

CARVER COUNTY HEALTH & HUMAN SERVICES  
CHILD CARE LICENSING PROGRAM

## PROVIDER POLICIES

(9502.0405, Subp. 3)

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*The provider shall have the following written information available for discussion with parents or the agency*

**AGES AND NUMBERS OF CHILDREN** (including provider's own children) (9502.0405, Subp. 3 A)

\_\_\_\_\_ Infants (6 weeks - 12 months)  
\_\_\_\_\_ Toddlers (12 - 24 months)  
\_\_\_\_\_ Preschoolers (24 months up to the age of 5)  
\_\_\_\_\_ School age (May 10<sup>th</sup> of the year child is eligible to enroll in Kindergarten to age 11)

**THE HOURS AND DAYS OF OPERATION** (9502.0405, Subp. 3 B)

Hours \_\_\_\_\_ to \_\_\_\_\_

Days \_\_\_\_\_ through \_\_\_\_\_

**MEALS AND SNACKS TO BE SERVED** (9502.0405, Subp. 3 C)

Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_ Dinner \_\_\_\_\_

*Food, lunches, and bottles brought from home must be labeled with the child's name and refrigerated when necessary. Bottles will be washed after use. (9502.0405, Subp. 3 D, and 9502.0445)*

*Food served during the day will include servings from each of the basic food groups as defined by the United States Department of Agriculture. (9502.0445)*

**SLEEPING AND REST ARRANGEMENTS** (9502.0405, Subp. 3 E)

*Infants:* Crib \_\_\_\_\_ Portable Crib \_\_\_\_\_ (the Crib Inspection Checklist is available to view upon request)

*Toddlers/Preschoolers:*

Mat \_\_\_\_\_ Crib \_\_\_\_\_ Cot \_\_\_\_\_ Bed \_\_\_\_\_ Sofa \_\_\_\_\_ Sleeping Bag \_\_\_\_\_ Portable Crib \_\_\_\_\_

*(Clean, separate bedding must be provided for each child in care.)*

**FEES** (9502.0405, Subp. 3 J)

Basic Rate \_\_\_\_\_

Other \_\_\_\_\_

**TERMINATION AND NOTICE PROCEDURES** (9502.0405, Subp. 3 K)

\_\_\_\_\_ notice will be given to the parent if the provider plans to discontinue care of a child. The parent will give \_\_\_\_\_ notice when taking a child out of care.

**NONDISCRIMINATION PRACTICES** (9502.0405, Subp. 3 F)

Provider shall not discriminate in relation to admissions on the basis of race, creed, color, national origin, religion, or sex.

**ALCOHOL and DRUG USE POLICY** (245A.04, Subp. 1c)

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**GRIEVANCE POLICY** (245A.04, Subp. 1d)

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**THE CARE OF ILL CHILDREN** (9502.0435, Subp. 16 A and B, and 9502.0405, Subp. 3 G)

*The provider shall notify the parent immediately when a child in care develops any of the following symptoms:*

1. Underarm temperature of 100 degrees Fahrenheit or over, or an oral temperature of 101 degrees Fahrenheit or over
2. Vomiting
3. Diarrhea
4. Rash, other than mild diaper or heat-related rash

(9502.0435, Subp. 16A)

*Additional provider policies on the care of ill children*

- Provider unwilling to accept a child that is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Provider is willing to accept a sick child under the following circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The provider must comply with the following health requirements:*

- Immunization records must be kept for each child in care using forms provided by the county. (9502.0405, Subp. 4C)
- The provider shall obtain written permission from the child's parent prior to administering medicine, diapering products, sunscreen lotions, and insect repellents. Nonprescription medicines, diapering products, sunscreen lotions, and insect repellents must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist. (9502.0435, Subp. 16 F1)
- The provider shall obtain and follow written instructions from a licensed physician or dentist prior to administering each prescription medicine. Medicine with the child's name and current prescription information on the label constitutes instructions. (9502.0435, Subp. 16 F2)

