

WHITE EARTH RESERVATION

Licensing Requirements

For

Family & Group Child Care



White Earth Child Care Licensing Advisory Board

White Earth Child Care Program, White Earth Head Start Program, Star Adventure Child Care Center, White Earth Tribal & Community College, Indian Child Welfare Program, Clearwater County, Becker County, Mahnomon County, Region 4 CCR&R, Region 2 CCR&R, Indian Health Services

**WHITE EARTH RESERVATION LICENSING REQUIREMENTS
FOR FAMILY & GROUP CHILD CARE**

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LICENSING

License Applicant: A license to operate a Family & Group Family child care residence must be obtained from the White Earth Reservation Tribal Council hereinafter called RTC and the White Earth Child Care Program will be referred to as agency.

- A. Applicant must be an enrolled member or second generation descendent of a federally recognized tribe.
- B. Application for the license must be made on the form issued by the White Earth Child Care Program (agency).
- C. The applicant shall be the person who will be the provider of care in the residence, present during the hours of operation, and who shall be legally responsible for the operation of the residence.
- D. An application for licensure is complete when the applicant completes, signs and submits all forms and documentation needed for licensure to the agency and the RTC receives any or all inspection, zoning, evaluation and investigative reports, documentation required.

Licensing Study: The applicant shall give the agency access to the residence for a licensing study.

- A. If , in the judgment of the RTC representative, a potentially hazardous condition may be present, the applicant shall obtain an inspection from a fire inspector, building official or health officer to verify the absence of hazard and report to the agency.
- B. An initial inspection of the residence by the IHS Health & Safety Environmentalists inspector to determine compliance with the regulations found in the NEPA 101 Life Safety Code Book and the NFPA Inspection Manual. Compliance with correction orders issued are conditions of licensure for all residences.

Licensing Agency: The agency shall accept and process applications for licensure and recommend license approval and disapproval, suspensions and revocations.

- A. The agency shall conduct the initial licensing study of the residence and the investigation, of caregiver qualifications, and the annual re-licensing study.
- B. The applicant must complete and return a Criminal Background Check immediately to the agency for processing. This procedure takes two to four weeks
- C. The agency shall evaluate and recommend an application for approval or denial of licensure within 60 days after they have received all completed and signed forms, reports, evaluations, information and documentation required from the applicant all inspection, zoning and investigative reports required.

- D. If a recommendation cannot be made by the agency after all information, documentation and evaluations necessary have been received, the agency must inform the applicant in writing why a recommendation cannot be made within 60 days.

Disqualification Factors: An applicant or provider shall not be issued a license, or may have the license revoked, not renewed or suspended if the applicant, provider or any other person living in the child care residence, or who is present during the hours children are in care, or may be working with children, if any such person:

- A. Who has a negative result on their Criminal Background Check. The Child Care Program requires background checks on all individuals (13 years and older) who have access to children (or) who are in a home that is to be licensed for child care.

1. Issues of concerns that could result in a negative result are, but not limited to: homicides, sex crimes, arson, incest, crimes against persons, crimes of compulsion, theft and burglary, obscene telephone calls, child abuse/neglect, child protection/ substantial or unsubstantial reports.

- B. Drug Screening: The RTC and agency strive for a drug free environment for children. A provider has an obligation to be in suitable mental and physical conditions while doing child care. The agency is concerned and requires a drug free child care environment for the children. The use, possession, sale or purchase of any illegal drug or prescription drug without a valid prescription is prohibited while providing care for child care child(ren). Any substantial violation of this policy will result in immediate termination of license and/or payment from the agency. All Child Care and/or license homes will be subject to testing for drugs and/or alcohol or chemical dependency assessment upon request when ** “reasonable cause” is believed that a child care Provider is abusing drugs or alcohol. If a provider fails a drug screening test, they will be offered an opportunity for an assessment with a Chemical Dependency Counselor. The agency will *review* the Chemical Dependency Counselor’s recommendation and evaluate the *status* of their suitable to provider care. If the agency staff feels children placed with the provider are at *risk*, they have the right to immediately remove the children in child care and/or payment from the agency. A confidential letter noting a negative or positive result will be sent to the Director of the agency stating results of the test. The Director will notify the Child Care and parent (s) and will file them in the child care files.

** “Reasonable cause” includes, but not limited to:

1. Involvement in or responsible for an accident that caused or could have caused serious injury to a child care child.
2. Habits that appears the result of impaired judgment that may caused by drugs or alcohol.
3. Credible reports received by agency, Advisory Board members or RTC.

- C. Has mental illness and the behavior has or may have a negative effect on the ability of the provider to give care or is apparent during the hours children are in care.
- D. Has had parental rights involuntarily terminated.
- E. Refuses to give written consent for the disclosure of criminal history records.
- F. Has had a conviction of, has admitted to, or there is clear and convincing evidence indicating incest, physical abuse, sexual abuse or neglect.
- G. Has had a child placed in foster care within the past 24 months and the agency determines the reasons for placement reflect on the ability of the provider to give care. A license may not be denied if the primary reason for the placement was due to a physical illness of the parent, mental retardation of the child, a handicap of the child, or for the temporary care of an infant being relinquished for adoption.
- H. Has had a child placed in residential treatment within 12 months for emotional disturbance or antisocial behavior and the agency determines that the reasons for the placement reflect on the ability of the provider to give care.
- I. No individual shall be issued a child care license who possesses a current foster care license.

License Suspension or Probation: A license shall be suspended or made probationary if the provider, or any other person living in the child care residence or present during the hours children are in care or working with children, is awaiting trial for a crime.

