holding the rail, exiting the bus, emergency exit, etc.).

While on field trips, the Center will abide by appropriate teacher/student ratios as described on page 3 under Classroom Teacher/Student ratios. The Center always invites parent volunteers to chaperone field trips and has historically enjoyed a high level of supervision for offsite excursions. The Center's practice is to provide each child taken on off-site excursions with a t-shirt or name tag with the Center's phone number. In addition, head counts are taken regularly during off-site excursions to ensure all children are accounted for, specifically before leaving the site and matching with permission forms, on the bus before leaving, regularly throughout excursion transitions, on the bus before returning, and upon arrival again in the classroom.

Obtaining written parental permission before each occasion of research experimental procedure or public relations activity involving a child: No research experimental procedure or public relations activity shall be conducted without obtaining written permission from the parent or guardian for each occasion. The Center will take photos of the children while on field trips or while engaged in a learning activity for the purpose of sharing them with parents, for special art projects, and for display within the center on bulletin boards. Occasionally, the Center will use photos in brochures

and on the website. Upon enrollment, parents will be asked to sign an enrollment authorization granting the Center permission to use such photos for promotional use. The form will allow parents the option to opt out of sharing images of their children for promotional use.

The presence of pets: No pets are allowed at Bilingual Child Care & Education Center, Inc. For learning purposes, insects, small reptiles, or other small animals may be used in conjunction with a presentation made by professionals.

Confidentiality: All personal, health, academic, and behavioral information of children and families shall remain confidential. All written and electronic records are maintained centrally in a locked office. Some pertinent children's information is also maintained secure within the classroom for daily use/access by teachers for the children in each classroom. All staff who work directly with children, including Administrators and Teachers, are authorized to access children's confidential personal and health information to provide the best care possible. All staff are trained to understand that no child's personal, health, or behavioral information shall be discussed with other participating families or outside of the Center's staff. No confidential information pertaining to a child, or their family, will be shared with an outside agency/organization without written consent authorizing the Center to do so. Children's files are accessible upon request from the child's parents or legal guardians as well as regulatory authorities. Internal staff communication and employment relationships with staff are also confidential and will not be shared with families.

Program Evaluation: Bilingual Child Care & Education Center, Inc. was evaluated formally for State Licensure by the Minnesota Department of Human Services prior to opening, again after the first year of operation, and ongoing annually according to the State's review process. The program plan was developed and is evaluated annually by the CEO and Administrators, who are teacher qualified. Annual program reviews include incidents, injuries, illnesses, complaints, and the overall program plan to determine whether any adjustments to policies are necessary. Adjustments to policies or the program plan will occur annually prior to the upcoming school year. Updated Program Policies, Child Care Program Plan, and Annual Calendar will be provided to parents each year with their contract renewal. Tuition price adjustments are made annually.

Parking: **ROSEVILLE:** Our Roseville Center's parking area includes spaces that run parallel to the front of the building, several diagonal spaces on the east side of the building, and a new parking lot behind the playground off Sandhurst. When entering to use the front drop off spaces please enter west to east and please do not park on the side of the drive near the city sidewalk. **MAHTOMEDI:** Our Center in Mahtomedi has ample parking in front and on the side of the building. We ask that you help us maintain friendly relationships with our neighbors by not parking in their dedicated parking spaces (Rose Plumbing, Astound, Aldi, etc.). The Center discourages vehicles left idling as we hope to prevent exhaust fumes from entering the building and causing air quality issues. Children should not be left unattended in vehicles outside of the Center.

Telephone Number for the Minnesota Department of Human Services, Division of Licensing: 651-431-6500

All information required by DHS is included in these Program Policies and the Center's Child Care Program Plan. A hard copy of these documents is provided to all parents upon enrollment, and they are accessible electronically on the Center's website. Both documents are updated annually for the upcoming school year.

Behavior Guidance Policies

Bilingual Child Care & Education Center, Inc. utilizes a positive behavior guidance approach to help children build self-esteem, confidence, creativity, independence, self-discipline, safe behaviors, and good manners in their interactions with other children and adults. The Center employs numerous strategies and tools to achieve this goal:

- The Center provides a developmentally appropriate environment that keeps children positively engaged.
- Teachers develop positive and respectful relationships with children as caring adults.
- Children learn the daily schedule, expectations, and simple classroom rules to follow. Classroom rules include 1) raise your hand (*levanta la mano*); 2) share with your friends (*todos compartimos*); 3) use words (*usa palabras*); 4) always walk (*siempre caminamos*); 5) speak quietly (*hablar en voz baja*).
- Teachers give notice to prepare children for transition times.
- Redirection is often used as a first method of distraction with behavioral challenges.
- The Center employs various strategies to develop a calm classroom environment that protects the safety of children and staff.
- Each classroom has a calm down area where children are empowered to gain composure and control of their feelings and emotions, and a consistent behavior management process is followed.
- Teachers encourage independence, self-confidence, and pride and reduce conflict by offering choices, providing positive reinforcement, and teaching children acceptable alternatives to problem behavior.
- The Center's curriculum, The Creative Curriculum, includes an array of social emotional learning activities that are incorporated into activity times throughout the day to teach skills such as sharing, listening, responsibility, and many others.
- The Center teaches a manners curriculum that includes learning to say good morning and goodnight/goodbye (*buenos días, buenas tardes, hasta mañana*), please and thank you (*por favor y gracias*), excuse me/I'm sorry (*discúlpame/perdóname*), along with table manners.
- The Center incorporates the use of several social emotional books about friendship, respect, and others.
- Teachers model positive behaviors and incorporate individualized teaching about positive behaviors, empathy, kindness, sharing etc., both proactively and during teachable moments.
- Children are provided natural/directly related and immediate consequences to unacceptable behaviors such as losing privileges, having to clean up messes, saying you are sorry, etc.
- Teachers encourage good communication and collaboration between home and school to address behavioral challenges in partnership through directed strategies.

