

# **Paidea Child Development Center (PCDC)**

## **Parent Handbook**



**paidea**

More than childcare...  
we develop each child!

**[www.paideachild.com](http://www.paideachild.com)**

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### **NUMBER OF CHILDREN SERVED**

Paidea Child Development Center (Paidea) is licensed by the Minnesota Department of Human Services to serve 99 children from the ages of 16 months through 12 years of age. Typically, Paidea serves 19 children from ages 16 to 33 months, 52 children from 33 months to five years and up to 28 school age children.

### **CURRICULUM**

Parents may review the Childcare Program Plan at any time by requesting a copy from the office.

### **PARENT NIGHT**

Parent Nights are from 5:45 to 6:30, the parents go to a parent education meeting with Sarah, Paidea's Director, while the children stay and play with staff.

Parent Nights are scheduled on Thursday nights. Each room has a separate Thursday night just for those families. Parents are responsible for picking up their child(ren) before 5:45 if they are attending Parent Night. Parents are responsible for their child(ren) prior to the parent meeting. There is no charge for Parent Night care.

### **DISCIPLINE**

Paidea staff will establish and enforce clear and consistent limits and expectations for the children's behavior. Staff will never use physically or mentally abusive forms of punishment. Staff will deal with the inappropriate behavior through various techniques including: redirection, distraction, modeling, cooperative problem solving, and "take a break" spaces. Emotion coaching is the dominant interaction style between teachers and children.

### **HOURS/CLOSINGS**

Paidea is open Monday through Friday from 6:45 a.m. to 5:45 p.m. for each calendar year, excluding holidays, teacher in-service days, and days of severe weather conditions.

#### **HOLIDAYS**

Paidea will be closed on New Year's Day, Teacher Appreciation Day (last Friday in February), Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

In the event that Paidea will schedule an early closing, i.e. Christmas Eve and New Year's Eve or an extra Holiday closing, parents will be notified through the newsletter and postings on the board outside of the Office.

#### **IN-SERVICE DAYS**

Paidea will be closed for in-service twice a year: the Thursday and Friday before the summer program begins (typically early June) and the Wednesday, Thursday and Friday before Labor Day (typically late August).

### **SEVERE WEATHER DAYS**

Paidea will close whenever School District 622 (North St Paul-Maplewood-Oakdale Schools) closes. The closing announcement will be on Paidea's voicemail system by 6:00 a.m. of the day in question.

Parents can call 651-714-8646 after 6:00 a.m. to verify whether Paidea is closed. Efforts will also be made to update our Facebook Page and website in this event. IT IS EACH PARENT'S RESPONSIBILITY TO CHECK THESE COMMUNICATION METHODS TO DETERMINE IF PAIDEA WILL BE CLOSED THAT DAY.

If School District 622 closes school early, Paidea will notify parents via email or phone that Paidea is also closing early. If School District 622 is starting late, Paidea tries to open on time. However, exact opening time is dependent on the ability of staff to arrive at Paidea and parents may need to wait for staff to arrive before leaving their children.

## **ENROLLMENT**

### **REGISTRATION FEE**

There is a \$50.00 registration fee for each child enrolling at Paidea.

### **WAITING LIST**

There are times when enrollment numbers require Paidea to have a waiting list. If there is a waiting list, the registration fee is paid before a child's name is added to the list. If a family finds other arrangements and calls Paidea with that information, the \$50.00 fee is returned. If Paidea contacts a family on the waiting list to say there is now space for the child and the family does not want to enroll the child, the family forfeits the \$50.00 fee.

### **ENROLLMENT SCHEDULE**

Paidea accommodates a variety of schedules. You can register your child(ren) for whatever schedule fits your family needs. If your child is enrolled on a part-time schedule, you may be able to switch a day if needed. You need to check with the office to receive approval.

### **SUMMER ENROLLMENT**

You may enroll your child(ren) for a nine month period of time (school year) or twelve month period of time (calendar year). If a family decides to enroll for a nine month period of time, not enroll during the three months of summer and re-enroll for the fall, a \$300.00 deposit is due for each child. That deposit holds the child's place at Paidea for the fall. Once the child returns to Paidea in the fall, the deposit is applied to the child's October tuition. If plans change and the child will not attend Paidea in the fall, notice must be given to Paidea prior to August 1 or the deposit is forfeited. If notice is given to Paidea before August 1, the deposit will be refunded.

### **INTAKE CONFERENCE**

It is the intent and desire of Paidea for the parents and child(ren) to visit Paidea prior to enrollment to determine if the curriculum, programming, and physical environment feel comfortable to them. Only after the parents have determined that Paidea is the right place for their child is an intake conference arranged. This conference takes place before the child starts attending Paidea and includes a questionnaire to get to know each child, forms and procedures for parents and a tour of the space with locations of important check points.

