



Child Care Center of Mapleton

Policy Information for Parents

604 Main St. E
Mapleton, MN 56065
507-524-4541

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Program Overview

Philosophy

Eagles Nest Child Care Center believes that children learn and grow best in a safe and enriching environment. We believe learning happens through positive relationships, experiences, and exploration. We believe play is integral to children's learning and is an essential part of childhood.

Ages Served and Hours of Operation

Eagles Nest provides child care for children ages 6 weeks through 3 years.

Care is available Monday through Friday, 6:30am - 5:45pm.

Eagles Nest is closed on New Year's Day, Presidents Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the Friday after, Christmas Eve, and Christmas Day.

2021-22 School Year Closures - updated 8/11/21

- August 17th - CPR/First Aid Training
- September 6th - Labor Day
- October 22nd - Fall Break Day
- November 25th - Thanksgiving Day
- November 26th - Thanksgiving Break
- December 24th - Christmas Eve
- December 31st - New Years Eve/New Year's Day Observance
- February 21st - Presidents Day
- April 15th - Good Friday
- May 30th - Memorial Day

Families are still charged for all days Eagles Nest is closed

Parents with children enrolled in the center program are allowed to visit the center at any time! We encourage parents to be involved in the daily activities and on special occasions.

Rates and Billing

Eagles Nest uses Kinderlime for all of our billing. Invoices are sent out bi-weekly. Payments are made in advance for the following two weeks of care.

A Full Time Infant Care contract is \$210 a week.

A Full Time Toddler Care contract is \$200 a week.

*Part Time Contracts may be available upon request and are subject to Director approval.

Center Contact Information

Address: 604 Main Street E, Mapleton, MN

Phone Number: (507) 524-4541

Email Address: tkmett@isd2135.org

Center Licensed Capacity

Eagles Nest is licensed by the Minnesota Department of Human Services with a maximum enrollment per age group as follows:

Infants (6 weeks to 16 months) - Licensed Capacity 8

Toddlers (16 months - 36 months) -Licensed Capacity 14

Adult to Child Ratios (per MN Rule 3, 9503.0040)

Infants 1:4, max group size 8

Toddlers 1:7, max group size 14

Enrollment Forms

The enrollment forms listed below will need to be completed and returned to the director before your child is officially enrolled in the program:

- Child Enrollment Form
- Child Intake Form
- Health Care Summary
- Immunization Records
- Specific Room Intake Form
- Infant Meal Notification Form (if applicable)
- Medication Authorization (if applicable)
- Individual Care Plan (if applicable)
- Consent to Swaddle (if applicable)
- Allergy Action Plan (if applicable)

Center Programs

Infant Program

Children in the infant program follow individualized schedules which are planned cooperatively by the parents and the teaching staff. Each schedule is modified as the child's development and parents' desires dictate. The staff's primary goal is to help infants develop a sense of trust and attachment in relationships with their caregivers, and in their new environment.

The staff to child ratio is 1:4, with a max of 8 infants. We believe that in order for infants to develop trust, their needs should be responded to quickly, and with sensitivity and respect for their temperament and for their home routines. Infants communicate their needs and feelings through body language, vocalizations, crying, and gestures. It is our job to learn to "read" what they are telling us and be responsive to their communication with us.

It is also important to provide age-appropriate learning opportunities in all areas of development and during routine activities (such as diaper changes). The infant curriculum is guided by *The Creative Curriculum, for Infants, Toddlers & Two's*. This curriculum is a comprehensive curriculum which includes goals and objectives for a child's learning in all areas of development: social/emotional, physical, cognitive, and language. These 4 developmental goals are carried out through caregiving, the environment, and activities in the infant program. Nurturing, responsive, and respectful caregiving are major components of the program. These components build the foundation of trust that children need to be successful throughout life. The environment reflects diversity, inclusiveness, love, and calmness. Activities provided on a daily basis, such as music time, sensory activities, reading books, and outdoor experiences, are appropriate to the developmental stage of the infants.

While we have created a general schedule for infants below, please note that diapers and bottles are done throughout the day based on each child's needs and parents' requests. Please note that diapers will be changed at least every two hours from the time of the last change. Parents will receive real-time daily notifications as well as an emailed report at the end of the day that describes your child's day.

