



I. PURPOSE

The purpose of this policy is to provide guidelines to staff on program procedures and provide information as required by the Department of Human Services.

ADOPTED: 3/10/2020



Little Angel Preschool

“Let the little children come to me.”

Matthew 19:14

Employee Manual

Mission Statement: Little Angel Preschool, a ministry of St. John’s Lutheran Church, provides a safe, loving environment, encourages children to connect with Jesus Christ and prepares them academically and socially for kindergarten.

Little Angel Preschool

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Find us on Facebook!

Little Angel Preschool is licensed through the Minnesota Department of Human Services, Division of Licensing 651-431-6500

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EMPLOYMENT & JOB RELATED

Absence, Illness, and Leave of Absence

Your regular presence in the class is important. Parents feel more confident with the continuity of the Little Angel Preschool team. Children look forward to seeing familiar faces when they arrive each week.

Should you have an emergency, are sick, have a sick child, or need to request a leave of absence, please follow School Board Policy #405 *Employee Leave Information*.

Resignation

You are requested to provide a two-week notice to the director

- Provide your written resignation to the director.
- Turn in your keys to the director or the church office if the director is unavailable.
- Return any program equipment to the director. This includes, but is not limited to: laptop or curriculum books.
- Access to email will be discontinued upon your separation from the program.

BEHAVIOR GUIDANCE POLICIES AND PROCEDURES

General

Little Angel Preschool staff strictly adheres to State regulations WITHOUT EXCEPTION.

The following measures are taken to encourage positive behavior:

- Staff will provide a positive role model for all students with acceptable behavior for three, four and five year olds.
- To reduce or eliminate conflict, staff members will redirect children's attention away from the problem toward a more constructive activity.
- Staff will teach children how to use acceptable alternatives to problem behavior in order to reduce conflict. For example, they will encourage students to verbalize anger and frustration as an alternative to tantrums or hitting.

Student and staff safety is of the utmost priority and under no circumstances will violence of any form be tolerated. In the event of such an occurrence a directly related consequence such as a separation time should be immediately imposed.

Persistent Unacceptable Behavior

If unacceptable behavior persists, the behavior and the staff response is observed and recorded. A plan to address the documented behavior is developed in consultation with the child's parent and with other staff persons and professionals when appropriate. The plan will include a specific date to review its effectiveness. All documentation is put into a confidential file which is placed behind the child's record file.

Prohibited Actions by Staff

The staff will refrain from:

- Corporal punishment, as in rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting and spanking.
- Emotional stressors such as name calling, ostracism, shaming, making derogatory remarks about a child or child's family, using language that threatens, humiliates, or frightens the child.
- Separation from the group except within rule requirements, punishment for lapses in toilet habits and withholding food, light, warmth, clothing, or medical care. The only acceptable physical restraint is to physically hold the child to protect the child or others from harm. The use of mechanical restraints is prohibited!

Separation from the Group

No child will be separated from the group unless the staff has tried less intrusive methods of guiding the child's behavior which have been ineffective and the child's behavior threatens the well being of the child or other children in the center. A child who requires separation from the group will remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person. When separation from the group is used as a behavior guidance technique, the child's return to the group will be contingent on the child's stopping or bringing under control the behavior that precipitated the separation, and the child will be returned to the group as soon as the behavior that precipitated the separation abates or stops.

Separation Report

All separations from the group must be noted on a daily log, which is located in our DHS binder, and must include:

- The child's name
- The staff person's name
- Time
- Date
- Information indicating what less intrusive methods were used to guide the child's behavior
- How the child's behavior continued to threaten the well being of the child or other children in care

If a child is separated from the group three times or more in one day, the child's parent will be notified and notation of the parent notification will be indicated on the daily log. If a child is separated five times or more in one week or eight times or more in two weeks, the behavior and the staff response will be observed and recorded. A plan to address the documented behavior, including a review date, is developed in consultation with the child's parent and with other staff persons and professionals when appropriate.

EMERGENCY AND ACCIDENT POLICIES AND RECORDS

A map outlining the following items will be visibly posted at the preschool:

- Primary and Secondary emergency exits.
- Tornado Shelter Area
- Building evacuation routes
- Doors to close to encase fire areas
- Shelter locations

The following phone numbers will be visibly posted at the preschool:

- Emergency Medical and Dental Care
- State Poison Control Center
- Local Police and Fire Department
- Department of Human Services, Licensing Division

In the event of an emergency the following procedures must be followed. Remain calm! Children need to see adults who are calm and in control, especially during a frightening situation.

Sources of Emergency Medical Care

Emergency Assistance - 911

Non-Emergency Assistance:

- Fairview Lakes Regional Medical Center: 651-982-7000
- Minnesota Poison Control Center: 1-800-222-1222
- Chisago County Sheriff Department: 651-257-4100
- Stacy Lent Fire Department: 651-462-3389
- Minnesota Department of Health: 651-201-5000
- Chisago County Child Protection Services: 651-257-1300
- Minnesota Department of Human Services Preschool Licensing: 651-431-6500

Procedures for Recording Accidents, Injuries, and Incidents

Staff must record accidents, injuries and incidents involving a student. The written record must include:

- the name and age of the person(s) involved
- the date and place of the accident, injury, or incident
- type of injury
- action taken by staff
- to whom the accident, injury or incident was reported.

If a serious injury or death occurs, it is required to report the incident within 24 hours of being notified of the incident on the Serious Injury/Death Report. The report needs to be submitted electronically to DHS on the the Child Care Center Serious Injury & Death Reporting Form. You can find a fillable form on the DHS Child Care website at: https://mn.gov/dhs/assets/CCCSeriousInjuryDeathReport_tcm1053-323323.docx. Please make a copy before submitting and place it in our DHS 3 ring binder.

St. John's Lutheran Church should be informed of an injury to a student or staff member and an insurance Incident Report should be filled out if the church deems it necessary. This form is found in our church office.

An annual analysis of accidents, injury and incident records will be made by the director and any modification of the preschool's policies, based on this analysis, will be documented and brought to the School Board.

Fire Prevention and Procedures

All combustible liquids must be maintained in a locked area.

Fire drills shall follow the procedure of an actual fire. All staff members and students must participate in monthly fire drills. Monthly fire drills will be held at various times and on various days to allow encounters with a variety of activities. A fire drill log must be maintained with the dates and times.