### **CANCELLING ENROLLMENT**

If you decide to withdraw your child from Paidea, a two week notice is required. If a two week notice is not given, tuition for those two weeks is due on the child's last day at Paidea.

### **TUITION**

The tuition payment schedule is included in the intake folder. You will be notified with at least 3 weeks' notice, when this schedule is modified. Typically, tuition rates are re-evaluated in January with an effective date of February 1.

### **FEE SCHEDULE**

The current Fee Schedule can be found on our website:

<https://www.paideachild.com/EnrollmentTuition.cfm?ID=6>

### **DUE DATE**

If you are paying tuition weekly, payment is due on the first day of the week your child attends. If you are paying on a four-week billing cycle, payment is due on the first day of the four-week billing cycle. At the end of each month, you will receive a statement. This statement is NOT a bill, but rather a statement of your account and it should reflect a balance of zero. If there is a remaining balance, it needs to be paid within 10 days of statement date or a \$25.00 late fee will be added to your account.

### **HOLIDAYS**

Tuition is due for the holidays that Paidea is closed.

### **CHILD SICK DAYS**

Tuition is due for days that your child is ill and not attending Paidea.

### **IN-SERVICE DAYS**

Tuition is due for the in-service days when Paidea is closed. Full tuition is charged for the spring in-service week, and half tuition is charged for the fall in-service week.

## **VACATIONS**

Vacations are to be taken in blocks of at least one week at a time. You are allowed two weeks of vacation per year between September and June where you do not pay tuition. You are allowed unlimited weeks of vacation between June and September where you do not pay tuition (your child's place in the room is held). Please notify the office in writing of your planned vacations.

## **LATE FEE**

A LATE FEE OF \$5.00 WILL BE ASSESSED FOR EVERY TEN MINUTES THAT YOU ARE LATE FOR YOUR SCHEDULED PICK-UP TIME (PER FAMILY).

If your pick-up time is 5:45 a late fee will be assessed at the time the parent and child(ren) leave the building. This means that the child(ren) must be picked up, dressed and leave the building by 5:45 or you will be charged a late fee for every ten minutes that you have not left the building. (Paidea is to close at 5:45. The closing teacher cannot leave Paidea until all parents and children have left the building.)

5:45 late fees are DUE AT THE TIME ASSESSED. The late fee should be paid directly to the teacher who stayed past 5:45.

There are four times during the day that you may schedule to pick your child(ren) up from Paidea: 12:30, 3:00, 4:30 and 5:45. Late fees will be assessed the same for all time periods.

If your pick-up time is 12:30, 3:00 or 4:30, a late fee will be assessed beginning at the time the parent arrives in the child's classroom. (We understand that there are times when children are not quite ready to leave).

If your pick-up time is 12:30, 3:00 or 4:30 and you know you will be late and you call ahead, you will be charged an extension of \$5.00 – not a late fee.

If your pick-up time is 12:30, 3:00 or 4:30 and you know you will be late and you do not call ahead, you will be charged a late fee of \$5.00 for every ten minutes that you are late.

If your pick-up time is 3:00 and you call ahead to let us know that you will be late and your child leaves the room by 3:30, you will be charged an extension of \$5.00. If you do not arrive before 3:30, you will be charged for an additional half-day - \$22.00.

## **ARRIVAL AND DEPARTURE**

### **SIGNING IN AND OUT**

Generally, the teacher will document your child's arrival and departure time. This is an important requirement from licensing. We will notify you if there is a different plan.

### **SOMEONE OTHER THAN PARENT PICKING CHILD UP**

If someone other than the parent is picking up the child, the parents must provide Paidea with a written note identifying the person picking up their child. The person picking up the child must present Paidea with a photo-identification or Paidea will not

let the child leave. In the case of an unexpected change in plan, the parent can call Paidea and tell two teachers on the phone who is picking up the child and that person must show a photo identification at the time of pick-up.

### **COMMUNICATION WITH PARENTS**

Parents are encouraged and welcome to visit Paidea at any time. Our means of communication are as follows:

- A daily assessment of the child will be provided to the parents.
- There are regularly scheduled conferences between staff and parents. Preschool and Kindergarten conferences are held in the Fall and Spring. These conferences will follow a written assessment by the teacher regarding the child's intellectual, physical, social and emotional development.
- Paidea encourages parents to arrange conferences on their own with Paidea staff, including Sarah.
- A newsletter will be emailed or put in the parent mailbox that describes the current and upcoming activities.
- A monthly journal is created for each child. Look for the journal in the parents' mailboxes. If there is something special you want staff to watch for, please write it in the journal when you return it. Please feel free to add any information to your child(ren)'s journal.
- Paidea wants to be able to work successfully with both the parents and the child. Any assistance that can be provided to allow Paidea to better understand each child will be appreciated.
- Paidea also welcomes any suggestions that will improve the programming.