Infant Daily Schedule

6:30 - 8:30 Welcome & Free Play

8:30 - 9:00	Breakfast & Bottles
9:00 - 9:30	Diaper Changes & Handwashing
9:30 - 9:45	Story Time / Morning Activity
9:45 - 11:00	Morning Nap
11:00 - 11:30	Diaper Changes & Handwashing
11:30 - 12:00	Lunch & Bottles
12:00 - 1:00	Free Play with Music
1:00 - 1:30	Diaper Changes & Handwashing
1:30 - 2:30	Afternoon Naps
2:30 - 3:00	Snack & Bottles
3:00 - 3:30	Diaper Changes & Handwashing
3:30 - 4:00	Sensory / Afternoon Activity
4:00 - 5:00	Free Play
5:00 - 5:45	Diaper Changes & Departure

Specific Activities for Infants may include but are not limited to:

- Toy grasping
- Stroller rides
- Peek-a-boo
- Cooing/mimicking
- Animal sounds
- Textures(soft,fuzzy, rough, scratchy)
- Rolling over
- Crawling
- Walking
- Nursery Rhymes
- Singing Songs
- Clapping
- Sign Language

Toddler Program

As your child enters the Toddler program, he or she is trying to become independent while still somewhat unsure of their new role. This is the age where a lot of changes occur as your child becomes a little person. It is a fun but sometimes difficult time in a child's life.

Our toddler program is familiar with the unique needs of each toddler and their family. Each week, the toddlers will focus on one new idea for the entire week. There will be activities that promote social/emotional, cognitive, language and physical development appropriate to the age of your child and cultural background. Some activities would be but not limited to playing with toys from their cultural background, learning key words in multiple languages, and having events and day themes to many cultures throughout the world. Play will take place both indoors and outdoors, so please remember to bring appropriate outdoor clothing. Parents will receive real-time daily notifications as well as an emailed report at the end of the day that describes your child's day.

The main objective in our toddler program is to help children identify their roles in the huge world they have entered. We focus on creating authentic connections with toddlers by engaging in play and asking questions. We will focus on community building and manners (please, thank you, sharing, passing) as well as eating from a plate/tray with a spoon or fork, drinking from a cup without a lid, sitting at a table on a chair, washing their hands, recognizing their name, colors, and shapes. We will also work with the children on being able to zip their coats and pants, and know how to use scissors. We encourage each child to be potty trained and/or in the process by the time they move to the Preschool Program. While this is not a requirement, it is something we'd like to support.

Specific Activities for Toddlers may include but are not limited to:

- Quiet Time
 - Story time, reading books, nap time, putting together puzzles, mirror time, dramatic play and manipulatives.
- Active Play
 - Listening to music, dancing, rolling and catching balls, outside play including running, walking, marching, bean bag throwing, large muscle play.
- Teacher Directed Play
 - Identifying colors and shapes, cleaning up, picking up toys, puppet shows, finger puppets, painting, singing songs, dancing, saying letters, sign language, learning the alphabet.
- Child Initiated Play
 - Imaginative play & pretend, outdoor play, reading, free choice

play

Toddler Daily Schedule

6:30-8:30	Arrival/Free Play
8:30-9:00	Breakfast
9:00-9:15	Circle Time
9:15-9:45	Free Play/Bathroom/Diapers
9:45-10:45	Large Motor
10:45-11:15	Teacher Lead Activity
11:15-11:30	Bathroom/Diapers
11:30-12:00	Lunch
12:00-2:15	Rest Time
2:15-2:30	Bathroom/Diapers
2:30-3:00	Snack
3:00-5:45	Free Play/Large Motor/Bathroom/Diapers

Behavior Guidance

Eagles Nest daily schedule, curriculum plans, classroom arrangements, and staffing patterns are designed to promote safe, positive and enjoyable learning experiences and respectful, trusting relations among adults and children. Consistency, or knowing what to expect throughout the day helps children develop a sense of trust and understanding in their environment. Positive guiding communication with each child is our primary practice. Teachers “model” language and appropriate ways for children to express their feelings and emotions. Our efforts in guiding children will focus on showing children appropriate behavior by ensuring the following points are carried out.