Successful participation in our language immersion setting: The purpose of this policy is to set parameters for behavior expectations among enrolled children and define the limits of interventions that parents can expect from our center. We provide an engaging, developmentally appropriate, early learning, language immersion environment for groups of young learners. As such, there is an expectation that children will be able to reasonably adapt to a group learning environment within 2-4 weeks. Behavioral circumstances that chronically require one-to-one interventions and attention that detracts from the overall environment and experience of the group and are too much to ask of teachers caring for a large group of young children. We do not staff our center with behavioral specialists, nor are we structured to provide extensive individualized care or behavioral interventions. Our group, language-immersion setting may not be a good match for the specific behavioral situation of every child, and we understand that some children may be more successful in a smaller or other type of setting. ***We believe every child deserves attention, positive interventions when necessary, and to participate in a setting that can best serve their individual needs.***

Successful initial and ongoing integration: Upon enrollment, teachers will work with children and families to implement our “Strong Start/Comienzo Fuerte” approach. During the first four weeks of enrollment, teachers and administrators will help you and your child adjust to our routine and environment and build positive relationships. If a child is having trouble adjusting to our routine, is exhibiting challenging behavior, or if new behaviors emerge over time, teachers will work with parents to implement corrective/adjustment strategies. In such situations, parents will be provided information about the challenging behaviors observed in our setting, the strategies being implemented at school, and suggestions for support at home. This may include developing an ICCPP. Parents will be asked to sign a behavioral acknowledgement and home/school partnership form. There are times when we determine we are not the right setting for a child, or that parent expectations are misaligned with our program. In such situations, a referral to an alternate setting may be made. *(See below section on referrals to alternate settings.)*

Examples of challenging behaviors: Biting, scratching, spitting, hitting, kicking, pushing, throwing objects, use of toys or objects as weapons, wrestling, disrespect of adults/teachers, lengthy/chronic emotional outbursts, use of inappropriate words, destroying property, inability to follow instructions or routines, chronic hyperactivity/running around the classroom, and others. In extreme circumstances, parents may be asked to replace center materials that are willfully destroyed by their child.

Definition of persistent challenging behavior: The Center defines persistent challenging behavior as **five episodes in a week or eight or more within two consecutive weeks**. This is a basic framework that may be adjusted depending upon the severity of the behavior. Each incident will be recorded in a behavior log and parents will receive written reports. If a child reaches this threshold, or in cases of more severe circumstances, a behavioral plan and ICCPP may be developed for the purpose of attempting to correct challenging behaviors. The Center reserves the right to refer children to alternate settings as deemed necessary.

Separation: Children may be separated from the group temporarily **if other less intrusive methods for guiding behavior have been ineffective, and the child's behavior threatens their well-being or the well-being of other children or staff.** For less severe behavior, separations will include spending time one on one with the teacher in the classroom and possibly spending time in the quiet area (an open, unenclosed space within the classroom that has sensory tools, books, and stuffed animals). In more severe circumstances, an Individualized Child Care Program Plan (ICCPP) may be required that could include strategies such as additional support from administrators/other staff, a visit the office, a call to parents, or a walk outside the classroom. In all circumstances, once the child's behavior is under control, the child will immediately return to the group. If behavior is severe, a child may be sent home. Infant children up to 16 months must not be separated from the group as a means of behavior guidance. All separations from the group will be recorded on a daily log that includes the child's name, the staff person's name, the time and date, and information indicating what less intrusive methods were used to guide the child's behavior. It will also describe how the child's behavior continued to threaten the well-being of the child or other children. If a child is separated from the group three or more times in a day, the parent will be notified, and notification will be indicated on the daily log.

Corporal punishment will never be used as a discipline technique. It is seen as a discipline method that has an immediate short-term effect based on control and fear. We would rather establish a relationship of trust and encourage the child's understanding of his/her behavior. Corporal punishment includes but is not limited to rough handling, shoving, hair, or ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking. Early childhood development staff members are also prohibited from using verbal or emotional abuse that includes, but is not limited to, name calling, shouting, ostracism, shaming, making derogatory remarks about a child or the child's family, or using language which threatens, humiliates, or frightens a child. Children will not be punished for lapses in toilet habits. Food, light, warmth, clothing, or medical care will not be withheld as punishment for unacceptable behavior. No prone restraint or restraint that is contraindicated for a known medical or psychological condition will be used. A child may only be restrained by physically holding them in a safe position if it is necessary to protect a child or others from harm.

Outside services provided onsite at our Center: Parents may contact the early childhood office within their public school district or seek other outside community services for special needs. Parents may request that the Center accommodate onsite supportive services for children with special needs (mental health, behavioral, physical, speech, developmental, etc.). We will do our best to accommodate such requests but reserve the right to decline if deemed appropriate. Any outside professional must complete a visiting professional form prior to commencing services and will be supervised by Center staff. When appropriate, the Center will coordinate training and make provisions to accommodate special needs if it is determined that doing so would not cause undue hardship for the Center or minimize the quality of care and education provided to all children.

When we refer children to an alternate care/learning setting: If ICCPP and behavioral strategies are unsuccessful, or if there are other circumstances, we may refer your family to seek an alternate care and learning environment. When possible, the Center will provide a two-week notice to parents, but reserves the right to issue an immediate or shorter notice of disenrollment as deemed necessary. Re-enrollment will not be considered following a referral to an alternate setting.

Tuition and Deposit: The enrollment agreement describes the terms of each family's financial commitment to the Center. **In situations when a child is referred to an alternate setting, the 4-week financial commitment applies, regardless of the final date of attendance.** A referral to an alternate setting does not free a family of their contractual, financial obligation. When you sign the enrollment agreement, you assume responsibility for your behavior and accept the responsibility for the behavior of your child.