The following are guidelines designed by Paidea staff to improve and enhance communication between parents and Paidea. Open communication is encouraged.

1. Parents are encouraged to come and visit at any time during licensed hours.
2. If parents have any concerns or questions, please contact Paidea so that we can work together. You may call Paidea, write a note or email and we will call you within two business days. If you desire, you may call Sarah on her cell 651-338-3228.
3. If you have any ideas for improvements, suggestions, or concerns please communicate them with us by emailing, dropping a note in either the payment box or by leaving a voicemail message.
4. When Paidea staff are with children we will not leave the children to talk with parents. Please do not feel that we do not want to talk, because we do. We just cannot leave the children. If you need to talk with a teacher, just call ahead and we will arrange for the teacher to be available upon your arrival at Paidea.
5. Paidea will not talk about the children in front of them, unless it is to compliment them.

## FOOD

Paidea is committed to providing nutrition education for parents and children as well as ensuring that all children in our program will have their daily nutritional needs met.

To do this we will:

- 1) Provide nutritious snacks.
- 2) Provide supplements to children's lunches if they are inadequate.
- 3) Provide nutritional requirement information to parents.
- 4) Help children learn the importance of good nutrition through our education program.

## **SNACKS**

Paidea does provide nutritious snacks for the children in the morning and the afternoon. Sanitation procedures and practices for food will be in accordance with licensing and health department guidelines. If food is brought from home to share with other children (i.e., for special occasions) it must be commercially prepared and packaged.

## **MEALS**

**Paidea does not provide the children with meals.** Parents are required to prepare bag lunches for their child(ren). Sanitation procedures and practices for food will be in accordance with licensing and health department guidelines. Licensing requires that lunches be nutritionally balanced by containing a food from each food group. If a lunch is not balanced, Paidea will provide the child additional food, contact the parent and charge \$2.00 per meal.

**Please prepare the lunch for eating – i.e., cut or peel apples, hot dogs, etc. Items that need to be heated will be warmed up. Lunch containers should be labeled with the child(ren)'s name and placed in the refrigerator. Most uneaten food will be put back in the lunch container at the end of lunch so parents can monitor what their child(ren) eat or don't eat from their lunches. Paidea provides beverages for meals and snacks.**

There is an option to order catered lunches from Hy-Vee grocery store at an additional cost of \$5/meal. Make advanced arrangements with the office to add to the weekly lunch order.

Please refer to the following page for the nutritional guidelines required by the State of Minnesota.





# CHILD MEAL PATTERNS

| <b>BREAKFAST</b>    |   | <b>Age:</b>                                   | <b>1 and 2</b>      | <b>3 - 5</b>        | <b>6 - 12</b>     |               |
|---------------------|---|---|---------------------|---------------------|-------------------|---------------|
|                     | Fluid Milk                                    |   | 1/2 cup             | 3/4 cup             | 1 cup             |               |
|                     | Vegetable or Fruit or Juice*                  |   | 1/4 cup             | 1/2 cup             | 1/2 cup           |               |
|                     | Grains/Breads                                 | Whole grain, bran, germ or enriched           | 1/2 serving**       | 1/2 serving**       | 1 serving**       |               |
|                     | Cold Dry Cereal                               | Whole grain, bran, germ enriched or fortified | 1/4 cup (or 1/3 oz) | 1/3 cup (or 1/2 oz) | 3/4 cup (or 1 oz) |               |
|                     | Cooked Cereal, Rice, Pasta or Noodles         |   | 1/4 cup             | 1/4 cup             | 1/2 cup           |               |
| <b>SNACK</b>        |   | Select two of the four components***          | <b>Age:</b>         | <b>1 and 2</b>      | <b>3 - 5</b>      | <b>6 - 12</b> |
|                     | Fluid Milk                                    |   | 1/2 cup             | 1/2 cup             | 1 cup             |               |
|                     | Vegetable or Fruit or Juice*                  |   | 1/2 cup             | 1/2 cup             | 3/4 cup           |               |
|                     | Meat or Meat Alternative                      |   | 1/2 ounce           | 1/2 ounce           | 1 ounce           |               |
|                     | Grains/Breads                                 |   | 1/2 serving*        | 1/2 serving*        | 1 serving*        |               |
| <b>LUNCH/SUPPER</b> |   |   | <b>Age:</b>         | <b>1 and 2</b>      | <b>3 - 5</b>      | <b>6 - 12</b> |
|                     | Fluid Milk                                    |   | 1/2 cup             | 3/4 cup             | 1 cup             |               |
|                     | Meat or Poultry or Fish                       | or alternate protein products ****            | 1 ounce             | 1 1/2 ounces        | 2 ounces          |               |
|                     | or Cheese                                     |   | 1 ounce             | 1 1/2 ounces        | 2 ounces          |               |
|                     | or Cottage Cheese, Cheese Food/Spread         |   | 2 ounces            | 3 ounces            | 4 ounces          |               |
|                     | or Egg  |   | 1/2 egg             | 3/4 egg             | 1 egg             |               |
|                     | or Cooked Dry Beans or Peas                   |   | 1/4 cup             | 3/8 cup             | 1/2 cup           |               |
|                     | or Peanut or Soy nut or Sunflower Seed Butter |   | 2 Tablespoons       | 3 Tablespoons       | 4 Tablespoons     |               |
|                     | or Peanuts, Soy nuts, Tree nuts or Seeds      |   | 1/2 ounce = 50%     | 3/4 ounces = 50%    | 1 ounce = 50%     |               |
|                     | or Yogurt...                                  |   | 4 ounces or 1/2 cup | 6 ounces or 3/4 cup | 8 ounces or 1 cup |               |
|                     | Vegetables and/or Fruits/Juice*               | (Two or more servings)                        | 1/4 cup total       | 1/2 cup total       | 3/4 cup total     |               |
|                     | Grains/Breads                                 |   | 1/2 serving**       | 1/2 serving**       | 1 serving**       |               |