The following must be posted within the school:

- Primary Exit: North Door - #3 (preschool main entrance)
- Secondary Exit: East Door - H (gym exit)
- Building evacuation routes
- Telephone number of the fire department
- Which staff persons are responsible for evacuation of children in all areas of the center

The following measures are to be taken in the event of a suspected or actual fire.

- When the fire alarm sounds, or there is the scent of fire or any visual signs of fire such as smoke, the teacher in each classroom will gather the children in the center of the room and take a count to make certain that all students are present.
- Each staff member will assume responsibility for a maximum of ten students.
- All students will then exit the classroom areas. The classroom aide will close off the fire area by closing the doors behind them. If there is no aide, the teacher will close the doors. Students and staff will then exit the building through the primary exit and proceed away from the building. A second head-count will be taken by the teacher to be certain that all students are present.
- If the primary exit is blocked the secondary exit will be used and the students and staff will proceed away from the building. A second head-count will be taken by the teacher to be certain that all students are present.
- The senior staff member (staff member who has the earliest hire date) present will then return to the building and evaluate the situation, call 9-1-1 if necessary or physically inspect the entire building before stating that all is clear and returning students to the building.
- If 9-1-1 is activated, the senior staff member must notify the Minnesota Department of Human Services, Division of Licensing at 651-431-6500.
- Stacy Fire Department. 651-462-3389

Training will be provided for staff to carry out the fire procedures listed in this handbook.

Instruction for fire extinguishers:

1. Pull pin located at the top of the unit.
2. Hold unit upright.
3. Stand back six feet and aim extinguisher at the base of the fire.
4. Squeeze lever and sweep from side to side.
5. This procedure will be demonstrated at orientation.

Instructions on the use of the fire extinguisher will be posted by each fire extinguisher in the preschool.

Fire extinguishers must be visually inspected by staff on a monthly basis to assure they are in working order.

Fire extinguishers will be serviced annually and the name of the inspector and date of inspection will be written on a tag attached to the fire extinguisher.

Blizzards and Snow Emergency Procedures

For blizzard conditions or severe weather, school closings will coincide with North Branch School District closings. School closings will also be announced via Little Angel Preschool Facebook page.

In the event that blizzards or winter weather makes it necessary to close the preschool during the day, parents will be called to come and pick up their child. If parents cannot be reached, the emergency contact will be called. At least one staff member will remain until all of the children have been picked up. In the event that an emergency shelter is needed, the preschool hallway will be used.

If snow conditions are deemed mild and school continues as planned, LAP staff will remove snow and put down salt on sidewalks. St. John's will remove snow from parking lots and salt will be put down to minimize ice.

Tornado and/or Natural Disaster Procedures

Emergency Shelter ~ preschool hallway

If sirens are heard, or a tornado warning is announced, the following steps should be taken.

1. All children will gather in the center of the room and a head count taken by the teacher to assure that all students are accounted for.
2. The staff and students will then proceed to the hallway.
3. All children will be seated on the floor.
4. The senior staff member will then go to retrieve the battery-operated portable radio, flashlight, first aid kit and activity items for the children.
5. The staff will calmly initiate activities with the children.
6. Remain in the shelter area until the all clear is sounded.

Tornado Drill Procedure

Tornado drills shall follow the procedure of an actual tornado and be held monthly, April through September. All students and staff must participate. A tornado drill log must be maintained and shall include the dates and times.

Missing Student Procedure

The following measures are to be taken in the event of a suspected missing student.

1. The senior staff member will call all students to the center of the room and take a head-count.
2. If it is verified that a student is missing, the senior staff member will immediately notify all staff, including the director.
3. The teachers will supervise the students.

4. All other staff will do an immediate and thorough search of the building interior, playground, and circumference of the church grounds.
5. If the student has not been located, the senior staff member will then immediately call 9-1-1 and then the student's parents.
6. Staff must remain available to the parents and authorities until the child is found.

Unauthorized Person; Incapacitation; Person Suspected of Abuse

Children will not be released to an unauthorized person or a person who is incapacitated or suspected of abuse. Staff members are not expected to jeopardize their own safety or the safety of the students in their care. If staff members are threatened and/or forced to give up the child, the parent, an emergency contact, or if necessary 9-1-1 will be called. If the person who is incapacitated or suspected of abuse is the parent, Child Protection (651-257-1300) or the police will be called. Incapacitation may include the following issues:

- Physical health problems;
- Under the influence of prescribed or over the counter medication;
- Under the influence of alcohol;
- Under the influence of drugs;
- Mental health or emotional problems.

Student Pick-Up and Drop-Off Procedures

An adult must accompany the student to the preschool area, help their child hang up their coat and put their backpacks into the cubby provided for them. Upon completion the student and parent will enter the classroom and be greeted by staff. Staff will have the classroom doors opened at the start of the session. Students may not enter the classroom before the doors have been opened.

Only those adults authorized on the student information sheet may pick up a child. No student will be allowed to leave the building unless they are accompanied by an authorized adult. The authorized adult is required to come into the building to pick up their child and sign them out.

If staff does not recognize an individual who comes to pick up the student, the staff should ask for a picture I.D. such as a driver's license. This should be checked against the authorized persons listed on the student's information sheet. If the individual is authorized to pick up the student, the staff will inquire as to the change in routine and request advance notification of future changes.

Teacher will release children to authorized adults only. If staff is threatened, 9-1-1 will be called.

Policy and Procedure for Late Pick-Up

The following procedures are the guidelines for handling late pick-up of students. It is a progressive plan. Each step is implemented one at a time with the hope that it will resolve the issue. If it does not, proceed to the next step.

1. Introduce the following italicized info to parents/guardians of students by including notification in the Parent Handbook. Each parent/guardian is given a Parent Handbook at the beginning of the year.

PRESCHOOL ARRIVAL/DEPARTURE

We offer morning and afternoon sessions Monday through Friday, based on enrollment. The morning session is 8:30 a.m. until 11:30 a.m. The afternoon session is 12:00 p.m. until 3:00 p.m. The preschool entrance is located on the north end of the church; please use the northwest door. This door will be locked during classroom hours. If you come late, you will need to enter through the front door of the church.

In order to assure safety for our students, please stay with your child until the classroom door is open, which will occur 5 minutes prior to the beginning of the class. Also, please be respectful of our teachers' time and be prompt in picking up your child/children. The teachers need this time to prepare lessons. We understand issues arise occasionally, so if you are going to be more than 5 minutes late please contact your child's teacher or the church office. If tardiness (more than 5 minutes late) becomes consistent, late fees will be charged. There will be a \$5.00 charge for the first 10 minutes you are late to pick up your child, with an additional \$5.00 charge for each additional 5 minutes after. This will be added to your bill (from policy #502).