- Special instructions from the parent shall be obtained in writing and followed about toilet training, eating, sleeping or napping, allergies, and any health problems. (9502.0405, Subp. 4B)
- Provider shall follow written instructions from an authorized agent or physician of an ill child placed in the provider's care if the child has any of the illnesses listed. (9502.0435, Subp. 16B)
- The provider shall require that a child's parent notify the provider within 24 hours of the diagnosis of a serious contagious illness or parasitic infestation so the provider may notify the parents of other children in care. (9502.0435, Subp. 16C)
- The provider shall inform a parent of each exposed child the same day the provider is notified that a positive diagnosis has been made for any of the illnesses or parasitic infestations listed below. (9502.0435, Subp. 16D)
- The provider shall notify the Carver County Health & Human Services/ Public Health Department or the Minnesota Department of Health of any suspected case of reportable disease as specified below. Diseases must be immediately reported. (9502.0435, Subp. 16E)

**Carver County Health & Human Services/ Public Health 952-361-1600**  
**Minnesota Department of Health 651-201-5414 or 1-877-676-5414**

See attached "Diseases Reportable to the Minnesota Department of Health

**HELPERS AND SUBSTITUTES** (9502.0315, Subp 14 and Subp. 29; 9502.0365, Subp. 5; and 9502.0405, Subp. 3 L)

"Helper" means a person at least 13 years of age and less than 18 years of age who assists the provider with the care of children. An adult caregiver must always be present.

"Substitute" means an adult at least 18 years of age who assumes the responsibility of the provider.

- **Provider will use a Helper:**     Yes                       No  
     If Yes, when will the helper be used: \_\_\_\_\_

- **Arranging for a Substitute:**  
      Provider will arrange for a substitute during vacations and holidays.  
      Parent will arrange for a substitute during vacations and holidays.

- **Provider will make the following arrangements for emergencies:** \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_

**EMERGENCY PLAN:** (9502.0435, Subp. 8F & 9502.0405. Subp H)

The provider has made emergency, fire, and storm plans and keeps a monthly fire drill log, using forms provided by the county agency.

**TRANSPORTATION PLANS** (9502.0435, Subp. 9 & 9502.0405 Subp I & 245a.50 Subp 6)

- Before the Provider or staff person transports a child under age eight in a motor vehicle, the person transporting the child must have satisfactorily completed training on the proper use and installation of child restraint systems in motor vehicles.
- Written permission to transport children must be obtained from parents. The "Admissions and Arrangements" form contains a section for parents to authorize the provider to transport their child(ren). The provider may also require a separate "Travel Authorization Form" that is activity specific.

- Each child will be securely fastened in an appropriate passenger restraint system as described in Day Care Rules.
- No child is permitted to remain unattended in any vehicle.

**Describe the circumstances under which the child will be transported:**

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**INSURANCE COVERAGE** (9502.0405, Subp. 3O, and 9502.0355, Subp. 4). **Check one:**

- The provider has day care liability insurance in the amount of at least \$100,000 per person and \$250,000 per occurrence.
- The provider has liability insurance in a lesser amount than \$100,000/250,000. (Specify amount \_\_\_\_\_)
- The provider carries no day care liability insurance.

**SMOKING** (9502.0405, Subp. 3 P, and MN Stat. 144.414, Subd. 2)

Smoking is not permitted in the residence during child care hours.

**PETS IN THE RESIDENCE** (9502.0435, Subp. 12 & 9502.0405, Subp M)

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If yes, what kind of pet? \_\_\_\_\_

Last rabies shots (date) \_\_\_\_\_

To view the MN Family Day Care Rules (MINNESOTA RULES 9502.0315 TO 9502.0445) please visit [www.revisor.mn.gov](http://www.revisor.mn.gov) (9502.0405, Subp. 2)

The provider must maintain updated copies of the Provider Policies signed by parents to indicate they have read and understood it.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

# Diseases Reportable to the Minnesota Department of Health

651-201-5414 or 1-877-676-5414

24 hours a day, 7 days a week

## REPORT IMMEDIATELY BY TELEPHONE

Anthrax (*Bacillus anthracis*) ⓘ  
 Botulism (*Clostridium botulinum*)  
 Brucellosis (*Brucella* spp.) ⓘ  
 Cholera (*Vibrio cholerae*) ⓘ  
 Diphtheria (*Corynebacterium diphtheriae*) ⓘ  
 Free-living amebic infection ⓘ  
 (including at least: *Acanthamoeba* spp., *Naegleria fowleri*, *Balamuthia* spp.,  
*Sappinia* spp.) ⓘ  
 Glanders (*Burkholderia mallei*) ⓘ  
 Hemolytic uremic syndrome ⓘ  
 Measles (rubeola) ⓘ  
 Melioidosis (*Burkholderia pseudomallei*) ⓘ  
 Meningococcal disease (*Neisseria meningitidis*) (invasive) ⓘⓄ

