



## REGISTRATION

Today's Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Child's DOB/Due Date \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Enrolling at: ☐ Loving Arms ☐ Praise & Play ☐ Discovery Hill

### Family Data

Child Resides with ☐ Mother ☐ Father ☐ Both ☐ Other

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Co-Habit

**Parent/Guardian's Name** \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Daytime E-mail \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work phone \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Daytime E-mail \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work phone \_\_\_\_\_

For Office Use Only:

Deposit Received Date: \_\_\_\_\_ Check # \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_



**INFANT OR TODDLER PERSONAL INFORMATION - PLEASE TURN IN BEFORE THE FIRST DAY OF ATTENDANCE**

Childs Name \_\_\_\_\_

In addition to parents, who resides in the home with this child? (name, age, gender, relationship)

\_\_\_\_\_

Languages spoken in the home \_\_\_\_\_

Any information we should know about your family situation, traditions, and/or culture?

\_\_\_\_\_

General Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Explain \_\_\_\_\_

What arrangements have you made for alternative care when your child is sick?

\_\_\_\_\_

**SLEEPING PATTERNS**

Schedule: Rises \_\_\_\_\_ AM Evening bedtime \_\_\_\_\_ PM

AM Nap \_\_\_\_\_ to \_\_\_\_\_ PM Nap \_\_\_\_\_ to \_\_\_\_\_

My child: ☐ Naps easily ☐ Naps with difficulty is calmed by \_\_\_\_\_

Do you have special bedtime/nap routines? Y / N Please Describe \_\_\_\_\_

\_\_\_\_\_

**EATING PATTERNS**

Uses cup? Y / N Type of Formula or milk alternative \_\_\_\_\_

Likes/ dislikes: \_\_\_\_\_

\_\_\_\_\_

Special eating concerns: \_\_\_\_\_

**DIAPERING**

Bowel movements: Number per day \_\_\_\_\_ Times of day \_\_\_\_\_

Usual appearance: ☐ Very loose ☐ Soft ☐ Firm Color \_\_\_\_\_ Size \_\_\_\_\_

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

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

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.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

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

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:

- 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.
- 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.

**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.

Name \_\_\_\_\_

**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.

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

**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\*)

**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.

**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 \_\_\_\_\_

**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)

# HEALTH CARE SUMMARY

**MUST BE COMPLETED BY HEALTH CARE SOURCE**

Date of Enrollment: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's . . .

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems

Important Health Problems

Followed  
By You

Followed By Other  
Med Source (Name)

Requires Special  
Attention at Center

Other information helpful to the child care program \_\_\_\_\_

Phone \_\_\_\_\_

**Signature of Health Source** \_\_\_\_\_

Address \_\_\_\_\_

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



### EMERGENCY AUTHORIZATION

I hereby grant permission for Loving Arms, Praise & Play and/or Discovery Hill Child Care Center to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Contact your health services for consultation and/or services.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. Attempt to contact the child's physician.
5. If we cannot contact you or your child's physician, we will do any or all of the following: a) call another physician, b) call an ambulance, c) have the child taken to an emergency hospital in the company of a staff member.
6. Loving Arms, Praise & Play and Discovery Hill Child Care Centers are insured by Church Mutual Insurance Company.  
Any expenses which occur as a result of actions stated in #5, will be the responsibility of the child's family. Certain circumstances may also be covered by our insurance.
7. The school will not be responsible for anything that may happen as a result of false information given at time of enrollment.
8. The center staff will deny a parent access to their child if the staff feels the parent is under the influence of drugs or alcohol.

**Facility Emergency:** In the event an evacuation from the building is necessary, children will walk to a place of safety. Parents will be notified as quickly as possible to pick up their child(ren) at that location.

Mothers Signature \_\_\_\_\_ Date \_\_\_\_\_

Fathers Signature \_\_\_\_\_ Date \_\_\_\_\_

## Child Enrollment Form—Standard Child and Adult Care Food Program

Dear Parents or Guardians,

Your child care center participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. To meet CACFP requirements specific enrollment information must be collected annually. Please complete this form and return it to your child care center.