2. Teacher will talk to parent/guardian regarding late pick up and start documenting late pick-ups.
3. The Director of the school will talk to the parent/guardian regarding late pick-up and provide them with a letter notifying the parent/guardian that late fees will now be assessed if the tardiness continues.
4. The teacher will submit documentation of late pickups to the Director and late fees will be assessed at the following rate: \$5 per child for every 10 minutes after 11:35 a.m. (or if afternoon session 3:05 p.m.) The late fee notice will be given to the parent/guardian with a copy of the documented tardiness.
5. School may terminate the relationship with parent (guardian)/student if excessive tardiness continues.

Policy Regarding No Pick-Up

The preschool must be notified if an emergency makes it impossible for the parents to pick up their child by the closing time of the session. If there is a failure to pick up a student, a parent does not call, and staff cannot reach a parent or anyone listed as the Emergency Contact, the State of Minnesota recommends that the preschool call the police to have the child transported to a shelter. Since this is a potentially frightening situation, we want to avoid it if at all possible. However, the police will be called and a request made to transport students to a shelter if parents:

- Fail to pick-up student;
- Fail to make contact with the school, and;
- Staff members are not able to reach an authorized person.

A note will be left on the preschool's door for the student's parents. It will explain the situation and give the phone number to call. No staff will transport a child under these circumstances.

Pandemic Planning

Upon request, Little Angel Preschool will cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak. (Laws of Minnesota 2007, chapter 112, section 6)

Outdoor Play Policy

To ensure safety on the playground, appropriate measures will be taken. These include, but are not limited to:

- The fencing will be in good condition and be used as a boundary for the children while playing. They will not be allowed to climb on the fence.
- The ground covering will be at least three inches deep, to prevent injury from falls.
- The stationary equipment will be at least six feet from other equipment, and be free of chipping paint.
- Children will be instructed to use the equipment the way it was designed, such as going down the slide feet first and not jumping from equipment.
- While outside, a staff member will have a telephone for emergencies.

ALLERGY PREVENTION AND RESPONSE

Before admitting a child for care, Little Angel Preschool will obtain documentation of any known allergies from the child's parent or legal guardian on the enrollment form or the child's source of medical care in the Health Care Summary Form. If a child has a known allergy, the preschool will maintain current information about the allergy in the child's record and develop an individual child care program plan using the form Individual Child Care Program Plan For Allergies which is found in our DHS 3 ring binder. The individual child care program plan includes a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.

Each staff person who is responsible for carrying out the individual child care program plan review will be trained and sign the ICCPP Allergy Plan indicating that they will follow the plan. Documentation of a staff person's review will be kept in the student's file.

At least annually or following any changes made to allergy-related information in the child's record, the child's individual child care program plan will be updated and each staff person who is responsible for carrying out the individual child care program plan will be informed of the change, initial by the changes and return it to the student's file.

A child's allergy information will be available at all times including on site, when on field trips, or during transportation. A child's food allergy information will be readily available to a staff person in the area where food is prepared and served to the child.

The teacher will contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention. The teacher will call emergency medical services when epinephrine is administered to a child in the preschool.

The allergy prevention and response policies and procedures will be provided to the parents of all children at the time of enrollment in the child care program and be made available upon request.

HANDLING AND DISPOSAL OF BODILY FLUIDS

The preschool will comply with the following procedures for safely handling and disposing of bodily fluids:

- Surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, will be cleaned and disinfected by rinsing or wiping with a solution of one part chlorine bleach to 16 parts water, or an equivalent product.
- Blood-contaminated material will be disposed of in a plastic bag with a secure tie;
- Sharp items used for a child with special care needs will be disposed of in a "sharps container," which will be stored out of reach of a child;
- The preschool will have the following bodily fluid disposal supplies in the center: disposable gloves, disposal bags, twist ties, eye protection and disinfectant solution; and
- The preschool will train each staff person on universal precautions to reduce the risk of spreading infectious disease. A staff person's completion of the training will be documented in the staff person's personnel record.

The handling and disposal of bodily policies and procedures will be provided to the parents of all children at the time of enrollment in the child care program and be made available upon request.

CHILD CARE EMERGENCY PREPAREDNESS PLAN

The Child Care Emergency preparedness plan is attached.

HEALTH POLICIES

Health Consultant Review

The following guidelines have been established to help ensure the wellness of all students and staff.

A health consultant (physician licensed to practice medicine under Minnesota Statutes chapter 147; a public health nurse or registered nurse licensed under Minnesota Statutes section 148.171; or the Board of Health as defined in Minnesota Statutes, section 145A.02, or its designee) must review the Preschool's Health Policies annually and if a change is made to the Health Policies or if there is an outbreak of contagious reportable illness. The consultant must provide a written report of their findings, to be kept in the administration records.

Procedures of Administering First Aid

All teachers and assistant teachers must be trained in pediatric first aid and child CPR within 90 days of the start of work. The records of these trainings will be kept in each staff person's file and will be checked annually. There must be an individual trained in pediatric first aid and child CPR present in the facility during all hours of operation as well as on field trips and when transporting children.

In any injury or illness situation, staff will administer first aid immediately as specified in the first aid manual located with any first aid kit. The teacher will notify the parent(s) if any first aid is administered.

If it appears the injury/illness is **not life-threatening**, but may lead to further complications, or in any way be serious, the staff may contact Fairview Lakes Regional Medical Center at 651-982-7000 for instructions before contacting the parent(s) to come and take the child for medical attention.

In the event of an illness/injury assessed as **potentially life-threatening**, staff will contact the local emergency unit at 9-1-1 and follow instructions, prior to contacting the parent(s).

If the parent(s) or alternate on the emergency form cannot be reached, the director/teacher will call the physician/health care provider listed on the child's emergency form and/or call the local emergency unit for treatment and/or transportation to a health care facility as determined by a physician or emergency medical services.

If staffing permits, a staff person will accompany the injured child and stay until the parent(s) arrive. Staff will not transport an injured child. All injuries must be reported to the director and recorded on an individual injury report.