Variance Standard: An applicant or provider may request a variance from the specified licensing requirements. When reviewing a variance request the agency shall assess whether alternative methods are identified by applicant or provider to ensure the health, safety and protection of children in care. A variance may be granted if:

- A. The applicant complies with all applicable laws and regulations.
- B. Specific equivalent measures are identified by the applicant or provider to ensure the health, safety and protection of the children in care.
- C. Any variance to the safety provisions is approved by a fire inspector and alternative measures are identified to ensure the safety of children in care.
- D. Any variance of the provisions relating to sanitation, health, water, food and nutrition are approved by a health officer and alternative measures are identified to ensure the health and safety of the children in care.
- E. Any variance of the provisions relating to stairways, decks and sewage disposal are approved by a health inspection officer and alternative measures are identified to ensure the health and safety of the children in care.

- F. Any variance from the “Disqualification factors” listed in paragraph F, must have clear and convincing evidence presented by the applicant or provider that no threat of harm whatsoever will result to the children in care if the variance were granted.

Variance Procedure: Request for a variance must comply with and be handled according to the following procedures:

- A. An applicant or provider must submit to the agency a written request for a variance. The request must include the following information:
 - 1. the sections of the Licensing Requirements with which the applicant or provider cannot comply;
 - 2. the reasons why the applicant or provider needs to depart from the specified sections;
 - 3. the period of time for which the applicant or provider requests a variance; and
 - 4. the specific equivalent alternative measures which the applicant or provider will provide so that the health, safety and protection of children in care are ensured if the variance is granted.
- B. An applicant or provider must submit to the agency a written variance request form and the alternative measures identified to ensure the safety of children in care when a variance from the fire safety provisions on physical environment is requested. These include: means of escape, occupancy separations, heating and venting systems, locks and latches, interior walls and ceilings, extinguisher, smoke detection systems and electrical services. The agency will review the variance request, together with the previous health and safety report. The agency will confer and receive any recommendations and/or requests from the health and safety officer concerning any previous health and safety report.
- C. An applicant or provider must submit to the agency a written variance request form and the alternative measures identified to ensure the safety of children in care when a variance from the requirements pertaining to sanitation and health, water, food and nutrition is requested. The agency will review the variance request, together with the previous health and safety report. The agency will confer and receive any recommendations and/or requests from the health and safety officer concerning any previous health and safety report.
- D. An applicant or provider must submit to the agency a written variance request form and the alternative measures identified to ensure the health and safety of children when a variance is requested from the standards relating to stairways, decks and sewage disposal. The agency will review the variance request, together with the previous health and safety report. The agency will confer and receive any recommendations and/or requests from the health and safety officer concerning any previous health and safety report.

Licensing Terms: The license, whether regular or provisional, must indicate:

- A. The number and age groupings of children who may receive care at any one time.
- B. The expiration date of the license and location of the residence.
- C. The name and address of the provider(s).
- D. That the provider is licensed under the White Earth Reservation Requirements for Family or Group Family child care.

Posting License: The provider shall post the license in the residence in a prominent place, where parents have full view of it.

Change in License Terms: The following shall apply to changes in terms of a license or non-compliance:

- A. A new application form must be submitted by the provider and a full licensing study must be completed when the provider wants to move the child care operation to a new residence.
- B. A new application form must be submitted by the provider when the provider wants to change ratio numbers as stated on page 11.
- C. A licensing study shall be completed when there is an addition of any adult or child over the age of 13 years who is or will be regularly present in the residence. (Criminal Background Check and physical will also apply)

Number of Licenses: No provider shall be issued a license to operate more than one child care residence.

Access to Residence: The provider shall give authorized representatives of the RTC access to the residence during the hours of operation to determine whether the residence complies with the standards. Access shall include:

- A. The residence to be occupied by children in care;
- B. Any adjoining land or buildings owned or operated by the applicant or provider in conjunction with provision of child care and designed for use by the children in care;
- C. Noninterference with Agency's interviews of all caregivers, children cared for, and household members present in the residence on a regular basis and present during hours of operation; and
- D. The right to view and photocopy any relevant records and documents.

License Renewal: The following provisions must be followed by the agency when reviewing a license for renewal:

- A. The agency must conduct a re-licensing study of the provider and residence to determine continued compliance at least once every 12 months for as long as the provider maintains a license.
- B. The agency must solicit two or more parent evaluations of a provider's care, the residence and program prior to renewal of a license. The evaluations and all complaints received during the period of licensure must be considered by the agency in determining continued compliance.
- C. The agency must insure that the provider(s) have the required training hours.
- D. The agency will send notification to parents of all children in provider's care within the past 12 months.
- E. The agency must have updated physical on any caregivers in residence on a yearly basis.

Return of license to the Reservation Tribal Council: When a provider stops giving care, or if a license is revoked, suspended or not renewed, the provider shall return the license to the agency, stop all advertising and refrain from providing care to children as stated on license.

Unlicensed Facilities: When the Agency becomes aware that a facility required to be licensed, is not so licensed, verification of license status must be made by the agency within 10 days.

- A. If the RTC finds that the facility is not licensed, the RTC shall contact the person giving care in the facility and inform him or her of the licensing requirements and the procedure for obtaining a license.
- B. If no attempt has been made within 30 days to obtain a license, then the attorney with jurisdiction to bring charges for misdemeanors shall be notified immediately so legal action may be pursued. The operator of a residence required to be licensed, which is operating without a license, is subject to misdemeanor prosecution and injunction.

NEGATIVE LICENSING ACTIONS

For the purpose of this part, negative licensing actions shall mean denial of application for licensure, revocation, non-renewal, probation, suspension or immediate suspension of an existing license.