Health, Emergency, and Accident Policies

Health care summary and immunization records:

- Before a child is admitted to the Center or within 30 days of admission, a report on current physical examination of the child signed by the child's source of medical care will be submitted to the center. The report should include documentation of any known allergy.
- For children already admitted to the center, an updated physical examination and vaccinations administered will be submitted following each well-child visit. We are required by DHS licensing to obtain an updated report of physical examination signed by the child's source of medical care at least annually for children under 24 months of age, and whenever a child 24 months or older advances to an older age category (at 33 months).
- **Immunizations Required for Day Care:** The DTP, Polio, MMR, Hib, Varicella/Chickenpox, Pneumococcal (PCV), Hep B, and Hep A shots are required for participation in childcare. The rotavirus, flu, and COVID-19 shots are not yet required but are highly recommended for all infants and young children. For any child enrolled in the Center, parents must provide documentation of current immunizations before care begins, according to Minnesota Statutes, section 123.70. **Only children with a medical reason for not receiving a shot may be granted an exemption to these requirements.** Parents claiming a medical exemption must provide support with a written and signed physician statement detailing the reasoning to support the delay of or exemption of one or more vaccination. If a medical exemption is claimed, supported, and approved, parents must provide a signed notarized statement found on page 2 of the MDH immunization form.
- Children's health files are kept current by updating as needed, but at least annually. The content of the file is confidential, but is immediately available to administrators and teaching staff, others who have consent from a parent or legal guardian for access to records, the child's parents or legal guardian, and regulatory authorities upon request. The Center completes an anonymous immunization report to the Minnesota Department of Health annually.
- When a child is overdue for any routine health services, parents, legal guardians, or both must provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which a child is medically exempt or when parents are using exemption based upon a provable sincerely held religious belief.
- Parents who are claiming a medical or religious exemption to immunizations will be notified if a vaccine-preventable disease to which children are susceptible occurs in the program. Under such circumstances a child without immunizations to any vaccine preventable illness may be excluded from the program and the advice of a medical professional will be sought to determine when they are eligible to return. Similarly, an unvaccinated child who would otherwise have an exemption but has a disease for which the child was not vaccinated may be excluded from the program.

Care of a child who becomes sick at the Center and parent notification practices:

- If the staff determines that a child is ill, the parents (or emergency contact listed) will be contacted, and a staff member will then isolate the child until the parent or emergency contact arrives. A sick child will be isolated in a quiet place in the classroom or with administrative staff until someone arrives to pick them up.
- If a child's source of medical or dental care diagnoses a child as having a contagious disease, **the parent or guardian is required by our Center's policies to inform the Center within 24 hours** exclusive of weekends and holidays.
- The Center will notify all parents of contagious illnesses reported to the Center the same day or within 24 hours via Brightwheel.
- Health authorities will be notified within 24 hours of receiving the parent's report of any suspected case of a reportable disease. See this link for the list: <https://www.health.state.mn.us/diseases/reportable/disease.html#NaN>.
- In the event of a life-threatening or major medical emergency to a child, one staff member will remain with the injured or ill child and another staff member will call 911. The parents will be notified as soon as medical care has been requested. If they cannot be contacted, people listed on the emergency contacts form will be contacted. Transportation to a care facility will be arranged through a rescue team or the child's parents.
- All accidents, injuries, or incidents involving a child enrolled at Bilingual Child Care & Education Center, Inc. will be recorded, including persons involved, date and place, type of injury, action taken, and to whom the incident was reported.
- An analysis of the accident, injuries, and incident procedures will be reviewed annually and modified as needed. Policies will be modified based on findings.

The Storage and Administration of Medicine: All medications are provided by parents and will be stored within each classroom out of the reach of children in a medications bin along with documentation. Medication requiring refrigeration will be stored in the kitchen. **Prescription medications** will only be given with written authorization from the child's licensed health care provider (prescription label) and parent/guardian (the Center's Medication Administration Form). Please let your child's teacher know about medication your child is taking at home. Staff will help you look for side effects from the medication and let you know if any are seen. Medication Administration Forms are available in hard copy to keep on hand at home as well as on the Center's website.

Please complete the Medication Administration Form if your child needs medication while in our care. We suggest keeping a blank copy of this form at home so it can be completed before coming to the Center. This will allow you time to speak with your child's teacher about the medication. Administrators and teaching staff who administer medication are trained on the practice of the six right practices of medication administration: (1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) via the right route of administration (6) and with the right documentation. Each of these six rights will be followed each time a medication is given.

Prescription medications will only be given as prescribed by a licensed health care provider (physician, physician assistant, dentist, or certified nurse practitioner). Medications are labeled with the child’s first and last names, the date either the prescription was filled, or the recommendation was obtained from the child’s licensed health care provider, the expiration date of the medication or the period of use of the medication, the manufacturer’s instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it.

Over the counter medications will only be administered with written parental permission and instructions. These products must be used according to the manufacturer’s instructions. If the dosage or instructions differ from the manufacturer’s instructions, written permission from a licensed health care provider will be needed. Containers must be labeled with the child’s full first and last name and date. Outdated medications will not be given. Diaper rash products and sunscreens (administered May – September) are an exception, and need written approval only, which is included in the Center’s enrollment authorizations. All medications must have a legible label on the container. Your medication container will be returned to you when it is completed. The Center will not administer homeopathic medications.

Exclusion of Ill Child: The Department of Human Services requires that we exclude a child with an illness or condition that the Commissioner of Health determines to be contagious, and a licensed health care provider determines has not had sufficient treatment to reduce the health risk to others.