\*Full-strength (100 percent) vegetable and/or fruit juice must be served.

\*\*An equivalent serving of an acceptable grains/breads food component such as combread, biscuits, rolls, muffin, pizza crust etc. made of whole-grain, bran or germ product and/or enriched meal or flour.

\*\*\*For snack, juice may not be served when milk is served as the only other component. Also 2 food items from the same component cannot be served.

\*\*\*\*Alternate protein products must meet requirements in Appendix A of 7 CRR Part 226.

<http://education.state.mn.us> Food and Nutrition Services 651-582-8526 800-366-8922

This institution is an equal opportunity provider and employer.

### **BEDDING**

Each child must supply his/her own bedding for naptime. Bedding may include a sleeping bag, pillow or blankets. Each item of bedding must be labeled. Paidea will provide each child with a laundry bag for their bedding. At the end of each week, each child's bedding will be put on their hooks in the hall for parents to take home and launder. Bedding must be returned the next day the child attends Paidea.

### **NAPS**

A child who has completed a nap or rested quietly for 60 minutes will not be required to remain on a cot. The cots will be placed so there are clear aisles and unimpeded access for both adults and children on at least one side of each cot. Cots will be placed directly on the floor and must not be stacked when in use.

### **PERSONAL BELONGINGS**

Children are allowed to bring items from home to share at Paidea. Paidea, however, does not assume responsibility for loss or damage to these items. Paidea asks that toddlers have 2 pairs of pants, socks, underwear, and shirts at Paidea that are labeled with the child's full name. For preschoolers, Paidea will provide extra clothing should the child's clothing get wet or become otherwise unwearable. Paidea urges parents to send children in washable and comfortable play clothes, as they often get messy and dirty. If a child is sensitive to clothing or parents desire, anyone is welcome to provide extra clothing for their child to be kept at Paidea.

### **OUTSIDE PLAY**

We go outside as much as we can. The preschoolers go outside if the temperature is 15 degrees above zero or warmer (including wind chill). The toddlers go outside if the temperature is 20 degrees above zero or warmer (including wind chill). Parents need to provide appropriate outside clothing for your child so that he/she is dressed according to the weather conditions.

If children are too sick to go outside, they are too sick to be at Paidea. We cannot keep children inside unless they have a signed doctor's note.

### **SUNSCREEN POLICY**

Each child is to have a signed permission form for sunscreen. Parents apply sunscreen in the morning before or upon arrival at Paidea. Teachers will reapply 1/2 hour before going outside thereafter.

### **DIAPERING**

Only disposable diapers will be used. They will be provided by the parents. Parents also provide disposable wipes, both will be kept at Paidea. Procedures for diapering are approved by Paidea's health consultant and are posted in the diaper changing areas.

Diapering may only be done in designated areas. **Teachers strongly encourage pullups with tabs on the side that make the diaper easier to remove for changing purposes.**

### **PARENTAL PERMISSION**

Research – There may be times when children enrolled at Paidea have the opportunity to be involved in research, an experimental procedure, or a public relations activity. Prior to each occasion, parents will be provided with notice of the upcoming event by a notice in their child’s mailbox. Parents must sign and return the provided permission slip for their children to be involved in each event.

Field trips – Parents will be provided with notice of all field trips by a notice in their child’s mailbox. Parents must sign the provided permission slip for their child to go on the field trip. The permission slip should be returned to your child’s teacher.

