Toddler Town

Enrollment Application

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any employment or residence changes.

Child's Name: _____ Birth Date: _____

Birthplace: _____ Legal Guardian: _____

Address: _____ Zip: _____

City: _____ Phone: _____

Mother's Name: _____ Employer: _____

Address: _____ Phone: _____

Father's Name: _____ Employer: _____

Address: _____ Phone : _____

Full Name/ Phone #/ Address of authorized pick-up persons: *other than parents

1. _____

2. _____

3. _____

List household members: _____

_____

Previous Care: _____ How long: _____

Age child started: _____ Other: _____

Doctor and clinic used: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Insurance Company: _____ Policy #: _____

Toddler Town

Child's Information Form

Child's Name:_____

Eating Habits:_____

Sleeping Pattern:_____

Fears:_____

Have there been major changes in the family such as a death, or divorce?_____

_____

List words or expressions used by your child that may not be understood:_____

What is your accustomed mode of discipling your child:_____

_____

How do you reward/reassure your child:_____

_____

How do you think your child will adjust to our program:_____

_____

What was your main reason for bringing your child to Toddler Town

_____

Please explain some things about your child that may help us to have them adjust more easily. Also list what expectations you hope your child to receive from us._____

_____

_____

_____

To the best of your knowledge, does your child have any- Language problems, learning disabilities, emotional disturbances or physical handicaps?_____

Does your child have a special diet?_____

List toilet habits?_____

Parent signature:_____ Date:_____

Toddler Town

P.O.Box 610
5377 266th St.
Wyoming, Mn 55092

Enrollment Agreement

For childcare services

I understand that my child/ren_____ is/are enrolled in Toddler Town Child Care Center, scheduled to begin Care on_____.

My child will attend Toddler Town on the following days/times listed below.

Day of the Week	**Start Time**	**Pick-up Time**
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

If you need different hours for a certain day listed above because of a schedule change, we must have prior notice to arrange staff. You will be charged extra for hours before or after the hours not scheduled above without prior notice, or if your child is here more than 10 hours a day. By signing below, I acknowledge that I have received a copy of the Toddler Town's Rate Sheet. I agree to comply with all center policies provided to me.

Parent's Signature:_____ Date: _____
Parent's Signature:_____ Date: _____
(Both custodial parents must sign)

PARENT CONTRACT

This contract is between Toddler Town and _____.

Contract start date: _____.

Child's Name:_____ Rate:_____

Child's Name:_____ Rate:_____

Child's Name:_____ Rate:_____

_____ _____

Parent signature Date Director Date

Parent release form:
I have read the Toddler Town parent handbook and agree to observe the information written herein,

_____ _____
Parent Signature Date

Consent for release of health information in accordance with 9503.0125: The information contained in the child's records are collected to assist Toddler Town in providing appropriate care for each child. It is available to the child, the child's parents, or guardian, the child's legal representative, employees of Toddler Town and the commissioner of the Department of Human Services. With this release, I permit Toddler Town's Health Consultant to review health and medical information contained in the child's records in order to identify specific health/medical needs of the child and to recommend program plans for Toddler Town to meet these health/medical needs.

_____ _____
Parent Signature Date

9503.0105 Research and public relations permission
The license holder must ensure that written permission is obtained from a parent before a child is involved in experimental research or public relations activity involving a child while at the center. A separate written permission form must be obtained before each occasion of experimental research or public relations activities that will be undertaken. The permission form must be maintained in the child's record.

I give permission to Toddler town to make whatever emergency procedures necessary for the care and protection of my child while under the supervision of the center.

In case of a medical emergency I understand that my child will be transported to Fairview lakes regional Medical Center in Wyoming, MN, by the local emergency unit for treatment if the resource seems necessary. The child will be transported at the expense of _____.

Date:_____ Parent Signature: _____

I understand that in some medical situations, the staff will need to contact the local Emergency resource (police, rescue squad) before the parent, child's physician, and/or other adult acting on the parents behalf.

Date: _____ Parent Signature: _____

TODDLER TOWN

HEALTH CARE SUMMARY

(TO BE COMPLETED BY A HEALTH CARE SOURCE)

NAME OF CHILD:_____DATE OF BIRTH:_____

ADDRESS:_____TELEPHONE:_____

PARENT (S) OR GUARDIAN:_____

DATE OF LAST PHYSICAL:_____ HOW LONG HAVE YOU SEEN THIS CHILD?_____

DOES THE CHILD HAVE ANY ALLERGIES (INCLUDING ALLERGIES TO MEDICATION)_____

IS A MODIFIED DIET NEEDED?_____IS ANY CONDITION PRESENT THAT MIGHT RESULT IN AN EMERGENCY?_____

HOW'S THE CHILD'S: VISION_____
HEARING_____
SPEECH_____

PLEASE LIST IMPORTANT HEALTH PROBLEMS BELOW. INDICATE IF YOU OR SOMEONE ELSE IS FOLLOWING THE CHILD FOR THE PROBLEM. PLEASE CHECK WHICH PROBLEMS REQUIRE SPECIAL ATTENTION AT **TODDLER TOWN**.