We will follow the exclusion guidelines listed below which are adapted from INFECTIOUS DISEASES IN CHILD CARE SETTINGS AND SCHOOLS: INFORMATION FOR ADMINISTRATORS, CAREGIVERS, AND PARENTS OR GUARDIANS, prepared by Hennepin County Community Health Department, Epidemiology and Environmental Health. (We also exclude teaching and kitchen staff based on these guidelines and others from the Minnesota Department of Health Food Code.) We must exclude a child with any of the following conditions:

Chicken Pox	Until all the blisters have dried into scabs and no new blisters or sores have started within the last 24 hours; usually by day 6 after the rash began.
COVID	We will follow Hennepin County Infectious Disease Manual recommendations for COVID exclusion in child care settings.
Eye drainage	Until 24 hours after treatment begins when purulent (pus) drainage and/or eye pain is present, or a medical exam indicates that a child may return.
Diarrhea	Until 24 hours after diarrhea stops or a medical exam indicates that it is not due to a communicable disease. Diarrhea is defined as three or more abnormally loose stools in 24 hours compared with a person's normal pattern, along with decreased stool form and/or watery, bloody or mucus-contained stools.
Sores	Until a medical exam indicates the child may return or until sores have healed.
Fever	Axillary (armpit) temperature: 100 degrees F or higher. Measure temperatures before giving medications to reduce fever. Child must be free of fever for 24 hours without fever reducing medications before they may return to the Center. Fevers due to recently administered/documentated vaccines will be evaluated case by case.
Impetigo	Until treated with antibiotics for 24 hours and sores are drying or improving.
Lice (head)	Until at least one treatment is complete, 1 full day, and no live lice or eggs are present.
Rash	Until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion (i.e., chicken pox, measles, roseola, rubella, shingles, strep throat).
Respiratory Infections	Until a child is without fever and is well enough to participate in normal activities. No exclusion for other mild respiratory infections without fever as long as a child can participate comfortably.
Ringworm (skin & scalp)	Until 24 hours after treatment has been started.
Scabies	Until 24 hours after treatment has been started.
Signs/symptoms of possible severe illness	Usually tired, uncontrolled coughing, irritability, persistent crying, difficulty breathing, wheezing or other unusual signs for the child; should be evaluated by the child’s health care provider to rule out illness.
Streptococcal Sore Throat	Until 24 hours after antibiotic treatment begins and child is without fever for 24 hours.
Vomiting	Until 24 hours after vomiting stops. Vomiting is defined as two or more episodes in the previous 24 hours.
Other	A child may also be excluded from care if they are unable to participate in childcare program activities with reasonable comfort, including outdoor play or if they require more care than staff can provide without compromising the health and safety of other children in care.

Allergy Prevention and Response: Upon a child’s enrollment, the Center will collect documentation of any known allergy from the parent and medical provider that will be maintained in the child’s record. This should include an Allergy Action Plan (also called an Individual Child Care Program Plan ICCPP) that will include a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, procedures for responding to the reaction to include medication, dosages, and the doctor’s contact information. To ensure the child’s allergy is properly managed while in the care of the center, the Center will:

- Keep documentation that staff responsible for the child have reviewed the plan,
- Provide basic training to all staff in allergy prevention and response,
- Update the child’s record annually or following any changes to the plan and keep documentation that staff have been informed of the changes,

- Maintain a copy of the plan and associated medications accessible to the direct staff at all times (When on field trips or neighborhood walks, the plan and medications will be carried along in the first aid bag.),
- A list of all food allergies will be kept current and posted in the kitchen, cafeteria, and in each classroom.
- In the event of an exposure or allergic reaction that requires medical attention, the Center will contact the child's parents as soon as possible. If epinephrine is administered to a child at the Center, emergency medical services will be contacted.

Special Needs: Parents/guardians have the responsibility to inform the Center when their child has any special medical conditions, needs, or allergies so that we can provide appropriate care and support. If your child has a special need and is (one or more of the following):

- Eligible for case management through the state and has an Individual Service Plan (ISP),
- Receiving services through the local school district and has an Individual Educational Plan (IEP),
- Determined by a licensed physician, psychiatrist, or consulting psychologist to have a condition related to a physical, social, or emotional development,

You will be asked to share the ISP and/or IEP with us. In addition, state licensing regulations require us to develop an Individualized Child Care Program Plan (ICPP) with you that will assist us in meeting your child's needs. In some cases, this plan must be signed by your child's licensed health care provider as listed in your registration materials and be reviewed annually to assure that necessary modifications are made to the plan of care. If special needs require our staff to be trained to perform a new skill, we will ask that you arrange for this training. If a child has an Individual Child Care Plan that includes the management of a medical condition, an adult trained in the care of the procedure must be onsite whenever the child is present (See also **Outside Services Provided Onsite at our Center**, page 7).

Nap Policies:

- Confinement limitation: A child who has completed a nap or rested quietly for 30 minutes will not be required to remain on a cot or in a crib.
- Parents requesting children not nap: Napping/resting is a part of our daily 10.5-hour schedule. We are unable to comply with parent requests that children not nap or have a shorter nap. If children are tired and fall asleep at nap time, staff will not forcibly wake them up or prevent them from napping. We believe children need rest as a healthy and important part of their daily schedule that supports their positive participation and development. This also applies to infants and we will do our best to follow appropriate sleep schedules.
- Placement of Equipment: Cots and cribs will be placed clear of aisles and in a place where there is unimpeded access for adults and children on at least one side of the equipment. Cribs and cots will be placed directly on the floor and not stacked when in use. Naps and rest are provided in a quiet area that is physically separated from children engaged in an activity that will disrupt sleeping children. Children will sleep head to toe as an effort to reduce potential passing of any airborne illnesses.
- Bedding: Separate crib bedding will be provided for each infant and will be washed weekly and when soiled or wet.
- Crib Standard: A crib is provided to each child up to 16 months of age, although cots may be used for children ages 12-15 months. The cribs are safe, sturdy, and conform to Code of Federal regulations and Minnesota Statute sections 245A.146 which requires routine crib inspections. Monthly crib checks are performed using the DHS crib check form. Staff will place the infant in a crib directly 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. Staff must not place anything in the crib with the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16, part 1511. The pacifier must be free from any sort of attachment.
- Infant Sleeping Position: When placing infants to sleep, the Center follows Minnesota Statute section 245A.1435. When placing an infant to sleep, staff will place the infant on the infant's back, unless documentation has been received from the infant's physician, advanced practice registered nurse, or physician assistant directing an alternative sleeping position for the infant. The physician, advanced practice registered nurse, or physician assistant directive must be on a form developed by the commissioner and must 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 six months of age or if a signed statement has been received from the parent indicating that the infant regularly rolls over at home.
- If an infant falls asleep before being placed in a crib, staff will move the infant to a crib as soon as practicable, and must keep the infant within sight until the infant is placed in a crib. When an infant falls asleep while being held, staff 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.
- When a license holder places an infant under one year of age down to sleep, the infant's clothing or sleepwear must not have weighted materials, a hood, or a bib.
- A license holder may place an infant under one year of age down to sleep wearing a helmet if the license holder has signed documentation by a physician, advanced practice registered nurse, physician assistant, licensed occupational therapist, or licensed physical therapist on a form developed by the commissioner.
- Placing a swaddled infant down to sleep in a licensed setting 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 according to this paragraph, staff may place the infant who has not yet begun to roll over on its own down to sleep in a swaddle. A swaddle is defined as a one-piece sleepwear that wraps over the infant's arms, fastens securely only across the infant's upper torso, and does not constrict the infant's hips or legs. If a swaddle is used, staff must ensure that it meets the requirements, and is not so tight that it restricts the infant's ability to breathe or so loose that the fabric could cover the infant's nose and mouth. Prior to any use of swaddling for sleep, the center must receive informed written consent for the use of swaddling from the parent or guardian of the infant on a form developed by the commissioner.