### **TRANSPORTATION**

Paidea does not provide transportation for regular attendance for children while enrolled in our program. When planned activities at Paidea (i.e., field trips) require transportation, children will be transported via a school bus.

### **SPECIAL NEEDS**

Parents have the responsibility to inform Paidea when their child has any special medical condition, needs or allergies so that we can provide appropriate care and support.

If your child has a special need and is (one or more of the following):

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

You will be asked to share the ISP and/or IEP with Paidea.

In addition, state licensing regulations require us to develop an Individualized Child Care Program Plan (ICCPP) with you that will assist us in meeting your child’s needs.

This plan must be signed by you and your child’s source of licensed health care as listed above and be reviewed annually to assure that necessary modifications are made to the plan of care.

If the special need requires that our staff be trained to perform a new skill we will ask that you arrange for this training.

If a child enrolled at Paidea has a special need Paidea will contact an appropriate consultant to help meet the needs of the individual child. It is suggested that parents keep staff informed about the child’s health history, illnesses, injuries or any other changes in the child’s physical and psychological development. A constant exchange of

information between parents and Paidea regarding the child's health is a goal that we are striving to achieve at Paidea.

Dietary modification because of special dietary needs shall be made under the direction of a licensed health care provider. Written permission from the child's parent and the child's licensed health care provider is required.

Dietary modifications for religious or cultural reasons require only written parent permission.

### **PETS**

Parents will be informed of pets in Paidea at the time of admission. Please inform Paidea if your child has an allergy to animal dander. All pets will be licensed and vaccinated following local health department requirements. Paidea staff will care for pets following proper sanitation procedures. Immediately after contact with pets, children and adults should wash their hands.

Small caged pets are occasionally in each room for the enjoyment and education of the children.

## **HEALTH AND SAFETY**

### **HEALTH CONSULTATION SERVICES**

Paidea receives health consultation services from Jennifer Richardson, PHN and staff of Health Consultants for Child Care at 952-472-3915.

### **HEALTH RECORDS**

State licensing regulations require that Paidea maintain medical records on each child attending Paidea. The two required health records are:

**Immunization record:** This record must give dates (month, day and year) of immunizations your child has received. It must be current and is due upon admission. Records must be updated whenever your child(ren) receives additional immunizations.

**Health Record/Summary:** This information must include the date of the child's most recent physical exam (within six months), and be signed by the child's source of licensed health care. This form is upon admission.

**Re-examination:** A new health record/summary is also required for children already admitted to Paidea. At a minimum, an updated report of physical examination must be signed by your child's source of health care and is required at least annually for children under 24 months of age, and whenever a child 24 months or older advances to an older age category.

## HEALTH AND FIRST AID

### **CARE OF ILL OR INJURED CHILDREN**

Paidea will perform an informal health check of each child each day as he/she arrives at Paidea. If the child appears to be ill and/or complains of illness, Paidea will request that the parent take the child home. If the child becomes ill or injured while at Paidea, he/she will be isolated away from the other children under staff supervision. You or your designated alternative will be contacted to pick up your child immediately. Until you arrive, your child will be monitored and comfort measures provided according to program procedures. In emergencies, 911 will be called.

### **EMERGENCY PROCEDURES AND PREVENTION MEASURES**

All staff must be consistently aware of taking actions to avoid injuries, accidents, poisoning, etc. Children must be supervised at all times.

### **FIRST AID**

As part of applying to Paidea, each parent has given Paidea authorization to take whatever emergency medical measures necessary for the care and protection of the child while he/she is attending Paidea. In the event any injury or illness, trained staff will administer first aid. If staff decides this is an emergency situation, 911 will be contacted to provide emergency first aid. If necessary, the emergency medical service will transport your child to Children's Hospital St. Paul. A parent or alternate list on the Emergency Card will be contacted as soon as possible. An attempt to contact your child's source of health care may also be made.

Paidea is equipped with first aid kits in each room and all staff have current first aid and CPR training.

### **MEDICATIONS**

Medications may be given to a child at Paidea according to the following guidelines:

- 1) Paidea needs a **parent signed form** for any externally applied needs, i.e. suntan lotion, ointments, etc.
- 2) Paidea needs a **physician's signed form** for anything taken internally, i.e. Tylenol, cough syrup, amoxicillin, etc. (A currently dated prescription with child's name counts as a physician's signature.)
- 3) All medications need to be in the original container.
- 4) All medications should be checked in at the office. There is a first aid station and cabinet where medications are kept.

### **EXCLUSION OF ILL CHILDREN**

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

We will follow the exclusion guidelines listed below which are taken from *INFECTIOUS DISEASES IN CHILD CARE SETTINGS AND SCHOOLS: INFORMATION FOR DIRECTORS, CAREGIVERS, AND PARENTS OR GUARDIANS*, prepared by Hennepin County Community Health Department, Epidemiology and Environmental Health.

