FRASER SCHOOL
PARENT HANDBOOK
2022 School Year

Special Needs. Bright Futures.
About this Handbook

This Fraser School Parent Handbook is presented to parents/guardians of children attending Fraser School and sets forth guidelines of Fraser’s policies and practices. The purpose of this handbook is to serve as a reference. This handbook is not a contract, expressed or implied.

The policies, rules, and standards contained in this handbook are not fully inclusive. No Fraser employee has the authority to enter into a service agreement or enrollment contract or make any promises or commitments contrary to the foregoing, except in a formal written contract of enrollment executed both by a representative of Fraser School and the legal representative of the enrollee.

The information, practices, and policies contained in this handbook are provided to familiarize parents/guardians with Fraser School. Fraser reserves the right to modify or discontinue without notice any policy, practice, or plan to be responsive to the needs of our company and changing business requirements. From time to time, updated information concerning changes to the handbook may be distributed. This updated information should be maintained along with the handbook.

This handbook supersedes and replaces all previous Fraser School Parent Handbooks.

Parents/guardians should read this handbook carefully and contact the Director or intake/billing coordinator for clarification. Signing the enrollment agreement verifies parents or guardians have read and understood the contents of this handbook. Annually, Fraser reviews the content of this handbook and will provide any revisions to families.

Fraser Promise

Fraser is committed to providing you with the best service possible. Here are our commitments.

1. We will listen to you carefully and will clearly explain our services and recommendations.
2. We will seamlessly coordinate your services and treat you with respect and courtesy.
3. We will actively engage you in your or your family member’s services.
4. We will respect your needs and work diligently to meet or exceed your expectations.
5. Our information and services will be culturally responsive.
6. We will always welcome feedback.

Thank you for your trust in Fraser,

Diane S. Cross
President and Chief Executive Officer
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About Fraser

Fraser serves children and adults with more than 60 types of mental and physical disabilities and is Minnesota's largest and most experienced provider of autism and early childhood mental health services. Fraser School provides childcare and early childhood education for young children with typical needs and those with diverse intellectual, emotional, and physical needs. Fraser also offers various housing and in-home support options for people with disabilities in the Twin Cities area. Our programs are nationally recognized for their high quality, innovative, and individualized family-centered approach.

Our Qualifications

Fraser School is licensed by the MN Department of Human Services and has been awarded the highest possible rating of four stars by Parent Aware, Minnesota’s Quality Rating System. Fraser School is also accredited through the National Early Childhood Program Accreditation (NECPA) Council and Commission. We are a nationally-recognized nonprofit that provides an innovative, inclusive environment for children of all abilities and their families.

Fraser School can be contacted by:

Street Address: 2400 West 64th Street
Minneapolis, MN 55423

General Phone: 612-861-1688
Website:  www.fraser.org

Families of enrolled children are invited to visit at any time. However, we ask that you sign in at the front office before taking any visitors around the building.
Fraser Management

Fraser is governed by a volunteer Board of Directors representing a variety of backgrounds and experiences, including business executives, parents, medical professionals, and more. The board is responsible for strategic planning, monitoring the organization, establishing budget and policy regulations, and representing the needs and interests of Fraser’s various constituencies.

Fraser is led by Chief Executive Officer (CEO) and President Diane S. Cross. Unlike the Board members who are volunteers, the CEO is a paid employee. It is her responsibility to develop and guide the organization within the budgetary and policy framework set by the board of directors.

Fraser’s day-to-day operations are managed by a team of executives and directors responsible for oversight of their respective areas, including (but not limited to): Vice President and Chief Financial Officer; Vice President and Chief Operating Officer; Vice President of Education, Housing, and Community Services; Director of Education and Employment; and Senior Director of Pediatric Therapy.

Fraser School is licensed by:
Minnesota Department of Human Services
444 Lafayette Road
St. Paul, MN 55155
651-431-6500

Fraser School is accredited by:
National Early Childhood Program Accreditation
PO Box 2948
Merrifield, VA 22116
855-706-3272

Health Consultant:
Health Consultants for Child Care Inc
PO Box 326
Lakeland, MN 55043
952-472-3915

Fraser is insured through Nonprofit Insurance Trust.
FRASER SCHOOL
PARENT HANDBOOK

Section 1
General Information
Welcome to Fraser School!

Fraser School is a comprehensive early childhood education center licensed by MN Department of Human Services and accredited by the National Early Childhood Program Accreditation Council and Commission. We are licensed for 163 children from 6 weeks to 6 years of age. Fraser School is open year-round, Monday through Friday, from 7:00 a.m. to 6:00 p.m., except holidays, staff development days, and conference days. Please check the annual school calendar to see specific dates when the school is closed.

Our inclusive classrooms welcome children of all abilities. We recognize children with disabilities and those with typical needs all benefit from shared growth and learning experiences. By playing together, children learn about our differences in abilities, talents, appearances, languages, and background experiences that create the rich diversity of our society. Inclusion provides a challenging, enlightening, and motivating environment for all children. At Fraser School, we recognize the unique abilities of each child.

Fraser School’s developmental philosophy is based upon the work of social scientist Lev Vygotsky. He theorized children learn best through social interactions with others who are more knowledgeable in a particular skill or topic. Through these interactions, children can achieve and understand more than they could on their own. Both children and adults can build upon a child’s current knowledge base. Vygotsky labeled this phenomenon “scaffolding.” With children, these moments of scaffolding occur spontaneously as children interact, whereas, with adults, this scaffolding is more deliberate and intentional.

Fraser School encourages these social interactions through a play-based environment. Play is a foundation for development and is the primary tool children use to learn. Our highly qualified staff members utilize The Creative Curriculum for Infants, Toddlers, and Twos® and The Creative Curriculum for Preschool® as a basis for their teaching. They use the classroom environment and a balance of activities to guide children’s growth in the four major areas of development (cognitive, physical, language, and social-emotional), as well as in the academic areas of literacy, mathematics, science, social studies, technology, and the arts (including scheduled music sessions). The teachers individualize their plans to meet the developmental stages of each child in their group. They also support and encourage each child to build their self-esteem to help with their future success.

Twice a year, the teaching staff members formally assess each child to monitor their growth and development. Fraser School uses the Teaching Strategies Gold® online assessment system. This system is aligned with The Creative Curriculum series and uses the same developmental objectives. The teaching staff use authentic observations and informal evaluations to gauge each child’s progress on each developmental objective in the assessment tool. The staff complete an online assessment to document a child’s progress over time. The objectives are in the four major areas of development: social-emotional, physical, language, and cognitive. There are also developmental goals in literacy, mathematics, science and technology, social studies, and the arts. There are also special sections for the progress of English language learners and an optional physical skills section.
Twice a year, staff also offer formal parent/teacher conferences to share the child’s developmental progress. The teaching staff create a conference summary form that highlights the child’s goals in each developmental area and summarizes the child’s next goals. We encourage all parents/guardians to participate in these conferences. If any family members desire separate conferences, please just ask the teacher, and accommodations can be made. If any family would like to use an interpreter for the conference, please let your child’s teacher or the School Director know ahead of time so we can schedule someone.

In addition to these two conferences, teachers and parents can meet at any time during the year to discuss a child’s education and care. We believe family involvement is critical for children, and we highly encourage all families to be involved in their child’s education, however they feel most comfortable. Parents/guardians of enrolled children are welcome to visit at any time.

Fraser encourages open and frequent communication between staff and families. Each classroom has a voicemail and an email address published in this handbook and the monthly classroom newsletters. Teachers check the voicemail and email daily and respond to messages within one business day.

All licensed child care programs must create and annually review a child care program plan. This plan is available on both family communication bulletin boards. One is located in the front lobby of the school building, and the other is located at the side entrance to the building. Parents can view these documents at their convenience, and copies are available upon request.

Fraser buildings and properties are tobacco and smoke-free and vaping-free. Illegal substances are prohibited.

Thank you for choosing Fraser. We welcome you and the opportunity to work collaboratively with you to help your child reach their fullest potential.

Referrals to Public School Districts

As a child care provider, we continually monitor the development of all children in our care through ongoing observation and recording. We want the best outcomes for all children. Child care providers are considered a primary referral source for early intervention under federal IDEA special education law. We are required to refer a child in our program who has been identified as having developmental concerns or a risk factor, no more than seven days after the identification. While this is a mandate, we want to keep open communication with parents and caregivers about their child and any concerns before a referral is made. We can assist the parent with the referral to Help Me Grow or partner with you in the referral process.

All children in Minnesota must complete an early childhood screening before the first day of kindergarten, but preferably completed at about 36 months. These must be obtained through your local school district. Fraser school provides a developmental assessment twice a year, but this is not the required early childhood screening. At the screening, your child’s vision, hearing, speech, and
general health are evaluated. Your child will also be assessed using various norm-referenced tests. If you have concerns about your child’s vision, hearing, speech, or general health, you can also consult your child’s primary healthcare provider. If you have concerns about your child’s speech, we can also make an internal referral to a Fraser speech therapist.

**Individual Child Care Program Plans**

It is required by DHS licensing that Fraser School staff create and follow an Individual Child Care Program Plan (ICCPP) for all children with a diagnosed disability or health need.

An ICCPP for children with developmental delays or mental health diagnoses sets goals for the children to practice in the classroom setting. Goals may be safety, social, or educational. To develop a child’s ICCPP, it is extremely helpful for families to share their child’s school district Individualized Education Plan (IEP), Individualized Family Services’ Plan (IFSP), and/or a treatment plan from a mental health provider. If shared, the staff will use some of the appropriate goals from the school district plan. This will provide consistency and reinforcement for the child’s educational goals. If a child does not have a school district plan or the family chooses not to share it, Fraser School staff will create individualized goals based upon observation by the Fraser School Inclusion Coordinator and the classroom teaching staff. Once the ICCPP has been drafted, Fraser School staff will share the document with the family to gain input and feedback. Families will be asked to sign the final copy of the ICCPP. In addition, a licensed psychologist from Fraser’s clinical team will review and sign the document. This document will be reviewed at least annually. Our goal is to create a plan within 60 days of a child’s enrollment or new diagnosis.

An ICCPP for children with medical issues or allergies outlines procedures for staff to follow in a medical emergency. The medical plans are developed with the child’s healthcare provider. If a child has a known medical need that could result in emergency intervention or the need for emergency medications, an ICCPP and all emergency medications must be in place before the child’s first day of school. If a currently enrolled child is determined to have a medical need that could result in an emergency, families are expected to immediately contact the Health Services Coordinator.

For children that do not have a known diagnosis but are demonstrating persistent, unacceptable behavior that requires an increased amount of staff guidance and time, we may need to create an Individualized Behavior Plan. If a child receives five behavior incident report forms within one week or eight behavior incident reports within two weeks, the Fraser School Collaboration Coordinator will call a team meeting to discuss the next steps. The meeting will include the parents, classroom teacher, and a coordinator or director. Together, we can come up with strategies to respond to the behavior consistently. Our goal is to eventually stop or replace the challenging behavior with a more positive one. Individualized Behavior Plans are reviewed annually and are allowed to lapse once the behaviors are no longer persistent.
Withdrawal

If parents decide to terminate enrollment, **4 weeks’** notice must be provided by email or in writing to a coordinator or the Fraser School Director. Failure to provide written notice 4 weeks before withdrawal will result in continued charges of established fees. If the child has attended the school less than 30 working days, you may discharge immediately by emailing schoolenrollment@fraser.org.

Withdrawal of a child is often due to family relocation, work schedule changes, etc. However, we recognize that not every situation is appropriate for every child. If Fraser School is an unsatisfactory fit for a child, we will work with the parents/guardians to determine the cause and make the appropriate modifications to accommodate the child’s needs. If a solution cannot be reached, parents may choose to withdraw from the program.

School Closings

Decisions about school closings due to weather conditions are made by the Director of Fraser School with Fraser’s Vice President of Education, Housing, and Community Services and Fraser’s Chief Operating Officer. Closures are announced on local media outlets, including WCCO, KSTP, KMSP, and KARE 11. The information is also announced on fraser.org and our Facebook page, Instagram, and Twitter. All families are notified via email.

If early dismissal is required due to weather conditions or a school emergency, parent/guardians or emergency contacts are notified by phone for early pick up. If a parent/guardian cannot pick up a child, it is the parent/guardian’s responsibility to make the appropriate arrangements and notify Fraser of those arrangements. If a parent/guardian fails to pick up their child at the established time:

1. Fraser will attempt to contact parent/guardian(s).
2. Fraser will attempt to contact the person(s) listed as emergency contacts.
3. If all attempts fail, the local police department and county services will be notified.

EARLY DROP OFF / LATE PICK UP POLICY

Fraser School is very strict about parents dropping off and picking up children within your scheduled times because of the MN Department of Human Services’ licensing regulations. We are mandated to keep certain staff-to-child ratios at all times. Daily staffing patterns are based on children’s schedules, so if a child comes early or stays late, ratios may be skewed.

Each family is granted up to 45 minutes per child each school year for occasionally being late to pick up a child. The grace periods can only be used between 11:30 a.m. and 6:00 p.m. These can be
used for an unavoidable emergency, unpredicted weather, unpredictable traffic, or other extenuating circumstances. The Director monitors the accumulated use of these grace periods through Fraser School Extra Fees forms. **Once grace periods have been used, the family is billed for picking up late at the rate of $1.00 per minute for the first 15 minutes and $5.00 per minute for the 16th minute and beyond. Please note: Fraser School closes at 6:00 p.m. Families may not use grace periods for picking up after 6:00 p.m. Families will be assessed the late pick-up fees immediately.**

There are no grace periods for early drop off. **If a child is dropped off before their scheduled time, the parent or guardian will be billed at the same rate as if they are picking up late.**

If a family has a pattern of late pick-ups and/or early drop-offs, their child’s schedule may be limited, or the child may be discharged. The director will notify the family directly if late pick-ups and/or early drop-offs are becoming an issue.