First Aid Policies and Procedures:

- Procedures for first aid are found in written form in a booklet inside the first aid kit. The Center requires all teachers, assistant teachers, and aides to be trained within 90 days of employment in Pediatric First Aid, Pediatric CPR, and Abusive Head Trauma prevention (AHT - formerly Shaken Baby Syndrome). First Aid and CPR are repeated every two years and AHT annually. The Center follows the Sudden Unexpected Infant Death (SUID) risk reduction practices recommended by the Academy of Pediatrics and the Back to Sleep Program. All staff working with infants are trained in SUID risk reduction.
- All teachers are trained in safety rules to avoid injuries, burns, and traffic accidents, including appropriate lifting techniques.
- The classrooms have a first aid kit. The kits contain sterile bandages, band-aids, sterile compresses, scissors, an ice bag or cold pack, an underarm thermometer, and adhesive tape. It also includes a first aid manual. A first aid kit will be taken on field trips, on neighborhood walks, and to the gym/playground.
- The phone number for the local poison control center is posted in each classroom.

Safety Policies and Procedures:

- The **facility and equipment will be maintained** in accordance with the City building inspection code and per State childcare licensing guidelines.
- BCEC **prohibits smoking, firearms, and other significant hazards** that pose risks to children and adults. (The Center does not allow any toy weapons such as toys guns (Nerf/water/other), swords, light sabers, bow/arrow etc. even as part of a costume.)
- To avoid **injuries**, teachers/staff will maintain all hallways and rooms from objects carelessly littered which could cause tripping or falling. Children will be asked to walk and not run within the Center. Carpets and rugs will be maintained and free of edges that could cause tripping or falling. All hallways and rooms will be sufficiently lighted. No hazardous equipment will be used in the classroom or stored in any location in the Center that is accessible to children (classrooms, halls, entrance, playground, gym). Hazardous equipment includes items such as adult scissors, hot glue guns, paper cutters/other sharp utensils/tools, and others. The office, staff room, mechanical room, laundry room, storage, and kitchen are not areas accessible to children and as such, children are not allowed to enter these areas. Small children will not be allowed to carry sharp pencils or scissors. All large muscle equipment will be safe and used according to appropriate ages/developmental levels. All children will learn the rules of the classroom and how to safely use gym and playground equipment.
- To avoid **burns**, all heat sources will be kept away from children, no flammable cleaning products will be used, and there will be no smoking allowed on the premises. No hot food/beverages or devices used to warm food or beverages will be allowed inside the classroom or in any location at the Center that is accessible to the children.
- To avoid dangers of **outdoor play during extreme temperatures**, we follow the Child Care Weather Watch Chart: [weatherwatch.pdf \(c-uphd.org\)](#) in order to determine when it is appropriate to shorten outdoor play or remain indoors.
- To avoid **suffocation**, all heating equipment will be inspected regularly, the rooms will be well ventilated, and no plastic bags will be allowed in reach of children or any location accessible to children. Due to strangulation hazard, teething or sensory necklaces may not be worn.
- To avoid **traffic and pedestrian accidents**, children will be appropriately supervised on all occasions during which they take walks or are on field trips and they will be aware of the rule of holding hands, walking rather than running, and listening to instructions. Furthermore, children will not be taken on any walk via a route that does not have a safe sidewalk or path or that could present danger of a traffic or pedestrian accident.
- To avoid **poisoning**, no poisonous plants will be allowed on site and no poisonous cleaning or other products will be stored in a place accessible to children.
- To avoid **choking**, the room and halls will be kept free of small or sharp objects that children can choke on. Teachers/staff will ensure that snacks are appropriate for age/developmental level.
- Teachers will **avoid back strain** by using safe lifting techniques and avoiding lifting children unnecessarily. (lifting with legs, etc.)
- Caregivers/Teachers will take care to **avoid the dislocation of shoulders, elbows, or wrists** that would result from incorrectly picking up children or moving them using only one arm. Teachers will teach/encourage children to move independently and follow directions to prevent the necessity to pick children up. However, for toddlers and infants and in other cases when it becomes necessary for teachers to lift a child, it will be done safely using appropriate support under both of the child's arms using both hands and lifting with legs.
- Teachers will **prevent finger pinching in doors and cabinets** by using prevention barriers when possible and by teaching children to use doors safely.
- **Environmental exposure hazards** such as indoor/outdoor air pollution, noise, and stress are avoided by regularly inspecting all heating equipment and avoiding use of strong cleaning agents in the presence of children, staying indoors if summer outdoor pollution advisories are in force, and controlling noise and stress through a well-managed classroom environment.
- Each day teachers/staff will **conduct an inspection** of the hallways, bathrooms, classrooms, and indoor and outdoor play areas to assess/eliminate potential hazards.
- **Parents should cut children's fingernails short** to prevent scratches. Center staff are not allowed to cut babies' fingernails and **drawstring hoods for infants** are not allowed.