Complaints: Every complaint, including anonymous ones concerning violations, shall be investigated by the agency within 14 days. All complaints substantiated by the agency about a provider licensed shall be recorded in the agency file on that provider. (Complaints

shall be kept confidential unless substantiated, substantiated complaints become public information.)

Procedures: Failure to comply with the terms of licensure is grounds for a negative licensing action. If the grounds are sufficient, the RTC shall notify the applicant or provider by certified mail or personal service. The notice must be addressed to the name and location shown on the application or license and contain a statement of, and the reasons for, the proposed action. The notice must inform the applicant or provider of the right to appeal the decision within a specified time period.

Denial: If the RTC denies an application for licensure, the applicant must be informed of the right to appeal the decision within 20 days of receipt of notice of denial.

Revocation: If the RTC revokes a license, the provider must be informed of the right to appeal the decision within 20 days of receipt of notice of revocation.

Non-Renewal: If the agency refuse to renew a license, the provider must be informed of the right to appeal the decision within 20 days of receipt of notice of non-renewal.

Probation: If the agency proposes to make a license probationary, the provider must be informed of the right to appeal the decision within 10 days of receipt of notice of probation.

Suspension: If the agency proposes to suspend a license, the provider must be informed of the right to appeal the decision within 10 days of receipt of notice of suspension.

Immediate suspension: If the agency finds that the health, safety or rights of the children in care are in immediate danger, the agency shall immediately suspend the license. The provider shall be informed by personal service and informed of the right to appeal the decision within 5 days. The appeal does not stay the decision of the agency to immediately suspend the license.

Correction orders: If the agency finds that the residence or provider does not comply with these licensing requirements, the agency will issue a correction order. If the license holder has not corrected the violation within the time set for specific corrections, the agency shall revoke the license.

AGENCY RECORDS

Agency Records: The agency shall maintain the following records for each provider:

- A. A copy of the completed licensing application form signed by the applicant and the RTC representative.
- B. The physical health reports on any adult or child helper giving care in the residence on a regular basis.
- C. Any written reports from the health inspection officer, IHS, or business official.

- D. The agency's initial and any renewal licensing studies.
- E. The annual re-licensing evaluation by the agency of the provider. Any comments of the provider about the evaluation by the agency shall be noted in the agency record.
- F. Documentation of any variances.
- G. Arrest, conviction or criminal history records from the Minnesota Bureau of Criminal Apprehension, county attorney, sheriff, local police department, national criminal history record repositories or other public and private social service agencies, and juvenile, municipal and district courts on any person living or working in the child care residence.

Data Privacy: The agency RTC health officer shall have access to provider records on children in care to determine compliance. The provider shall not disclose any records on children in care to any persons other than the parents of the child, the RTC and medical or public safety persons if information is necessary to protect the health and safety of the child.

CAREGIVER QUALIFICATIONS

Age: An applicant for family or group family child care shall be an adult (18) at time of licensure.

Health: An adult caregiver shall be physically & mentally able to care for children and must report any changes in health to the agency and parents.

- A. A provider shall have a certificate of insurance for the residence for general liability coverage for bodily injury in the amount of at least \$100,000 per person and \$250,000 per occurrence; or
- B. If the provider has liability coverage of lesser limits or no liability coverage, the provider shall give a written notice of the level of liability coverage to parents of all children in care prior to admission or when there is a change in the amount of insurance coverage; and
- C. The provider shall maintain copies of the notice, signed by the parents to indicate they have read and understood it, in the provider's records on the residence.

LICENSED CAPACITY

Capacity Limits: Family child care providers shall comply with "Child/Adult Ratios; Age Distribution Restrictions", which limits the total number of children and the number of preschoolers, toddlers and infants who may be in care at any one time, and provides for the number of adults who are required to be present.

- A. Providers shall be licensed for the total number of children, 12 years of age and younger, who will be present in the residence at any one time. The licensed capacity

must include all children of any caregiver when the children are present in the residence.

- B. Within the licensed capacity, the age distribution restrictions specify the maximum number of children under first grade, infants and toddlers who may be in care at any one time.

Newborn Care: When a newborn, a child between birth and six weeks of age, is in care and only one adult caregiver is present, the newborn shall be the only child under 12 months of age and the provider shall not care for more than two other children at the same time unless another adult caregiver is also present or the newborn is the provider’s own.

Supervision and Use of Substitutes: A licensed provider must be the primary provider of care in the residence. Children in care must be supervised by a caregiver. The use of a substitute caregiver must be limited to a cumulative total of not more than 30 days in any 12 month period. The agency and parents must be made aware of when a substitute caregiver are being used. Substitute caregivers must meet licensing qualifications of physical, and criminal background checks. Substitutes must be adults.

CHILD/ADULT RATIOS; AGE DISTRIBUTION RESTRICTIONS

“Infant” means a child who is at least 6 weeks of age but less than 12 months of age.

“Toddler” means a child who is at least 12 months of age but less than 36 months of age.

Class	
B1, B2, & D	12 months to less than 36 months

“Preschooler” means a child who is at least 36 months of age, but less than 5 years of age.

“School age” means a child 5 years to 12 years of age.

TYPE OF LICENSE	CLASS OF LICENSE	ADLT	TOT CAP	SCH AGE	PRE SCH	INFT & TOD	MAX NUMBER TOD	INFT
Family Child Care	A	1	10	4	3	3	3	2
Inft/Tod Family Child Care	B1	1	6	0	0	6	4	2
Inft/Tod Family Child Care	B2	1	6	0	2	4	4	2
Inft/Tod Family Child Care	B3	2	12	0	0	12	8	4
Inft/Tod Family Child Care	B4	3	12	0	0	12	6	6
Group Family Child Care	C1*	1	10	2	5	3	3	2
Group Family Child Care	C2*	1	12	2	8	2	2	1
Group Family Child Care	C3*	2	14	4	6	4	4	3
Inft/Tod Group Child Care	D**	2	9	0	2	7	7	4
Large Group Family Care	E1**	3	30	6	15	9	9	6
Large Group Family Care	E2**	4	40	8	20	12	12	8
Large Group Family Care	E3**	5	50	10	25	15	15	10

* A helper may be used in place of a second adult caregiver when there is no more than one infant or toddler present.

