



Caregiver Handbook

Mt. Carmel Child Care Center

1701 St. Anthony Parkway NE
Minneapolis, Minnesota 55418
(612) 781-2798

Email: childcare@mountcarmelmpls.org

Amended March 2024

WELCOME

The Staff and Board of Directors of Mt. Carmel Lutheran Church Child Care Center are happy to welcome you to our community. Our center is non-profit, organized for the primary purpose of providing quality child care for the children of our church and community.

Our mission is to provide an environment in which young children can develop cognitively, emotionally, socially, physically, and spiritually, preparing them to participate as citizens of the world. We provide enriching experiences, which will enhance each child's self-image. We incorporate some Christian teaching into our curriculum.

Our center teaches children about people of other lands, customs, and religions, as well as emphasizing their own backgrounds. We are dedicated to serving people of all faiths. Our staff is committed to the continuing development of a creative, gender neutral and inclusive curriculum.

Mt. Carmel Child Care Center admits students of any race, religion, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the center. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship, and other school-administered programs. Educational opportunities take place throughout the day, both independently and in small groups.

The center utilizes the services of the child care health consultation team of Health Consultants for Child Care.

LICENSING

Standards comply with, and the center is licensed by, the State of Minnesota, Department of Human Services (651-431-6500) the conditions of our license are as follows: (1) 7:00 a.m. to 5:30 p.m., Monday through Friday, year-round (except for major holidays). (2) The center is licensed for 7 toddlers (16 months to 32 months) and 20 pre-schoolers (32 months to kindergarten), not to exceed more than 27 children in the center at any time throughout the day. The license is issued for a one-year period after the review process.

INSURANCE

The center meets the state standards for insurance. Children, staff and volunteers are covered with liability insurance while at the center, on the grounds or on a field trip.

FINANCIALS

A waitlist fee of \$100.00 is due with the enrollment application and will be credited to the first week of tuition upon start date. This fee is non-refundable unless enrollment can't be accommodated.

Tuition is paid electronically through Kangarootime, a digital software application. Childcare costs incur no additional fees if paid via ACH; there is a 3% surcharge for credit/debit card payments.

Tuition is paid weekly, due every Monday. Invoices are issued each Wednesday for the following week. A \$10 late fee is applied if tuition is not paid by Friday at 11:59 pm. Any late fees will be added to next week's invoice on Kangarootime. **Tuition is payable regardless of absences or holidays.**

Children are enrolled for a specific period as stated in the contract agreement between parents and the center.

A two-week written notice is required for termination or changes of contract. Parents are responsible for tuition for that two-week time frame.

The Tuition Agreement outlines a child's schedule. This agreement is considered a contract between the child's family and MCCC. In the event there are changes to your Tuition Agreement (schedule change or withdrawal from MCCC), two-week notice is required.

A late pick up fee will be charged in the event a child is picked up after 5:30 pm (or 12:15 pm for half day care). This fee is added to weekly Kangaroo Time invoices. The fee (per child) is \$5.00 for the initial 5 minutes and \$1.00 per minute thereafter.

Enrollment options include:

Full-time	7:00 a.m. to 5:30 p.m.
Part-time Full Day	7:00 a.m. to 5:30 p.m.
Part-time Half Day	7:00 a.m. to 12:00 p.m. 12:30 p.m. to 5:30 p.m.

INCLEMENT WEATHER POLICIES

MCCC follows Minneapolis Public Schools for winter weather closures. The media announces school closures; families will be emailed, and information will be posted on closed Facebook.

The child care weather watch is referred to for outdoor play in regard to appropriate temperature.

HOLIDAYS

All holidays are included in the tuition weekly contract. These include New Year's Day, President's Day, Good Friday, Memorial Day, the Fourth of July, Labor Day, Thanksgiving, and the day after, Christmas Eve and Christmas Day.

Any changes to the holiday schedule will be communicated by December of the preceding year. All holiday dates are posted (with dates listed) no later than January 1 of each year.

SAFETY & SUPERVISION POLICIES

The Risk Reduction Plan outlines safety and supervision policies. This is available upon request.