- Ensure that each child is provided with a positive model of acceptable behavior
- Guidance is tailored to the developmental level of the child

- Children are redirected away from the problems towards constructive activity to help reduce conflict
- Teach children how to use acceptable alternatives to problem behavior in order to reduce conflict
- Protect the safety of children and staff persons
- Provide immediate and directly related consequences for a child's unacceptable behavior

A child's age, intellectual development, emotional make up, and past experiences will be considered in guidance, and consistency will be maintained in setting rules and limits for children. The following is a list of some general (not age specific) child guiding techniques staff members' use:

Infant Guidance Teachers, support staff, directors/managers will follow one or more of the following procedures:

- Staff will use distraction as a technique
- Staff will redirect child to another constructive activity
- Staff will remove the child from a situation to protect the safety of the children
- Staff will remove the object from child saying in a positive way what you are doing

Immediate action works better than giving directions verbally. Staff should also be down on the floor close to the babies and move as the babies move. It's expected that teachers and support staff in the infant classrooms will develop the ability to watch the entire room.

Toddler Guidance The staff are trained to follow the procedures listed below to help toddlers in conflictive situations and to help the room operate more positively:

- Staff will create an environment that is surrounded by positive remarks and is consistent so that conflicts between children are less.
- Staff will have face-to-face interaction when setting limits, rather than talking from across the room.
- Staff will provide children with what they can do versus what they cannot do (ex: say "walking feet inside" instead of "Don't run or no running").
- Staff will limit the use of negative words such as "Don't, Can't, Won't, and No.
- Staff will praise the toddlers as much as possible and will make intentional efforts to praise positive behavior.

- Staff will give choices to children if they are refusing to do something. The choices that staff give need to have the same outcome. (ex. Child does not want to wash hands. The staff can say, “do you want to put the soap on your hands or should I?” either way the desired outcome will happen).
- Staff will help children resolve conflict between toys by helping to find another one of the same toy and give it to the child who wanted it.
- Staff will teach children to talk instead of hurting. Some words include: Move, My turn, Help.
- Staff will redirect children when you see a conflict that might take place.
- Staff will give simple directions (2-3 words) (ex. Please walk or wash hands please)
- Staff will give children time to comply with requests and limits (about 10 sec)
- Staff will acknowledge the child’s feelings and desires as legitimate even if you cannot give them what they want.
- Staff will document consistent unacceptable behavior. The staff are instructed to write such details as time, place, which child was hurt and how the staff handled the situation. The lead teacher shares this information with the parent at pick up.

Persistent Unacceptable Behavior

Eagles Nest is rooted in our core values of love, authenticity, relationship and community. These values are core to establishing a positive environment where children and staff are able to thrive. However, we realize that children are learning how to handle emotions and require some extra help in this area from teachers and staff. Our center does not tolerate profane or biased language or abuse to self or others.

A. Procedures for staff observation and recording of the child’s unacceptable behavior and response to the behavior are indicated below:

1. The teacher will record the child’s unacceptable behavior on his/her daily record hosted on Kinderlime.
2. If a teacher has had to separate a child because the child’s behavior was threatening their own well-being or the well-being of other children, the teacher must record the separation in the [Separation Report](#).
3. In extreme cases where a child’s unacceptable behavior persists, the teacher, support staff, and/or director will call the child’s legal guardian (or emergency contact if legal guardian cannot be reached) and ask that the child is picked up from the center.
4. The director will schedule a meeting between the parent/legal guardian

and teacher as soon as possible to create an action plan.

B. Procedures for developing a plan to address the behavior documented in item A in consultation with the child's parent and with other staff persons and professionals when appropriate are indicated below:

1. Director, teacher, and parent will meet to put together a measurable plan for addressing and correcting the child's unacceptable behavior. We will agree to the plan, set a timeline, and set measurable indicators of success.
2. The teacher will be required to maintain documentation that supports the plan and communicate progress toward the plan to the parent/legal guardian on a daily basis.
3. Outside professional consultation or evaluation may be necessary.
4. Occasionally a child does not adjust to the center environment or a child's repeated behavior interferes with the daily activities of the center. In such cases the center reserves the right to request the child leave the program when there is no improvement in the child's behavior subsequent to the implementation of the plan agreed upon by the parent, teacher and director.