Fraser School staff cannot provide one-to-one care for a sick child. **If a parent/guardian or another authorized contact fails to pick up a child that has met our exclusion criteria within one hour after the initial contact from the Fraser staff, the late pick-up policy will apply.**

**Schedule Changes**

**To request a permanent schedule change, a parent/guardian must email school.attendance@fraser.org at least two weeks in advance.** The ability to accommodate schedule changes is related to staff/child ratios and group size as outlined by state licensing. Within your child’s first 30 days, you may change their schedule based on available hours for free. After that, there is a $50 fee for schedule changes. Schedule changes can take up to two weeks, allowing for classroom planning and document updates. If a family needs additional care before completing the schedule change, they can request extra hours until a schedule change happens.

- All children must be scheduled for 2 days per week (T/Th only), 3 days per week (MWF only), or 5 days per week (M-F).
- The prekindergarten program has a part-day schedule of 9:00 a.m. – 12 p.m.
- The preschool program runs from 9:00 – 11:30 a.m. or from 1:00 – 3:30 p.m.
- The toddler program minimum is from 9:00 – 11:30 a.m.
- Toddlers typically are not scheduled into an afternoon-only slot because all toddler classrooms nap, disrupting the napping room. However, exceptions can be made for children receiving onsite Day Treatment.
- Preschool or prekindergarten children can be scheduled into an afternoon-only slot if the child **DOES NOT** nap. If the child needs a nap, they cannot be enrolled in an afternoon preschool slot, as this disrupts the napping room. Some preschool classrooms and all prekindergarten classrooms do not nap and are available as afternoon-only options.
• Children enrolled in Pediatric Therapy while enrolled at Fraser School have therapy services scheduled within their Fraser School day. Pediatric Therapy cannot provide child care or coverage when a clinician is absent or changes the schedule. The exception is a therapy appointment outside of the child’s enrolled schedule where the parent attends with the child.

All ages of children can be scheduled for extended hours throughout the day as space permits.

Extended Day Services (7:00-9:00 a.m., 11:30 AM-3:30 p.m., and 3:30–6:00 p.m.):

The extended care program provides child care for children outside their designated program time. Services include time for breakfast and lunch, a nap, and structured activities. (Lunches are provided by parents - see Meals and Snacks.) Rooms are opened and closed based on the number of children present at any given hour. Children who are in extended day rooms may transition to different rooms throughout the extended care hours. As the number of children increases in the morning, additional rooms are opened, and children are shifted according to their schedules and main room assignments. After 3:30, as the number of children decreases, children are shifted, and rooms are shut down. If a classroom combines with another room, notices will be posted on the doors. Please note that children are only combined with other children of their same age group, e.g., toddler classrooms only combine with other toddler classrooms, until 5:30 p.m., when all preschoolers and pre-kindergarteners may be combined. Infants are not typically combined with other age groups. Schedules are made on the ½ hour increments only.

Extra Hours (pre-arranged additional child care hours)

For children enrolled at Fraser School, extra hours are available when space and staffing permit and must be pre-arranged. Reservations must be made at least two business days in advance by calling (612) 798-8332 or by emailing extrahours@fraser.org. Hours requested are not guaranteed until a Fraser School Coordinator contacts you with approval. If you drop your child off early or pick them up late without prior approval for extra hours, you will be billed the early drop off/late pick up fee according to the current rate sheet. You can request extra hours by the half-hour. Extra hours will be billed on an hourly basis based on the current rates and will appear on a monthly statement after.
Restricted Services

Families behind on their monthly tuition or copayments, have a payment agreement that they are not following, are delinquent in turning in their child’s medical records, or have not complied with a request for new emergency medication or health/ emergency plan, will have restricted eligibility of services. If your family is not in compliance, you cannot:

• Request extra hours
• Change your child’s permanent schedule (unless it is to decrease their child’s hours)
• Enroll another family member

Arrival

*Children that are twelve years old and younger must be with an adult at all times while in the building.*

Parents/guardians are requested to keep their children within sight and sound when arriving and departing Fraser School. We strongly recommend that adults hold children’s hands while walking through the parking lot. For the child’s safety, we ask parents to be certain that a staff person is aware of the child’s arrival before leaving. All groups also have a sign-in procedure. Please sign in and out according to this procedure. Staff members rely on the sign-in and out procedures to track the number and names of the children in the group. This is the primary way that staff members know children are supervised and accounted for at all times. **Note to parents:** If you will be away from your normal daytime phone number, leave a phone number where you can be reached and an alternate contact in case of an emergency.

Departure and Persons Authorized to Pick Up Children

When picking up a child, parents should be sure that staff is aware that a child is leaving. All children should also be signed out, according to classroom procedure. If parents/guardians cannot pick up a child, it is the parent/guardian’s responsibility to make the appropriate arrangements and notify Fraser of those arrangements. (See **School Closings** for additional information.)

The MN Department of Human Services requires that parents/guardians provide, in writing, the names and contact information of at least two local people authorized to pick up their child. These people will be contacted to pick up a child in case of an emergency school closing, or if a child meets exclusion criteria and school personnel cannot contact parents/guardians within a reasonable amount of time. These authorized contacts may be provided limited medical information such as illness symptoms or daily care issues.
Parents can manage the persons authorized to pick up children through the ProCare site at www.MyProcare.com with your unique login access.

**Written authorizations** are required to release children to anyone other than their parents/guardians. All staff members are instructed to ask for picture identification from individuals they do not know or those without access codes to the building. **Copies of legal documents must be provided before any staff person can actively prevent non-custodial parents/guardians from picking up their children.** If a parent and/or authorized person is incapacitated due to drug or alcohol use, Fraser School will not allow the child to be taken and will call the police and parents/guardians or other emergency contacts.

Departure times are transition times for children in the school. Some children go to other classrooms for a nap or extended day programs. Transitions are difficult for many of our students, and adults lingering to talk in classrooms can escalate the anxiety level of some children. If you would like to speak with another parent, please move away from the classrooms and lockers.

*Fraser School staff members teach children that “only adults open doors and gates at Fraser School.”* Please help us by enforcing this with your children at all times. We also encourage children to walk in the school for safety.

**THE GYM AND THE PLAYGROUND ARE FOR PROGRAM USE ONLY.**

**Door Access**

For security purposes, a punch-code door access system is in place at Fraser School. Upon enrollment, each family is issued the code to enter the school. The code is changed at least annually, and the new code will be handed out to parents by classroom teachers before the change occurs. Individuals without the code may access the building and administrative offices through the main entrance on the south. To enter the school, the receptionist may ask for picture identification. (We ask that those with the code help keep the building secure by not holding the door open for others behind them).

*Please do not share the code with your children or allow them to open the doors.*

The east side door has an automatic locking system and locks at 6 p.m. If you need to enter the building after 6 p.m. to pick up your child, you must enter through the front entrance. You can leave from the side door after 6 p.m.; it will lock behind you.

**Absences**

When a child is absent, parents/guardians are strongly encouraged to call the **front office (612) 861-1688** or email school.attendance@fraser.org as soon as possible and give the child’s name, classroom, and reason for absence. Please report if your child is ill because we are mandated to
report communicable diseases to other families, our health consultant, and sometimes to the MN Department of Public Health. If a child is not attending the program because of a scheduled appointment, vacation, or other planned absence, parents should notify the classroom staff or office in advance, when possible.

Fraser School does not decrease a family’s tuition due to absences or vacations. Families are billed for their child’s scheduled days, whether or not the child attends. Families are not billed for holidays, staff development, and parent conference days when Fraser School is closed.

**Transportation**

In most instances, parents/guardians are responsible for transporting their child to and from Fraser School. Following state guidelines, Fraser strongly advocates using age-appropriate child safety restraints whenever transporting a child.

*Children who are 7 years old or younger should NEVER be left unattended in vehicles, as all Fraser staff are mandated reporters and will report such incidences to the local police and/or child protection.*

Some families can use either medical transportation and/or public school transportation. Fraser School staff will load a child into a van or bus but not buckle the child into a safety seat. We can observe the driver or other person buckling the child, if desired. Fraser School staff can also get the child off the van or bus and take them to their scheduled classroom. Fraser School does not arrange for these rides, nor will we call the transportation companies if a child is absent. It is the family’s responsibility to arrange the rides, communicate to the company regarding absences, and inform Fraser School of the schedules.

Medical transports and public school buses drop off and pick up children along the east side of the building by the yellow curb. Please do not park in this area.

Please do not park where no parking signs are posted. The east entrance gets very busy and congested at drop off and pick up times. Fraser is not responsible for any fender-benders that occur there.

**Children’s Clothing and Personal Items**

We recommend children wear clothing that is comfortable and easy to play in. Tennis shoes are recommended for safety. We paint, use sensory materials, play outside, etc. The children wear paint shirts during painting and messy activities; however, clothing can still get soiled. Hoodies or jackets with string ties can be a hazard and should be avoided. No hoodies with or without strings are allowed during sleep in any classroom. Be aware of large, decorative buttons on children’s clothing if the child is under 3. These can be pulled off and cause a choking hazard. Families are encouraged to keep extra clothing in the child’s locker, in case a change of any clothing item is needed.
Outdoor Activities

All classrooms go outside each day unless the temperature or air quality does not allow it. Children need gross motor activities to help their physical development and reduce the risk of childhood obesity. If the weather does not permit the children to go outside, Fraser School has a large gym. At a minimum, each classroom is assigned a gross motor time of at least 20 minutes in the morning, 20 minutes in the afternoon (for non-napping classrooms), and 20 minutes during the extended afternoon time.

- **Air Quality:** If the air quality index is between 100 and 150, classroom staff will limit outdoor activities to **no more than 20 minutes**.

- **Cold Temperatures:** All children will remain inside if the actual outside air temperature is below 10° Fahrenheit or the wind chill brings it below 10° Fahrenheit.

- **Warm temperatures:** If the actual outside air temperature or the heat index is between 85° and 100° Fahrenheit, classroom staff will limit time outside to **no more than 20 minutes**. All children will remain inside if the actual outside air temperature or the heat index is above 100° Fahrenheit.

Parents should send appropriate clothing for the weather, considering that the playground will be wet and sloppy in the spring months. **All loose clothing items such as hats, boots, mittens, snow pants, coats, etc., should be labeled with the child’s full name.** A lost and found box is located at the east entrance and is emptied at the end of each month. Fraser is not responsible for lost or damaged personal items.

Upon enrollment and annually after, parents are asked to authorize using sunscreen to protect children during outdoor play. Fraser will provide the lotion unless parents send in a specific sunscreen, labeled with the child’s first and last name. Sunscreen is applied at least 30 minutes before going outside to protect skin from harmful rays. If your child’s class is on the playground when you drop them off, staff will apply sunscreen upon arrival, but it will not be effective immediately. It is highly recommended that parents apply sunscreen before coming to school if the class may be outside. Fraser staff may apply sunscreen to any exposed skin on the infants six months and younger, but will also keep babies in the shade and minimize sun exposure.

Families can also bring insect repellant. Parents must bring the insect repellant, labeled with the child’s first and last name, and sign a permission form for us to administer it. Please make sure the insect repellent has no more than 30% DEET. If the repellent is in aerosol form, we will spray it on the child’s clothing and exposed skin when first going outside. We will not spray aerosol insect repellant indoors because of ventilation. We will apply insect repellant to children’s faces by spraying insect repellant upon a staff member’s gloved hands and spreading carefully on the child’s face. It is advised that children be bathed later in the day to remove the repellant and the child’s clothing be washed before wearing again.
There are numerous riding toys on the playground, including tricycles. If desired, families may furnish bike helmets for their child to wear while riding tricycles. Please bring the helmet, labeled with the child’s first and last name, to the teacher. We will ensure that the child wears the helmet while playing on riding toys.

**Toileting and Diapering Procedures**

Children should be dropped off at school in clean diapers. Infant’s diapers are changed whenever necessary. They are changed two hours after the last diaper change indicated on the parent portion of the daily information sheet and a minimum of every two hours after. Toddler’s and older children’s diapers are changed at scheduled toileting times and are changed whenever necessary. All infant and toddler diaper changes are recorded either on a daily information report sent home or electronically through ProCare.

Parents/guardians provide diapers and diaper creams, if necessary. Fraser School provides generic diaper wipes. Families can bring a specific brand of diaper wipes if they would rather the school staff use them. All items sent from home need to be labeled with the child’s first and last name.

Cloth diapers may be used at Fraser School if parents supply enough diapers, absorbent liners, and waterproof diaper covers for the entire day. Families must also provide a diaper pail with a lid and plastic bags to line the diaper pail. The diaper pail must be foot-operated or hands-free. Families must take soiled diapers and diaper covers home daily. Absorbent liners and diaper covers must be replaced at each diaper change. Health Department regulations do not allow staff to rinse the diapers.

As they develop, young children become aware of their desire to toilet train. Parents and teachers should discuss the routine for toilet training, as the child becomes ready. During toilet training, children are encouraged to sit on the toilet at each diaper change. They may also sit on the toilet at regular intervals throughout the day. Families of all children who are in diapers, or toilet training, receive daily sheets or electronic communication, which record diaper changes and toilet training progress. Children who are independent in toileting have designated toileting times after breakfast, mid-morning, lunch, mid-afternoon, and late day. All classrooms (except the infant classroom) have adjoining bathrooms for additional toileting times, as needed.