** Caregivers shall be adults.

A helper, age 13-18 years, may be used in place of a second adult caregiver when there are less than 12 children and no more than 1 infant or toddler is present. A helper must have a physical and criminal background checks before caring for children.

REPORTING TO AGENCY

Abuse; Neglect Reporting: All caregivers shall report any suspected physical abuse, sexual abuse or neglect of a child to the local County Social Services and/or Indian Child Welfare.

Report: An oral report shall be made immediately by telephone or otherwise. An oral report made by a person shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing to the appropriate police department, the county sheriff, the agency responsible for assessing or investigating the report, or the local welfare agency, unless the appropriate agency has informed the reporter that the oral information does not constitute a report. Any report shall be of sufficient content to identify the child, any person believed to be responsible for the abuse or neglect of the child if the person is known, the nature and extent of the abuse or neglect and the name and address of the reporter.

- ✓ **Indian Child Welfare:** (218) 935-5554 or (800) 763-8629
- ✓ **Mahnomen County Child Protection:** (218) 935-2568
- ✓ **Becker County Child Protection:** (218) 847-5628

Other Reporting: The provider shall inform the agency:

- A. Within 10 days of any change in the regular membership of the household within the child care residence or the addition of an employee who will regularly be providing care;
 - 1. Regular members are defined as any person who stays more than 15 days in the residence each month.
- B. Immediately of any suspected case of physical or sexual abuse or neglect;
- C. Immediately after the occurrence of a fire that requires the service of a fire department so the agency may determine continued substantial compliance; and
- D. Immediately after the occurrence of any serious injury or death of a child within the child care residence, accompanying grounds or appurtenance thereto; A serious injury is one that is treated by a physician.

CHILD CARE TRAINING

Agency Training Role: The agency shall ensure:

- A. That the provider complies with the initial and ongoing training specific in this part;
- B. That the initial child care training is available on weekends, evenings or at times convenient to the majority of providers who operates a child care facility and resides on or near the White Earth Reservation; and
- C. That training information is distributed to each provider who operates a residence on or near the White Earth Reservation at least once a year.

Initial Child Care Training: All providers must complete:

- A. Nine to twelve hours of training in a combined course of child-related first aid and cardiopulmonary resuscitation (CPR) provided by or approved by the American Red Cross, American Heart Association or provided by a licensed physician or a registered or practical nurse trained to provide instruction in CPR and first aid. The training must be completed within 90 days of being licensed or one year prior to initial licensure.

Ongoing Training: Providers must complete sixteen hours of training per year in one or more of the subject areas specified in “Ongoing training subjects.” Providers certified in CPR must also complete a four-hour refresher course in Infant CPR within one year.

Ongoing Training Subjects: Ongoing training subjects shall be selected from the following areas. Other training subjects may qualify, but prior approval by Agency is required in order to have the hours count toward the required training.

- A. S.I.D.S (mandatory once every 3 years and before taking an infant.);
- B. Child Development;
- C. Child Abuse and Neglect;
- D. Communicable Disease Prevention and Control;
- E. Parent and Provider Relationships;
- F. Communication Skills;
- G. Community Services and Resources for Children;
- H. Methods of Guiding Behavior or Discipline;
- I. Home and Fire Safety and Child Injury Prevention;

- J. Learning Activities;
- K. Observation and Assessment of Children's Needs;
- L. Care of Special Needs Children;
- M. Nutrition and Food Safety; and
- N. Business Management

Adult Caregiver and Helper Training: Each adult caregiver, other than the provider, who is employed in the residence on a regular basis, must participate in a minimum of six hours of training every year, for as long as the adult is employed. Helpers who assist with care on a regular basis must complete six hours of training within one year.

*A provider who does not meet the required licensing training hours will be issued a correction order and/or face negative licensing actions.

BEHAVIOR GUIDANCE

Methods: Caregivers shall give each child guidance which helps the child acquire a positive self-concept, self-control and teaches acceptable behavior.

- A. The provider shall discuss methods of behavior guidance with parents at the time of admission and the parent's standards shall be considered by the provider with the context of this part when guiding the behavior of a child.
- B. Behavior guidance used by caregivers must be constructive, positive and suited to the age of the child. Methods of intervention, guidance and redirection must be used.

Standards: The following shall apply to all caregivers when guiding behavior in children:

- A. No child shall be subject to corporal punishment or emotional abuse. "Corporal punishment" means the non-accidental infliction of physical pain on a child by a caregiver. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting and spanking. "Emotional abuse" means the infliction of verbal or psychological abuse on a child by a caregiver. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, derogatory remarks about the child or child's family and threats which threaten, humiliate or frighten the child.
- B. Food, light, warmth, clothing, and medical care shall not be withheld from the child.
- C. Discipline and punishment shall not be delegated to another child.
- D. The separation of a child from a group to guide behavior must be appropriate to the age of the child and circumstances requiring the separation.

- E. An infant shall not be separated from the group for disciplinary reasons.
- F. A child shall not be separated from a group for a period longer than ten minutes.
- G. A child separated from the group must be placed in an area or separate room that is well-lighted, free from hazards, ventilated and open to the view of caregivers.
- H. No child shall be placed in a locked room to separate the child from the group.