Prohibited Actions

The Director may immediately reassign and/or terminate personnel at the center if the action is necessary to insure the safety, health, and/or welfare of the children, parents, and/or other staff. The following actions are prohibited by the center and are subject to immediate termination:

A. Subjection of a child to corporal punishment, which includes but is not limited to:

- Rough handling
- Shoving
- Hair pulling
- Ear Pulling
- Shaking
- Slapping
- Kicking
- Biting
- Pinching

- Hitting
- Spanking

B. Subjection of a child to emotional stress, which includes but is not limited to:

- Name calling
- Ostracism
- Shaming
- Making derogatory remarks about a child or the child's family
- Using language that threatens, humiliates, or frightens the child

C. Separation of a child from the group except within rule requirements (see "Separation from the Group").

D. Punishment for lapse in toileting

E. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.

F. The use of physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm.

G. The use of mechanical restraints, such as tying.

If any staff member of Eagles Nest Child Care Center of Mapleton is found out of compliance with the prohibited actions listed in this policy, the Director will immediately and without further notice terminate the staff member from employment at Eagles Nest Child Care Center. The Director will immediately report this behavior to DHS. The Director will notify parents/legal guardians accordingly.

Conferences

A parent may request a conference to meet with the Director or their child's Lead Teacher at any time that is mutually convenient to discuss their child's overall development. Staff may also request a meeting with a parent or legal guardian. We hold parent/teacher conferences twice annually, usually one in February and August. Throughout the course of the year, lead teachers will be assessing each child's development by observing play, interactions with other children, conversations with teachers and children, and through more formal, one-on-one assessments. At each

conference, an assessment of your child's intellectual, physical, social and emotional development will be made available to the parent/legal guardian and will also be kept on file in your child's record.

Winter Weather Policies

Eagles Nest Childcare Center will follow Maple River School delays and closings related to winter weather. If the school district is closed due to weather we will be closed. If the district has a two hour late start due to weather the center will open at 8:30am. If the district closes early due to weather the center will also close early, one hour after the school closes. For example, if the district closes at 12:00pm, the center will close at 1:00pm. Closings and delays will be communicated directly to our parents via Kinderlime.

Pick Up

Parents/legal guardians are responsible for picking up their own child/children or arranging for pick up that has been documented and authorized prior to pick up. Under no circumstance will Eagles Nest release a child to a person that is not authorized to pick up the child.

Authorized Person

The parent will notify the center when an individual they have designated as authorized on their registration form will be picking up their child. Children are only released to authorized persons. If a parent tells staff that someone else will be picking up their child, staff must check to be sure that person is identified as authorized on the registration form located on Kinderlime. The person must then use their unique pin number to pick the child up. If they are not listed as authorized, staff must ask the parent to add an authorized user on their Kinderlime account. Authorization cannot be given over the telephone. It must be fully documented.

When an unauthorized person comes to pick up a child, staff should:

1. Ask the name of the person attempting to pick up the child.
2. Ask to see a photo I.D. to verify their identity. Staff members must I.D. any person he or she does not know. This includes parents.
3. Check the child's file in the office to see if that person is listed as authorized.
4. Person authorized will need to enter his/her own unique pin number.
5. Release the child only after verifying the person's identity and with

parent/guardian authorization.

Unauthorized person attempts to pick up a child

Unauthorized persons are not allowed to take a child from a center. Parents will be called immediately and if they are not available emergency contacts will be contacted. If there is immediate danger that the unauthorized person is attempting to remove the child from the child care center, 911 will be called.

A person who is incapacitated attempts to pick up a child

If a parent or authorized person who is obviously incapacitated attempts to pick up a child, the following common sense procedures should be followed. Staff should:

1. Tell them he or she would prefer they not drive; his or her concern is for the family.
2. Offer to call a person listed in the child's record as an authorized person.
3. Offer to call them a cab or a friend to drive them.
4. Call the Mapleton Police if they leave with the child.
5. Attempt to capture the license plate and description of the vehicle.
6. Call child protection.

A person who is suspected of abuse attempts to pick up a child

If a person suspected of abuse attempts to pick up a child, the following procedures should be followed. Staff should:

1. Staff should call the Child Protection intake line at (507) 304-4444. The child protection staff can help you decide if a report should be made based on the information you provide.
2. If you have witnessed abuse attempts and the child is in immediate danger, call 911 immediately and report what you witnessed.
3. If you suspect that abuse is happening, but the child is not in immediate danger, staff can contact Blue Earth County Human Services by phone at 507-304-4444.
4. Inform the director immediately of the suspected abuse attempts.