**Meals and Snacks**

Fraser School has a certified Food Protection Manager. They ensure that Fraser School maintains compliance with the Minnesota Administrative Rules Chapter 9503 (Rule 3) and 7 CFR 226.20 Code of Federal Regulations Title 7: Agriculture and the Bloomington Department of Environmental Health regarding safe and healthy food service.
While Fraser School provides a morning and afternoon snack, parents/guardians are responsible for sending food from home for breakfast and lunch. If a family forgets a child’s lunch, it is expected that someone brings lunch for the child. In case of emergency, Fraser School offers a lunch replacement for $5.00. Fraser will serve the child a balanced meal representing each food group. Snacks are served mid-morning and mid-afternoon. Snacks include a serving size (determined by the child’s age) of food from two different food groups. These include various healthy items like fruit, vegetables, cheese, crackers, and milk. While children are served the required amount, children can choose how much they want to eat and may be served more, if they desire.

A monthly snack menu and ingredients list are available at the end of each month for the upcoming month to allow parents to send an alternative snack for any given day. The alternate snack item needs to be in the same food group as the substituted food.

**IMPORTANT:** Before enrollment, children with known allergies, special eating, or nutritional needs will have an Individual Child Care Program Plan (ICCPP) developed with the parents and physician and maintained in the child’s file. The plan is updated at least annually or following any changes made to allergy-related information in the child’s record. Children’s allergy information is available at all times, including onsite and when on field trips.

The ICCPP must include, but not be limited to, a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor’s contact information.

Staff will be informed of any children having food allergies. This information will be posted where the children eat (in the classroom) and in the food preparation area (the kitchen). Each staff person who uses an ICCPP for a child with a known allergy, reviews and follows the plan. Changes will also be reviewed with staff. Documentation of each staff person’s review of the ICCPP will be kept onsite. The program provides any additional staff training required by ICCPP.

The program will contact the child’s parent or legal guardian as soon as possible of any instance of exposure or allergic reaction that requires medication or medical intervention. Emergency medical services are always called when epinephrine is administered to a child.

Some classrooms in Fraser School are nut-free. In these classrooms, families must refrain from bringing any food item that contains any nuts. If a child has a food with a nut or nut product, the food will be discarded, and an alternative food is served to the child. A meal fee is added to a subsequent monthly bill.

There are a variety of foods that are choking hazards and should never be served to infants or toddlers. Older children should be watched carefully when eating. These foods include hot dogs, whole grapes, hard candy, nuts/seeds, popcorn, raw peas and carrots, marshmallows, or thick spreads on bread. For children under 12 months, NO peanut butter, chocolate, or honey should be served.
Guidelines for infant meals and snacks:

1. Families should provide enough bottles or sippy cups for the infant’s daily use. The public health department does not allow Fraser School staff to wash the bottles/cups for re-use.

2. All breast milk and formula must come already prepared and ready to serve. Fraser staff cannot make formula or pour breast milk from bags into bottles.

3. No glass containers or bottles are allowed in the school. Jarred baby food must be transferred to a non-glass container. When glass shatters, it is nearly impossible to find all the small pieces, which is a safety risk to the infants in the classroom.

4. No food, breast milk, or formula can be left at the school overnight. All unused bottles are sent home. Partially used food containers will be wiped clean, not rinsed, and sent home.

5. Families are required to update the classroom staff as new foods are introduced. An Infant Feeding Consent Form will be presented to document that new foods have been introduced, and the classroom staff are allowed to serve them during the child’s school day.

6. Families can also bring in solid foods when their children are ready. All food must be taken home at the end of each day, or it will be discarded.

7. When infants graduate to solid foods, families must bring their child’s lunch daily. Families can choose to provide their own snacks or have the children eat the snack provided by Fraser School. Each family will be given a list of snack items that they can choose for their child to eat. Each child is given two snack items from two different food groups. Milk is only included at snack time, if it is counted as one food group. If milk is not used as a food group, then the child will be offered water.

8. When the infant turns 1, the family can choose to continue bringing formula, milk, or breast milk, or choose to use the Fraser-provided milk. Bottles of whole milk will need to be sent with the child from home.

9. Once the child eats solid foods, please follow the guidelines for toddler and preschool meals and snacks below.

Guidelines for toddler, preschool, and prekindergarten meals and snacks:

1. Fraser School does not provide breakfast. Breakfast can be sent from home, but needs to be served before 8 a.m., so children need to arrive before 8 to eat breakfast.

2. Children’s lunchboxes and each container within the lunchbox must be labeled with the child’s first and last name.

3. Children’s lunches should either (a) not need refrigeration, or (b) be packed with a cold pack/zippered bag of ice. Lunches will be heated in the microwave as necessary. All foods must only
Frozen entrees that require more than two minutes of heating should not be sent. Food items that must be prepared, such as Easy Mac & Cheese or Ramen noodles, should not be sent.

4. Reusable food containers will be emptied and sent home daily for washing. **No glass containers are allowed in the classrooms due to the danger of breakage.** If possible, classroom staff will empty the contents of a plastic container onto a plate for heating. For things like soup, which cannot be put onto a plate, consider using a thermos, so heating is unnecessary.

5. Fraser provides cups, bowls, and utensils. To be environmentally conscious, Fraser uses reusable dishware as much as possible.

6. Families may supply plastic “sippy cups” labeled with the child’s first and last name. A new sippy cup must be used at each meal/snack time. Sippy cups will be sent home daily for washing.

7. Fraser uses single-use cups for water throughout the day. Families cannot bring water bottles for their children to be refilled throughout the day, but you can send multiple full water bottles.

8. The school provides reduced fat 1% milk or whole milk for lunch and, if listed on the menu, as a component for a snack. All infants and young toddlers are provided whole milk; children older than 2 years are given 1% milk unless the family requests otherwise. Water is available and offered to children throughout the day. Children requiring specific beverages due to dietary needs should bring a day’s supply in the original container or an insulated thermos. Containers must be labeled with the child’s first and last name and the date. Unused beverages (other than breast milk) will be discarded at the last serving, and the container sent home to be washed.

9. Parents should not send soda pop for children’s lunches.

10. Individual servings of food must be sent in daily. Any uneaten food from an opened container will be discarded at the last serving of the day.

11. Children with special dietary needs are required to bring foods and feeding supplies daily. Due to public health regulations, food from home cannot be stored overnight, and special feeding supplies cannot be washed at school.

12. If you wish to bring in a treat or a snack for the class, please check with your child’s teacher. Due to public health and licensing regulations, we cannot allow any homemade food items to be served to classmates. Any food brought into the classroom must be store-bought and have the original label with a list of ingredients.

Even though families pack lunch, Fraser School is held responsible for the contents of that lunch, according to licensing with the Department of Human Services. These are the applicable regulations for a well-balanced lunch:
• Each child’s lunch must provide 1/3 of the child’s daily nutritional needs as specified by the United States Department of Agriculture (USDA).

• Each child must have an item that is considered a protein. Proteins can include lean meat, tofu, soy products, cheese, cooked egg, cooked dry beans or peas, peanut butter, or soy butter. The infant and toddler classrooms do not allow nuts or nut products due to allergies; however, preschool and prekindergarten classrooms DO allow nuts and nut products.

• Each child must have both a fruit and a vegetable. Fresh fruits or vegetables are best, but easy to pack items include individual fruit cups packed in water or individual cups of applesauce.

• Each child must have an item that is a grain, preferably a whole grain. Examples include whole-grain bread, tortillas, or crackers.

• Each child must be served pasteurized, fluid milk fortified with vitamins A and D. Fraser School provides this milk. The Department of Human Services requires that we serve children fluid milk at lunch, unless the child either (a) has a doctor’s note stating that the child is allergic to milk or (b) the parent provides an acceptable substitute. Some acceptable substitutes for fluid cow’s milk include (a) breast milk; (b) goat’s milk; (c) lactose-reduced milk; (d) some soy milk (e.g., 8th Continent Soy Milk, Kirkland Signature Organic Plain Soymilk, Pacific Natural Ultra Soymilk, PEARL Organic Soymilk Smart, Silk Original Soymilk, Sunrich Naturals Soymilk, Westsoy Organic Plus); and/or (e) acidified milk (acidophilus). Please note that almond milk, coconut milk, rice milk, and many other types of non-dairy milk are deemed “non-creditable.” Even if your child brings another source of dairy, they will be served fluid milk. The children are not forced to drink the milk.

For children that do not have an item from each food group, Fraser School will provide a supplement for that food group. This supplement may be subject to an additional charge.

**Napping**

Fraser School assigns a crib for each enrolled infant. If infants are scheduled part-time, they may share a crib with a baby with an alternating schedule. All bedding is changed, and the crib mattress is disinfected between different children’s use. All cribs conform to the Code of Federal Regulations and have routine crib inspections. All infants are placed on their backs in the crib to sleep. If a child rolls onto their stomach, we will turn them back unless the child is over 6 months old, or we have a signed form from the parents stating that the child rolls over regularly. Infants are placed directly on a firm mattress with a fitted crib sheet that fits snugly and cannot be dislodged by pulling. Nothing can be placed in the crib with an infant except a dry pacifier. Infants cannot have a cord attaching the pacifier to their clothing. Infants will not be put to sleep wearing a necklace, earrings, or any other jewelry. Parents can send sleeveless sleep sacks, if desired, to keep the baby warm. Fraser School staff members will not swaddle any infant. If the sleep sack has a swaddle component, the extra fabric will
be lightly attached to the infant’s torso. Parents should work with the school staff to determine the infant’s sleep schedule. If an infant falls asleep before being placed in a crib, the staff member must maintain sight supervision at all times and must move the infant to their crib as soon as possible. When an infant falls asleep while being held, the staff member must move the infant to their crib, so they can watch the other children. When being held, infants must not be in a position where their airway is blocked and must not have anything covering their face.

All toddler classrooms have a napping time for the children. Through a mutual agreement between parents and staff, preschool-aged children who need a nap will be placed in a preschool napping room. All children enrolled in these rooms nap. All nappers are provided a child-sized cot that is physically separated from children engaged in other activities. The cots are placed so that there are clear aisles and unimpeded access on at least one side of each cot. When in use, the cots are placed directly on the floor and are not stacked. Toddlers and preschoolers may not have anything around their throats while sleeping, including necklaces, bibs, or drooling cloths. Fraser School will remove these items from the child’s throat to reduce the risk of suffocation.

Toddlers and preschool-aged children in napping rooms will be allowed to nap from 30 minutes to 2 hours. If a child has rested on their cot for 30 minutes, state licensing requires that they be allowed to get up and do quiet activities. Once a preschool-aged child begins to outgrow napping, arrangements can be made to transition the child to a preschool non-napping room.

Parents are encouraged to send a blanket for the child, which will be kept at school and sent home for washing weekly or when soiled or wet. Personal blankets will be stored in a child’s locker/cubby, so that there is no contact with other children’s belongings. If a parent does not bring a blanket, the school staff will offer one to each child.

A qualified staff member monitors all napping children at all times.

**Early Childhood Programs**

Fraser School employs highly qualified staff with degrees in early childhood education, early childhood special education, child psychology, child development, and related fields. All children are under the direct supervision of a qualified staff member.

Families are invited and encouraged to participate in their child’s classroom. Some ways that you may want to volunteer are: read a book to the class, help with a special event, share a holiday celebration or hobby with the class, assist the teacher with book orders or other projects, donate requested items, or talk with your child’s teacher and come up with your ideas.

Fraser School welcomes volunteers. We appreciate the element of care and concern they offer while adding to the fun and pleasure of the classroom with their unique talents and abilities. All volunteers are at least 16 years of age and attend an orientation, which covers all licensing regulations and
ideas for interacting with children. Volunteers are never left alone with children and are supervised by classroom teachers per licensing regulations. All of our volunteers wear identification badges. All volunteers are an “extra pair of hands” and are not counted in our staff-to-student ratios.

Fraser School also cooperates with various colleges and universities to provide educational placements for interns and practicum students. College students never replace a Fraser School staff member and are always under the supervision of a qualified school employee. Some students are at the school for only a short time for observations, while others are with us for extended periods and become very comfortable in the classroom environment. We work closely with their college supervisors to ensure their experience is educational and valuable for our school.

**Adult/Child Ratios**

As a quality child care center, we strive to maintain child-to-staff ratios based upon criteria set forth by the National Early Childhood Program Accreditation. We strive to maintain these ratios:

- 3:1 ratio for infants
- 5:1 or 6:1 ratio for toddlers
- 6:1 or 7:1 ratio for preschool (based on the square footage of the classroom)
- 8:1 ratio for prekindergarten

Fraser School is licensed by the MN Department of Human Services.

Fraser School services include:

- infant and toddler care
- preschool
- prekindergarten (kindergarten readiness)
- extended care
- subsidized child care
- information and referral for services for children with disabilities
- collaborations with other programs serving Fraser School children
Infant Care (for children 6 weeks to 16 months)

The infant classroom is open from 7:00 a.m. to 6:00 p.m. and does not combine with any other classroom. The infant curriculum is centered on each child’s interaction with the environment, including the people, caregiving within each child’s routine, and play experiences with age-appropriate toys and materials. After enrollment, parents can share their child’s daily routine with staff in written form. Each child’s daily schedule is based on this routine.

A music therapist comes to the infant area weekly to provide experiences with music and movement. The gym (large motor area) is available daily for movement and exploration opportunities. Walks and outdoor adventures are provided, if the weather permits. A separately fenced outdoor infant play space is located beside the playground designed for older children. Meal/snack times promote learning, socialization, and the development of independent feeding skills. Diaper changing times are also times of learning and social development. Time for children to explore their environment independently, under adult supervision, is facilitated daily.

Infant – Toddler Transition Group (Bee’s Classroom)

Some children are ready to transition to a toddler group before the 16-month mark. This is individualized to each child and evaluated with the staff in both groups, as well as the family. The toddler room readiness happens when children are ready to have just an afternoon nap starting at 12:30 p.m. The child is also ready to nap on cots, and families can send in a blanket or a small pillow or sheet. The child typically doesn’t use bottles, but can use cups for drinking. The kids bring lunch in a lunchbox with an ice pack, and Fraser does have microwaves to warm up lunch. The children sit in a cube chair at the table for meals and snacks.