Toilet Training: If toilet training is undertaken, the provider and parent shall cooperatively develop a plan for the timing and method of training.

- A. No child shall be punished for toileting accidents.
- B. A child shall be offered opportunity for toileting.

ADMISSIONS; PROVIDER RECORDS; REPORTING

Cooperating with Parents: When admitting a child to child care, the provider and parents shall discuss child rearing, sleeping, feeding and behavior guidance practices essential for the care of the child.

Provider Policies: The provider shall have the following written information available for discussion with parents or the RTC:

- A. The ages and numbers of children in care in the residence;
- B. The hours and days of operation;
- C. Meals and snacks to be served;
- D. Labeling requirements for food brought from the child's home;
- E. Sleeping and rest arrangements;
- F. Policies for the care of ill children, disease notification procedures, immunizations and medical permission policies;
- G. Emergency, fire and storm plans and the monthly fire drill log;
- H. Seat belt and transportation plans and field trip and transportation permission requirements;
- I. Fees;
- J. Plans for a helper and a substitute for emergencies, vacations or holidays;

- K. The presence of pets in the residence;
- L. Insurance coverage;

- M. Smoking is not allowed in the residence during the hours children are in care.

Records for Each Child: The provider shall obtain the information required by item A to C from parents prior to admission of a child. The provider shall keep this information up-to-date and on file for each child.

- A. The signed and completed Parent/Provider contract must be on file in the provider's home and contain the following information:
 - 1. Name and birthday of the child
 - 2. Full name of parents
 - 3. Home address, work address and telephone numbers where parents may be reached.
 - 4. Name, address and telephone number of physician, dentist and a hospital to be used for emergencies when parents cannot be reached.
 - 5. Name, address and telephone number of persons to be notified in case of emergencies when parents cannot be reached.
 - 6. Names of all persons authorized to remove the child from the residence.
 - 7. Enrollment dates.
 - 8. Financial arrangements.
 - 9. Insurance notification.

- B. Special instruction from the parent shall be obtained in writing and followed about toilet training, eating, sleeping or napping, allergies, medications, and any health problems.

- C. Immunization records must be kept. The provider shall request, update and keep on file the dates of immunizations received by a child in regular attendance at the residence as follows:
 - 1. For an infant, every six months;
 - 2. For a toddler, annually;
 - 3. For preschool child, every 18 months; and
 - 4. For a school-age child, every three years.

- D. Signed consent must be obtained in advance from the parent so the provider can obtain emergency medical care or treatment to be given to the child. The consent may be used if the parent cannot be reached or is delayed in arriving.
- E. Written permission to transport children must be obtained from parents if the provider will be transporting a child.
- F. A provider shall release a child from care only to a parent or a person previously authorized by the parent.

Special Needs Children: For the special needs child requiring special therapy, program or behavior guidance, the parents, physician or therapist shall provide and the provider shall follow written instructions for any special needs.

Non-discrimination: No caregiver shall discriminate in relation to admissions on the basis of race, creed, color, national origin, religion or sex.

PARENT VISITATION

Parents of enrolled children may visit the child care any time during the hours of operation.

Procedures must be established in the event:

1. That a non-custodial parent wishes to see his/her child.
2. Where paternity has not been established and a parent wishes to see the child.
3. There is joint custody of a child and a parent wishes to see his/her child. *Unless there is a court order preventing him/her from seeing the child.

ACTIVITIES AND EQUIPMENT

General Activities: Child care activities must provide for the physical, intellectual, emotional and social development of the child. The environment must facilitate the implementation of the activities. Activities must:

- A. be scheduled indoors and outdoors, weather permitting;
- B. be appropriate to the developmental stage and age of the child;
- C. include active and quiet activity; and
- D. consist of provider-directed and child-initiated activity.

Equipment: The provider must have equipment in adequate quantities for the number and ages of children in care and carry out the activities specified in this part. Equipment may be

new, used, commercial, or homemade, as long as it is appropriate for the ages of children and activities for which it will be used, safe and in good repair.

Newborn or Infant Activities: The provider shall:

- A. hold the infant or newborn during bottle feedings until the child can hold his/her own bottle.
- B. respond to the infant or newborn's attempts to communicate.
- C. provide freedom of movement to the infant or newborn during a large part of the waking day to the extent that safety and weather permits. The non-creeping child shall spend a large part of each day out of a crib or infant seat. The creeping infant or newborn shall have freedom to explore outside of the crib or infant seat.
- D. give the infant or newborn opportunity to stimulate the senses by providing a variety of activities and objects to see, touch, feel, smell, hear and taste.
- E. provide activities for the infant or newborn that develop the child's manipulative and fine motor skills, self-awareness and social responsiveness.
- F. encourage talking, singing, book reading.

Newborn or Infant Equipment: the following minimum equipment is required for each infant or newborn:

- A. an infant seat or high chair; and
- B. a crib, portable crib or playpen with waterproof mattress or pad.

Toddler Activities: The provider shall:

- A. provide the toddler with freedom of movement and freedom to explore outside the crib or playpen.
- B. talk to, listen to and interact with the toddler to encourage language development.
- C. provide the toddler with large muscle activities and activities which develop the child's small muscle and manipulative skills.
- D. develop and stimulate learning by reading stories to the child and looking at picture books together.
- E. give the toddler opportunities to stimulate the senses by providing a variety of age-appropriate activities and objects to see, touch, feel, smell, hear and taste.
- F. encourage talking, singing, book reading.

Toddler Equipment: Each toddler shall be provided with a mat, crib, cot, bed, sofa, or sleeping bag.