Middle East Respiratory Syndrome (MERS) ⓘ  
 Orthopox virus (including mpox) ⓘ  
 Plague (*Yersinia pestis*) ⓘ  
 Poliomyelitis ⓘ  
 Q fever (*Coxiella burnetii*) ⓘ  
 Rabies (animal and human cases and suspected cases)  
 Rubella and congenital rubella syndrome ⓘ  
 Severe Acute Respiratory Syndrome (SARS) ⓘⓈ  
 Smallpox (variola) ⓘ  
 Tularemia (*Francisella tularensis*) ⓘ  
 Unusual or increased case incidence of any suspect infectious illness ⓘ  
 Viral hemorrhagic fever ⓘ  
 (including but not limited to Ebola virus disease, Lassa fever, Malburg virus)

## REPORT WITHIN ONE WORKING DAY

Anaplasmosis (*Anaplasma phagocytophilum*)  
 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)  
 Babesiosis (*Babesia* spp.)  
 Blastomycosis (*Blastomyces dermatitidis*)  
 Bluegreen algae (*Cyanobacteria*) and Cyanotoxin Poisoning  
 Campylobacteriosis (*Campylobacter* spp.) ⓘ  
*Candida auris* ⓘ  
*Capnocytophaga canimorsus*  
 Carbapenem-resistant *Acinetobacter baumannii* ⓘ  
 Carbapenem-resistant Enterobacterales (CRE) ⓘ  
 Carbapenemase-producing carbapenem-resistant *Pseudomonas aeruginosa* (CP-CRPA) ⓘ  
 Cat scratch disease (infection caused by *Bartonella* species)  
 Chancroid (*Haemophilus ducreyi*)  
 Chikungunya disease  
*Chlamydia trachomatis* infections (including serotypes L1, L2, and L3)  
 Coccidioidomycosis  
 Cytomegalovirus (congenital)  
 (positive laboratory results collected from infants ≤ to 90 days, or from amniotic fluid)  
*Cronobacter sakazakii* in infants under one year of age ⓘ  
 Cryptosporidiosis (*Cryptosporidium* spp.) ⓘ  
 Cyclosporiasis (*Cyclospora* spp.) ⓘ  
 Dengue virus infection  
 Ehrlichiosis (*Ehrlichia* spp.)  
 Encephalitis (caused by viral agents)  
 Enteric *Escherichia coli* infection ⓘ  
 (*E. coli* O157:H7, other Shiga toxin-producing *E. coli*, enterohemorrhagic  
*E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enteroaggregative  
*E. coli*, enterotoxigenic *E. coli*, or other pathogenic *E. coli*)  
 Giardiasis (*Giardia duodenalis*)  
 Gonorrhea (*Neisseria gonorrhoeae* infections) ⓘ  
*Haemophilus influenzae* disease (all invasive disease) ⓘⓄ  
 Hantavirus infection  
 Hard tick relapsing fever (*Borrelia miyamoto*)  
 Hepatitis (all primary viral types including A, B, C, D, and E) ⓘⓈ  
 Histoplasmosis (*Histoplasma capsulatum*)  
 Human immunodeficiency virus (HIV) infection,  
 including Acquired Immunodeficiency Syndrome (AIDS) ⓘ  
 Influenza ⓘ  
 (unusual case incidence, critical illness, or laboratory-confirmed cases)  
 Kawasaki disease  
*Kingella* spp. (invasive only) ⓘⓄ  
 Legionellosis (*Legionella* spp.) ⓘ  
 Leprosy (Hansen's disease, *Mycobacterium leprae*)  
 Leptospirosis (*Leptospira interrogans*)