No one comes to pick up a child

1. Parents will be called immediately unless prior approval has been granted.
2. If parents cannot be reached staff will attempt to contact emergency contacts.

3. If parents or emergency contacts are unreachable staff must call Child Protection at (507) 304-4222 or call 911, and request an officer to come and take the child.

Table Food Meals

Eagles Nest has partnered with Maple River Schools to provide catering services for lunches and snacks. Meals will be provided for children eating table food. A monthly menu will be provided to the program by school. The menu will be posted in prominent places and parents will have access to the menu.

Whole milk is served for ages 12 months to two years of age. Unflavored 1% milk is served for children ages 2 years and up.

Infant Feeding

- The diet of an infant must be determined by the infant's parents. This information must be available in the infants' classroom.
- Our center will obtain written dietary instructions from the parent of the child.
- Our center will have the infant's feeding schedule available in the food preparation area.
- Our center will offer the child formula or milk and nutritionally adequate solid foods in prescribed quantities at specified time intervals.
- Our center will label each child's bottle with the child's first and last name.
- Infants will be held while bottle feeding. Bottles will never be propped.
- Infants will never be put in their crib with a bottle.
- Mobile infants will not be allowed to walk around with a bottle.
- Solid food is started when developmentally appropriate as determined by the infant's parent. Infants will be fed food while sitting up in an appropriate chair.
- Baby food brought from home will be labeled with the child's first and last name.
- Baby food will be served with a spoon from a bowl and not directly from the baby food container or pouch. The opened container of baby food may be dated and put back in the refrigerator, used within 48 hours and then disposed of or provided back to the parents.
- Parents will be informed as to how much their child has consumed each day

Preparation of Formula, Milk, Breastmilk, Solid Foods & Supplements

- Our program will ensure that sanitary procedures and practices are used to prepare, handle, and store formula, milk, breast milk, solid foods, and supplements. Procedures must be reviewed and certified by our health consultant.
- Bottles prepared at home must be transported in an insulated bag with an ice pack and placed immediately in the refrigerator upon arrival to the center.
- All bottles are labeled with the infant's first and last name.
- Each child will have their own tray in the refrigerator, labeled with their first and last name, where bottles are placed. All refrigerators must have a thermometer in them and must be maintained at 40 degrees Fahrenheit or below. A temperature log of the infant refrigerator will be kept.
- BPA free bottles are recommended. Glass bottles are not allowed.
- If formula bottles are made at home by the parents, the center will have a backup supply of formula for unforeseen circumstances.
- When bottles are made at the center the formula will come in a factory sealed container and be prepared according to instructions on the product label.
- No solids will be fed by bottle. No foods are mixed with formula or breast milk in the bottle unless the child's health care provider provides written documentation of a medical need for this practice.
- Staff will wash their hands prior to infant food and/or formula/breast milk preparation.
- The counter will be washed and sanitized prior to use.
- Bottles and infant foods can be served cold from the refrigerator and do not have to be warmed. If parents request bottles to be warmed, we will:
 - Warm under running tap water or put in a container of water no warmer than 120 degrees Fahrenheit for no more than 5 minutes. Cups used for warming should be emptied, cleaned, and sanitized daily.
 - Warm using a bottle warmer. Staff shall use the instructions on this warmer.
- Infant foods, formula, milk and breastmilk will never be warmed in a microwave.
- Staff will not hold an infant while removing a bottle or infant food from the container of warm water or while preparing a bottle or stirring infant food that has been warmed.
- Infant foods should be stirred carefully to distribute warmth evenly.
- Before feeding the child, staff will double check the name on the bottle to the baby's face before feeding.
- After the child has been fed, indicate how many ounces were finished on the child's profile in Kinderlime.
- Any breast milk left in a bottle for 2 hours from which the feeding began is discarded.
- Any formula left in a bottle for 1 hour from which the feeding began is discarded.
- Unused, prepared bottles of formula will either be sent home at the end of the day or discarded within 24 hours of refrigeration.

- Freshly expressed or pumped breast milk may stay in the refrigerator at the center for up to 4 days. At the end of that period, staff will send the leftover milk home with the parent.
- Thawed or previously frozen breast milk may stay in the refrigerator at the center for up to 24 hours. At the end of that period, staff will send the leftover milk home with the parent.