The group size is typically up to 8 with 2 staff, so similar to the infant program. If the group size goes over 8, an additional staff person is added. Tuition billing follows the child’s age, rather than a transition date.

Toddler Care (for children 16 to 33 months)

Fraser School offers an early childhood program providing guided, developmentally-appropriate activities combined with nurturing child care. Families who do not need child care, but want an early childhood beginning program can enroll their child from 9:00 to 11:30 a.m., two days a week, three days a week, or five days a week.

The toddler curriculum balances each child’s individual needs, while stressing early socialization skills. All toddler classroom schedules include individual playtime where children can explore their environment, and teachers facilitate learning and social skills. The schedules also include short group
times where children sit together and hear stories or sing. There are snack/mealtimes, gross motor
time (in the gym or on the playground), nap time, and diapering/toileting times. A music therapist
comes to each toddler classroom twice per week to facilitate music and movement experiences.

Much of a toddler’s developmental growth involves learning communication. Whether that
communication involves oral language or sign language, children’s vocabularies increase exponentially
during the toddler years. Another area of growth for toddlers includes the identity of self and gaining
independence. Toddlers practices skills like self-feeding, self-soothing, and possibly even early toileting
attempts.

**Toddler – Preschool Transition Group - (Frogs Classroom)**

A toddler to preschool group is available to support children turning 3, usually starting about 30
months, to continue working on skills for preschool readiness like bathroom independence, self-
regulation, communication, and playing with peers. The group begins to follow preschool schedules
and curriculum. The group size is up to 12 with 2 staff, so similar to the preschool program. Tuition
billing follows the child’s age rather than a transition date.

**Preschool (for children 33 months to 5 years)**

The preschool curriculum focuses on developing further socialization skills, independence, and early
academic foundations. Socially, preschool-aged children are learning how to share and take turns
with friends. They are also learning to negotiate with others and solve problems. All of these skills
are fundamental for future educational endeavors. They also learn to transition as a group and stay
safe during those transitions. To further these social-emotional goals, the preschool uses some parts
of the Incredible Years® curriculum. Preschool-aged children are continuing to work on toileting,
self-dressing, and taking care of their belongings.

Preschool-aged children are also working on the fundamentals of early academic knowledge like
mathematics and literacy. Many activities that may seem like “just play” support academic skills. For
example, building in the block area helps children learn shapes. Giving each friend in dramatic play
a plate helps children practice one-to-one correspondence. During this developmental phase, many
children learn rote counting and to sing the alphabet song. Pretending they work in a restaurant can
teach basic literacy because children look at menus and write other children’s orders.

The preschool curriculum involves longer, large group times and more direct instruction through
individual and small group table activities and learning centers. A music therapist visits each preschool
classroom two to three times each week, depending upon nap schedules. Preschool teachers also
incorporate more nutrition, science, and social studies. Each preschool classroom has a writing center
and includes some woodworking activities into the learning centers.
Prekindergarten (for children that are at least 4 by September 1)

The prekindergarten classrooms are for children who will attend kindergarten the following year. These classrooms are more structured and focus on skills needed for a successful kindergarten transition. The curriculum is still play-based. Classrooms also include learners with a wide variety of abilities.

It is especially important in the prekindergarten sessions to build independence. As the year progresses, we stress more independence in dressing, toileting, and eating. We also increase children’s attention spans by having longer large group and activity times. During the prekindergarten session, each classroom has learning centers that children rotate through to have time for each activity. These activities build academic, fine motor, or other skills. Each classroom incorporates a journaling time where children practice writing their name and other literacy skills.

In addition to using The Creative Curriculum for Preschool®, the teachers reference the MN Department of Education’s Early Childhood Indicators of Progress. During assessments, each child is evaluated on numeral, lower case letter, and upper case letter recognition. Teachers also complete the developmental assessment of the Teaching Strategies Gold®. A music therapist visits each classroom weekly for more formal music times. Finally, the prekindergarten classrooms use the Incredible Years® social-emotional curriculum to further social development.

Prekindergarten sessions are from 9:00 a.m. to 12:00 p.m. Monday through Friday. Parents can add additional time to the schedule, but at these times, the classrooms function like a typical preschool room.

Curriculum

Fraser School uses The Creative Curriculum® as the primary written curriculum in all classrooms. The curriculum is based upon child development research, and it guides Fraser staff in planning the classroom learning environments. It is also geared towards the specific age groups served at Fraser School. “The Creative Curriculum for Infants, Toddlers, and Twos” is written by Diane Trister Dodge, Sherrie Rudick, and Kai-lee Berke. “The Creative Curriculum for Preschool” is written by Diane Trister Dodge, Laura J. Colker, and Cate Heroman. Both curricula are play-based and developmentally appropriate for all children, regardless of abilities. Fraser School adopted these curricula in 2009 and trains staff to implement these effectively.

We also use part of the Incredible Years® social-emotional curriculum for preschool and prekindergarten classrooms. Through classroom visits from child-sized puppets, children can discuss various challenges such as entering group play, handling frustrations, and dealing with conflicts with peers. The puppets regularly visit each older classroom and participate in multiple activities, like snack times, gross motor times, or free play.
Fraser School has a policy for staff regarding screen time. We believe developmentally-appropriate classroom planning does not include the regular use of screen time. Screen time should be extremely short with young children, so Fraser School leaves screen time to the parents/guardians. Fraser School staff should not use iPads for screen time throughout the day. We do not recommend children bring in DVDs for Show and Share as we won’t watch them.

Field Trips and Classroom Walks

Field trips are fun and educational. Fraser School field trips are typically related to the classroom program and are designed to enhance children’s learning experiences. Due to the length of our program time and transportations costs, our field trips are within walking distance. Families are asked to sign a permission request for common field trip destinations. These include Lunds and Byerly, ALDI, Caribou Coffee, Davanni’s, Richfield Penn Central Fire Station, Arc’s Value Village, Dairy Queen, Sheridan Hills Park, Hub Hobby, Madison Park, Monroe Park, and the residential sections of our neighborhood. Classrooms alert families before a planned field trip. Families may rescind their field trip permission at any time. If a classroom intends to go somewhere else, staff will request a separate permission form. Children who do not attend a field trip will be provided in-center services while their classroom is out.

While on a field trip, staff carry a backpack filled with first aid supplies, emergency medications for participating students, a cell phone, and all students’ emergency contacts. They may also bring a wagon for children whose mobility or stamina is limited.

Pets and Visiting Animals

Classrooms may have a pet as part of the learning environment. Children have the freedom to observe the animals, which are enclosed in cages or aquariums, throughout the day but only have direct contact under the teacher’s supervision. Caring for and cleaning pets is the responsibility of the teacher.

Periodically, people also bring in pets to visit a classroom. They are the responsibility of their owner and are introduced to the children under careful supervision. Animals are required to be contained by a muzzle, leash, cage, or aquarium. Before bringing a pet into Fraser School, the teacher must be contacted. There is a chance that we cannot allow a pet to visit due to children’s allergies or other concerns. Pets are not allowed to come into Fraser School without prior permission.

If a child is bitten by a classroom pet or visiting animal, staff members will wash and bandage the wound using their first aid training. The parents/guardians will be called immediately. Any veterinary records that are necessary will be provided to the family. If a child is bitten by a strange animal, first aid is performed, and parents/guardians are called immediately. We will contact proper authorities to facilitate either capturing the animal or contacting owners.
Philosophy of Holiday Celebrations

Fraser values the inclusion of all individuals. We welcome and celebrate the diversity of children and families for their cultures, life experiences, abilities, and backgrounds. We believe all individuals can learn new things from each other. Holiday celebrations are used as a teaching tool for children. We enjoy helping children learn about a variety of cultures and celebrations that take place throughout the world. Families are welcomed to share their own traditions and experiences with classrooms.

As a nonsectarian, private organization, Fraser does not promote or endorse any single religion. Any reference to religion is presented in the context of education regarding diversity. We maintain that as a private school, we are permitted to determine the content of our curriculum. This curriculum has in the past contained some religious content and may continue to in the future.

Individual Assessments and Developmental Goals

Fraser School uses the Teaching Strategies Gold® assessment tool. This assessment tool is designed to partner with the Creative Curriculum® series and uses the same set of goals. All children follow the same sequence of development; however, each child will reach developmental milestones at a different rate. Therefore, the goals and objectives are general for each age range. The classroom staff members assess each child twice a year using the developmental checklists provided in each assessment kit. Each child’s progress will be monitored in the areas of social/emotional, cognitive, physical, and language development. Individual assessment information is shared with parents during semi-annual conferences or on an as-needed/requested basis. A copy of the assessment information is kept in the child’s main file.

The goals and objectives for all children are:

Social/Emotional Development

1. Regulates own emotions and behaviors
   A. Manages feelings
   B. Follows limits and expectations
   C. Takes care of own needs appropriately

2. Establishes and sustains positive relationships
   A. Forms relationships with adults
   B. Responds to emotional cues
   C. Interacts with peers
   D. Makes friends

3. Participates cooperatively and constructively
   A. Balances needs and rights of self and others
   B. Solves social problems
Physical Development

1. Demonstrates mobility skills
2. Demonstrates balancing skills
3. Demonstrates gross motor manipulative skills
4. Demonstrates fine motor strength and coordination
   A. Uses fingers and hands
   B. Uses writing and drawing tools

Language Development

1. Listens to and understands increasingly complex language
   A. Comprehends language
   B. Follows directions

2. Uses language to express thoughts and needs
   A. Uses an expanding, expressive vocabulary
   B. Speaks clearly
   C. Uses conventional grammar
   D. Tells about another time or place

3. Uses appropriate conversational and other communication skills
   A. Engages in conversations
   B. Uses social rules of language

Cognitive Development

1. Demonstrates positive approaches to learning
   A. Attends and engages
   B. Persists
   C. Solves problems
   D. Shows curiosity and motivation
   E. Shows flexibility and inventiveness in thinking

2. Remembers and connects experiences
   A. Recognizes and recalls
   B. Makes connections

3. Uses classification skills

4. Uses symbols and images to represent something not present
   A. Thinks symbolically
   B. Engages in sociodramatic play

The Creative Curriculum® lists goals and objectives for literacy, mathematics, science and technology, social studies, and the arts. The series also lists goals for children who are learning English.
Behavior Guidance

Fraser School staff members are trained extensively on positive behavior guidance with children. If children are displaying challenging behaviors, staff will attempt to redirect them towards positive behaviors. If redirection is not successful, staff can use other techniques to guide children’s behaviors. Some of these techniques include using visual cues or timers, using first/then and “you can” language, or using natural and logical consequences. Time-outs are not used.

If a child is displaying physically aggressive behavior with the potential to hurt themself or other children or staff members, the child may be physically restrained and/or removed from the group. School staff will use safe restraint techniques, but only in an emergency. We will release the child and return them to the group activities when their aggressive behavior stops. If a child is separated from the group, this separation will be documented per DHS guidelines. If the dangerous behavior becomes a pattern, parents will be informed. A team meeting may be scheduled to develop a plan to address the behavior. The plan may include completing a functional behavior assessment, the development of an Individualized Behavior Plan, and/or the addition of behavioral goals in the child’s Individual Child Care Program Plan. The parents/guardians of the child must consent and sign any positive behavior strategies before implementation.

Parents may be asked to come and remove their child from Fraser School for the remainder of the day if the child’s behavior is consistently dangerous to themself and/or others.

Continued dangerous and aggressive behavior will result in a team meeting with parents and staff to determine the appropriateness of the child’s placement in Fraser School and to look at other options for the child, if necessary.

AT NO TIME will any staff member, volunteer, or student:

- Subject a child to corporal punishment like hitting, pinching, shaking, shoving, etc.
- Subject a child to emotional abuse, e.g., name-calling, threatening, humiliating, etc.
- Separate the child from a group, except per DHS licensing standards
- Punish a child for lack of toileting control
- Punish a child by withholding food, clothing, etc.
- Physically or mechanically restrain a child, except for an approved plan developed for the safety of the child or those around them, or in an emergency in which others are in danger of being harmed
Communication between adults and children

Young children are continually developing their language and cognition skills through daily experiences and interactions. Negative phrases like “no” and “don’t” can be confusing. Using positive words is a better way to communicate because these provide specific, acceptable actions for children. The following is a list of positive action phrases commonly used at Fraser School.

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please walk/walking feet</td>
<td>No running</td>
</tr>
<tr>
<td>Adults/teachers open doors and gates</td>
<td>Don’t open the door</td>
</tr>
<tr>
<td>Quiet voices</td>
<td>No yelling</td>
</tr>
<tr>
<td>Gentle hands</td>
<td>No hitting</td>
</tr>
<tr>
<td>My turn to talk</td>
<td>No talking</td>
</tr>
<tr>
<td>Feet stay on the floor</td>
<td>No climbing</td>
</tr>
</tbody>
</table>

It is helpful to have parents use these phrases at home for reinforcement and consistency.

Communication between home and school

Communication is a vital link between home and school. Consistent communication with staff is important to provide the most effective program for a child.

1. Fraser School began using ProCare in 2021, which is a platform to support parent communication and engagement. The parent portal is accessed at www.myprocare.com. There is also an app you can download if desired, and each of these platforms has some different functions.

2. Each classroom has an assigned voicemail extension and email address. A classroom teacher checks these at least once per day. Please feel free to leave a non-urgent message for your child’s teacher, and they will respond as soon as possible. If the message is urgent, please call the main office (612-861-1688), and someone will help get the message to the teacher right away.