Name of the Child Care Center: \_\_\_\_\_ Beginning Date of Child Care: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Enter the normal hours your child is in care (for example, 7:30 a.m. – 5 p.m.; for a split schedule, 7:30 a.m. – 9 a.m. and 12:30 p.m. – 5 p.m.): \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

Check the days your child normally attends:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Check the meals your child normally receives while in care:

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Night Snack

Beginning Date of Child Care: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Enter the normal hours your child is in care (for example, 7:30 a.m. – 5 p.m.; for a split schedule, 7:30 a.m. – 9 a.m. and 12:30 p.m. – 5 p.m.): \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

Check the days your child normally attends:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Check the meals your child normally receives while in care:

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Night Snack

*If there are other children in care, please complete additional forms as needed.*

Parent's Signature: \_\_\_\_\_ Date Signed (form must be completed annually): \_\_\_\_\_

Parent's Name (please print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child enrollment information needs updates annually. If the above information is the same, initial and date below.

Initial:						
Date:						

This institution is an equal opportunity provider



## General Permissions

### Permission for Outdoor Activities

I hereby give permission for my child to go on walking field trips with the Loving Arms/Praise & Play/Discovery Hill staff. These walking field trips may include but are not limited to the Willmar Public Library, the Rice Park Splash Pad, Rice Care Center, Ramblewood Park, Miller Park, Dorothy Olson Aquatic Center, Spicer Library, Wildcat Cove and other nearby locations.

Parent/Guardian signature\_\_\_\_\_ date\_\_\_\_\_

Parent/Guardian signature\_\_\_\_\_ date\_\_\_\_\_

### Facebook and Newsletter

We have a Facebook Pages for our Childcare Centers. This is a great place to post pictures of all the fun things we do during the day. It's also a great way to show the public what we are all about. If you give permission for your child to have pictures posted on Facebook, names will never be used. We also sometimes post pictures in our church's monthly newsletters. Again, names would never be used.

\_\_\_\_\_ Yes, I give permission for my child/rens picture to be shared on Facebook or in the Newsletter.

\_\_\_\_\_ No, I do NOT want my child(rens) picture on Facebook or in the Newsletters.

Parent/Guardian signature\_\_\_\_\_ date\_\_\_\_\_

Parent/Guardian signature\_\_\_\_\_ date\_\_\_\_\_

### Notice of Accuracy and Truth in Information

All of the information in these enrollment papers is accurate as of this date. The signatures below confirm that you will notify the Center in writing when any of this information needs to be changed or corrected. Your signature below also confirms that you have read and understand all of the information given to you.

Parent/Guardian signature\_\_\_\_\_ date\_\_\_\_\_

Parent/Guardian signature\_\_\_\_\_ date\_\_\_\_\_





## PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please **read** the information, **Initial each point, sign the form** and **return** it to the Loving Arms/Praise & Play/Discovery Hill.

\_\_\_\_\_ I understand that my child will only be allowed to leave the program with an authorized person. Any person authorized to pick up my child must be listed on the emergency pick-up form. Other arrangements can be made in case of complicated emergency situations. Releasing your child may require multiple steps beyond simply checking a person's I.D. as we will take whatever steps necessary to insure that your child is being released to the proper person.

\_\_\_\_\_ I understand I am allowed access to my child anytime while in care at Loving Arms Child Care Center/Praise & Play Child Care Center/Discovery Hill Child Care Center.

\_\_\_\_\_ I understand that I may only leave the Center once I am sure that my child is in the care of staff.

\_\_\_\_\_ I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for my child's safety, staff may have no other recourse but to contact law enforcement.

\_\_\_\_\_ I understand that Center staff is mandated, by state law, to report any suspected cases of child abuse/neglect to the appropriate authorities for investigation, which includes care seat and safety seat belt neglect.

\_\_\_\_\_ I understand that I must complete and return a permission slip for my child for each field trip, if I want my child to participate.

\_\_\_\_\_ I received a copy of the Loving Arms/Praise & Play/Discovery Hill Child Care Center Parent Policy Handbook.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### **Biting Policy Revised 10/17**

Loving Arms, Praise & Play and Discovery Hill pride themselves in maintaining developmentally stimulating classrooms where teachers are educated and trained to deal with all areas of development with all ages.