Breast Milk Handling

Breastfeeding is highly encouraged and should be supported by every staff member. As a center, we hope to support breastfeeding mothers by having a nursing area that can be used during the hours of operation.

Although human milk is a fluid, it is not necessary to wear gloves when feeding or handling human milk, unless an employee has open sores or cracked skin or unless there is visible blood in the milk. The CDC does advise that teachers/caregivers who have openings in their skin, such as cracked skin or hangnails, cover their hands with disposable gloves or waterproof bandages to prevent those susceptible areas from having direct contact with breast milk. Breast milk is not included in the list of other potentially infectious materials, therefore contact with breast milk does not constitute an “occupational exposure.”

Preparing and Storing Breast Milk

- Parents should transport breast milk to the center in a cooler bag with ice or ice packs.
- The breast milk is stored in the refrigerator upon arrival to the facility. The refrigerator will have a thermometer in it and be maintained at 40 degrees Fahrenheit or below.
- Frozen breast milk can be stored in single-use plastic breast milk storage bags and placed in the freezer. Bags must be labeled with the child’s first and last name and date the milk was expressed.
- Bottled expressed breast milk is stored in a container inside the refrigerator or freezer labeled with the child’s first and last name.
- Each bottle will be clearly labeled with the child’s first and last name and the date the milk was expressed.
- Only clean and sanitized bottles and nipples are used for feeding.
- Fresh and frozen breast milk are never mixed.
- If the infant is exclusively drinking breast milk, parents will need to have one days worth of frozen milk at the center at all times. This milk will be used in case of

accidents.

Safe Handling, Preparing, Warming, and Feeding Breast Milk

These guidelines are provided for safe handling and storage techniques to maintain the high quality of expressed breast milk for the health of the infant. For basic storage locations and temperatures of breast milk, we will use the recommendations provided by the CDC in the following chart:

Storage Locations and Temperatures

Type of Breast Milk	Countertop 77°F or colder (room temperature)	Refrigerator 40°F or colder	Freezer 0°F or colder
Freshly Expressed or Pumped	up to 4 hours	up to 4 days	up to 12 months within 6 months is best
Thawed, Previously Frozen	up to 2 hours	up to 24 hours	never refreeze human milk after it has thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished eating		

Chart Adapted from "[ABM Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants,](#)"
Revised 2017

- Use the oldest dated milk first.
- A microwave is never used to warm or thaw bottles of expressed breast milk. Excessive heat can also destroy the nutrient quality of breast milk and the bottle could explode when exposed to excess heat. Breast milk will be thawed in the refrigerator or under cool running water.
- Each child's identity will be confirmed before feeding to prevent potential exposure to another mother's breast milk. This check will be done for every bottle.

Immunization Records

Children are required to have all immunizations required by state law as appropriate for the child's age OR the parent/guardian provides a medical or conscientious exemption that has been signed by the child's physician or legally notarized. Each child will need to have a completed Child Care Immunization Form or Exemption form on file before the first date of attendance at the center. Children without this one of these files cannot be

admitted into the program.

Health Care Summary

Per Department of Human Services regulations, Eagles Nest is required to have on file a record of a recent health examination signed by the child's source of medical care. A Health Care Summary form must be completed by the child's Health Care Provider and returned to us within 30 days of enrollment. Every item on the form needs to be completed.

An updated Health Care Summary signed by the child's Health Care Provider is required annually for children under 24 months of age, and whenever a child 24 months of age or older advances to an older age category.

Recording of Accidents, Injuries, and Incidents

The following information will be recorded on an Accident and Injury Form:

- The name and age of the child
- The date of the accident, incident or injury
- Place of the accident, incident, or injury
- Type of injury
- Action taken by staff person
- To whom the accident, incident or injury was reported

The report forms will be reviewed with the parents the same day of the incident and the parent will sign the form. Parents will receive a copy of the form if requested. The form will also be kept on file and logged in the Accident & Injury Log.