All staff complete first aid training every two years as required by MN state licensing. This training includes:

AED/CPR: infant, child & adult

Pediatric first aid

Additionally, MCCC has safety and first aid flipcharts available for reference. The MVNA visits MCCC quarterly, ensuring all is up to date.

Injuries are recorded through incident reports and signed by caregivers and staff. These are available for caregivers to review and sign. They are also kept in the child's file.

911 will be called in case of an emergency. MCCC is not able to transport to medical facilities. Fire drills are conducted monthly, and tornado drills are done April through September. Logs of all drills are available for review at the center. This is also a licensing requirement.

All staff are aware of emergency procedures and exits.

WEAPONS IN THE CHILD CARE FACILITY

Mt. Carmel Child Care Center prohibits the use, possession, and storage of weapons on its premises. This rule applies to all employees, enrollees, and visitors as well as anyone else on Mt. Carmel Child Care Center's premises. Weapons include firearms, ammunition, knives, or similar dangerous items, even if lawful. These prohibitions apply to everyone, including conceal and carry permit holders.

Violation of this policy may result in immediate termination of the enrollment agreement. Anyone who has information of any potential violation of this policy must immediately inform the director. Failure to report a violation of this policy may be grounds for disciplinary action up to and including immediate termination of enrollment.

Mt. Carmel Child Care Center reserves the right to search for and inspect persons and property while on company premises.

HEALTH POLICY

Your child's health is a matter of importance to us all. It is the caregivers' responsibility to inform the center of all medical conditions, needs or allergies. A medical examination and up to date immunization record are a state requirement for all children. Immunization records are required at the time of enrollment and must be current or have a written plan by a physician on updating them. It is the caregivers' responsibility to notify MCCC when the child receives new immunizations. Upon enrollment, caregivers must complete or provide all medical documents in

the enrollment packet. All forms are kept in the child's file.

PLEASE keep your child home if:

- a. Fever of 100 degrees axillary or higher, within the past 8 hours (FEVER FREE WITHOUT FEVER REDUCING MEDICATIONS FOR 24 HOURS BEFORE RETURNING).
- b. Sore throat or severe cold (strep throat 24 hours)
- c. Vomiting within the last 24 hours (vomiting once or more after arrival.)
- d. Diarrhea within the last 24 hours (3 or more abnormally loose stools after arrival)
- e. Chicken pox (until child is no longer infectious or lesions have crusted)
- f. Untreated lice (until treated and no live lice); ringworm and scabies (may return after 24 hours of treatment)
- g. Contagious conjunctivitis (pinkeye) or pus draining from the eye (may return after 24 hours of treatment)
- h. Bacterial infection such as impetigo or strep throat (may return after 24 hours of medication)
- i. Unexplained lethargy
- j. Undiagnosed rash or a rash attributable to a contagious illness or condition
- k. Significant respiratory distress
- l. Unable to participate in program activities with reasonable comfort
- m. Requires more care than the staff can provide without compromising the health and safety of other children
- n. Reportable illness or condition which the Commissioner of Health determines to be contagious, and a physician determines has not had sufficient treatment to reduce the health risk to others

If a child is hurt or becomes ill while at the center, a staff person will set up a cot isolated from the main activity and stay with the child until you or your contact person are able to come for him/her. Our staff is responsible for noting when a child is ill, separating the child from others and calling the parent or contact person listed on the Emergency Card. Caregivers are responsible for keeping the information current on the Emergency Card.

A staff member will continue to monitor the child every 15 minutes until the parent or contact person can be reached and arrives to pick up the child. If conditions warrant, 911 will be called.

Significant infections or contagious diseases must be reported to the director within 24 hours of diagnosis, exclusive of weekends and holidays.

MEDICATION

Medication and permission forms must be given to staff when the child arrives at the center.

For the center to give medication to your child, the following is required:

1. Prescription Medication:

Only medicine prescribed by a physician and provided in the original labeled and currently dated

prescription container may be used. Any label that is not clearly readable must be relabeled by the pharmacy.

Prescription medication is administered only under the directions of, and at the times specified by the physician or dentist, and only with written permission from the child's parent or guardian. The directions should include the condition for which prescribed, the length of days prescribed, the amount given, times and route to be used in administering the medication. ORIGINAL PRESCRIPTION CONTAINER, WITH LEGIBLE INFORMATION STATING THE STRENGTH AND QUANTITY OF DRUG, EXPIRATION DATE OR ORIGINAL ISSUE, OR WITH A REFILL, THE MOST RECENT DATE OF ISSUE.