Prevention of Injuries

1. No child will be left unsupervised. When transitioning from one area to another, staff will be present with a ratio of 10:1 (child:staff).
2. When the student is in the hallway, they will be in full view of staff.
3. When each child arrives at school, the parent must take the child to the classroom. Staff must greet each child at the time of arrival.
4. When children depart from school, the parents must pick up their child from the supervision of the staff member.
5. Student daily folders will be kept in the classroom.
6. Adult scissors, staplers, sanitizer and harmful objects are kept out of reach of students.
7. Rugs must have non skid backing or be firmly fastened to the floor and free from tears, curls and frayed edges and hazardous wrinkles.
8. To prevent a fall from slippery sidewalks, snow will be removed and, if needed, salt will be put down.
9. To prevent falls in the bathroom from wet, slippery floors, water spills will be wiped up immediately.
10. The large storage room door will be kept shut and locked during school hours.
11. Cabinet doors are out of reach of children or secured.
12. Outside doors and windows used for ventilation will be screened.
13. When the classroom door is open, a staff member must hold it open or a doorstop must be used.
14. When a student is in the bathroom, only one door will be used unless staff is present in the hallway.
15. Emergency evacuation plans and procedures will be posted in the classroom.
16. Staff will have immediate access to a telephone in the event of an emergency.
17. A battery operated flashlight and a battery operated radio must be kept in the classroom.
18. A first aid kit will be taken on all field trips.
19. A first aid kit will be taken to the playground if the teacher does not have another teacher, aid or volunteer with her.
20. The first aid kit will be stored out of reach of the students.
21. On all field trips, the staff will make sure that each child has identification attached to him/her containing the child's name along with the preschool's name, city and phone number.
22. Overexposure to sun will be prevented by the use of clothing. Sunscreen is a medication as is insect repellent and cannot be applied by staff members.
23. All staff members shall receive a Policy & Procedures for Staff Handbook prior to employment.

Poison Prevention

1. Separate storage areas, away from food, will be provided for each of the following: art supplies, cleaning supplies, and medicine.
2. Chemicals/cleaning agents and toxic substances will be stored out of the reach of children.
3. Medication will be stored out of reach.
4. No toxic plants will be permitted in the preschool area.
5. All areas used by children must be kept free from debris; loose flaking paint, chipped paint, loose wallpaper, crumbling plaster, litter and holes in walls, floors and ceilings.
6. Aerosol sprays will not be used.
7. The phone number of the poison control center will be posted with all other emergency numbers, by all telephones.
8. Syrup of Ipecac, is not kept at preschool.

Prevention of Burns and Electrical Accidents

1. Hot water in hand washing sink will not exceed 120 degrees Fahrenheit.
2. Students will not be allowed in the kitchen without supervision.
3. Temperature of food will be checked before being served to students. Food will be served warm, not hot.
4. Protective covers will be used on electrical outlets.

Preventions of Choking and Suffocation

1. Plastic bags will be stored out of reach of children.
2. Students will not be stimulated to laugh, cry, or make any sudden movements while they are eating.
3. Students will be encouraged not to put toys in their mouths and toys will be inspected for broken pieces.
4. Pins, needles, tacks and all small pointed instruments will be stored out of reach of students.
5. Students will not be allowed to have latex balloons without supervision.

Prevention of Traffic and Pedestrian Accident

1. Parents are required to escort their child into the building and to escort them out at the end of the day. No child will be allowed to exit the building unattended.
2. All traffic signs will be obeyed.
3. Children must be closely supervised at all times.

Daily Inspection of Potential Hazards

The program site, including the outdoor activity area, will be inspected daily for potential hazards. Corrections will be made immediately by staff, or if necessary, by a maintenance person or other professional.

Medical Documents

Each child will have a completed "Health Care Summary" on file. This form must be signed by their medical care provider and shall be updated as changes occur. **This form must be on file before the child can start school.**

According to Minnesota Statutes, section 123.70, each child must have a completed “Child Care Immunization Form” on file. This form shall be updated as changes occur. **This form must be on file before the child can start school.**

Medication Plan

Little Angel Preschool will not administer any medications with the exception of life preserving medications (i.e. allergic reaction to bee stings needing immediate attention). These medications will be stored out of reach of the children.

Medications will be administered according to the instructions from a licensed physician. Medicine with the child's name and current prescription information on the label constitutes instructions. All medicine must be kept in its original container and have a legible label stating the child's name. The medicine must not be given after the expiration date on the label. A Permission to Administer Medication form must be on file. After administering any medication, the information must be recorded on the Medication Administered form and a copy be placed in the student's file and a copy given to the parents.

Food Preparation Policy

Snacks will be served during each session in the room next to the bathroom. Procedures for preparing, handling, and serving food, and washing food, utensils, and equipment must comply with the requirements for food and beverage establishments in chapter 4626. If the food is prepared off site by another facility or if food service is provided according to a contract with a food service provider, the facility or license holder must ensure that food is prepared in compliance with chapter 4626.

Staff and students will wash hands thoroughly with soap and water. Staff will monitor and assist students with hand washing. Staff shall clean the hands and exposed portions of the arms as specified in part 4626.0070 at the following times:

- after touching bare human body parts other than clean hands and clean, exposed portions of arms; after defecating, contacting body fluids and discharges, or handling waste containing fecal matter, body fluids, or body discharges; and before beginning or returning to work;
- after using the toilet, at a hand wash lavatory, in the toilet room;
- after caring for or handling support animals as allowed in part 4626.0120;
- after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking;
- after handling soiled equipment or utensils;
- immediately before engaging in food preparation including working with exposed food, clean utensils, and unwrapped single-service and single-use articles in the food preparation area;
- during food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks;
- when switching between working with raw foods and working with ready-to-eat foods; or
- after engaging in other activities that contaminate the hands.

Dairy products and other perishable foods must be refrigerated. The refrigeration must have a temperature of 40 degrees Fahrenheit or less.

Temperature of food will be checked before being served to students. Food will be served warm, not hot.

All hot beverages will be kept out of reach of students.

Tables used for meals must be washed with soap and water before and after each use.

Food prep equipment surfaces and utensils which come in direct contact with food shall be sanitized and air dried in accordance with chapter 4626.

All snacks will be commercially prepared. No homemade snacks will be served.

Snacks will be served on a napkin, plate or container.

Staff will be seated with students during snack time.

All food allergies will be posted in the food preparation area.

Prescribed dietary needs will met and the staff will be informed of these.

All students must be supervised while in the kitchen.

Hot beverages must be kept out of reach of children.