3. Please inform the staff of any changes that might affect your child, including hospitalization, medical status, tube feedings, medication, moving, new baby, vacations, changes in family structure, etc. Please remember, some changes, like address changes or emergency contact information changes, must be noted on a form and changed in your child’s file. These forms can be obtained in the front office.

4. Parents/guardians must provide current local emergency contacts who are authorized to pick up your child, along with their addresses and telephone numbers. If your child meets exclusion criteria or needs to be picked up immediately and we cannot reach you, we will call the emergency contacts. To add people to pick up lists and emergency contact lists and/or to update phone numbers or addresses, you can:
• Update contacts in your ProCare account
• Use client change of information forms, which are available in the front office.

5. We want to hear from you and encourage you to talk with the teachers, coordinators, or director regarding questions or concerns.

6. Parents/guardians are always welcome to stop and briefly discuss the child’s day with classroom staff. However, please understand that staff are constantly supervising children and would be happy to schedule a time for more in-depth conversations when they can devote their full attention to you.

7. Twice each year, a formal conference is held with staff and parents or guardians to discuss each child’s progress on the developmental checklists and end-of-year portfolios. An additional meeting may be requested by a family or Fraser staff at any time. Parents or guardians may also choose to have Fraser staff attend their child’s public school team meetings. Please notify your child’s teacher if this is desired.

8. Each classroom has a bulletin board for posting weekly lesson plans and other important information.

9. Each month, a written outline of your child’s class activities and a school newsletter will be sent. These contain important information for you regarding school and staff news and events available within the community.

10. Annually, parents receive a request to complete a Fraser program evaluation and, periodically, a request for our accreditation process. These are important documents and processes, so Fraser School can continue to improve its services.

Relationships between Fraser Staff, Clients and Guardians Outside of Fraser Services

Fraser employees are professionals committed to providing our children with high-quality services. This is often evident in the positive and supportive rapport between Fraser staff, children, and families. As professionals, staff must be mindful of how their interactions with children and families are perceived by the children, families, and the community. It can be difficult for children to distinguish between an individual’s role as a service provider at Fraser and a friend in the child’s home life. The confusion caused by these dual roles can lead to difficulty in the classroom setting or during services. Fraser staff are discouraged from entering into social media connections with Fraser clients or the close family members and guardians of Fraser clients. Fraser staff are strongly discouraged from texting families or otherwise sharing their private phone numbers. Fraser also strongly discourages its staff and clients from entering into secondary employment arrangements like babysitting.
## Contact Information

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Voice mail Number</th>
<th>Email Address</th>
<th>Classroom Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ducklings</td>
<td>612-798-8361</td>
<td><a href="mailto:ducklings@fraser.org">ducklings@fraser.org</a></td>
<td>Health Services Coordinator</td>
</tr>
<tr>
<td>Bees</td>
<td>612-798-8370</td>
<td><a href="mailto:bees@fraser.org">bees@fraser.org</a></td>
<td>Staffing Coordinator</td>
</tr>
<tr>
<td>Bears</td>
<td>612-798-8366</td>
<td><a href="mailto:bears@fraser.org">bears@fraser.org</a></td>
<td>Staffing &amp; Operations Coordinator</td>
</tr>
<tr>
<td>Cats</td>
<td>612-798-8374</td>
<td><a href="mailto:cats@fraser.org">cats@fraser.org</a></td>
<td>Staffing &amp; Operations Coordinator</td>
</tr>
<tr>
<td>Frogs</td>
<td>612-798-8334</td>
<td><a href="mailto:frogs@fraser.org">frogs@fraser.org</a></td>
<td>Staffing &amp; Operations Coordinator</td>
</tr>
<tr>
<td>Dinosaurs</td>
<td>612-798-8362</td>
<td><a href="mailto:dinosaurs@fraser.org">dinosaurs@fraser.org</a></td>
<td>Education Coordinator</td>
</tr>
<tr>
<td>Hummingbirds</td>
<td>612-798-8373</td>
<td><a href="mailto:hummingbirds@fraser.org">hummingbirds@fraser.org</a></td>
<td>Education Coordinator</td>
</tr>
<tr>
<td>Elephants</td>
<td>612-798-8311</td>
<td><a href="mailto:elephants@fraser.org">elephants@fraser.org</a></td>
<td>Education Coordinator</td>
</tr>
<tr>
<td>Platypuses</td>
<td>612-798-8347</td>
<td><a href="mailto:platypuses@fraser.org">platypuses@fraser.org</a></td>
<td>Education Coordinator</td>
</tr>
<tr>
<td>Butterflies</td>
<td>612-798-8367</td>
<td><a href="mailto:butterflies@fraser.org">butterflies@fraser.org</a></td>
<td>Education Coordinator</td>
</tr>
<tr>
<td>Chameleons</td>
<td>612-798-8360</td>
<td><a href="mailto:chameleons@fraser.org">chameleons@fraser.org</a></td>
<td>Education Coordinator</td>
</tr>
</tbody>
</table>

School attendance (to report absences) | school.attendance@fraser.org | 612-861-1688 |
Main Fraser office | | 612-861-6050 |
Fraser School Extra Hours requests | extrahours@fraser.org | 612-798-8332 |
Fraser School Health Services Coordinator | Megan.Mott@fraser.org | 612-798-8325 |
Fraser School Education Coordinator | Elizabeth.Eng@Fraser.org | 612-798-8316 |
Fraser School Collaboration Coordinator | Kayla.Steinhoff@FRaser.org | 612-798-8368 |
Fraser School Staffing & Operations Coordinator | Janel.Morton@Fraser.org | 612-798-8322 |
Director of Fraser Pediatric Therapy | | 612-798-8329 |
Fraser Pediatric Therapy Fax | | 612-861-1533 |
Director of Fraser School | Chris.Bentley@Fraser.org | 612-798-8319 |
Fraser School Billing – accounts receivable coordinator | | 612-798-8305 |
Fraser Organizational Principles (PIRQ)

PARTNERSHIP

Fraser helps families gain access to all community resources available to them and serves as their advocate.

Fraser seeks to collaborate with other service providers whenever it believes that the quality, quantity, or efficiency of service delivery can be improved.

Fraser shares its knowledge and promotes public awareness of issues of importance to people with disabilities and their families.

Fraser actively seeks client, family, and donor input in the design, implementation, improvement, and evaluation of programs and services.

INNOVATION

Fraser is responsive to community needs and donors by developing cost-effective program options.

Fraser is committed to serving people with disabilities in creative and innovative ways.

Fraser is committed to providing “client-driven” services that respond to the needs of individuals and their families.

RESPECT

Fraser believes that people with disabilities have a right to live, learn, work, and play as members of their communities.

Fraser believes that diversity and mutual respect among individuals, families, staff members, volunteers, and board members enhance every aspect of the organization. Fraser provides people of all ages with positive experiences that encompass all abilities. Fraser fosters an inclusive environment.

Fraser expects staff members to promote a caring, supportive, safe, productive, and respectful work environment consistent with Fraser’s Employee Credo.

Fraser supports the rights of individuals and families to self-determine how their needs are met.

Fraser values the contribution of each individual equally, regardless of position or title.

QUALITY

Fraser strives to meet and exceed the unique needs and expectations of the individuals and families that it serves.
Section 2
Health Information
Health Services

Fraser School employs a Health Services Coordinator who has a combination of education and experience in health/nutrition. The Health Services Coordinator is not a licensed nurse. Fraser School also contracts with the health consultants to review all health policies, answer health-related questions, and provide monthly consultations for the infant classroom.

The goal of the Health Services Coordinator is to maintain a healthy and safe environment for all children. This is accomplished through staff training, parental support, and providing individualized healthcare for children. Some of the responsibilities of the Health Services Coordinator include:

• Assuring compliance with licensing standards as to children’s immunization and health records
• Assessing and monitoring children who become ill or injured at school
• Recording and distributing communicable disease information
• Creating Individual Child Care Program Plans for children and ensuring these are followed by classroom staff
• Managing the administration, proper storage, and record-keeping of all medications
• Monitoring and communicating pertinent weather information daily

Children Needing Individualized Medical Attention

Because of our DHS licensing and the scope of our program, we may not be able to serve children needing individualized medical attention. Whether the child is a prospective student or a current student with changing medical needs, school administration will review the needs of each child to determine if Fraser School can reasonably accommodate the child’s medical issues. If Fraser School staff cannot perform the medical interventions necessary, the family may be able to provide a Personal Care Attendant or nurse to accompany the child to Fraser School.

Some medical interventions that Fraser School can perform are:

• **Daily medications**, short and/or long-term, like preventive seizure medications, daily enzymes with food, antibiotics, eye drops, and ear drops.

• **Emergency epinephrine administration**- 911 will immediately be called once the epinephrine is administered. Even if the emergency crew declines to transport the child to a hospital, the child may need further observation.

• **Emergency seizure medication**- 911 will immediately be called once the drug is administered. Even if the emergency crew declines to transport the child to a hospital, the child may need sleep or further observation.
• **Gastrostomy tube feedings** - The feedings should be performed by non-medical classroom staff in the classroom without need for additional staff and should be completed within the regular snack or lunchtime period. Fraser School will accommodate a training period while the classroom staff become comfortable with the procedure. After the training period, if the feeding continues to take individualized attention for a prolonged period, the school administrators may need to work with the family to identify reasonable accommodations or re-evaluate the school’s ability to serve the child.

• **Blood glucose level monitoring through finger pricks and automatic diabetic pumps** - The monitoring and treatments should be performed by classroom staff without the need for additional staff. Fraser School will accommodate a training period while the classroom staff become comfortable with the procedure. After the training period, if the procedures continue to take individualized attention for a prolonged period, the school administrators may need to re-evaluate the school’s ability to serve the child.

• **Drawing, mixing, and/or injecting medications on an emergency basis.** These procedures should be able to be performed by a non-medically trained classroom or administrative staff person. Fraser School’s Health Services Coordinator and the child’s medical provider will create a detailed, Individual Child Care Program Plan with instructions on the conditions and use of the emergency medication. Fraser School staff will need a training period while the staff become comfortable with the procedure.

The following are examples of some of the medical interventions that Fraser School staff cannot perform. A medical caregiver must accompany children that need any of these interventions.

• Drawing, mixing, and/or injecting daily medications will need to be determined on a case-by-case basis

• Tracheotomy cleaning and/or maintenance

• Oxygen tank management and monitoring

• Attending to children with seizure disorders that require one-to-one intervention for monitoring and recording seizure activity daily

• Children that cannot manage body fluids without intensive intervention (e.g., vomiting regularly, consistent or unmanaged loose stool that is regularly not contained and causes fecal exposure to other children, open or weeping sores that are unable to be covered or that a child will not leave covered that are causing blood or bodily fluid exposure in the school)

• Children with medical conditions that require them to sleep at unscheduled times in the school day

• Percussive therapies that require more than 15-20 minutes of one-to-one staffing to perform

• Other medical interventions that consistently require 15 minutes or more of trained, one-to-one staffing
Children’s Immunization and Health Records

Parents or guardians must keep a child’s health forms updated, when there is a change in health status, like hospitalization, illness, a new allergy, new immunization, etc. For children already enrolled, parents must submit an updated physical examination report, signed by the child’s medical provider each year, for children under 24 months of age. If the child is 24 months or older, parents must provide an updated physical examination signed by the child’s medical provider, whenever the child advances to the next older classroom, e.g., toddler to preschool. Reminders will be sent out approximately 30 days before. The due date is based on the child’s birthday. Failure to complete may result in a child’s inability to attend until all forms are completed. All health forms are available at the health services office.

Injuries and Poisoning

Fraser strives to provide a caring and safe environment. Daily inspections are conducted to maintain safe and hazard-free conditions. Each Fraser School staff member must be first aid/CPR certified within the first 90 days of employment and must maintain those certifications.

Even with precautions, an injury may still occur. With a severe or life-threatening injury, 911 will be called, and parents will be contacted immediately. At enrollment, parents may indicate if they would like their child taken to a specific hospital in an emergency. If staff believe that medical attention may be required, but the injury is not life-threatening, first aid will be administered, and the parents will be called to transport their child to a medical or dental clinic. Minor injuries and illnesses will be treated with established first aid procedures and communicated to a parent or guardian during pick up. When administering first aid, staff use universal precautions. If the injury causes physical changes to the child (e.g., bump or scrape), an injury report will be completed. The injury report captures the type of injury, cause of injury, and steps taken after the injury. These injury reports are reviewed quarterly for patterns or common causes. These reports help Fraser School staff to prevent further accidents or injuries.

All injuries to a child’s face and/or head will be communicated to their family during the school day. The injury report will be passed along to the closing staff and the circumstances of the injury discussed in case the parent has questions during pick up.

All poison situations must be reported to the Poison Control Center, which will advise what treatment is indicated. The law requires Fraser to monitor the safety and health of every child at Fraser School. Parents must notify Fraser of any major incidents that may have resulted in injury to the child outside of Fraser.
Illness Prevention: Handwashing

Nothing is more important than handwashing to prevent the spread of illness. It is also the best way to avoid exposure to food allergens and cross-contamination.

Child handwashing procedures

- The child is lifted or steps up to a proper height to use the sink. Many sinks at Fraser School are already at the proper height for children.
- Children are instructed to wet their hands, use the soap provided or sent from home, and rub hands together vigorously for handwashing. Children are encouraged to wash their hands for at least 20 seconds. Visual aids are often available in the classroom bathrooms, and teachers also use songs, rhymes, or timers to help the children know the proper time they need to continue scrubbing.
- Staff members encourage or assist children with rinsing the soap thoroughly, while pointing their fingers down.
- The water is turned off with the wrist or with a paper towel.
- The child’s hands are dried using a disposable paper towel.