**STAY-AT-HOME SYMPTOMS**

Children should not be at the Center if they exhibit any of the following:

- Vomiting or Diarrhea (Diarrhea-consistency/frequency -3 loose stools in 24 hrs.)
- Undiagnosed rash
- Drainage from eyes or ears (including conjunctivitis, pink eye)
- 100 degree temperature or higher.
- Bacterial infection such as streptococcal pharyngitis and has not completed 24 hours of antibiotic therapy
- Any contagious and/or reportable disease (lice, ringworm, scabies)
- Chicken pox until the child is no longer infectious or until the lesions are crusted over
- Unexplained lethargy
- Significant respiratory distress
- Any child who is unable to participate in activities with reasonable comfort or who requires more care than the staff can provide without compromising the health and safety of others

**We must exclude** a child with any of the following conditions:

|   |   |
|---|---|
| Chicken pox                             | Until all the blisters have dried into scabs and no new blisters or sores have started within the last 24 hours, usually by day 6 after the rash began.   |
| Eye drainage                            | Until 24 hours after treatment begins when purulent (pus) drainage and/or fever or eye pain is present, or a medical exam indicates that a child may return.  |
| Diarrhea: 3 or more episodes in one day | Until diarrhea stops or a medical exam indicates that it is not due to a communicable disease. Diarrhea is defined as an increased number of stools compared with a person’s normal pattern, along with decreased stool form and/or watery, bloody, or mucus-containing stools. |
| Mouth Sores with Drooling               | Until a medical exam indicates the child may return or until sores have healed.   |
| Fever                                   | Temperature of 100 Degrees F or higher. Must be fever-free for 24 hours <i>without fever reducing medications</i> to return. <b>Measure temperature before giving medications to reduce fever.</b>  |
| Impetigo                                | Until treated with antibiotics for 24 hours and sores are drying or improving.  |
| Lice (head)                             | Until first treatment is completed and no live lice are seen.   |
| Undiagnosed Rash                        | Until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion (i.e., chickenpox, measles, roseola, rubella, shingles, strep throat).  |

|   |   |
|---|---|
| Respiratory Infections (viral)            | Until child is without fever and is well enough to participate in normal activities. No exclusion for other mild respiratory infections without fever as long as child can participate comfortably.                               |
| Ringworm-skin/scalp                       | Until 24 hours after treatment has been started.  |
| Scabies                                   | Until 24 hours after treatment has been started.  |
| Signs/Symptoms of Possible Severe Illness | Unusually tired, uncontrolled coughing irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs for the child; should be evaluated by the child’s health care provider to rule out severe illness. |
| Streptococcal Sore Throat                 | Until 24 hours after antibiotic treatment begins and child is without fever for 24 hours.   |
| Vomiting                                  | Until vomiting stops. Vomiting is defined as two or more episodes in the previous 24 hours.   |

*This is the current basis for children being excluded from our care.*

When a child in our care has been medically diagnosed with a communicable disease, we will follow the appropriate health authorities’ recommendations to provide information to parents/guardians of all exposed children. The child care program will notify the parents/guardians of exposed children on the same day or within 24 hours by:

- A notice that will be posted near the door of that classroom
- If there is more than one case, there will be postings dated for the diagnosis of each case.
- If there are several cases, an e-mail will be sent for parents/guardians to read with information regarding specific conditions.

Parents/guardians are required by State laws and our center policies to inform the center within 24 hours, exclusive of weekends/holidays, if their child is diagnosed with a communicable disease.

### **PANDEMIC PLAN**

In the event of a pandemic outbreak, Paidea will cooperate with State and Local agencies and Paidea will be closed.

Should a pandemic be declared, the checklist from the U.S. Department of Health and Human Services and the Centers for Disease Control and prevention will guide the Director’s response to the emergency. The complete checklist is available in the program plan which is located in the main office.

Basic steps include:

- The Director will monitor public health warnings.
- Comply with authorities to close the center.
- Help parents find alternative care if PCDC needs to close.
- Communicate via e-mail, telephone, social media, and web page during periods of closure.

- An informal check will be done upon arrival to ensure staff and children are well enough to be in the center. The Director will monitor the staff the Teachers will monitor the children.
- Children who become sick at the center will be separated from the main population until parents arrive to pick them up
- Staff members who display signs of illness will be sent home.
- Have reliable information on the pandemic available for parents.

## **FIRE/TORNADO**

### **EMERGENCY PROCEDURES**

A fire emergency plan is posted by the exits and in each room at Paidea. The children participate in monthly tornado drills April-September and monthly fire drills year-round. In case of emergency weather warnings, the children will be taken to immediate shelter, first floor muscle room, and away from windows.