Drinking water shall always be available and offered at frequent intervals using single serving cups.

Children's hand sinks may not be used for food preparation.

Sanitation Policy

A solution of bleach and water is to be used to sanitize toys and equipment. This solution will be made daily with three parts water and one part bleach. (i.e., three cups of water to one cup bleach).

The solution will be stored in a spray bottle clearly marked "BLEACH WATER", and will also be labeled with the ingredients and the phone number to the Poison Control Center. When not in use, this container must be stored out of reach of children.

The sanitation solution/bleach water is to be sprayed directly onto the toys or equipment and let them air dry. A commercially prepared cleaner may be used; clearly labeled with name, ingredients and the phone number to the Poison Control Center.

All space and equipment must be kept clean, and inspected to ensure that they are structurally sound.

Toilet facilities must be cleaned and sanitized at the end of each day. Toilets and seats must be washed and disinfected when soiled or at least daily. The 2nd bathroom must be available and sanitized when there are more than 15 children in attendance.

The following supplies must be provided and made accessible to the children: toilet paper, liquid hand soap, facial tissues and single use paper towels.

Staff will monitor student's hand washing after bathroom break and also before snack time.

The hand washing sinks cannot be used for janitorial purposes (washing paint, standing water or mopping).

Policy for the Care of Sick Children

If a child becomes ill while at the preschool a staff member will:

1. Separate the sick child from other students and provide a cot and blanket.
2. Call the parent immediately.
3. Supervise the child at all times.
4. Continue to frequently assess the child's condition.
5. 9-1-1 will be called if the situation appears to be an emergency.

Parents are encouraged and reminded to always update student information when changing address or telephone numbers.

Policy for Exclusion of Sick Children and Staff

A child with any of the following conditions or behaviors is a sick child and must be excluded from preschool. The license holder must exclude a child:

- with a reportable illness or condition as specified in part 4605.7040 (see Reportable Communicable Diseases in this handbook) that the commissioner of health determines to be contagious and a physician determines has not had sufficient treatment to reduce the health risk to others;
- with chicken pox until the child is no longer infectious or until the lesions are crusted over;
- who has vomited one or more times since admission that day;
- who has had two or more abnormally loose stools since admission that day;
- who has contagious conjunctivitis or pus draining from the eye;
- who has a bacterial infection, such as streptococcal pharyngitis or impetigo and has not completed 24 hours of antimicrobial therapy;
- who has unexplained lethargy;
- who has lice, ringworm, or scabies that is untreated and contagious to others;
- who has a 100 degree Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given;
- who has an undiagnosed rash or a rash attributable to a contagious illness or condition;
- who has significant respiratory distress;
- who is not able to participate in child care program activities with reasonable comfort; or
- who requires more care than the program staff can provide without compromising the health and safety of other children in care.

In general, children must be able to participate in class activities, including outdoor play. If a child is clearly ill when brought to school, the parent will be informed that the child cannot remain. If a child becomes ill at the preschool, parents will be notified and asked to pick the child up as soon as possible.

Basic Guidelines for Returning to Preschool

The child must be free of persistent fever or diarrhea, without the use of medications for 24 hours before returning to school.

The child must be past the contagious stage of a communicable disease.

Policy for Parent Notification of Reportable Communicable Illness/Condition

Parents and staff are required by State Law to inform the preschool within 24 hours of the time a reportable communicable disease has been diagnosed, exclusive of weekends or holidays. When a student has been medically diagnosed with a reportable communicable disease, we will notify the Minnesota Department of Health at 612-676-5414 and follow their recommendations to provide information to parents of all exposed children.

The preschool will notify parents of exposed children on the same day by a written notice, or if necessary and possible, by telephone. If a child or staff member is out three days or more with a reportable communicable disease, a written permission form, signed by the doctor is necessary for re-admittance.

REPORTABLE COMMUNICABLE DISEASES

Diseases to Report Immediately by Telephone

- anthrax (*Bacillus anthracis*). Submit clinical materials;
- botulism (*Clostridium botulinum*);
- brucellosis (*Brucella* spp.). Submit clinical materials;
- cholera (*Vibrio cholerae*). Submit clinical materials;
- diphtheria (*Corynebacterium diphtheriae*). Submit clinical materials;
- free-living amebic infection (including at least: *Acanthamoeba* spp., *Naegleria fowleri*, *Balamuthia* spp., *Sappinia* spp). Submit clinical materials;
- hemolytic uremic syndrome. Submit clinical materials;
- measles (rubeola). Submit clinical materials;
- meningococcal disease (*Neisseria meningitidis*) (all invasive disease). Submit clinical materials;
- Middle East Respiratory Syndrome (MERS). Submit clinical materials;
- orthopox virus. Submit clinical materials;
- plague (*Yersinia pestis*). Submit clinical materials;
- poliomyelitis. Submit clinical materials;
- Q fever (*Coxiella burnetii*). Submit clinical materials;
- rabies (animal and human cases and suspected cases);
- rubella and congenital rubella syndrome. Submit clinical materials;
- severe acute respiratory syndrome (SARS). Submit clinical materials;
- smallpox (variola). Submit clinical materials;
- tularemia (*Francisella tularensis*). Submit clinical materials; and
- viral hemorrhagic fever (including but not limited to Ebola virus disease and Lassa fever). Submit clinical materials.

How to report immediately by phone

Call the Minnesota Dept. of Health, Infectious Disease Epidemiology, Prevention and Control Division at: 651-201-5414 or 1-877-676-5414.