The toddler room creates many different opportunities for teachers, parents, and children to interact and work through developmental milestones. Biting is an issue that is not only difficult to deal with when your child is getting bitten, it is also as hard on the family of the child who is doing the biting. Please feel free to talk the teacher or the Director on any concerns you may have with this issue.

Biting is a developmental milestone that many 16-33 month olds face. Parents and caregivers often struggle with these issues. The staff at Loving Arms are trained to see biting as a milestone that all children need to work through. The following steps will be taken when a bite occurs:

1. Separate children
2. Assess the bite
3. Determine if the bite broke the skin before proceeding:

If skin is not broken:

1. Wash with soap and water
2. Place ice pack on wound
3. Report on incident sheet and log and daily report to parents

If skin is broken:

1. Wash with soap and water
2. Place ice pack on wound
3. Consult with Director
4. Director contacts parent
5. Report on incident sheet and log

The child responsible for the biting will be sat on a chair while the teacher is tending to the child that has been bit. The teacher will then speak with the child only after the child that has been bitten has been cared for.

If a child has bitten more than 3 times in a two week period, the parents will be called in for a conference with the Director and a behavior modification plan will be put in place.

If a child bites hard enough to break the skin of another child, the parents will be called in for a conference with the Director and Teacher to set in place a behavior modification plan. If a child breaks the skin of another child three times in one month the child will be asked to leave the Center for two weeks and the Director will then meet with the parents to re-assess.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Any further instructions for your child:



## Mandated Reporter Policy

### Family Child Care

#### 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 anyone else. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

#### Where to Report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports regarding incidents of suspected abuse or neglect of children occurring at a family child care program, within a family or in the community should be made to the local county social services agency at \_\_\_\_\_.  
Or you may contact your local law enforcement at \_\_\_\_\_.
- 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 your local county social service agency at \_\_\_\_\_.

#### What to Report

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

## Retaliation Prohibited

Minnesota Statutes, section 626.556, subd. 4a. states that an employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

## Failure to Report

Pursuant to Minnesota Statutes, section 626.556, subd. 6, a mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

THIS REPORTING POLICY MUST BE PROVIDED TO THE PARENTS OF ALL CHILDREN AT THE TIME OF ENROLLMENT IN THE CHILD CARE PROGRAM AND MUST BE MADE AVAILABLE UPON REQUEST.

Minnesota Statutes, section 626.556, subd. 2. **Definitions.** As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

- "Sexual abuse" means 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 section [609.341](#), or by a person in a position of authority, as defined in section [609.341](#), subdivision 10, to any act which constitutes a violation of 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). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections [609.321](#) to [609.324](#) or [617.246](#). Effective May 29, 2017, sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section [609.321](#), subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse which includes the status of a parent or household member who has committed a violation which requires registration as an offender under section [243.166](#), subdivision 1b, paragraph (a) or (b), or required registration under section [243.166](#), subdivision 1b, paragraph (a) or (b).

- "Person responsible for the child's care" means (1) an individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or (2) an individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employees or agents, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.

- "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (9), other than by accidental means:

- (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 sections [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 other 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 in lieu 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. This 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 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, 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" as defined in section [260C.007, subdivision 6, clause \(5\)](#);
- (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 which 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.

- "Physical abuse" means 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 cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section [125A.0942](#) or [245.825](#).

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 the use of reasonable force by a teacher, principal, or school employee as allowed by section [121A.582](#). Actions which are not reasonable and moderate include, but are not limited to, any of the following:

Actions which are not reasonable and moderate include, but are not limited to, any of the following:

- (1) throwing, kicking, burning, biting, or cutting a child;
- (2) striking a child with a closed fist;
- (3) shaking a child under age three;
- (4) striking or other actions which result in any non-accidental injury to a child under 18 months of age;
- (5) unreasonable interference with a child's breathing;
- (6) threatening a child with a weapon, as defined in section [609.02, subdivision 6](#);
- (7) striking a child under age one on the face or head;
- (8) striking a child who is at least age one but under age four on the face or head, which results in an injury;
- (9) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, in order 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 the substances;
- (10) unreasonable physical confinement or restraint not permitted under section [609.379](#), including but not limited to tying, caging, or chaining; or
- (11) in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section [121A.58](#).

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 Parent Signature

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 Date

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 Parent Signature

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 Date

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 Provider Signature

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 Date