IMPORTANT HEALTH PROBLEM	FOLLOWED BY?	SPECIAL ATTENTON NEEDED?

SOURCE OF HEALTH CARE_____CLINIC_____

ADDRESS:_____ DATE_____

SIGNATURE:_____

IMMUNIZATION HISTORY: Fill in the MO/DAY/YR information for children 2 months of age and older. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply. Vaccine doses that are circled ◯ are not required by law.

Diphtheria, Tetanus, Pertussis (DTaP)	Vaccine	Dose	MO	DAY	YR
• 3 doses during 1st year *(at 2-month intervals)* • 4th dose at 12-18 months • 5th dose at 4-6 years or at school entrance *Indicate vaccine type: DTaP or DT*		1			
		2			
		3			
		4			
		⑤			
Polio (IPV and/or OPV)	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• 3 doses at 2-18 months • 4th dose at 4-6 years or at school entrance		1			
		2			
		3			
		④			
Measles, Mumps, Rubella (MMR)	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• Required for children 15 months and older • Must be given on or after 1st birthday • 2nd dose at 4-6 years		1			
		②			
Haemophilus influenzae **type b (Hib)**	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• 3-4 doses for children at 2-15 months • 1 dose given after 12 months or older required • 1 dose for previously unvaccinated children 15-59 months • Not indicated for children 5 years or older		1			
		2			
		3			
		④			
Varicella (Chickenpox)	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• 1st dose between 12-18 months • 2nd dose at 4-6 years or at school entrance (required for kindergarten)		1			
		②			
	Disease Date:				
Pneumococcal Conjugate Vaccine (PCV)	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• 2-4 doses for children 2-24 months • Consider for unvaccinated children at 24-59 months in child care • Not indicated for children 5 years or older		1			
		2			
		3			
		4			
Hepatitis B (Hep B)—required for kindergarten	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• 3 doses between birth and 18 months		①			
		②			
		③			
Rotavirus	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• 2-3 doses between 2 and 6 months		①			
		②			
		③			
Influenza (LAIV or TIV)	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• 1 dose annually for children 6 months or older (1st time influenza immunization requires 2 doses)		①			
		②			
Hepatitis A (Hep A)	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• 2 doses separated by 6 months for children 12-24 months		①			
		②			

Child Care Immunization Record

*Must be on file **before** a child attends child care.*

Name: _____

Birthdate: _____ Date of Enrollment: _____

SIGNATURE(S)

A. For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

_____

Signature of Parent/Guardian or Physician/Nurse Practitioner/Physician Assistant/Public Clinic Date

B. For children who are younger than 15 months OR have not received all required immunizations:

I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date.

_____

Signature of Physician/Nurse Practitioner/Physician Assistant/Public Clinic Date

C. For children who have a history of disease or are medically exempt from vaccine (s):

The following immunization(s) are not indicated because of medical reasons, history of disease, or laboratory confirmation of adequate immunity: **(See below for varicella disease.)**

_____

_____

Signature of Physician/Nurse Practitioner/Physician Assistant Date

Starting September 2010 (Before September 2010, a parent can sign.):
For children who are 18 months or older who have a history of varicella disease:
I certify that varicella immunization is not indicated for the above-named child due to a history of varicella disease that I have diagnosed or had adequately described to me by the parent to indicate past varicella infection in _____ year.

_____

Signature of Physician/Nurse Practitioner/Physician Assistant (Before September 2010, a parent can sign.) Date

D. If the parent/guardian conscientiously opposes immunizations:

I understand that not following vaccination recommendations may endanger the health or life of my child and others that my child might come in contact with. I hereby certify by notarization that:

☐ I am opposed to all immunizations.

☐ I am opposed to only the vaccines indicated. Vaccine(s) I oppose:

_____

_____

Signature of Parent/Guardian Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____

Signature of notary public *(A copy of the notarized statement will be forwarded to the commissioner of health.)*

Notary Public Stamp

Minnesota Immunization Program: 651-201-5503 or 1-800-657-3970 (MDH, 8/2011)

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 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:

(i) related policies and procedures were followed;

(ii) the policies and procedures were adequate;

(iii) there is a need for additional staff training;

(iv) the reported event is similar to past events with the children or the services involved; and

(v) 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 Denise Swenson (name or position). If this individual is involved in the alleged or suspected maltreatment, Tara Swenson (name or position) 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 by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

MALTREATMENT OF MINORS MANDATED REPORTING POLICY FOR DHS LICENSED PROGRAMS

Who Should Report Child Abuse and Neglect

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

Where to Report

- If you know or suspect that a child is in immediate danger, call 911.
- 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) 297-4123.
- 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 651-213-0234 or local law enforcement at 651-462-0577.
- 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) 296-3971.

What to Report

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

Failure to Report

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