Listeriosis (*Listeria monocytogenes*) ⓘ  
 Lyme disease (*Borrelia burgdorferi* and other *Borrelia* spp.)  
 Malaria (*Plasmodium* spp.)  
 Meningitis (caused by viral agents)  
 Multisystem inflammatory syndrome associated with SARS-CoV-2 infection,  
 including in children (MIS-C) and adults (MIS-A)  
 Mumps ⓘ  
 Neonatal sepsis ⓘⓄ  
 (bacteria isolated from a sterile site, excluding coagulase-negative  
*Staphylococcus*) less than seven days after birth  
 Pertussis (*Bordetella pertussis*) ⓘ  
 Psittacosis (*Chlamydia psittaci*)  
 Rat-bite fever (*Streptobacillus moniliformis*)  
 Salmonellosis, including typhoid (*Salmonella* spp.) ⓘ  
 SARS-CoV-2 infection (COVID-19) ⓘ  
 (unusual case incidence, critical illness, or laboratory confirmed cases)  
 Shigellosis (*Shigella* spp.) ⓘ  
 Spotted fever rickettsiosis  
 (*Rickettsia* spp. infections, including Rocky Mountain spotted fever)  
*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)  
 Streptococcal disease - invasive disease caused by Groups A and B streptococci  
 and *S. pneumoniae* ⓘⓄ  
 Streptococcal disease - non-invasive *S. pneumoniae*  
 (urine antigen laboratory-confirmed pneumonia)  
 Syphilis (*Treponema pallidum*) ⓘ  
 Tetanus (*Clostridium tetani*)  
 Toxic shock syndrome ⓘ  
 Toxoplasmosis (*Toxoplasma gondii*)  
 Transmissible spongiform encephalopathy  
 Trichinosis (*Trichinella spiralis*)  
 Tuberculosis (*Mycobacterium tuberculosis* complex) ⓘ  
 (pulmonary or extrapulmonary sites of disease, including clinically diagnosed  
 disease). Latent tuberculosis infection is not reportable.  
 Typhus (*Rickettsia* spp.)  
 Unexplained deaths and unexplained critical illness  
 (possibly due to infectious cause) ⓘ  
 Varicella (chickenpox) ⓘ  
*Vibrio* spp. ⓘ  
 Yellow fever  
 Yersiniosis (enteric *Yersinia* spp. regardless of specimen source) ⓘ  
 Zika virus disease ⓘ  
 Zoster (shingles) ⓘ  
 (all cases <18 years old; unusual case incidence/complications regardless of age)

## SENTINEL SURVEILLANCE

Diseases reportable through sentinel surveillance are reportable based on the residence of the patient or the specific health care facility. Sentinel surveillance is for selected sites only.

Candidiasis (all invasive disease) ⓘⓄ  
*Clostridioides (Clostridium) difficile* ⓘ  
*Escherichia coli* (all invasive disease) ⓘⓄ  
 Nontuberculous Mycobacteria (NTM), pulmonary and extrapulmonary  
 Respiratory syncytial virus (RSV)  
*Staphylococcus aureus* (all invasive disease) ⓘⓄ

## FOOTNOTES

- ⓘ Submission of clinical materials required. Submit isolates or, if an isolate is not available, submit material containing the infectious agent in the following order of preference: a patient specimen; nucleic acid; or other laboratory material. All medical laboratories that perform genetic sequencing for any diseases listed should submit sequence data upon request. More information is available at [www.health.state.mn.us/diseasereport](http://www.health.state.mn.us/diseasereport).
- Ⓞ Invasive disease only: isolated from a normally sterile site, e.g.: blood, CSF, joint fluid, etc.
- Ⓢ In the event of SARS or another severe respiratory outbreak, also report cases of health care workers hospitalized for pneumonia or acute respiratory distress syndrome.
- ⓘ Also report a pregnancy in a person with Zika; or a person chronically infected with hepatitis B, HIV, or syphilis.

## TO REPORT

- For immediate reporting call: 651-201-5414 or 1-877-676-5414.
- Report forms can be downloaded at [www.health.state.mn.us/diseasereport](http://www.health.state.mn.us/diseasereport)

**m** DEPARTMENT  
OF HEALTH

Infectious Disease Epidemiology, Prevention and Control  
 Phone: 651-201-5414 or 1-877-676-5414 | Fax: 1-800-233-1817  
[www.health.state.mn.us/diseasereport](http://www.health.state.mn.us/diseasereport)

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