Supervision within the Center: All children are supervised by sight and sound at ALL times, except as otherwise indicated in licensing rules. Teachers will take attendance each day on the Brightwheel app. If anyone other than a parent/guardian is picking up they will be asked to sign the child out in the classroom with the teacher. Teachers will maintain attendance counts through Brightwheel, so they know exactly how many children are within their supervision at all times. During after hour events and after the child has been picked up from the classroom, parents/guardians assume full responsibility for the supervision of their child.

Transitions: Children will not be allowed to walk unsupervised in the hallway or in the bathroom. During transition times to the cafeteria/gym, playground, or elsewhere, teachers will count group numbers before leaving, frequently during the time outside the classroom, before leaving a location to transfer to another, and upon return to ensure all children are accounted for.

Preschool bathroom: When a single preschooler uses an individual, private restroom within the classroom with the door closed, supervision occurs when a program staff person has knowledge of the child's activity and location, can hear the child, and checks on the child at least every five minutes.

Nap time: All children will be supervised by sight and sound during nap time according to the supervision policy listed above. Staff supervising infants who are asleep in the crib room will conduct walk-throughs every five minutes and utilize a baby monitor at all times for the sound component of supervision. When older age groups are asleep (toddler and preschool), at least one staff person is within sight and hearing of the children at all times. The staff ratio and distribution requirements will be met when children begin waking up and additional staff will return to the group.

Teachers will exert extra vigilance on the playground and in the gymnasium when children are playing on equipment. Children will learn the appropriate ways to use equipment and will not be permitted to engage in dangerous play or misuse of equipment.

All classroom doors shall remain closed while children are present to prevent children from leaving the rooms unnoticed. The doors to the mechanical, laundry, kitchen, storage, adult bathrooms, staff room, and the kitchen will always be closed during the day to prevent children from entering areas where they should not be. Children will be taught to walk quietly and in an orderly fashion in line to reach their destination.

Neighborhood Walks (playground, library, etc.): Infants taken on walks will do so in a multi-seat carriage. Toddlers and preschool age children who participate in neighborhood walks will use the ring line. Neighborhood walks will be limited to a four-block radius of the Center.

Field Trip Supervision: On field trips, a student teacher/volunteer/staff ratio of no more than 1:5 will be maintained. Any parent or other volunteer chaperone who is helping to supervise children during field trips and who has not undergone a background check through the Center will not be allowed to separate from the group or be alone with the children at any time. Staff will accompany children to the bathroom. All regular volunteers and parents who wish to formally volunteer at the Center will undergo a background check through the state.

Procedures to follow in the event of a blizzard, tornado, or other natural disaster: The Center will conduct monthly tornado drills from April to September and maintain a log indicating the time and date. The site's designated emergency shelters are within closed spaces in the interior of the building as indicated on a map within each classroom. In the event of a tornado, blizzard, or other natural disaster, children will be moved to that location.

Building Evacuation: In the event of a building evacuation for fire or any other reason for which we are unable to return to the building immediately, the children will be taken to specified alternate locations (Roseville-Roseville Park building or Library; Mahtomedi-Wedgewood Park or Aldi). Parents will be notified on Brightwheel, (text or email) or by phone to pick their child up at the alternate emergency location.

Emergency Preparedness Plan: The Center maintains an Emergency Plan per Minnesota Statutes, section 245A.41, subdivision 3, for each location. The plan includes procedures for an evacuation, relocation, shelter-in-place, or lockdown. The Center's designated relocation sites are listed in the individualized plans for each site. The plan also includes procedures for parent notification in the event of an evacuation and relocation, accommodations for children with disabilities or medical condition including access to vital medications, procedures for continued operations following such an event, and communication with local emergency management officials and authorities. This summary serves as parent notification about our Emergency Preparedness Plan. Please contact the Executive Director should you have any further questions.

Procedures for fire prevention and procedures for staff to follow in the event of a fire: The Center conducts monthly fire drills and maintains a log of the dates/times completed. Within each classroom, we post a map of the Center indicating primary and secondary fire exits/evacuation routes along with other building evacuation exits. We also post the telephone number of the fire department and the staff members responsible for the evacuation of the children in all areas of the Center. Each classroom has a direct/dedicated fire exit (in Roseville). Fire extinguishers are accessible throughout the building with posted instructions on how to operate them and close off a fire area. Staff receive training annually on fire extinguisher operation and procedures.

Procedures to follow when a child is missing: In the event that a child is missing while under the care of Bilingual Child Care & Education Center, Inc., the following procedures will be followed: 1) a search of the building will be conducted, 2) an administrative staff member will call 911, and 3) the parent, guardian, or emergency contact will be contacted as soon as emergency help is obtained.

Procedures for unauthorized pick up, an incapacitated person attempts to pick up a child, a person suspected of abuse attempts to pick up a child, or no one comes to pick up a child: If teachers/staff do not recognize a person who attempts to pick up a child, they will check the list of authorized people within the child's file and request identification. No child will be released to an unauthorized person.

No child will be released to an individual who is incapacitated, smells of alcohol or marijuana, is or suspected of abuse. In any of the above cases the individual attempting to pick up will be asked to phone for an alternate approved person to pick up the child. If the individual does not cooperate with the request, teachers/staff will call 911 and the child will stay at the Center until the proper authorities arrive to address the situation.

If a child is not picked up by their designated pick-up time or closing time, staff will call the parents/guardians or the emergency contact person. If neither can be reached, staff will remain at the Center with the child for 30 minutes and continue to attempt to reach parents/guardians or emergency contacts. If no one can be reached after 30 minutes, staff will call the police and follow their instructions. A note will be left at the door for the parents regarding the situation and a phone number to call. Under NO circumstances will the staff transport a child.

Sources of Emergency Medical Care (911 or designated medical source): In the event of a medical emergency, teachers/staff will call 911 to obtain emergency medical care.

Procedures for Recording Accidents, Injuries, and Incidents Involving a Child Enrolled in the Program: A record of accidents, injuries, and incidents will be maintained on file at the Center and will include the name and age of the person(s) involved; the date and place of the accident, injury, or incident; the type of injury; actions taken by teachers/staff; and to whom the accident, injury, or incident was reported.