Preschooler Activities: The provider shall:

- A. encourage conversation between the child and other children and adults.
- B. provide opportunity to play near and with other children; provide time and space for individual and group play; allow quiet time to talk or rest; allow of unplanned time and individual play time.
- C. foster understanding of personal and peer feelings and actions and allow for the constructive release of feelings and anger through discussion and play.
- D. give assistance in toileting and provide time to carry out self-help skills and provide opportunity to be responsible for activities like putting away play equipment and helping around the house/facility.
- E. provide opportunity for each child to make decisions about daily activities and to take credit for the consequences of decisions.
- F. provide time and areas for age appropriate large muscle play.
- G. provide learning, small muscle, manipulative, creative or sensory activities.
- H. read stories, look at books together and talk about new words and ideas with the child.
- I. encourage talking, singing, book reading.

Preschooler Equipment: Each preschooler shall be provided with a mat, bed, cot, sofa, or sleeping bag.

School-age Activities: the provider shall:

- A. provide opportunities for individual discussion about the happenings of the day and planning for activities.
- B. provide space and opportunity for games, activities or sports using the whole body, outdoors, weather permitting.
- C. provide space and opportunity for individual rest and quiet time.
- D. allow increased freedom as the child demonstrates increased responsibility.
- E. provide opportunities for group experiences with other children.
- F. provide opportunities to develop and expand self-help skills or real-life experiences.

- G. provide opportunities for creative and dramatic activity, arts and crafts and field trips.

Written Permission: Written permission must be obtained from the parent to allow a school-age child in care to participate in activities away from the residence.

PHYSICAL ENVIRONMENT

Indoor Space: The licensed capacity of the child care residence must be limited by the amount of usable space available to children. A minimum of 30 square feet of usable door space is required per child.

- A. Bathrooms, closets, space occupied by major appliances and other space not used by children may not be counted as usable space. Space occupied by adult furniture, if it is used by children, may be counted as usable indoor space.
- B. Usable indoor space may include a basement if it has been inspected by a fire inspector, is free of hazard and meets the minimum exiting standards.

Outdoor Play Space: There must be an outdoor play space of at least 40 square feet per child in attendance, adjacent to the residence, for regular use, or a park, playground or play space within 2,000 feet of the residence. On-site supervision must be provided by a caregiver at all times when play space is not adjacent to the residence. Enclosure is required to provide protection from all rail, traffic, water and machinery hazards. The area must be free of litter, rubbish, toxic materials, water hazards, machinery, unlocked vehicles, human or animal wastes and sewage contaminants.

Water Hazards: Swimming and wading pools, beaches or other bodies of water on or adjacent to the site of the residence must be inaccessible to children except during period of supervised use. Wading pools must be kept clean. When children use a swimming pool or beach, an attendant trained in first aid, CPR and Infant CPR shall be present.

Means of Escape: From each room of the residence used by children, there must be two means of escape. One means of escape must be a stairway or doorway which leads to the immediate outside. The other must be a door or window leading directly outside. The window must be open-able without special knowledge. It must have a clear opening of not less than 5.7 square feet and have a minimum clear opening dimension of 20 inches wide and 24 inches high. The window must be within 48 inches from the floor.

Trailer Homes: Older than 15 years old (from the year of licensure) are not permitted to be licensed by the agency.

Heating and Venting Systems: The following heating and venting guidelines must be met:

- A. Mobile appliance locations must not block escape in case of a fire.

- B. Gas, coal, wood, kerosene or oil heaters must be vented outside in accordance with the regulations found in the NEPA 101 Life Safety Code Book and the NFPA Inspection Manual.
- C. Combustible items must not be located within 36 inches of the furnace or other heating sources.
- D. Whenever in use, fireplaces, wood-burning stoves, solid fuel appliances, steam radiators and other potentially hot surfaces, such as steam pipes, must be protected by guards to prevent burns. All fireplaces, wood-burning stoves, steam radiators and furnaces must be installed in accordance with the regulations found in the NEPA 101 Life Safety Code Book and the NFPA Inspection manual.
- E. The furnace, hot water heater and workshop area must be inaccessible to children. Separation must be a door, partition or gate. There must be allowance for air circulation to the furnace.
- F. Ventilation of usable space must be in accordance with the regulations found in the NEPA 101 Life Safety Code Book and the NFPA Inspection manual. Outside doors and windows used for ventilation in summer months must be screened when biting insects are prevalent.
- G. Garage doors with openers, must be equipped with sensors, and locked when not in use.

Temperature: A minimum of 68 degrees Fahrenheit must be maintained within areas used by children indoors.

Infant and Newborn Sleeping Space: There must be a safe, comfortable sleeping space for each infant and newborn. A crib, portable crib or playpen with waterproof mattress or pad must be provided for each infant or newborn in care. The equipment must be of safe and sturdy construction and have a bar or rail pattern such that a 2 3/8 inch diameter sphere cannot pass through. Playpens with mesh sidings must not be used for the care or sleeping of infants or newborns.

Stairways: All stairways must meet the following conditions:

- A. Stairways of three or more steps must have hand rails.
- B. Any/or all unenclosed stairwells must be fully enclosed with a protective guardrail. The back of the stair risers must be enclosed.
- C. Gates or barriers must be used when children between the ages of 6 months to 24 months are in care.
- D. Stairways must be well-lighted, in good repair and free of clutter and obstructions.

Decks: Decks, balconies or lofts used by children more than 30 inches above the ground or floor must be surrounded by a protective guardrail. Wooden decks must be free of splinters and coated with wood preservation, paint or constructed with treated wood.