Administered medications will be logged with child's name, date, time, dosage and signature of person dispensing.

2. Non-Prescription Medication:

Non-prescription medicines, diapering products, sunscreen lotions and insect repellents require the original container, labeled with the child's name and a medicine permission slip signed and completed by the parent.

Dispersion of medications is under the director's discretion and may result in requiring a physician's permission to administer non-prescription medications. Medication is dispensed according to the manufacturer's directions, unless directed differently in writing by a physician.

Medication is administered by the staff member in charge, under the directions of the physician and caregivers. We need to be informed of the condition for which prescribed, the number of days prescribed, the amount to be given and how medication is to be given and the times to be given. A record of medications administered is kept. The staff records the day, the child's name, what the medication is, time to be given, dosage and the staff member who gives the medication. The record of medication administered is kept and entered in the child's folder.

All medicine is kept in the locked box located on the top of the first coat rack in the hallway or refrigerated, if necessary, in the fireside room kitchenette. (not near the children's food and not accessible to the children). All unused medication will be returned directly to the child's caregivers.

ABUSE AND NEGLECT

Children need a safe, nurturing environment that assists them to grow, learn and feel loved by their caretakers. To grow and learn, children's minimum needs for good nutrition, shelter, medical care, bathing, clean clothes, intellectual stimulation, appropriate discipline, love and a feeling of importance must be met. When these needs are not met, a child cannot grow and learn easily. Should you have difficulty in providing for your child's emotional or physical needs, you are encouraged to ask for help. Upon enrollment, you will be given a list of resources available to all Minnesota families. Our staff can help you find a community resource that can be of assistance.

The following is the required "Reporting Policy for Programs Providing Services to Children:"

WHO SHOULD REPORT CHILD ABUSE AND NEGLECT:

1. Any person may voluntarily report abuse or neglect.
2. 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 any one else at your licensed facility. If you know or have reason to believe that 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:

1. If you know or suspect that a child is in immediate danger, call 9-1-1.
2. 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.
3. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to Hennepin County Child Protection Service at (612)348-3552 or Minneapolis Police Department, 2nd Precinct at (612)673-5702.
4. If your report does not involve possible abuse or neglect but does involve 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:

1. Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and are filed with the Mt. Carmel Child Care Center's Program Plan.
2. 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.
3. 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:

1. 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 the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.
2. The reporting policies and procedures must be provided to caregivers of all children at time of enrollment in the child care program and must be made available upon request. The Division of Licensing recommends that caregivers with children currently enrolled in your child care

program are informed of the development of reporting policies and procedures and provide them with an opportunity to request the information.

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:

- a. related policies and procedures followed:
- b. the policies and procedures were adequate.
- c. there is a need for additional staffing.
- d. the reported event is like past events with the children, or the services involved.
and
- e. 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 director. If this individual is involved in the alleged or suspected maltreatment the Lead Teacher will be responsible for completing the internal review.

DOCUMENTATION OF THE INTERNAL REVIEW:

The facility must document completion of the internal review and provide documentation of the review to the commissioner 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 of staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

CAREGIVER INVOLVEMENT

Caregivers are always welcome at the center. You are invited and encouraged to drop in at the center anytime (please pre plan with the director). . Teachers are not available to talk with you during class time but will be glad to discuss any questions by phone or email. You may wish to accompany us on a field trip or maybe you have a special job, talent, or skill you wish to share with us. Please contact the director.

POISONING

The center takes reasonable precautions to ensure that potential poisons are out of the reach of the children we care for. If an accidental ingestion should occur, however, our staff will consult the Poison Control Center.

As a parent, you would be notified immediately of the poisoning, information provided by Poison Control, as well as their recommendations for treatment and the condition of your child.

CAREGIVER-TEACHER CONFERENCES

Caregiver/teacher conferences are held each spring and fall. These conferences discuss the child's intellectual, physical, social and emotional development. If at any time you wish to have a conference with your child's teacher, contact the director to arrange one.