The Executive Director will report to the Department of Human Services within twenty-four (24) hours:

- 1) Any injury to a child while in care at the program that requires treatment by a health care provider or the use of emergency medical services.
- 2) The death of a child while in care at the program.

The Executive Director or designee will report within forty-eight (48) hours the occurrence of a fire during the hours of operation if the fire requires the services of the Fire Department.

Procedures for Mandating an Annual Analysis of Accidents, Injuries, and Incidents, and Modifications of the Program Policies Based on the Analysis: An analysis of the accident, injuries, and incident records will be conducted annually by the Executive Director to ascertain whether modifications to the Center's policies, practices, or training is needed. If decisions about the analysis pertain to the Executive Director of the Center, the CEO or another administrator will conduct the analysis. Administrative staff will consult with the Minnesota Child Care Health Consultants for guidance on necessary adjustments to policies.

Hand Washing: Frequent and thorough handwashing is required by all staff, volunteers, and children to reduce the risk of transmission of infectious diseases. Staff and children will be taught hand-washing procedures and staff will monitor and assist young children and children who are unable to perform thorough hand washing on their own. Hand washing will occur upon arrival for the day; after returning from the gym or outside; after diapering or using the toilet; after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit); before and after meals and snacks, before and after preparing/serving food; after playing in water that is shared by two or more people; after handling any materials such as sand, dirt, or touching surfaces that might be contaminated by contact with animals; when moving between classrooms; before and after administering medication; after assisting a child with toileting; and after handling garbage or cleaning.

Proper hand-washing procedures followed by adults and children include using liquid soap and running water; rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water). Gloves are required for staff and volunteers when handling blood or bodily fluids that might contain blood. Hands must still be washed after removing gloves. Wearing gloves is not a substitute for hand washing in any required hand-washing situation listed above. Hand washing sinks will only be used for washing hands and not for bathing children or for removing smeared fecal material.

Communal Water Play: During activities using water, precautions are taken to ensure that communal water play does not spread infectious diseases. No child will drink the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water will be used, and the water will be discarded immediately after use by one group.

Procedures for Food Prepared Onsite: Bilingual Child Care & Education Center, Inc. will follow all procedures outlined by the Minnesota Department of Health and County Regulatory authorities that issue the annual food license. With the guidance of teachers, children will on occasion participate in cooking projects for educational purposes and be allowed to eat what they have prepared.

Sanitation Procedures and Practices for Food Not Prepared by the License Holder: Sanitation procedures for preparing, handling, and serving food, and washing food, utensils, and equipment comply with the requirements for food and beverage establishments in chapter 4626. Bilingual Child Care & Education Center, Inc. will maintain hot and cold food temperatures at safe levels. The refrigeration will have a temperature of 40 degrees Fahrenheit or less. Raw, whole fruits and vegetables will be washed before cutting and serving. Utensils and equipment will be washed/sanitized before and after each use. Tables and highchair trays used for meals are washed with soap and water and sanitized before and after each use. Parents providing bag lunches from home should control the temperature using a thermos and/or ice pack.

The Center will accommodate a child's **special dietary needs** prescribed by the child's source of medical care or the parent and serve special foods provided by the parent that are not part of the menu plan. The Center will maintain the prescribed diet order and its duration specified in the child's record. All teachers/staff designated to provide care for the child will be informed of the diet order. When needed, program staff will maintain a daily record documenting the type and quantity of food a child consumes and provide families with that information.

Information about food allergies of the children in the Center will be available in the area where food is prepared or served to children, including within each classroom. All staff providing care for the child will be informed of the allergy.

The Center is committed to making sure children have access to water throughout the day. The Center has a safe public water supply. Drinking water is available to children throughout the hours of operation and offered at frequent intervals. Drinking water for children is provided from a drinking fountain accessible to children. For greater accessibility, the center encourages families to provide a daily personal water bottle that they recognize and that is labeled with first and last name and washed and sanitized each night at home. The Center will refill bottles when empty. The Center will provide a sippy cup or water bottle for each child who is not bottle fed or who does not have a bottle from home. Center owned drinking cups and

water bottles are labeled with the child's first and last name and their photo for storage and access in their classroom. Each day, center-owned cups and bottles are filled with fresh drinking water and washed and sanitized in a commercial dishwasher as needed and at the end of the day. Water bottles will only be used for water and they may be carried to the playground in a bin for access while outdoors.

Food Brought from Home: Sanitation procedures and practices for food will be in accordance with licensing and health department guidelines. If food is brought from home to share with other children (i.e., for special occasions) it must be commercially prepared and packaged. In efforts to limit the service of sugary items, the Center hosts a monthly birthday celebration for all children celebrating their birthday that month by providing mini cupcakes at afternoon snack along with the regular nutritious snack. We prefer parents do not send additional sugary snacks to share for birthdays.

Diapering Procedures and Practices Developed in Consultation with a Health Consultant:

- Diapering procedures are posted in the diapering area.
- Our Center will allow both commercially available disposable diapers, pull ups, and cloth diapers with an absorbent inner lining completely contained within an outer covering made of waterproof material. Cloth diapers and the outer covering are changed as a unit and will be sent home daily for laundering in a plastic bag or other bag provided with the diapers.
- Staff check/change children for signs that diapers or pull-ups are wet or soiled at least every 2 hours when children are awake and when children awaken. Diaper rash products will be applied with a clean glove.
- Diapers/pull-ups will only be changed in designated diapering areas in the classrooms or in the bathrooms.
- The diapering area is separate from the food storage, preparation, and eating area.
- The diapering area has a smooth non-absorbent diaper changing surface and floor covering.
- Soiled diapers are disposed of properly.
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.
- Staff and children wash hands with soap and water according to diapering procedure.
- Children are not allowed pacifiers, toys, baby bottles, food, or bibs in the diapering area. The diapering area is cleaned and disinfected after each diaper changed.