Locks and Latches: Door locks and latches must meet the following guidelines:

- A. A closet door latch must be made so that children can open the door from inside the closet;
- B. Every bathroom door lock must permit opening of the locked door from the outside and the opening device must be readily accessible to all caregivers; and
- C. Double cylinder (key required on both sides) locks on exit doors are prohibited.

Sewage Disposal: Child care residences must have toilet facilities and sewage disposal systems that conform to local septic system ordinances. The toilets must flush thoroughly. Outside toilets are permissible when local ordinances allow. Plumbing must meet guidelines set in the uniform Plumbing Code Book, 1976 ed.

Construction, Remodeling: During construction or remodeling, children shall not have access to dangerous construction or remodeling areas within or around the residence.

Interior Walls and Ceilings: The interior walls and ceilings within the residence, as well as corridors, stairways and lobbies must have flame spread rating of 200 or less.

Extinguisher: A portable, operationally, multi-purpose, dry chemical fire extinguisher with a minimum 2 A 10 BC rating must be maintained in the kitchen and cooking areas of the residence at all times. All caregivers shall know how to use the fire extinguisher.

Smoke Detection Systems: Working smoke detectors must be properly installed and maintained on all levels.

Carbon Monoxide Detection System: A working carbon monoxide detector shall be in use when home/facility's main source of heat is gas/propane.

Electrical Services: The following electrical guidelines must be met:

- A. All electric receptacles accessible to children under first grade must be tamperproof or shielded when not in use;
- B. All major electrical appliances must be properly installed, grounded and in good working order;
- C. Extension cords shall not be used as a substitute for permanent wiring; extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings, floors, under doors or floor coverings nor be subject to environmental damage or physical impact; and
- D. Electrical wiring must be sized to provide for the load and be in good repair.

SANITATION AND HEALTH

Sanitation and Cleanliness: the residence must be free from accumulations of dirt, rubbish and peeling paint.

Pest Control: Effective measures must be taken to protect the home against vermin and insects. Chemicals for insect and rodent control must not be applied in areas accessible to children when children are present.

Rubbish: Indoor and outdoor garbage and rubbish containers must not be accessible to children in care.

Toxic Substances: All medicines, chemicals, detergents, poisonous plants, alcoholic beverages and other toxic substances must be under lock and key and inaccessible to children. They must be stored away from food products. Equipment or toys which are mouthed or may be chewed must be free of lead-based paint. Toys and equipment with chipped, cracked or peeling paint must be replaced.

Firearms: All firearms must be unloaded and inaccessible to children. All ammunition and firearms must be stored in separate locked areas.

Hazardous Activity Materials: Knives, matches, plastic bags and other potential hazards must be kept out of reach of children in care. The use of potentially hazardous materials and tools must be supervised.

First Aid Kit: The provider shall have a first aid kit that contains bandages, sterile compresses, ipecac syrup, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap and adhesive tape. A first aid manual must be included. The kit and manual must be accessible and taken on field trips.

Emergencies: The provider shall be prepared for emergencies.

- A. An operable telephone must be located within the residence.
- B. Emergency phone numbers must be posted by the telephone. The numbers must be those of the local fire department, police department, emergency transportation and poison control center.
- C. The emergency phone numbers of the parents and the child's physician and dentist must be readily available within the residence and taken on field trips.
- D. Prior arrangements must be made for a substitute to provide care during emergencies.
- E. For severe storms and tornados, the provider shall have a designated area within the residence that children shall go to for cover, and an operable battery flashlight and portable radio or TV available.

- F. The provider shall have a written fire escape plan and a log of monthly fire and storm drills on file in the residence. The plan must be approved by the agency and specify:
1. emergency phone numbers;
 2. a place to meet outdoors for roll call;
 3. smoke detector and fire extinguisher locations;
 4. plans for monthly fire and tornado drill sessions; and
 5. escape routes to the outside from all levels used by children. In buildings with three or more dwelling units, enclosed exit stairs must be indicated.

Transportation of Children: When transportation is given to children in a motor vehicle other than a bus or a school bus, the following provisions for their safety must be made:

- A. Written permission to transport children must be obtained from parents.
- B. A child may be transported only if the child is fastened in a safety seat, seat belt or harness appropriate to the child's weight and the restraint is installed and used in accordance with the manufacturer's instructions.
- C. A child under the age of four may be transported only if the child is securely fastened in a child passenger restraint system.
- D. Any vehicle operated by the provider for the transportation of children must be licensed in accordance with the laws of the state and the driver shall hold a current, valid Minnesota driver's license and carry motor vehicle insurance.
- E. No child is permitted to remain unattended in any vehicle.

Separation of Personal Articles: Separate towels, wash cloths, drinking cups, combs and other personal articles must be labeled for each child.

Bedding: Clean, separate bedding must be provided for each child in care.

Pets: All pets housed within the residence shall be maintained in good health and limited to dogs, cats, fish, guinea pigs, gerbils, rabbits, hamsters, rats, mice, and birds if the birds are clear of chlamydia-psittaci. The provider shall ensure that:

- A. parents are notified prior to admission of the presence of pets in the residence;
- B. children handle animals only with supervision;
- C. rabies shots and tags are current for all dogs and cats;

- D. pet cages are located and cleaned away from any food preparation, storage or serving areas;
- E. play areas are free of animal excrement not confined to pet cages;
- F. parents of a child whose skin is broken by an animal bite or scratch, are notified of the injury on the day the injury occurs; and
- G. the health officer is immediately notified whenever a child in care is bitten by an animal, the notification shall be given before any steps are taken to destroy the animal, and the provider shall take reasonable steps to confine the animal.

Diapers: Children in diapers shall be kept clean and dry. The following sanitary procedures must be used to reduce the spread of communicable disease.