What to Report Within One Working Day

Diseases reportable within one working day:

1. amebiasis (*Entamoeba histolytica/dispar*);
2. anaplasmosis (*Anaplasma phagocytophilum*);
3. arboviral disease, including, but not limited to, La Crosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, West Nile virus disease, Powassan virus disease, and Jamestown Canyon virus disease;
4. babesiosis (*Babesia* spp.);
5. blastomycosis (*Blastomyces dermatitidis*);
6. campylobacteriosis (*Campylobacter* spp.). Submit clinical materials;
7. carbapenem-resistant Enterobacteriaceae (CRE). Submit clinical materials;
8. cat scratch disease (infection caused by *Bartonella* species);
9. chancroid (*Haemophilus ducreyi*);
10. Chikungunya virus disease;
11. *Chlamydia trachomatis* infections;
12. coccidioidomycosis;
13. *Cronobacter sakazakii* in infants under one year of age. Submit clinical materials;
14. cryptosporidiosis (*Cryptosporidium* spp.). Submit clinical materials;
15. cyclosporiasis (*Cyclospora* spp.). Submit clinical materials;
16. dengue virus infection;
17. *Diphyllobothrium latum* infection;
18. ehrlichiosis (*Ehrlichia* spp.);
19. encephalitis (caused by viral agents);
20. enteric *Escherichia coli* infection (*E. coli* O157:H7, other Shiga toxin-producing (enterohemorrhagic) *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enteroaggregative *E. coli*, enterotoxigenic *E. coli*, or other pathogenic *E. coli*). Submit clinical materials;
21. giardiasis (*Giardia intestinalis*);
22. gonorrhea (*Neisseria gonorrhoeae* infections);
23. *Haemophilus influenzae* disease (all invasive disease). Submit clinical materials;
24. hantavirus infection;
25. hepatitis (all primary viral types including A, B, C, D, and E);
26. histoplasmosis (*Histoplasma capsulatum*);
27. human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS);
28. influenza (unusual case incidence, critical illness, or laboratory confirmed cases). Submit clinical materials;
29. Kawasaki disease;
30. *Kingella* spp. (invasive only). Submit clinical materials;
31. legionellosis (*Legionella* spp.). Submit clinical materials;
32. leprosy (Hansen's disease) (*Mycobacterium leprae*);
33. leptospirosis (*Leptospira interrogans*);
34. listeriosis (*Listeria monocytogenes*). Submit clinical materials;
35. Lyme disease (*Borrelia burgdorferi* and other *Borrelia* spp.);
36. malaria (*Plasmodium* spp.);
37. meningitis (caused by viral agents);
38. mumps. Submit clinical materials;
39. neonatal sepsis (bacteria isolated from a sterile site, excluding coagulase-negative *Staphylococcus*) less than seven days after birth. Submit clinical materials;
40. pertussis (*Bordetella pertussis*). Submit clinical materials;
41. psittacosis (*Chlamydophila psittaci*);

42. retrovirus infections;
43. salmonellosis, including typhoid (*Salmonella* spp.). Submit clinical materials;
44. shigellosis (*Shigella* spp.). Submit clinical materials;
45. Spotted fever rickettsiosis (*Rickettsia* spp. infections, including Rocky Mountain spotted fever);
46. *Staphylococcus aureus* (only vancomycin-intermediate *Staphylococcus aureus* (VISA), vancomycin-resistant *Staphylococcus aureus* (VRSA), and death or critical illness due to community-associated *Staphylococcus aureus* in a previously healthy individual). Submit clinical materials;
47. streptococcal disease (all invasive disease caused by Groups A and B streptococci and *S. pneumoniae* [including urine antigen laboratory-confirmed pneumonia]). Except for urine, submit clinical materials;
48. syphilis (*Treponema pallidum*);
49. tetanus (*Clostridium tetani*);
50. toxic shock syndrome. Submit clinical materials;
51. toxoplasmosis (*Toxoplasma gondii*);
52. transmissible spongiform encephalopathy;
53. trichinosis (*Trichinella spiralis*);
54. tuberculosis (*Mycobacterium tuberculosis* complex) (pulmonary or extrapulmonary sites of disease, including clinically diagnosed disease). Latent tuberculosis infection is not reportable. Submit clinical materials;
55. typhus (*Rickettsia* spp.);
56. varicella (chickenpox). Submit clinical materials;
57. *Vibrio* spp. Submit clinical materials;
58. yellow fever;
59. yersiniosis, enteric (*Yersinia* spp.). Submit clinical materials;
60. zika virus disease; and
61. zoster (shingles) (all cases <18 years old; other unusual case incidence or complications regardless of age).
Submit clinical materials.

How to report within one working day:

The method of reporting varies by disease and can be looked up by going to <http://www.health.state.mn.us/divs/idepc/dtopics/reportable/disease.html> and click on the name of the disease for information about the preferred method of reporting.

MALTREATMENT OF MINORS MANDATED REPORTING

POLICY FOR DHS LICENSED PROGRAMS

Who Should Report Child Abuse and Neglect

Any person may voluntarily report abuse or neglect.

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

Where to Report

- If you know or suspect that a child is in immediate danger, call 911.
- Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child care facility should be made to county child protection services.
- Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at **Chisago County at 651-257-1300 and ask for child services** or local law enforcement at **Chisago County Sheriff at 651-257-4100**.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at (651) 431-6500.

What to Report

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

Failure to Report

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

Retaliation Prohibited

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

Internal Review

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

- 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 Internal Reviews are Completed

The internal review will be completed by **the Preschool Director**. If this individual is involved in the alleged or suspected maltreatment, **the Preschool School Board Chairperson** will be responsible for completing the internal review.

Documentation of the Internal Review

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

Corrective Action Plan

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

Staff Training

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

MN Department of Human Services
Division of Licensing
December 2016

CHILD CARE PROGRAM PLAN

Little Angel Preschool use the Alphafriends curriculum by Houghton Mifflin in combination with an approach to learning called STEAM XL in God's Love. This educational approach uses Science, Technology, Engineering, the Arts, Math, Christianity and Literacy all combined in God's love to guide students as they grow through academic play, structured learning and exploration. Little Angel Preschool will provide appropriate activities which will positively contribute to the total development of each student.

Students enrolled in the Little Angel Preschool shall be supervised at all times. Little Angel Preschool is licensed to serve 27 three, four and five-year-old students per class. All students must be three years old by September 1st of the given year to qualify for enrollment. Exceptions may be made by the staff and director under special circumstances.

School operates Monday through Friday from 8:30 a.m. to 11:30 a.m., with an afternoon session from noon to 3:00 pm depending on enrollment.

Staffing ratios must follow these guidelines:

- One staff member per ten preschool children, with a maximum group size of twenty.
- Staff distribution shall be as follows:
 - First staff member must be a qualified teacher to accommodate the first ten students.
 - Second staff member must have at least the qualifications of an aide to accommodate up to twenty students.

Please note, pets are not allowed on the property during school hours. The only exception is granted to the teacher to use a pet for classroom purposes.

General Education Methods

Children learn through creative play, positive role models and structured academic techniques in a Christian based environment. Students will receive the opportunity to:

- Play with other children;
- Share, take turns and cooperate with others;
- Experience relationships with adults;
- Increase language skills;
- Develop large and small motor skills;
- Participate in a variety of art music, and movement activities;
- Be introduced to developmentally appropriate readiness concepts and skills;
- Feel happy, secure and self-confident;
- Develop a positive self-image towards themselves;
- Increase knowledge in a stimulating environment;
- Develop independence;
- Have learning experiences which provide spiritual, emotional, and intellectual growth and development.