## **CHILD ABUSE/NEGLECT**

### **SUSPECTED CHILD ABUSE/NEGLECT**

All childcare staff are required by Minnesota law to report any suspected incidents of child abuse or neglect to authorities.

### **INTERNAL REVIEW**

When Paidea has reason to know that an internal or external report of alleged or suspected maltreatment has been made, Paidea will complete an internal review and take corrective action, if necessary, to protect the health and safety of the children enrolled at Paidea.

The internal review includes an evaluation of whether:

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

The internal review will be completed by Sarah Sekimoto, Director. If this individual is involved in the alleged or suspected maltreatment, Lisa Jarosiewicz, Office Manager, will be responsible for completing the internal review.

Paidea will document completion of the internal review and provide documentation of the review to the Commissioner of Human Services upon the Commissioner's request.



Based on the result of the internal review, Paidea will 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.

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting Maltreatment of Minors Act (Minnesota Statutes, section 626.536). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and endure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Please refer to the following page for the Maltreatment of Minors Report Internal Review:



Paidea Child Development Center  
949 Geneva Ave No  
Oakdale, MN 55128  
651-714-8646  
[www.paideachild.com](http://www.paideachild.com)  
email: [mail@paideachild.com](mailto:mail@paideachild.com)

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Maltreatment of Minors Report  
Internal Review

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date & Time of Incident(s) \_\_\_\_\_

Location of Incident(s) \_\_\_\_\_ Date of Report \_\_\_\_\_

The internal review will be completed by the Center Director. If this individual is involved in the alleged or suspected maltreatment the Assistant Director will be responsible for completing the internal review.

\_\_\_\_ Oral report has been made to: (check all that apply)

- \_\_\_\_ Washington County Sheriff                      651-439-9381
- \_\_\_\_ Police Oakdale                                      651-738-1022
- \_\_\_\_ Washington County Social Services Agency    651-430-6457
- \_\_\_\_ DHS Licensing Maltreatment Intake Line        651-431-6600

\_\_\_\_ Written report has been sent to the agencies checked above (within 72 hours of oral report)

\_\_\_\_ Internal report has been completed by staff member(s) making allegations

\_\_\_\_ Internal Review has been conducted: answer "yes" or "no" to the following questions

- \_\_\_\_\_ Were related policies and procedures followed?
- \_\_\_\_\_ Were the policies and procedures adequate?
- \_\_\_\_\_ Is there a need for additional staff training?
- \_\_\_\_\_ Is the reported event similar to past events with the children or services involved?
- \_\_\_\_\_ Is there a need for corrective action by the license holder to protect the health & safety of the children in care?

Corrective action taken:

\_\_\_\_\_

\_\_\_\_\_

|                    |                       |
|--------------------|-----------------------|
| Printed Staff Name | Date Review Completed |
| Staff Signature    | Supervisor Signature  |

**REPORTING POLICY FOR PROGRAMS PROVIDING SERVICE TO CHILDREN**

**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 share 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 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 Child Abuse and Neglect:**

- If you know or suspect that a child is in immediate danger, call 9-1-1
- All reports concerning suspected abuse or neglect of children occurring in a licensed facility 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 *Washington County Social Services* (651) 430-6457 or local law enforcement at (651) 439-9381.
- 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 260E.03) and are included on next pages.
- A report to any of the above agencies should contain enough information to identify the child involved, and 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 or holidays.

#### **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.

#### **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.

The following is the Minnesota Department of Health definition of maltreatment as defined by the Inspector General of DHS:

Maltreatment of Minors Mandated Reporting This form may be used by any provider licensed by the Minnesota Department of Human Services, except family child care. The form for family child care providers can be found in eDocs #7634C. What to report • Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to Minnesota Statutes, section 260E.03, and pages 3-6 of this document. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years. Who must report • If you work in a licensed facility, you are a “mandated reporter” and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. • In addition, people who are not mandated reporters may voluntarily report maltreatment. Where to report • If you know or suspect that a child is in immediate danger, call 9-1-1. • Reports concerning

suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division's Central Intake line at 651-431-6600. • Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, or in a child foster care home, should be reported to the local county social services agency at or local law enforcement at . When to report • Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours). Information to report • A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident. Failure to report • A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor. • In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations, and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03. Retaliation prohibited • An employer of any mandated reporter is prohibited from retaliating against (getting back at): • an employee for making a report in good faith; or • a child who is the subject of the report. • If an employer retaliates against an employee, the employer may be liable for damages and/or penalties. Page 2 of 6 DHS-7634A-ENG 2-21 Staff training The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14. Provide policy to parents For licensed child care centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. The definitions section (p. 3-6) is optional to provide to parents. The following sections only apply to license holders that serve children. This does not include family child foster care per Minnesota Statutes 245A.66, subd. 1. Internal review • When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. • The internal review must include an evaluation of whether: • related policies and procedures were followed; • the policies and procedures were adequate; • there is a need for additional staff training; • the reported event is similar to past events with the children or the services involved; and • there is a need for corrective action by the license holder to protect the health and safety of children in care. Primary and secondary person or position to ensure reviews completed The internal review will be

completed by . If this individual is involved in the alleged or suspected maltreatment, will be responsible for completing the internal review. Documentation of internal review The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