Staff will help ensure children’s hands are washed when:

- Immediately upon entering the classroom at the beginning of each day
- After each time they use the bathroom (even in case of diaper changes)
- Before and after eating breakfast, snacks, and lunch
- After a child sneezes into their hand or blows or wipes their nose
- After playing outside or in the gym
- Before and after using water tables, play dough, and other sensory or art materials
- After they have touched a child who may be sick or have handled soiled items
- After playing with or caring for pets
- Whenever hands look, feel, or smell unclean
Illnesses and Communicable Diseases

If a child becomes ill or otherwise meets exclusion while at school, Fraser will contact parents or guardians immediately. If the child can potentially infect other children or staff in the classroom, they will be isolated, usually in the health services office. It is expected parents will pick up their child within an hour after being been notified. If the parents cannot be reached within a reasonable time period, Fraser staff will call other people authorized to pick up the child. If the parent/guardian or other authorized contact fails to pick up the child within one hour, the late pick-up policy in section 1 of this handbook will be implemented.

Families must provide the school with information when their child is diagnosed with any communicable disease. Parents may be requested to submit a doctor’s note to health services. If an infectious disease is reported, the Health Services Coordinator will notify the families of other children who may have been exposed to the illness/disease. The Health Services Coordinator has information sheets on the most common illnesses/diseases. Information that is provided includes symptoms and minimum exclusions from childcare. In addition, Fraser School is required to report some communicable diseases to the MN Department of Health, like pertussis or tuberculosis, and/or the CDC.

- Health policies and procedures may be modified during any community health crisis, and those current protocols will then override these current policies and practices.

From the MN Department of Human Services, Rule 9503.0080: “A child with any of the following conditions or behaviors is a sick child and must be excluded from a center not licensed to operate a sick care program. If the child becomes ill while at the center, the child must be isolated from other children, and the parent called immediately. A sick child must be supervised at all times. The license holder must exclude a child:

A. with a reportable illness or condition as specified in part 4605.7040 that the commissioner of health determines to be contagious and a physician determines has not had sufficient treatment to reduce the health risk to others;

B. with chickenpox until the child is no longer infectious or until the lesions are crusted over;

C. who has vomited two or more times since admission that day;

D. who has had three or more abnormally loose stools since admission that day;

E. who has contagious conjunctivitis or pus draining from the eye;

F. who has a bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of antimicrobial therapy;

G. who has unexplained lethargy;

H. who has lice, ringworm, or scabies that is untreated and contagious to others;
I. who has a 100 degree Fahrenheit or higher temperature of undiagnosed origin before fever-reducing medication is given;

J. who has an undiagnosed rash or a rash attributable to a contagious illness or condition;

K. who has significant respiratory distress;

L. who is not able to participate in child care program activities with reasonable comfort;

M. who requires more care than the program staff can provide without compromising the health and safety of other children in care.”

N. Fraser School also requires a child must be fever-free without the use of fever-reducing medication for 24 hours before returning to school. Exceptions for fevers due to non-contagious reasons, like ear infections, immunizations, will be made.

Specific Disease Exclusion Policy and Procedures

If anyone in their child’s age group is diagnosed with an infectious disease, a notice will be posted for parents or sent home with children.

The health service office has an information sheet for most known illnesses. These are available to staff and families. Each communicable disease has specific exclusion requirements. Families will be notified about the criteria, as relevant. Following are the most common and/or most asked about infectious diseases and their exclusion requirements.

Specific Disease Exclusion Guidelines

<table>
<thead>
<tr>
<th>Disease</th>
<th>Exclusion Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Until all the blisters have dried into scabs and no new blisters or sores have started within the last 24 hours; usually by day 6 after the rash began. Hennepin County guidelines will be followed for exclusion of children who have recently received the vaccine.</td>
</tr>
</tbody>
</table>
| Conjunctivitis (Pinkeye) | Bacterial (with pus): until 24 hours after treatment begins  
Viral (without pus): no exclusion necessary |
<p>| Cytomegalovirus (CMV) | No exclusion necessary                                                                   |</p>
<table>
<thead>
<tr>
<th>Condition</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>Completed treatment as prescribed by the physician; and/or has had at least one stool of normal consistency or more than 24 hours have elapsed since the last diarrhea stool and, feels well enough to participate in normal daily activities.</td>
</tr>
<tr>
<td>Enteroviruses</td>
<td>For children with diarrhea, until diarrhea has stopped. NO exclusion for mild, (non-polio) cold-like symptoms, as long as the child is able to participate in normal daily activities</td>
</tr>
<tr>
<td>E.Coli 9157:H7</td>
<td>Until two stool cultures, obtained at least one day apart, have tested negative. Staff with E. coli 9157:H7 may be restricted from preparing and/or serving food.</td>
</tr>
<tr>
<td>Fifth Disease</td>
<td>None (if other rash-causing illnesses are ruled out by a healthcare provider) since persons with fifth disease are no longer infectious once the rash begins.</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>For those with diarrhea; until 24 hours after treatment has been started and diarrhea has stopped. No exclusion necessary for children who show Giardia in their stools but who do not have symptoms</td>
</tr>
<tr>
<td>Haemophilus Influenza</td>
<td>Until child has been treated and is well enough to participate in normal activities. Disease (Hib) Rifampin should be given to child before discharge from the hospital to assure that Hib has been eliminated</td>
</tr>
<tr>
<td>Hand, Foot, Mouth Disease</td>
<td>Until fever is gone and child is well enough to participate in normal daily activities (sores may still be present)</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Consult with your local or state health department. Each situation must be evaluated to determine whether the person with hepatitis A is still infectious and poses a risk to others</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>No exclusion necessary unless child exhibits unusually aggressive biting behavior, has open sores that cannot be covered, or there are unexpected bleeding conditions</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Until child has been treated with antibiotics for at least a full 24 hours</td>
</tr>
</tbody>
</table>
Lice (Head)  
Children with lice or live nits will be excluded until after treatment. All treatment approaches must include nit picking. The child may return when no lice or live nits are found.

Measles  
Until six days after the rash appears

Meningococcal Disease  
Until the child has been treated and is well enough to participate in normal activities. Rifampin should be administered to the child before discharge from the hospital to assure the bacteria is eliminated.

Mononucleosis (Infectious)  
Until the child is well enough to return to normal activities

Mumps  
Until nine days after swelling begins

Oral Herpes  
Exclude children who do not have control of oral secretion, as long as active cold sores are present inside the mouth (gingivostomatitis)

Pertussis (Whooping Cough)  
Until five days after antibiotic treatment begins

Pinworms  
Until 24 hours after treatment has been started

Respiratory Infections (Viral)  
Until the child is without fever for 24 hours and is well enough to participate in normal activities. No exclusion for other mild respiratory infections without fever as long as the child can participate comfortably

Reye Syndrome  
Until the child is well enough to participate in normal activities

Ringworm  
Until 24 hours after treatment has been started

Roseola  
Until the child is without fever for 24 hours

Rotavirus  
Until diarrhea has stopped

Rubella (German Measles)  
Until six days after the rash appears
Salmonellosis

Until diarrhea has stopped. No exclusion for children who show salmonellosis in their stools, but who do not have symptoms. Staff with salmonellosis may be restricted from preparing and serving food.

Shingles

If sores can be covered by clothing or a bandage, no exclusion is needed. If sores cannot be covered, exclude until the sores have crusted.

Streptococcal Sore Throat/Scarlet Fever

Until at least 24 hours after treatment begins and the child is without fever for 24 hours.

Tuberculosis

A person with a positive Mantoux test but without symptoms should not be excluded, but should see a physician as soon as possible for further evaluation.

Yeast Infection

No exclusion necessary (Thrush)

Other Infectious Diseases

Parents should consult local or state health departments or the child’s healthcare provider regarding exclusion guidelines for other infections not described in this handbook. Special exclusion guidelines may be recommended in the event of an outbreak of an infectious disease in a child care setting.

Inadequately Immunized Children

If a case of measles, mumps, rubella, pertussis, polio, or diphtheria occurs in the child care setting, children who are inadequately immunized may be excluded for the incubation period of the disease. Other infectious diseases may be considered for exclusion as advised by public health. This exclusion may be necessary because these children may become infected and contribute to spreading the disease. Exclusion does apply to children who have not been immunized for conscientiously held beliefs or medical contraindications. Fraser School will follow the recommendations of the MN Department of Health regarding the exclusion of inadequately immunized children.

Children with inadequate immunization will also be required to provide a doctor’s note if they display symptoms of a disease for which they have not been immunized.

For more information, parents or physicians may call Bloomington Public Health Division at (952) 948-8900.
Individual Child Care Program Plan

If your child has an ongoing medical diagnosis that requires staff training and information or food allergies, the Health Services Coordinator may write an Individual Child Care Program Plan. The plan will be created with you and your child’s healthcare provider. This individualized plan will list any preventative actions and/or procedures for the staff to respond to an incident. The original is in the health services office, and a copy is kept in each classroom that the child attends.

Medication Administration

Medications that only need to be administered one or two times per day are expected to be given at home. Medication is administered, if required, during program hours in the following instances:

Short-Term Prescription Medication (e.g., antibiotics) – Medication must be in the original pharmacy container with a readable label that states the child’s name, type of medication, amount to be administered, length of treatment, and physician’s name. The medication must be accompanied by the completed Medication Administration Request form signed by the parent. Medication will not be administered if these criteria are not met. A pharmacy label is considered the doctor’s order/signature. A new doctor’s order/label is needed if there is a change in the dosage or frequency of administration.

Long-Term Prescription Medication (e.g., seizure medications, Ritalin, etc.) - The medication must be in the original pharmacy container, with a readable label that states the child’s name, type of medication, amount to be administered, length of treatment, and the physician’s name. The medication must be accompanied by the completed Medication Administration Request form signed by the parent. Medication will not be administered if these criteria are not met.

Nonprescription Medications (over-the-counter) – Nonprescription medications will be administered if the parent completes and signs the Medication Administration Request form. If the label on the nonprescription medication states, “consult a physician” for the specific age/weight of the child, a physician’s order is required. Parent/guardians are responsible for securing this written order and giving it to the Health Services Coordinator, or the doctor may fax the order to Fraser School at (612) 861-6050.

Parents must supply the requested medication in the original container with the child’s full name written on it. No expired medications will be administered. Any medication received without physician/parent signature or inappropriately labeled containers will be returned to the parent. Most medicine will be stored within a secure cupboard in the health services office. The health services office also has a refrigerator if the medication must be kept refrigerated. Occasionally, staff may keep medicine within a secure cupboard within the classroom. Families may discuss the location of their child’s medication with the Health Services Coordinator.
Sudden Unexplained Infant Death and Abusive Head Trauma Training

All Fraser staff receive training regarding the prevention of SUID (Sudden Unexplained Infant Death) and AHT (Abusive Head Trauma). The SUID training is mandated for all employees who work with infants by the MN Department of Human Services. The AHT training is mandated for all employees who work with children 5 years and younger. Fraser School requires both trainings for all of its employees. Both are reviewed annually.

Community Notification

If a Level II or III sex offender is relocated into a neighborhood near Fraser School, the Richfield Department of Public Safety must notify us. Our policy is to provide this information to parents. We will include the offender’s name and description, the block on which they will reside, a general description of the crime (such as the age group of the victims), and a photograph of the offender.

Emergency Response Procedures

Fraser and Fraser School have crisis plans, which include written procedures for various emergencies. Fraser School is mandated to practice fire drills once per month and severe weather drills once per month during the severe weather season. At orientation and annually after, staff members review the protocol for a lost child, medical/dental emergencies, dangerous intruders, or people picking up a child that is impaired or unauthorized. If you have any questions regarding Fraser School emergency responses, please contact the health services office.

If an emergency requires the evacuation of Fraser School, children and staff will relocate to two Fraser administration buildings located on Penn Avenue. The Health Services Coordinator has a printed list of all children enrolled in Fraser School and all of the children’s emergency contacts. Each classroom would be responsible for relocating their specific children with administrative staff available for additional assistance. If an evacuation should occur, families will be called, told their child’s location (6328 Penn Avenue or 6344 Penn Avenue), and requested to pick up their children immediately. If a family cannot be reached, all emergency contacts will be called until someone is located.

Fraser School is an alcohol, tobacco, and drug-free environment.

Please refrain from using or carrying any alcohol, tobacco or vaping products, or illegal drugs on Fraser School property. Fraser School bans guns and other weapons on Fraser property.
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 anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected, physically or sexually abused within the preceding three years, you must immediately (within 24 hours) make a report to an outside agency.

Where to Report

If you know or suspect that a child is in immediate danger, call 911.

- Report suspected abuse or neglect of children occurring in a licensed child care facility to county child protection services
- Report suspected abuse or neglect of children occurring in all other facilities licensed by the MN Department of Human Services to the Department of Human Services, Licensing Division’s Maltreatment Intake line at (651) 431-6600.
- Report incidents of suspected abuse or neglect of children occurring within a family or the community to the local county social services agency at (612) 348-3552 or local law enforcement at (612) 861-9800.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota statutes or rules that govern the facility, you should call the Department of Human Services Licensing Division at (651) 431-6500.

What to Report

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 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 information 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 statement 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. A mandated reporter who fails to report maltreatment, that is found to be serious or recurring, may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services, the MN Department of Health, and unlicensed personal care provider organizations.

**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 about 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 learns of an internal or external report of alleged or suspected maltreatment, 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:

(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 Division Director will complete the internal review. If this individual is involved in the alleged or suspected maltreatment, the Executive Vice President/Chief Operating Officer will be responsible for completing the internal review.

Documentation of the Internal Review

The facility must document the completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner’s request.

Corrective Action Plan

Based on the internal review results, the license holder must develop, document, and implement a corrective action plan 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.