A senior staff member qualified as a teacher must annually evaluate these guidelines and modify accordingly to meet the needs of the children.

Goals and Objectives

Little Angel Preschool will strive to prepare children with the following goals and objectives:

- Children will develop self-awareness and independent skills through activities that will help develop decision making skills, self-confidence, a positive self-esteem, and an appreciation for other cultures and gain their own spiritual identity.
- Children will develop an appreciation of the visual and performing arts through dramatic play and art and music activities.
- Children will develop critical and creative thinking and pre-reading skills through language arts activities.
- Children will develop understanding in science, technology, engineering and mathematics through small and large group and interest area activities.
- Children will develop effective communication through listening, speaking, writing and reading.
- Children will develop competence in the use of large and small muscles through exercises, group games and various large muscle activities
- Children will develop care and respect for the body through large group and interest area activities and through positive role modeling.
- Children will develop internal behavior controls, cooperative patterns of interaction, and responsible attitudes and actions through positive role models.
- Children will develop an appreciation and respect of individual and cultural similarities and differences through large group and interest area activities.
- Children will develop an understanding of Christian values and beliefs through daily worship and/or story presentations.
- Children will develop life and independent skills (ex: closing doors) through close staff instructional supervision to ensure safety.

Parent Teacher Conferences

The intellectual, physical, social and emotional progress of each child will be documented in the child's record and conveyed to the parent(s) during conferences which are planned two times during the year. Teachers will receive an assigned amount of time from the director prior to conference time.

Sample Preschool Daily Schedule

8:30-8:45	Arrival
8:45-9:10	Circle Time
9:15-10:00	Free Play
10:00-10:15	Snack/Bathroom
10:15-10:30	Second Circle
10:30-10:50	Stations
10:50-11:15	Outside/Gym
11:15-11:30	End of day routine
11:00-11:30	Chapel Time once a week

Interest Areas

Little Angel Preschool will provide a variety of activities and areas in the school. Quiet activities include reading books, felt stories and table time activities. Active times include dancing and movement songs, large motor activities in the big gym, and outdoor play in the playground. Teacher directed activities include number and letter recognition, pocket chart games, calendar time, and exploring emotions through discussions and games. Child initiated activities take place at the various centers including dramatic play, sensory table and listening center which use various equipment and materials such as blocks, puzzles, sand, microscope, a light table, magnets and recorders. The teacher will carry out these activities consistent with each child's cultural background.

This program must be available to parents on request.

Special Needs Student Program Plan

When the preschool enrolls a student with a "special need", an individual student program plan will be developed by the teacher to meet their specific needs. Staff will follow a written plan that specifies methods that meet the student's needs. The plan must be reviewed by all staff in direct contact with the student and be evaluated by the diagnosing physician annually.

"Special Needs" specified in Rule 3 Chapter 9503.0065 includes but is not limited to:

- Asthma
- Allergies to bees, needing immediate attention
- Intellectual Developmental Disorder
- Physical handicaps

Nap and Rest Policy

There is no nap time during preschool hours.

Field Trip Policy

A written permission form will be obtained before each field trip or on a form that annually summarizes all field trips that will be taken. The parent's written permission must state that the parent has been informed of the purpose and destination of the field trip.

On field trips, staff must take emergency phone numbers for the child's parent and the persons to be called if a parent cannot be reached, the phone number of the child's physician, a phone for making emergency calls and a first aid kit. A staff member will have CPR and first aid training. Student should wear name tags identifying the preschool name, city and phone number, in case of separation. Staff ratios must be maintained.

If vehicle transportation is needed for a field trip the preschool must also have:

- Two adults per vehicle which has four children under the age of five. Drivers must have a current MN driver's license.
- When children are transported, they must be restrained in accordance with Minnesota Statutes, sections 169.685 and 169.686, and a child under the age of four may be transported only if the child is properly fastened in a child passenger restraint system that meets the federal motor vehicle safety standards contained in Code of Federal Regulations, title 49, section 571.213.

- Children may not be transported more than one hour per one-way trip.

Written parental permission will be obtained before each occasion of experimental research or public relations activity.

Program Drug and Alcohol Policy

This facility prohibits the license holders, employees, subcontractors, and 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.

The employee, subcontractor or volunteer shall inform the director when taking medically prescribed drugs or other substances which may negatively affect job performance. All staff will be trained on this policy and documentation of training will be placed in each staff person's personnel record.

Grievance Policy

As members of the school board we are proud of the staff chosen to work within Little Angel Preschool, a ministry of St. John's Evangelical Lutheran Church and value your input and ideas. However, should you have a grievance, objection and/or disagreement Little Angel Preschool prefers that matters are dealt with as in Matthew 18:15-17:

“(15)If your brother or sister sins, go and point out their fault, just between the two of you. If they listen to you, you have won them over. (16) But if they will not listen, take one or two others along, so that ‘every matter may be established by the testimony of two or three witnesses.’ (17) If they still refuse to listen, tell it to the church; and if they refuse to listen even to the church, treat them as you would a pagan or a tax collector.”

If this preferred method does not work in your situation the board has adopted the *Policy #402 Chain of Command* to provide proper avenues of communication to resolve questions and concerns regarding Little Angel Preschool.

Employee Evaluations

The formal performance evaluation will comply with *Policy #403 Employee Evaluation* occurring after 30 days of employment and at least annually thereafter. Employees will enter a 90 day probationary period after their first day in the classroom. **The probationary period does not supersede the at-will employment relationship. Any employee may be fired for any reason during or after the introductory period.**

Employees will act in accordance and in the spirit of our mission statement. Employees will follow the Little Angel Preschool *Policy #401 Policies & Procedures For Staff*.

Directory

Upon hire, each employee will be given a directory including contact information for school board members, the director, and other staff members.