Children who become Sick at the Center

If a child becomes ill at the center, the parent/guardian will be notified immediately. We will ask that the parent/guardian or someone on the Authorized Pick Up list pick up the child within 1 hour so that she/he can get the proper care and attention at home. Until the parent/guardian or another person authorized to pick up the child arrives, we will provide the child with a cot and blanket and continue to offer the child water every 15

minutes. Being sick is often a scary experience for children, and we will do our best to ensure the child feels loved, nurtured, and safe while in our care. While the child will be separated from the group, the teacher and/or staff will always be able to see and hear the child.

24 Hour Waiting Period

To prevent illnesses from spreading, children must be symptom free or on medication 24 hours before returning to the center.

Communicable Diseases

Eagles Nest will notify parents the same day the information is received when a child has been potentially exposed to a communicable disease. We will provide a fact sheet from www.hennepin.us/childcaremanual or the district's health department via email or will place in your child's cubby.

Medications

Medications can be crucial to the health and wellness of children. When possible, parents and Health Care Providers should try to minimize the need for medications while in child care; however, this is inevitable in some situations. In these situations, parents must fill out a separate Medication Authorization Form for each prescription or non-prescription medication to be administered by Eagles Nest to your child.

Any medication container having a detached, illegible, or damaged label shall be returned to the parent for a new label from the issuing pharmacy. Unused portions of the medication will be returned to the parent. Medicines with expiration dates will not be used after the date of expiration. Medicines will always be stored in a secure area, out of the reach of children. These requirements are for both non-prescription and prescription medications.

Anytime a non-prescription or prescription medication is given to a child, staff will document on the child's Medication Administration Record. This record will be kept in the child's file and made available to the parent/guardian. The Medication Administration Record will include:

- Name of the child
- Name of the medication
- Date
- Time
- Dosage
- Name and signature of the person who dispensed the medicine.

Non-Prescription Medications

Non-prescription medications must be administered according to the manufacturer's directions listed on the bottle unless there are written instructions for their use provided by a licensed physician or dentist.

Non-prescription diapering products, sunscreen lotions, insect repellants, and essential oils are required to have written permission from the parent/guardian before administration. Aerosols are not permitted at the center due to inhalation risks.

Prescription Medications

A prescription medication can be administered only if it has a current pharmacy label issued to the child with the prescribed dosage, time to be administered, and current date. All medication must be in its original container. The following items are necessary for the center to administer prescription medications:

- Parent Permission in writing on the Medical Authorization Form
- Health Care Provider's permission and direction in writing
- The medication must be in a labeled pharmacy bottle and state the following:
 - Prescription number
 - Name of medication
 - Strength and quantity
 - Expiration date
 - Directions for use
 - Dosage
 - Child's Name
 - Physician's name
 - Date of issue
 - Name and address of licensed pharmacy issuing medication. If a prescribed over-the-counter product is required it must be in the original labeled container and accompanied by a physician's statement.

Administering First Aid & CPR

First aid is the immediate care provided to an injured or suddenly ill person, as soon as possible after an accident or sudden illness to preserve life, prevent the condition worsening and/or to promote recovery. While some first-aid situations will be minor (cuts, scrapes, bumps, bites, etc), we do need to prepare for more serious incidents. First aid does not take the place of professional medical treatment. Eagles Nest will ensure that at least one staff person is present during the hours of operation who has satisfactorily completed pediatric First Aid training and infant and child CPR training. This includes while on field trips and when transporting children in care, when all teachers and assistant teachers are in their first 90 days of work.

All teachers and assistant teachers and at least one staff person during field trips and when transporting children in care, will satisfactorily complete pediatric First Aid training within 90 days of the start of work unless the training has been completed within the previous two years.

The pediatric First Aid training will be repeated at least every two years. The training must be documented in the employee's personnel record indicated on the [Staff In-Service Training Record](#), as well as on the center's [Summary of Personnel Information Chart](#) and be provided by an individual approved as a First Aid instructor.

All teachers and assistant teachers and at least one staff person during field trips and when transporting children in care, will satisfactorily complete training in cardiopulmonary resuscitation (CPR) that includes CPR techniques for infants and children and in the treatment of obstructed airways. The CPR training must be completed within 90 days of the start of work, unless training has been completed within the previous two years. The CPR training must have been provided by an individual approved to provide CPR instruction, must be repeated at least once every two years. The training will be documented in the employee's personnel records.