The mandated reporting policy must be provided to parents of all children when they enroll in the child care program and must be made available upon request.
Appendix C
Definitions of Maltreatment of Minors, Minnesota Statutes 626.556

Maltreatment of Minors Act: A Minnesota law that protects children under 18 years of age from maltreatment.

Mandated Reporter: A person or people required by the Maltreatment of Minors Act to report maltreatment. Fraser employees, volunteers, and/or consultants are mandated reporters and must report suspected maltreatment of minors.

Maltreatment of minors: Physical abuse, neglect, or sexual abuse

Physical Abuse:

1. Any physical injury, mental injury, or threatened injury, inflicted by a person responsible for the child’s care on a child other than by accidental means, or any physical or mental injury that the child’s history of injuries cannot reasonably explain, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under Minnesota Statutes section 121A.67 or 245.825.

2. Actions that are not reasonable and moderate include, but are not limited to, any of the following:
   a. Throwing, kicking, burning, biting, or cutting a child;
   b. Striking a child with a closed fist;
   c. Shaking a child under age three;
   d. Striking or other actions which result in any non-accidental injury to a child under 18 months of age;
   e. Unreasonable interference with a child’s breathing;
   f. Threatening a child with a weapon, as defined in Minnesota Statutes section 609.02, subdivision 6;
   g. Striking a child under age one on the face or head;
   h. Striking a child who is at least age one but under age four on the face or head, which results in an injury;
i. Purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, to control or punish the child; or other substances that substantially affect the child’s behavior, motor coordination, or judgment or that results in sickness or internal injury or subjects the child to medical procedures that would be unnecessary if the child were not exposed to substances;

j. Unreasonable physical confinement or restraint not permitted under Minnesota Statute section 609.379, including but not limited to tying, caging, or chaining; or

k. In a school facility or school zone, an act by a person responsible for the child’s care that is a violation under section Minnesota Statute section 121A.58.

3. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian, which does not result in an injury. Abuse does not include reasonable force by a teacher, principal, or school employee as allowed by Minnesota Statutes section 121A.582.

Neglect:

1. Failure by a person responsible for a child’s care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child’s physical or mental health when reasonably able to do so;

2. Failure to protect a child from conditions or actions that seriously endanger the child’s physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

3. Failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child’s age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child’s own basic needs or safety, or the basic needs or safety of another child in their care;

4. Failure to ensure that the child is educated as defined in Minnesota Statutes Section 120A.22 and 260C.163, subdivision 11, which does not include a parent’s refusal to provide the parent’s child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;

5. Nothing in this section shall be construed to mean that a child is neglected solely because the child’s parent, guardian, or another person responsible for the child’s care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child instead of medical care; except that a parent, guardian, or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of medical care may cause serious danger to the child’s health. The section does not impose upon persons, not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care, a duty to provide that care;
6. Prenatal exposure to a controlled substance, as defined in Minnesota Statute Section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, or medical effects or developmental delays during the child’s first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;

7. Medical neglect is defined in Minnesota Statute Section 260C.007, subdivision 6, clause (5) is medically neglected, which includes, but is not limited to, the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. The term “withholding of medically indicated treatment” means the failure to respond to the infant’s life-threatening conditions by providing treatment, including appropriate nutrition, hydration, and medication which, in the treating physician’s or physicians’ reasonable medical judgment, will be most likely to be effective in easing or correcting all conditions, except that the term does not include the failure to provide treatment other than appropriate nutrition, hydration, or medication to an infant when, in the treating physician’s or physicians’ reasonable medical judgment:
   a. The infant is chronically and irreversibly comatose;
   b. The provision of the treatment would merely prolong dying, not be effective in alleviating or correcting all of the infant’s life-threatening conditions, or otherwise be futile in terms of the survival of the infant; or
   c. The provision of the treatment would be virtually futile in terms of the survival of the infant, and the treatment itself under the circumstances would be inhumane;

8. Chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child’s basic needs and safety; or

9. Emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child’s behavior, emotional response, or cognition that is not within the normal range for the child’s age and stage of development, with due regard to the child’s culture.

Sexual Abuse:

1. The subjection of a child by a person responsible for the child’s care, by a person who has a significant relationship to the child, as defined in Minnesota Statute Section 609.341, or by a person in a position of authority, as defined in Minnesota Statute Section 609.341, subdivision 10, to any act which constitutes a violation of Minnesota Statute Section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree).
2. Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under Minnesota Statute Sections 609.321 to 609.324 or 617.246. Sexual abuse includes threatened sexual abuse that includes the status of a parent or household member who has committed a violation which requires registration as an offender under Minnesota Statute section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under Minnesota Statute section 243.166, subdivision 1b, paragraph (a) or (b).

If an employee, volunteer, or student in training is reported for suspected abuse or neglect, all licensed centers must perform an internal investigation review.

Internal Investigation Review Procedure:

(1) Following an internal or external report of suspected maltreatment, the Division Director or designee will complete an internal investigation review of the incident within 30 calendar days.

   (a) If the Division Director or designee is suspected of maltreatment, the Executive Vice President/Chief Operations Officer shall conduct and complete an internal investigation.

   (b) If the Executive Vice President/Chief Operations Officer is suspected of maltreatment, the President/Chief Executive Officer shall conduct and complete an internal investigation.

   (c) The Director or internal review designee will assure that corrective action has been taken to protect the health and safety of the minors when the facility knows an internal or external report of alleged or suspected maltreatment was made.

   (d) Based on the results of this review, the Director or designee will develop, document and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

   (e) The internal review checklist will include an evaluation of whether:

      1. Related policies and procedures were followed;

      2. Policies and procedures were adequate;

      3. There is a need for additional staff training;

      4. The reported event is similar to past events with the minor, vulnerable adult, or the services involved;

      5. Whether there is a need for any further corrective action by the program to protect the health and safety of vulnerable adults and/or minors.

   (f) The internal review checklist will also include:

      1. Name of the minor
2. Date of birth of the minor
3. Date of the incident of possible maltreatment
4. Persons involved
5. Persons interviewed
6. Persons and agencies notified
7. Summary of findings
8. Corrective actions taken
9. Name and title of person completing the report
10. Signature of person completing the report
11. Date report completed

(2) Documentation of internal investigation reviews will be made available to the commissioner of the MN Department of Human Services upon the commissioner’s request. The documentation provided to the commissioner will include the completed internal review checklist that verified the completion of the internal review requirements.

(3) Documentation of internal investigation reviews and external investigations will be maintained by Division Directors.

(a) If the Division Director is suspected of maltreatment, the Executive Vice President/Chief Operating Officer will maintain the documents.

(b) If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the President/Chief Executive Officer will maintain the documents.

(4) If a child dies because of suspected maltreatment, the Division Director or designee will immediately notify the county’s medical examiner regarding the suspicion of maltreatment.
Child Protection Intake Phone Numbers

**Anoka County**

763-422-7125 (Monday-Friday, 8 AM-4:30 PM)

763-427-1212 (After hours, weekends, holidays)

**Carver County**

952-361-1600 (Monday-Friday, 8 AM-4:30 PM)

952-361-1212 (After hours, weekends, holidays)

**Dakota County**

952-891-7459 (Monday-Friday, 8 AM-4:30 PM)

952-891-7171 (After hours, weekends, holidays)

**Hennepin County**

612-348-3552 (24 hours/day)

**Ramsey County**

651-266-4500 (Monday-Friday, 8 AM-4:30 PM)

651-291-6795 (After hours, weekends, holidays)

**Washington County**

651-430-6484 (Monday-Friday, 8 AM-4:30 PM)

651-291-6795 (After hours, weekends, holidays)

To report possible maltreatment in a program licensed by the MN Department of Human Services, call 651-431-6600.
Section 3
Billing and Legal Information
Private Pay Billing Information

Private fees are billed for **all scheduled days and hours regardless of actual attendance**. The following guidelines apply:

- Families **are not** billed when program services are planned to be closed, e.g., holidays, parent conferences and staff development days.

- Families **are** billed for days that a child is absent due to illness and/or family vacations.

- If the program must close due to weather or other unforeseen circumstances, fees may be **reimbursable** to families; each event is evaluated separately.

- Families may request hours in addition to a child’s regular schedule. Additional hours must be pre-approved and are based upon availability. A two working-day advance notice is requested for extra hours. A separate hourly rate is charged for these hours. Requests for additional hours will be denied if the family is not current on their tuition payments, copayments, payment agreement, and/or in compliance with their child’s health records or emergency medication.

- Families must provide a two-week notice for a permanent schedule change. There is a fee charged per change. Schedule changes may take two weeks to process. Requests for schedule changes will be denied if the family is not current on their tuition payments, copayments, payment agreement, and/or in compliance with their child’s health records or emergency medication.

- Staffing is based on the number of children in each group. This makes it important that children are dropped off and picked up according to their scheduled time. Parents will be billed for early drop off or late pick up. **SEE EARLY DROP OFF / LATE PICK UP POLICY.**

- Families with multiple children in the program receive a 10% discount off the lower tuition bill of one child. This discount does not apply to extra hours requests.

- Fees for clinical services — like Fraser Pediatric Therapy or Day Treatment — are billed separately through the clinical billing department. All questions regarding clinical billing should be directed to 612-767-7222. You can navigate the automated phone system by pressing option 1 for English, 2 for Spanish, and option 5 for billing questions.

Paying fees

- For families paying tuition privately, monthly invoices and payment envelopes are emailed by the 11th of each month, with payment due by the first day of the following month. For example, September tuition is sent out in early August and is due by September 1st. This invoice reflects all scheduled days of attendance for the following month.
• Families with extra hours or who incur other costs, such as a schedule change fee, are billed after the service is provided.

• Families that use subsidized child care (with current service agreements and authorizations) are billed for copayments and other fees after the service has been provided.

• You can pay by check or credit card. Checks can be mailed, given to front desk staff, or dropped in the wooden drop boxes located inside the building at each entrance. Credit card payments can be made in person through the front office staff, paid by calling the accounting office at (612) 798-8305, paid by logging in to your account at www.MyProcare.com, or by clicking the Fraser School payments link to ProCare on the Fraser website. You can also set up automatic payments on your credit card, by completing a form with the front office staff or calling the accounting office at (612) 798-8305. Please do not send payments or credit card information via child lunchboxes or give them to classroom staff. Payments are usually posted within a few days of receipt.

• If a private party other than the parent(s) will be paying any or all of the tuition, please sign a consent to exchange information form, so we can discuss the bill directly with the individual.

• Fraser has limited scholarship funding to support families in crisis. Questions regarding scholarship funding can be addressed to the School Director.

• If you are discharging from the school and have prepaid tuition or an overpayment due to a reduced schedule, you will be refunded any overage after processing your final tuition bill.

Late Payment Process

• All tuition is due by the first of the month. Accounts not paid by the 15th are past due and charged a $25 late fee. A 1.5% interest per month (18% annual) will also be accrued.

• At the beginning of the next month, you are expected to pay all past due tuition and current tuition.

• Failure to pay your account in full or set up a payment plan by the 28th will result in the discontinuation of Fraser services, and your account being sent to a collections agency. Siblings who are using Fraser services may also be discharged.

• If you cannot pay on time, please call the accounting department at (612) 798-8305 to arrange a payment schedule.

• Fraser is a nonprofit organization and relies on tuition payment on a timely basis.
County Child Care Assistance (CCAP)

Each county in Minnesota regulates its own child care assistance program. Fraser School works primarily with Hennepin and Ramsey Counties, but is open to working with other counties provided the county approves Fraser School’s application.

Families who receive child care assistance are responsible for completing the necessary paperwork and turning it in to the county child care worker on a timely basis. Families who receive child care assistance are responsible for scheduling their child within Fraser School’s policies and within the hours provided by the county’s authorizations. If families schedule their child for more hours than the county has authorized, families are responsible for privately paying the overage and their county-mandated copayments. If the child care authorization changes the number of hours allowed, it is the family’s responsibility to request a schedule change immediately to conform to the new authorization. If the authorization lapses or ends and there is no formal discharge from the family, the family will be held responsible for the tuition not paid by the county.

The county child care assistance program requires attendance and allows only a maximum amount of absences. If the child has exceeded the absences and the county refuses to pay for tuition, the family must pay the difference in addition to their copayment. There is a medical exemption process if a child’s absences are due to health challenges, and parents need to contact their CCAP caseworker for details and process.

Finally, counties do not allow us to back bill for changes in authorization. If the county does not allow us to bill for past tuition, even if the authorization was backdated, the family may be responsible for the past tuition.

Early Learning Scholarships (ELS)

Some families qualify for Early Learning Scholarships through The Department of Education. These scholarships give each family a specific amount of money to be used for tuition. Once the scholarship is used, the family must privately pay tuition for the child to continue. Families must complete any necessary paperwork to maintain their scholarship status. Fraser School will bill tuition directly to the administrator of the scholarship.

Early Learning Scholarships can also pay the co-pays if a family is dually enrolled in CCAP and ELS.

Like county child care assistance, the Early Learning Scholarship program requires attendance and allows only a minimum number of absences. If the child’s absences exceed the maximum number, it is Fraser School’s responsibility to inform the administrator of the scholarship. The administrator makes any decision whether to take away funding.
Data Privacy

The Minnesota Data Practices Act (Minnesota Statutes, Chapter 13) relates to the collection, security, and dissemination of data on individuals by the state and its political subdivisions (of which Fraser is included). Data includes all records, files, and processes, in which an individual is or can be identified and is intended to be kept on a permanent or temporary basis. It includes information collected, stored, and disseminated by manual, mechanical, electronic, or other means. The act gives you the right to be informed about the information maintained by Fraser. Any person who willfully violates the provisions of this act is guilty of a misdemeanor.

Three categories of records are maintained at Fraser: 1) Employee personnel records classified as private, 2) Client records generally classified as private - in some instances, client medical records may be classified as confidential, and 3) Social service statements for parents and children, classified as private.