Attachment A: Definitions of Maltreatment

Definitions. As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

- (a) "Accidental" means a sudden, not reasonably foreseeable, and unexpected occurrence or event which: (1) is not likely to occur and could not have been prevented by exercise of due care; and (2) if occurring while a child is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.
- (b) "Commissioner" means the commissioner of human services.
- (c) "Facility" means:
 - (1) a licensed or unlicensed day care facility, certified license-exempt child care center, residential facility, agency, hospital, sanitarium, or other facility or institution required to be licensed under sections 144.50 to 144.58, 241.021, or 245A.01 to 245A.16, or chapter 144H, 245D, or 245H;
 - (2) a school as defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or
 - (3) a nonlicensed personal care provider organization as defined in section 256B.0625, subdivision 19a.
- (d) "Family assessment" means a comprehensive assessment of child safety, risk of subsequent child maltreatment, and family strengths and needs that is applied to a child maltreatment report that does not allege sexual abuse or substantial child endangerment. Family assessment does not include a determination as to whether child maltreatment occurred but does determine the need for services to address the safety of family members and the risk of subsequent maltreatment.
- (e) "Investigation" means fact gathering related to the current safety of a child and the risk of subsequent maltreatment that determines whether child maltreatment occurred and whether child protective services are needed. An investigation must be used when reports involve sexual abuse or substantial child endangerment, and for reports of maltreatment in facilities required to be licensed or certified under chapter 245A, 245D, or 245H; under sections 144.50 to 144.58 and 241.021; in a school as defined in section 120A.05, subdivisions 9, 11, and 13, and chapter 124E; or in a nonlicensed personal care provider association as defined in section 256B.0625, subdivision 19a.
- (f) "Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.
- (g) "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (9), other than by accidental means:
 - (1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
 - (2) failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
 - (3) failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
 - (4) failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;
 - (5) nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care; except that a parent, guardian, or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of medical care may cause serious danger to the child's health. This section does not impose upon persons, not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care, a duty to provide that care;
 - (6) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental

delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;

(7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);

(8) chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety; or

(9) emotional harm from a pattern of behavior which contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

(h) "Nonmaltreatment mistake" means:

(1) at the time of the incident, the individual was performing duties identified in the center's child care program plan required under Minnesota Rules, part 9503.0045;

(2) the individual has not been determined responsible for a similar incident that resulted in a finding of maltreatment for at least seven years;

(3) the individual has not been determined to have committed a similar nonmaltreatment mistake under this paragraph for at least four years;

(4) any injury to a child resulting from the incident, if treated, is treated only with remedies that are available over the counter, whether ordered by a medical professional or not; and

(5) except for the period when the incident occurred, the facility and the individual providing services were both in compliance with all licensing requirements relevant to the incident.

This definition only applies to child care centers licensed under Minnesota Rules, chapter 9503. If clauses (1) to (5) apply, rather than making a determination of substantiated maltreatment by the individual, the commissioner of human services shall determine that a nonmaltreatment mistake was made by the individual.

(i) "Operator" means an operator or agency as defined in section 245A.02.

(j) "Person responsible for the child's care" means (1) an individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or (2) an individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employees or agents, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.

(k) "Physical abuse" means any physical injury, mental injury, or threatened injury, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825.

Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian which does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582. Actions which are not reasonable and moderate include, but are not limited to, any of the following:

(1) throwing, kicking, burning, biting, or cutting a child;

(2) striking a child with a closed fist;

(3) shaking a child under age three;

(4) striking or other actions which result in any nonaccidental injury to a child under 18 months of age; (5) unreasonable interference with a child's breathing;

(6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;

(7) striking a child under age one on the face or head;

(8) striking a child who is at least age one but under age four on the face or head, which results in an injury;

(9) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish the child; or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury, or subjects the child to medical procedures that would be unnecessary if the child were not exposed to the substances;

(10) unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or

(11) in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section 121A.58.

(l) "Practice of social services," for the purposes of subdivision 3, includes but is not limited to employee assistance counseling and the provision of guardian ad litem and parenting time expeditor services.

(m) "Report" means any communication received by the local welfare agency, police department, county sheriff, or agency responsible for child protection pursuant to this section that describes neglect or physical or sexual abuse of a child and contains sufficient content to identify the child and any person believed to be responsible for the neglect or abuse, if known.

(n) "Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, as defined in section 609.341, or by a person in a position of authority, as defined in section 609.341, subdivision 10, to any act which constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Effective May 29, 2017, sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse which includes the status of a parent or household member who has committed a violation which requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

(o) "Substantial child endangerment" means a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

(1) egregious harm as defined in section 260C.007, subdivision 14;

(2) abandonment under section 260C.301, subdivision 2;

(3) neglect as defined in paragraph (g), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

(4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;

(5) manslaughter in the first or second degree under section 609.20 or 609.205;

(6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;

(7) solicitation, inducement, and promotion of prostitution under section 609.322;

(8) criminal sexual conduct under sections 609.342 to 609.3451;

(9) solicitation of children to engage in sexual conduct under section 609.352;

(10) malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;

(11) use of a minor in sexual performance under section 617.246; or

(12) parental behavior, status, or condition which mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

(p) "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in paragraph (j), clause (1), who has:

(1) subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm, as defined in section 260C.007, subdivision 14, or a similar law of another jurisdiction; (2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;

(3) committed an act that has resulted in an involuntary termination of parental rights under section 260C. 301, or a similar law of another jurisdiction; or

(4) committed an act that has resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.

A child is the subject of a report of threatened injury when the responsible social services agency receives birth match data under paragraph (q) from the Department of Human Services.

(q) Upon receiving data under section 144.225, subdivision 2b, contained in a birth record or recognition of parentage identifying a child who is subject to threatened injury under paragraph (p), the Department of Human Services shall send the data to the responsible social services agency. The data is known as "birth match" data. Unless the responsible social services agency has already begun an investigation or assessment of the report due to the birth of the child or execution of the recognition of parentage and the parent's previous history with child protection, the agency shall accept the birth match data as a report under this section. The agency may use either a family assessment or investigation to determine whether the child is safe. All of the provisions of this section apply. If the child is determined to be safe, the agency shall consult with the county attorney to determine the appropriateness of filing a petition alleging the child is in need of protection or services under section 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is determined not to be safe, the agency and the county attorney shall take appropriate action as required under section 260C.503, subdivision 2.

(r) Persons who conduct assessments or investigations under this section shall take into account accepted child-rearing practices of the culture in which a child participates and accepted teacher discipline practices, which are not injurious to the child's health, welfare, and safety

I have read and received a copy of Policy 401, Employee Manual, and I understand the expectations and requirements of Little Angel Preschool.

Little Angel Preschool Employee Name

Employee Signature

Date