- A. An adequate supply of clean diapers must be available for each child and stored in a clean place inaccessible to children. If cloth diapers are used, parents must provide a change of the outer plastic pants for each fecal-soiled diaper change. Cloth diapers, except those supplied by a commercial diaper service, and plastic pants, if supplied by parents, must be labeled with the child's name.
- B. Diapers and clothing must be changed when wet or soiled.
- C. For disposable diapers, a covered diaper disposal container must be located in the diaper changing area and lined with a disposable plastic bag. The container must be emptied when full, and at least daily.
- D. Diapering must not take place in a food preparation area. The diaper changing area must be covered with a smooth, nonabsorbent surface. If the surface is not disposable and is wet or soiled, it must be washed with soap and water to remove debris and then disinfected with a solution of at least two teaspoons of chlorine bleach to one quart of water. If the surface is not soiled with feces or urine, then it must be disinfected with the solution of chlorine bleach and water after each diapering.
- E. Single service disposable wipes or freshly laundered cloths must be used for washing a soiled child. A child who is soiled or wet must be washed with a disposable wipe or a freshly laundered cloth before re-diapering.
- F. Cloth diapers, except those supplied by a commercial diaper service, plastic pants and soiled clothing must be placed in the plastic bag after removal and sent home with the parent daily.

Toilet Training Chairs: Toilet training chairs, chairs, stools and seats must be washed with soap and water when soiled, and at least daily. Toilet training chairs must be disinfected when soiled, and at least daily.

Hand-washing: A child's hands must be washed with soap and water when soiled, after the use of a toilet or toilet training chair and before and after eating a meal or snack. The provider shall monitor and assist the child who needs help.

- A. In sinks and tubs accessible to children, the water temperature must not exceed 120 degrees Fahrenheit to prevent children from scalding themselves while washing.
- B. Caregivers shall wash their hands with soap and water after each diaper change, after assisting a child on the toilet, after washing the diapering surface and before food preparation. Hands must be dried on a single use towel.

Care of Ill Children, Medicine Administration: The following provisions must be followed for the care of ill children and the administration of medicine.

- A. A child in the provider's care with any of the following conditions is a sick child and must be excluded from care. A child who becomes sick while in care must be supervised at all times and the parent called immediately. The provider must exclude a child:
 - 1. with a reportable illness or condition that the Indian Health Services (IHS) determines to be contagious and a physician determines he has not had sufficient treatment to reduce the health risk to others;
 - 2. with chicken pox until the child is no longer infectious or until the lesions are crusted over;
 - 3. who has vomited two or more times since admission that day;
 - 4. who had three or more abnormal loose stools since admission that day;
 - 5. who had contagious conjunctivitis or pus draining from the eye;
 - 6. who has a bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of anti-microbial therapy.
 - 7. who has unexplained lethargy;
 - 8. who has lice, ringworm or scabies that is untreated and contagious to others;
 - 9. who has a 100 degree Fahrenheit or higher temperature of undiagnosed origin before fever reducing medication is given;
 - 10. who has an undiagnosed rash or a rash attributable to a contagious illness or condition;
 - 11. who has significant respiratory distress;
 - 12. who is not able to participate in child care program activities with reasonable comfort; or
 - 13. who requires more care than the provider can provide without compromising the health and safety of other children in care.

- B. The provider shall require that a child's parent notify the provider within 24 hours of the diagnosis of a serious contagious illness or parasitic infestation so the provider may notify the parents of other children in care.
- C. The provider shall inform a parent of each exposed child same day the provider is notified if a positive diagnosis has been made for a contagious illness or parasitic infestations.
- D. The provider shall notify the health officer and RTC of any suspected case of reportable disease.
- E. The following govern the administration of medicine by the provider to children in care:
 - 1. the provider shall obtain written permission from the child's parent prior to administering medicine, diapering products, sunscreen lotions and insect repellents. Non-prescription medicines, diapering products, sunscreen lotions and insect repellents must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.
 - 2. the provider shall obtain and follow written instructions from a licensed physician or dentist prior to administering each prescription medicine. Medicine with the child's name and current prescription information on the label constitutes instructions.

WATER, FOOD AND NUTRITION

Water: there must be a safe water supply in the residence.

- A. Water from privately-owned wells must be tested annually by a Minnesota Health Department certified laboratory for coliform bacteria and nitrate nitrogens to verify safety. The provider shall file record of the test results with the agency. Retesting and corrective measures may be required by the agency if results exceed state drinking water standards or where the supply may be subject to off-site contamination.
- B. Drinking water must be available to the children and offered at frequent intervals in separate or single service drinking cup or bottles.

Milk: Milk is served to children in care must be pasteurized.

Meals and Snacks: Well-balance meals and snacks must be offered and served during the day must include serving from each of the basic food groups.

- A. The provider shall follow written instructions obtained from the parents, at the time of enrollment, on each child's special diet or food needs. Parents shall be consulted about special food preferences.

- B. Flexible feeding schedules must be provided for infants and toddlers, and the infant or toddler's usual diet and feeding schedule must be followed.
- C. Food, lunches and bottles brought from home must be labeled with the child's name and refrigerated when necessary. Bottles must be washed by hand after each use.

Food Safety: Food must be handled and stored properly to prevent contamination and spoilage.

- A. All food and cooking utensils must be stored to protect them from dust, vermin, pipe leakage or other contamination.
- B. Food requiring refrigeration must be maintained at no more than 40 degrees Fahrenheit. Food requiring heating must be maintained at no less than 150 degrees Fahrenheit until ready to serve. Frozen food must be maintained in a solid state until used.
- C. Appliances used in food storage and preparation must be safe and clean.