Daily written reports are made to the caregivers of toddlers regarding food intake, elimination, sleeping patterns and general behavior.

PARENTAL PERMISSION

Written parental permission must be received prior to any child going on a field trip.

MEALS AND SNACKS

MCCC provides the following:

1. Breakfast (fruit, milk and whole grain)
2. Milk at lunch (children bring lunch from home): whole milk for 24 months and under and 1% for children over 24 months.
3. Afternoon snack

Mt. Carmel Child Care Center encourages parents to pack healthy lunches. Information is available from the director about nutrition requirements for children based on USDA requirements. Per our license, the children should bring a whole grain, protein, one fruit and one vegetable.

These menus can be found posted outside each classroom.

FOOD HANDLING

Staff will be the only individuals handling food. Hands will be washed before and after preparing and handling food.

MCCC is not able to use bottles per our licensing agreement. Lunch is a bag lunch from home. A morning (breakfast) and afternoon snack is prepared by Mt. Carmel Child Care Center. Center staff will warm food for a child's lunch (for example, reheating pre-cooked food), but cannot cook food onsite, in accordance with state guidelines.

TREATS

Children may bring commercially prepared and packaged treats on their birthday or other special occasions to share with the other children. Nothing homemade is allowed per state guidelines.

DIAPERING

MCCC is only able to use disposable diapers. Caregivers are to provide diapers, wipes, and cream as needed. Diapering is done only in the toddler restroom, following the diaper procedures approved by the Public Health Consultant that are posted in that area.

SEAT BELTS AND CAR SEATS

When transportation is needed by MCCC, a school bus is chartered. Car seats are not used.

PETS

Pets are not permitted at MCCC.

BABYSITTING

If you choose to hire MCCC staff to babysit at your home, a Hold Harmless Agreement is required. Please see the director for this form.

This form will be in effect for one year and kept in the child's file.

NAP AND REST POLICY

Healthy sleep is vital to a child's optimal development and growth. MCCC holds nap or rest time between 1:00 pm and 3:00pm. MCCC will provide appropriate nap cots, consistent with licensing requirements. The cots will be clearly labeled with each child's name. Any child who has rested quietly but is not asleep after 30 minutes are invited to leave the rest area. Other children will be invited to leave once they awaken. All remaining children will be gently awakened at 3:00pm.

Cots will be placed with clear aisles and unimpeded access for both children and adults on at least one side of the cots. The cots will be placed directly on the floor. There will be a staff member present in both the toddler and preschool room so that the children are properly supervised. Children bring their own small pillow and blanket. Please launder weekly.

BEHAVIOR GUIDANCE

The children are provided with a positive model of acceptable behavior. When problems occur, the child is redirected toward constructive activity to reduce conflict. The staff will attempt to teach children how to use acceptable alternatives to problem behavior to reduce conflict. The staff will provide immediate and directly related consequences for a child's unacceptable behavior.

Mt. Carmel Child Care Center recognizes that biting is not unexpected when young children are in group care. We are always upset when children are bitten in our program, and we recognize how upsetting it is for caregivers. While we feel that biting is never the right thing to do, we know that children bite for a variety of reasons. Most of the reasons are not related to behavior problems. When biting occurs, we have three main responses. 1) Care and help for the child who was bitten. 2) Help the child who bit to learn other behavior. 3) Work with the child who bit and examine our procedures to stop or prevent the biting. We will shadow the child who bit.

In the case of persistent unacceptable behavior, staff will:

- Observe and record behavior and staff response
- Consult with caregivers, other staff members and professionals when appropriate.

No child will be subject to corporal punishment, which includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting and spanking.

No child will be subject to emotional abuse, which includes, but is not limited to, name calling, ostracism, shaming, derogatory remarks, language that threatens, humiliates, or frightens the child.

No child will be punished for lapses in toilet habits. Withholding of food, light, warm clothes, or medical care as a form of punishment is unacceptable.

Physical restraint in the form of holding will be used only to protect a child or others from harm.

Separation from the group or "time-outs" will be used only after the staff person has tried less intensive methods of guiding the child's behavior, which has been ineffective and the child's behavior threatens the well-being of the child or other children in the center. A timeout will be used within the classroom but away from the other children. A report will be completed on each separation.