No private or confidential data on individuals, or summary of same, shall be used or disseminated outside of Fraser, unless the information is requested in writing and has the approval of the individual (family/legal guardian) and the responsible authority of an administrative staff member.

Your Right to See

When Fraser asks you to give information:

- You will be told the purpose and use of the information
- You will be told if the data is required, or if you may choose not to provide it
- You will be told the consequences of giving or not giving information
- You will be told what other persons or agencies will use the information

The Data Practices Act gives you the right to see any information about you that is not confidential and to have its meaning explained to you. You may request the following:

- to see any information about you, that is public or private;
- an explanation about the information on you;
- copies of papers in your file (Fraser will furnish copies within five working days, or explain why additional time is needed. You may be required to pay copying costs.)
Your Right to Control Disclosure

Any information classified as private may be shown to persons outside Fraser who collected it. If you were not fully informed about who has access to your information (see “Your Right To See”), your written permission is required before sharing that information. Such permission will:

- be expressed in plain language;
- be dated;
- say exactly who is authorized to give out the information;
- say exactly what information can be given;
- say how the information will be used, now or later; and
- say when permission to give out information ends.

Fraser will notify parents, in writing, before their child or their child’s records may be used in a research study, case study, or a public relations activity specific to that child.

Information Release

- No information on a child can be released without the parent’s written consent. Only the information requested on the signed consent form shall be released.
- Information that has become part of a child’s file from other agencies (medical, psychological, or educational) cannot be released by Fraser. This information must be obtained from the source agency.
- As a center providing onsite training for students from accredited educational and medical programs, it may be necessary for training students to access a child’s file and to have contact with parents. No access to files or parent contacts will be made without written parent/guardian’s consent.
- Parents of children who have an Individual Child Care Program Plan will be asked to sign a consent/release form, so the Health Services Coordinator can exchange information with the child’s healthcare provider.
Your Right to Challenge

Please notify Fraser in writing if you feel any information on file about you is inaccurate, incorrect, or incomplete. Within 30 days, Fraser will correct the information and notify anyone who has received the information. Or, if Fraser thinks the data is correct, you will be notified, and Fraser will attach your explanation when using the data you have challenged.

Public Relations/Photo Release

Annually, parents are asked to sign a permission form that includes an authorization to release photos for classroom activities. Classroom activities may involve posting your child’s photo in the classroom, ProCare account, and including your child’s photo in the classroom newsletter or other classroom-related purposes. This may include sending a print or electronic copy of a picture with your child in it to other families within the classroom. Any photos shared cannot be used by parents for social media, unless it is only your own child in the picture.

Photos or videos used for marketing purposes will be limited and have a separate permission form for each event. The permission form will state the purpose of the photos/videos, the audience, and the venue where the photos/videos will be shown. Families can give permission or decline for each separate occurrence.

Families are not allowed to take photos of children other than their own unless the other child’s parent is present and gives verbal permission.

Research or Experimental Procedure Release

Fraser School does not routinely participate in any research projects or experimental procedures. If a situation would arise where Fraser School was requested to be a research site and the enrolled children would be subjects, the school and/or the researchers would provide information to each family and require a permission form to be signed before any research could begin.

Equal Opportunity and Affirmative Action

Fraser is committed to equal treatment of all individuals without regard to race, religion, color, creed, gender, sexual orientation, age, national origin, disability, or any other factor prohibited by law. Fraser complies with all federal, state, and local governments regarding equal access regulations. Fraser has a written affirmative action program in which it commits to administer all actions in compliance with such regulations.
Grievances/Appeals

If a client, parent or guardian, or local social service agency (after designated as the appellant) has a grievance, has been denied admission, is suspended, or is discharged from Fraser, he/she/they have the right to appeal the decision. The appeal process follows:

1. Within two weeks of notification of Fraser’s decision to not act upon a grievance, deny admission, suspend, or discharge the participant, the appellant shall notify the Fraser Chief Executive Officer in writing of the request for an appeal hearing and state the reason for the request.

2. The Chief Executive Officer, or their designee, will notify the appellant in writing of the place, date, and time for the appeal hearing. The appellant must notify any other interested party about the place, date, and time for the appeal.

3. Additional information concerning the circumstances of the denial of admission, suspension, or discharge of the client may be presented at the appeal hearing.

4. After hearing the appellant’s petition, the information will be reviewed with the interested parties, and a decision will be reached. Written notice of the decision will be sent to all parties within one week.

5. If the appellant wishes to appeal the decision of the Fraser Chief Executive Officer, they may notify the Chair of the Board of Directors, in writing within one week of the request for an additional appeal. Adress the request to Fraser, c/o Chair, Board of Directors, 2400 West 64th Street, Richfield, MN 55423.

6. Within two weeks, the Board Chair will appoint a committee to review the participant’s information and the Chief Executive Officer’s decision.

7. The appointed committee shall have the option of reviewing the information and the decision in committee or taking it to the full Board of Directors.

8. The Board of Directors will notify the appellant of the date, place, and time of the review. The information will be reviewed with interested parties, and a decision will be reached within one week. This decision is final.

9. For Hennepin County Children and Family Services’ paid participants: if the participant, their parent/guardian, or local social service agency wishes to further appeal the decision of the Board of Directors, an appeal for a Fair Hearing From County Social Services Department, or the Social Service Appeals Department of the Department of Public Welfare, State of Minnesota, may be arranged through the appropriate channels within Hennepin County.
FRASER SCHOOL
PARENT HANDBOOK

Section 4
Sample Forms
### Immunization Form

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

### Immunizations required for child care, early childhood programs, and school.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth to 6 months</th>
<th>12-24 months</th>
<th>At Kindergarten</th>
<th>At 7th grade</th>
<th>At 12th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type b (Hib)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (varicella)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis (Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MCV4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

1. Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
   - If you have a copy of your child’s immunization history, you can attach a copy of it instead of completing the front of this form.
   - Your doctor or clinic can provide a copy of your child’s immunization history. If you are missing or need information about your child’s immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.

2. Sign or get the signatures needed for the back of this form.
   - Document medical and/or non-medical exemptions in section 1.
   - Verify history of chickenpox (varicella) disease in section 2.
   - Provide consent to share immunization information (optional) in section 3.

[Immunization Program (2019)]
[Health.state.mn.us/Immunize]
Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

1. Document a medical and/or non-medical exemption (A and/or B).
   Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Medical Exemption</th>
<th>Non-Medical Exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, and Pertussis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (varicella)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: ___________________________  Date: ____________
(of health care practitioner*)

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: ___________________________  Date: ____________
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:
This document was acknowledged before me on ____________ (date)
by ____________________________
(name of parent or guardian)
Notary Signature: ____________________________  Notary Stamp
STATE OF MINNESOTA, COUNTY OF ____________

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year ____________________________.

My signature below means that I confirm that this child does not need chickenpox vaccine because:

☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: ___________________________  Date: ____________
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

Minnesota Department of Health - Immunization Program (2019)

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: ___________________________  Date: ____________
(of parent/guardian)
Dear Fraser Client or Responsible Party:

Re: HIPAA - Notice of Privacy Practices

Fraser and Fraser Child & Family Center are complying with the Health Insurance Portability and Accountability Act (HIPAA) by informing their clients on how we use and disclose their personal health information.

The enclosed Notice of Privacy Practices is a detailed description of how Fraser collects, uses and discloses protected health information (PHI).

Please read the notice and return the acknowledgement at the bottom of this page to:

Fraser
Privacy Notice
2400 W. 64th St.
Richfield, MN 55423

Questions regarding this notice? Contact the program site at which you receive services or:

Fraser
Privacy Officer
2400 W. 64th St.
Richfield, MN 55423

Thank you!

I hereby acknowledge receipt of the Fraser Notice of Privacy Practices.

Print Client Name______________________________

Fraser Program Where Services are Received ________________________________

Signature of

Client / Responsible Party X __________________________ Date _____________

Printed Name of

Client / Responsible Party ________________________________

Relationship to Client ________________________________
FRASER NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Your Personal Health Information

This notice explains how Fraser uses and discloses your personal health information (known as Protected Health Information or “PHI”) and the rights that you, as a consumer, have with respect to accessing that information and keeping it private. We are required by law to protect the privacy of your PHI and to provide you with this notice.

We must follow the privacy practices that are described in this notice. We reserve the right to change our privacy practices and the terms of this notice at any time, and to have those changes be effective for all information that we have, including PHI we created or received before the effective date of the new notice. We will post the revised notice in our offices, make copies available to you upon request and post the revised notice on our website www.fraser.org.

Under Minnesota law, to disclose your PHI outside of Fraser, we are required to obtain your written consent. Under this law, certain disclosures may or must be made without your consent. Examples include medical emergencies and disclosures to local welfare agencies.

For more information, please contact us using the information listed at the end of this notice.

Our Uses and Disclosures of Your Personal Health Information

The following categories describe different ways that we use and disclose your PHI.

Treatment: We may use your PHI to provide you with medical treatment or health-related services. For example, Fraser staff may share information about your medical condition with another clinician to whom you have been referred, with a school social worker or teacher, a case manager, a social worker or a county worker as appropriate to your treatment.

Payment: We may use and disclose your PHI in order to receive payment for the services you receive. For example, we need to give information about services you received to your health plan to obtain payment.

Health Care Operations: We may use and disclose PHI about you for our health care operations, which are activities necessary to operate Fraser and make sure that all of our clients receive quality care. For example, we may use and disclose your PHI to conduct quality assessment and improvement activities, to engage in case coordination or case management, or to manage our business.

Business Associates: We may disclose PHI about you to third party “business associates” that perform various activities for Fraser. Whenever this occurs, Fraser will have a written agreement with the business associate that contains terms to protect the privacy of your health information.

Family and Other Individuals Involved in Your Care: Unless you object, we may disclose to your family members, friends, and persons you indicate are involved in your care, PHI that is directly relevant to their involvement in your care (or payment for your care). We may also use or disclose your information to notify these persons of your location, general condition or death.

We are not required to obtain your written consent or authorization for the disclosures in this section. If you are present, we will give you the opportunity to object before we disclose your PHI to these persons (or we may use our professional judgment in concluding that you do not object). If you are incapacitated or in an emergency, we may disclose your PHI to these...
persons if we determine that the disclosure is in your best interest.

Appointment Reminders: We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or services.

Communication about Products and Services: We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives, or to tell you about health-related benefits or services that may be of interest to you. We may communicate with you face-to-face regarding any products or services.

Fundraising: We may use your name, address and other demographic data and the dates on which you received care, to contact you to ask for fundraising activities to support Fraser. If we contact you for a donation, you can “opt out” of any future fundraising contacts. If you do not want to be contacted, please notify our HIPAA Privacy Officer, in writing or by email, using the information given at the end of this notice.

Research: We may disclose information to external researchers with your authorization, which we will attempt to collect in a manner consistent with applicable state laws.

Underwriting: Fraser is prohibited from using PHI that is genetic information for underwriting purposes.

Special Situations involving Public Health or Legal Requirements: We may use and disclose PHI:

- If required by law.
- For disaster relief efforts.
- For public health activities, such as communicable disease reporting, or informing authorities of possible victim of abuse, neglect or domestic violence.
- For government healthcare oversight activities.
- For judicial or administrative proceedings, such as responding to a court order.
- For law enforcement purposes.
- To avoid a serious threat to health or safety.
- To medical examiners, funeral directors, or organ procurement organizations, in regard to a deceased person.
- For special government functions, such as disclosures to authorized federal officials for national security activities.
- For workers’ compensation and similar programs for work-related injuries or illness.

Uses and Disclosures You Specifically Authorize: If you give us your written authorization, we may use and disclose your information as permitted by that authorization. You may revoke an authorization in writing at any time, except if we have already relied on it. Without your written authorization, we may not use or disclose your PHI for any reason except those described in this notice.

Your Rights

Access: You have the right to look at or get copies of your PHI (including electronic copies), with limited exceptions. We may require you to make this request in writing. If you request copies, we may charge you a fee to cover the costs of copying, mailing and other supplies. We may deny your request in very limited circumstances. If we deny your request, you may be entitled to a review of that denial.

Amendment: If you feel that your PHI is wrong or something is missing, you have the right to request that we amend it. We will require you to make this request in writing and provide a reason to support your request. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be included in your records.

Accounting of Disclosures: You have the right to receive a list of disclosures we have made of your PHI. This right to disclosures, except for treatment, payment, health care operations, and certain other purposes, only applies if your health records are maintained or
FRASER NOTICE OF PRIVACY PRACTICES

Your request for the accounting must be in writing and submitted using the contact information at the end of this notice. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.

Notice of Breach: You have the right to be notified by Fraser in the event of a breach of unsecured PHI.

Restriction Requests: You have the right to request that we place restrictions on our use or disclosure of your PHI for treatment, payment, health care operations. For example, if you pay for service entirely out-of-pocket, then you can require that information regarding that service not be disclosed to your health plan or insurance. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for restrictions must be in writing signed by a person authorized by Fraser to agree to such requests.

Confidential Communication: You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location. For example, you may ask that we contact you only at work or by mail. You must make your request in writing and must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Others Acting on Your Behalf: These rights may also be exercised by someone who has the legal right to act on your behalf.

Copy of this Notice: You are entitled to receive a printed (paper) copy of this notice at any time. Please contact us using the information listed at the end of this notice.

Questions and Complaints

If you want more information about Fraser's privacy practices, have questions or concerns, or believe that we may have violated your privacy rights, please contact us using the following information:

Contact Office: HIPAA Privacy Officer
Address: Fraser
2400 W. 64th St.
Richfield, MN 55423
Telephone: 612-661-1688
Email: privacy@fraser.org

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.