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

Page 3 of 6 DHS-7634A-ENG 2-21 Definitions Found in Minnesota Statutes, section 260E.03 Egregious harm (Minnesota Statutes, section 260E.03, subd. 5) "Egregious harm" means harm under section 260C.007, subdivision 14, or a similar law of another jurisdiction. Minnesota Statutes, section 260C.007, Subd. 14: "Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to: 1. conduct towards a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state; 2. the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a; 3. conduct towards a child that constitutes felony malicious punishment of a child under section 609.377; 4. conduct towards a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3; 5. conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378; 6. conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223; 7. conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322; 8. conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a); 9. conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or 10. conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345. Maltreatment (Minnesota Statutes, section 260E.03, subd. 12) "Maltreatment" means any of the following acts or omissions: 1. egregious harm under subdivision 5; 2. neglect under subdivision 15; 3. physical abuse under subdivision 18; 4. sexual abuse under subdivision 20; 5. substantial child endangerment under subdivision 22; 6. threatened injury under subdivision 23; 7. mental injury under subdivision 13; and 8. maltreatment of a child in a facility. Mental injury (Minnesota Statutes, section 260E.03, subd. 13) "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.

Page 4 of 6 DHS-7634A-ENG 2-21 Neglect (Minnesota Statutes, section 260E.03, subd. 15) A. "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), 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. 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; 6. medical neglect, as defined in section 260C.007, subdivision 6, clause (5); 7. chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or 8. emotional harm from a pattern of behavior that 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. B. Nothing in this chapter 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. C. This chapter 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. Physical abuse (Minnesota Statutes, section 260E.03, subd. 18) A. "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, 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. B. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that 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. C. For the purposes of this subdivision, actions that 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 that 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; Page 5 of 6 DHS-7634A-ENG 2-21 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: i. poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or ii. other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject 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. Sexual abuse (Minnesota Statutes, section 260E.03, subd. 20) "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, or by a person in a current or recent position of authority, to any act that 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), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children). Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. 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 that 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). Substantial child endangerment (Minnesota Statutes, section 260E.03, subd. 22) "Substantial child endangerment" means that 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 under subdivision 5; 2. abandonment under section 260C.301, subdivision 2; 3. neglect under subdivision 15, paragraph (a), 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 that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2. Page 6 of 6 DHS-7634A-ENG 2-21 Threatened injury (Minnesota Statutes, section 260E.03, subd. 23) A. "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. B. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has: 1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 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 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 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. C. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services.

### **GRIEVANCE**

Paidea Administration values an open line of communication between the Administration and parents of the children enrolled at Paidea. If a parent has a grievance regarding Paidea, it is recommended that the Parent fill out a Grievance Form (*sample attached*) that may be obtained at Paidea's office. The parents can then fill out the form and deliver it to the office. If the grievance is not rectified to the parent's satisfaction, the grievance may be forwarded in writing to:

State of Minnesota  
Department of Administration  
Assistant Commissioner at:  
Department of Administration Building  
50 Sherburne Avenue  
St. Paul, MN 55155

Sample:

#### **GRIEVANCE FORM**

**DATE:** \_\_\_\_\_



**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**RE:** \_\_\_\_\_

**Message:**

**INSURANCE COVERAGE**

Paidea Child Development Center maintains general liability coverage for bodily injury (\$100,000 per person and \$300,000 per suit) as required by the State of Minnesota Department of Public Welfare.

**STAFF QUALIFICATIONS**

Paidea Child Development Center teachers meet or exceed state regulations for staff education and experience. As required by law, all staff undergoes background checks prior to working with children. Paidea Child Development Center may employ individuals whose previous work disqualifications have been set aside by the Department of Human Services.

**AFFIRMATIVE ACTION**

It is the policy of Paidea to provide equal admission and opportunities to all qualified persons without regard to race, sex religion, creed, color, national origin, or source of payment. Further, Paidea will provide equal employment opportunities without regard to race, creed, color, national origin, religion, sex, physical disability, marital status, age, or receipt of public assistance. Paidea will actively recruit employees from women and minority groups develop job specifications that accurately reflect the requirements of the job, facilitate hiring or qualified individuals and provide career development opportunities.

If you need further information regarding licensing requirements the phone number for the Minnesota Department of Human Services, Division of Licensing is 651-431-6500.