CHILDCARE RISK REDUCTION PLAN

The childcare risk reduction plan is available for review by parents upon request.

CURRICULUM

We use creative curriculum which is a mix of teacher planned and child initiated. Our teachers create themes based on the interests of the classroom or what is going on around us (weather, fairs, etc.).

PROGRAM PLAN

Mount Carmel Child Care Center is a full day child care program which is open from 7:00 am to 5:30 pm, Monday through Friday. MCCC provides child care for the following groups of children:

Toddler: 16 months old to 32 months old
Preschool: 33 months old to kindergarten

While children are in our care, we guarantee that they are under direct supervision at all times. A ratio of 1:10 for preschoolers and 1:7 for toddlers is upheld throughout the day.

Mount Carmel Child Care Center is licensed for 27 children at one time: 7 toddlers and 20 preschoolers.

MOUNT CARMEL CHILD CARE CENTER OFFERS:

Both structured and unstructured activities for children. The materials are carefully chosen to provide hands-on opportunities for the children to develop an understanding of their environment.

MOUNT CARMEL CHILD CARE CENTER'S ENVIRONMENT IS:

A positive self-image, success, and joy in discovering the world, trust and respect for his/her and other's personal property and responsibility for his/her behavior.

MOUNT CARMEL CHILD CARE CENTER'S MATERIALS AND CURRICULUM FOSTER:

Mental concentration, physical coordination, personal independence, order and movement.

TEACHERS AND STAFF MEMBERS ARE COMMITTED:

To observe and entice the children in the learning process through warmth, caring, love, humor, consistent ground rules and comfortable, colorful, clean surroundings.

PROGRAM

Our program is geared to the developmental level of each child, and we provide a balance of activities:

- Structured and unstructured
- Informative and creative
- Active and quiet
- Indoor and outdoor

- Observing and participatory
- Alone and together

Our program includes numerous experiences, activities, and use of manipulative materials in the following areas:

- Language and reading readiness.
- Math
- Art
- Music
- Practical life experiences
- Science
- Sensorial
- Creative dramatics/movement
- Dramatic play
- Books, literature, poetry, and storytelling
- Games
- Field trips in center

The intellectual, physical, social, and emotional progress of each child will be documented in the child's record and conveyed to the caregiver during bi-annual conferences.

The child care program plan will be available for parents to review at any time.

DAILY SCHEDULE

Toddlers Daily Schedule

7:00-8:30 am	Free play (Preschool room)
-	Puzzles
-	Blocks
-	Book area
-	Dramatic play
-	Toy bins
8:30-9:00 am	Diaper changing.
9:15-9:30 am	Wash hands and morning snack
9:30-10:30 am	Outside or Gym (large muscle)
10:30-11:00 am	Art/Group time
11:00-11:45 am	Change diapers/wash hands/free play
11:45 am-12:15 pm	Lunch
12:15-12:45 pm	Clean-up and quiet play
12:45-3:00 pm	Naptime
3:00-3:30 pm	Wake up/wash hands/snack.
3:30-4:00 pm	Change diapers
4:00-5:30 pm	Outside/gym/free time (Preschool room)

Preschool Daily Schedule

7:00-9:00 am	Free play
-	Puzzles
-	Blocks
-	Book area
-	Dramatic play
-	Toy bins
9:00-9:15 am	Calendar/story time
9:15-9:30 am	Bathroom/handwashing
9:30-9:45 am	Morning snack
9:45-10:30 am	Art time/small motor
10:30-11:30 am	Outside or gym (large muscle)
11:30-11:45 am	Bathroom/handwashing
11:45 am-12:30 pm	Lunch
12:30-1:00 pm	Cleanup/small group time
1:00-3:00 pm	Naptime
3:00-3:30 pm	Bathroom/snack
3:30-3:45 pm	Story time
3:45-4:15 pm	Free play
4:15-5:30 pm	Outside/gym /free time

Caregiver Handbook Acknowledgement Form

By signing this form, you are acknowledging that you have read, understand and are willing to adhere to the policies listed within the parent handbook. Failure to adhere to the policies can result in termination of enrollment.

Signature: _____

Date: _____