Equipment

- Staff assemble all equipment needed prior to initiating diaper procedure.
- Staff use disposable, nonabsorbent paper that is the length of the child under each child. Disposable gloves are also used.
- Liquid soap and single service paper towels are available within reach.
- Skin care items are within provider's reach but out of reach of the child.
- To prevent disease transmission, soiled clothing and cloth diapers are sent home with the parents in disposable plastic bags. Plastic bags are stored out of reach of children. Staff do not rinse out clothing or cloth diapers that are soiled with blood, urine, stool, or body fluids.
- Staff use a tightly covered container with a working foot-operated lid, lined with disposable plastic bags for diaper disposal. Bags for soiled cloth diapers will also be stored in foot-operated cans until returned to parents at the end of the day. Children are not allowed to access the diaper garbage cans. The diaper garbage containers are emptied when full and at least daily and are cleaned and disinfected daily.
- Contaminated cleaning and disinfecting liquids are dumped into the mop sink in the utility room, not the sink.

Cleaning supplies

- 1) Disposable towels
- 2) Non-latex gloves
- 3) Cleaning solution – soap and water
- 4) Disinfecting solution – The Center uses a commercially mixed quat-disinfecting solution. The area to be disinfected is saturated with the solution, air dries, and is not rinsed.

Our program receives health consultation services from Minnesota Child Care Health Consultants, Inc., 2475 Keller Road, Long Lake, Minnesota 55356. The agency phone number is 612-500-1880. All Health Consultants are Registered Nurses, and some have certification in Public Health.

Handling and Disposal of Bodily Fluids: The Center will handle and dispose of bodily fluids appropriately. Any surface that comes in contact with potentially infectious bodily fluids, including blood and vomit, will be cleaned and disinfected per Minnesota Rules, part 9503.0005, subpart 11. Blood-contaminated material will be disposed of in a plastic bag secured with a double knot. Any sharp items used for a child with special needs will be disposed of in a Sharps Container. The container will be stored out of the reach of children in the office and in the staff room. Also accessible within the Center are disposable gloves, disposable bags, and eye protection.

Potty Training: We believe potty training is driven by physical and social/emotional developmental factors. We will work with children and families on potty training after they are at least 24 months old **and** when they begin to exhibit physical and social/emotional signs of readiness. We do not have any requirements that a child be potty trained in order to advance to another level room. Children who are not potty trained must wear diapers. We reserve the right to make this judgement call if children are not yet fully potty trained.

Maltreatment of Minors Mandated Reporting

Bilingual Child Care & Education Center, Inc. maintains a policy on maltreatment of minors mandated reporting in compliance with the Minnesota Statutes, section 260E.03. All teachers/staff will receive training on their responsibilities and training will be documented in individual personnel files, implementation will be monitored, and the formal policy will be readily accessible to all staff.

What to report

Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to [Minnesota Statutes section 260E.03, pages 3-6](#). Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last 3 years.

Who must report

If you work in a licensed facility, you are a “mandated reporter” and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. In addition, people who are not mandated reporters may voluntarily report maltreatment.

Where to report

If you know or suspect that a child is in immediate danger, call 9-1-1.

Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the licensing Division’s Central Intake line at 651-431-6600.

Incidents of suspected maltreatment of children occurring within a family, in the community, at a family childcare program, or in a child foster care home, should be reported to the local county social services agency or local law enforcement.

For our centers, those numbers are:

Roseville: Ramsey County Social Services Division (Child Protection) at (651) 266-4500
Roseville Paul Police Department at (651) 792-7008

Mahtomedi: Washington County Social Services Division (Child Protection) at (651) 430-6457
White Bear Lake Police Department at (651) 429-8511

When to report

Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

Information to report

A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

Failure to report

A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.

In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations, and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03.

Retaliation prohibited

An employer of any mandated reporter is prohibited from retaliating against (getting back at):

An employee for making a report in good faith; or

A child who is the subject of the report.

If an employer retaliates against an employee, the employer may be liable for damages or penalties.

Staff training

The license holder must train all mandated reporters in their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. 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.

Provide policy to parents

For licensed childcare centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. This policy will be provided to all parents upon enrollment in the Center and will be made available upon request. It is also available on our website www.bilingualchildcare.com in the program policies.

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:

- Related policies and procedures were followed;
- The policies and procedures were adequate;
- There is a need for additional staff training;
- The reported event is similar to past events with the children, or the services involved; and
- 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 reviews completed

The internal review will be completed by the Executive Director of the center. If this individual is involved in the alleged or suspected maltreatment, the CEO will be responsible for completing the internal review.

Documentation of 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 to correct any current lapses and prevent future lapses in performance by individuals or the license holder.

Grievance Procedure for Parents

Bilingual Child Care & Education Center, Inc. maintains the following policy/procedure to address parent grievances. The Center encourages parents to first speak with the child's teacher if the concern relates to a classroom situation, occurrence, or other issue with the child. However, parents may also contact the Assistant Director or Executive Director to discuss their concerns. Policy, personnel, or procedural questions should be addressed to the Executive Director. A parent may elect to present a grievance in either a written or verbal fashion. For less serious grievances, the teacher or Assistant Director will take immediate steps to develop a suitable solution to the issue at hand and an informal follow up (e-message, phone, or in person) will be made to determine if the issue has been resolved to the parent's satisfaction.

For grievances of a more serious nature, a formal written response will be made to the parent within 48 hours from the Executive Director that summarizes the complaint and a plan to correct the issue. The Executive Director will present a formal letter after 30 days that summarizes the steps taken, communications exchanged, and whether the situation was resolved to the parents' satisfaction. If the situation has not been resolved, the process will begin again to find an alternative solution and will continue until the situation has been resolved to the parent's satisfaction.

All grievances will be documented, and copies of all relevant correspondence will be maintained in the child's file. The Center will review the grievance log every six months to assess patterns that create problems and to adjust policies and training to prevent future problems.

Drug and Alcohol Policy

Bilingual Child Care & Education Center, Inc. prohibits employees, subcontractors, or volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care. All employees, subcontractors, and volunteers will receive training on the drug and alcohol policy and documentation of training will be maintained in personnel files.