At least one teacher or assistant teacher who has satisfactorily completed CPR training must be present at all times in the center, during field trips, and when transporting children in care. Persons providing CPR training must use CPR training that has been developed by the American Heart Association or the American Red Cross and incorporates hands-on learning skills and testing to support the instruction; or using nationally recognized, evidence-based guidelines for CPR and incorporates hands-on learning skills and testing to support the instruction.

In situations where First Aid is required, the first staff person certified on site that is certified in First Aid will deliver First Aid. The second staff person will remain with the other children. If additional help is needed, the director or additional staff person will be called. All accidents and injuries will be documented detailing the First Aid procedures used and will be kept on file at the center using the Accident and Injury Form and the Accident and Injury Log.

Where the administration of first aid is required, only certified first aid and CPR staff will administer first aid.

1. Assess the situation;
2. Move others from any immediate danger or away from the incident
3. Administer first aid;
4. If necessary, call 9-11 and answer any questions to the best of your ability.
5. Notify the Director;
6. Notify the parents and record all attempts at notifying
7. If First Aid is required (even for a minor incident such as a scrape, bug bite, etc.), staff must complete an Accident and Injury Form.
 - a. Accident and Injury Forms are located in each of the classrooms. The staff member must give an accurate description of what happened, and what he or she did via First Aid (washed with warm soapy water, ice pack, etc.).
 - b. Give the child hugs and sympathy as they are important parts of treatment as well and can be noted.
 - c. Staff should make sure the date, time, and place of accident are reported.
 - d. Parents will get a copy of the report the same day.
 - e. If an incident involves another child, it is important not to identify that child by name. It is confidential.

Eagles Nest will ensure an adequate number of first aid kits are readily available at the center to meet the needs of the number of children present. First aid kits will be inaccessible to children (or locked) while remaining readily accessible to staff. First aid kits will be checked weekly to ensure they are fully stocked and contain no expired products.

Allergy Prevention and Response

Eagles Nest will obtain documentation of any known allergy from a child's parent or legal guardian or the child's source of medical care prior to admitting the child for care. As part of the Child Intake Form, parents will be asked to disclose any known allergies. All staff are required to review and sign the Allergy Action Plan.

If an allergy is known, Eagles Nest will develop an individual child care program plan to meet the child's individual needs. The individual child care program plan will be in writing and on file as the Allergy Action Plan. The following information will be included in the form and specify methods of implementation and is reviewed and followed by all staff who interact with the child.

- Description of allergy
- Specific triggers
- Avoidance techniques
- Symptoms of an allergic reaction
- Procedures for responding to an allergic reaction including type of medication required, dosages and doctor's contact information. If medication is required, a Medication Authorization Form will be on file.

If the child's allergy is a food allergy, information about the child and the allergy will be posted in the food preparation area and in the eating areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day. We will also have each child's food allergy in a binder in the First Aid backpacks that are taken on the playground or on off-site field trips.

Once a year, or following any changes made to allergy-related information, updates to the child's record and Allergy Action Plan will be made. Each staff person who is responsible for carrying out the individual child care program plan will be made of the change and asked to sign that they've read and understood the updated plan. This review will be kept on file.

If a child has been exposed or an allergic reaction that requires medication or medical intervention occurs, parents will be contacted as soon as possible (but no later than 15 minutes within the incident) by a staff person. Each staff member will be trained in the use of Epi-pens at the beginning of each year. When epinephrine is administered to a child within the care of Eagles Nest, the director, teacher, or staff persons will call 911.

Field Trip Permission

Written parental permission will be obtained from each child's parent before taking a field trip (including any time we leave the facility for non-emergency and recreational activities). Parents will be informed of the hours, mode of transportation (including walking), and the purpose and destination of the field trip. Staff will take a First Aid backpack (including a First Aid manual), cell phones, and child emergency cards on all field trips.

Photo Release Permission

We take confidentiality and respect for privacy seriously. Parents will need to provide permission on our Photo Release Form (on Kinderlime) for a child's picture to appear in photographs connected with Eagles' Nest social media sites, bulletin boards, marketing campaigns, classroom projects and website.

Research Permission

If Eagles Nest decides to participate in any research, we will obtain written permission from parents before each occasion of research, experimental procedure, or public relations activity involving a child.

Pets

Pets are not permitted in the center. They are allowed in the front of the building's grounds if coming for a visit, they must stay outside.