



Two Wishes Child Care

Client Handbook

Two Wishes Child Care is a family child care program owned by Jen Rothmeyer.



Two Wishes Child Care, Helping Children Blossom from Roots to Wings
31 Lincoln Lane – Northfield, MN 55057 – (507) 301-3351 – www.twowisheschildcare.com

FCC 1081060, EIN 27-0385001

About Two Wishes

Jennifer Rothmeyer is sole proprietor of this family child care program doing business under the assumed name of Two Wishes Child Care with an EIN of 27-0385001. This program is licensed at a C3 level with license # 1081060-1-FCC at 31 Lincoln Lane, Northfield, MN 55057. The license expires 3/1/2019. Jennifer can be reached via telephone at (507) 301-3351.

Educator Qualifications

Clients may ask to see training and education records of educators at any time.

Why Is the Business Called Two Wishes Child Care?

Two Wishes Child Care is so named because of a poem by Denis Waitley, reprinted below. Our logo features dandelions because they are fun flowers that have both a strong taproot that reaches deep into the earth and also seeds that fly in the wind. In other words, they have both roots and wings.

A Child's Bedtime Song by Denis Waitley

If I had two wishes, I know what they would be
I'd wish for roots to cling to, and wings to set me free;
Roots of inner values, like rings within a tree,
And wings of independence to seek my destiny.

Roots to hold forever, to keep me safe and strong
To let me know you love me, when I've done something wrong;
To show me by example, and help me learn to choose
To take those actions every day to win instead of lose.

Just be there when I need you, to tell me it's all right
To face my fear of falling when I test my wings in flight;
Don't make my life too easy, it's better if I try
And fail and get back up myself, so I can learn to fly.

If I had two wishes, and two were all I had
And they could just be granted by my mom and dad;
I wouldn't wish for money or any store-bought things
The greatest gifts I'd ask for are simply roots and wings.

Philosophy

Two Wishes Child Care is committed to providing safe, educational, and loving care to all children and families with whom the program interacts. This program is based upon fostering independence while simultaneously leading individuals to operate within patient, kind, and respectful limits. This philosophy helps to mold resilient, courageous, self-disciplined children for their future success.

Experiences within Two Wishes Child Care include educator-led discussions and small-group activities as well as child-led exploration, activities, and play. This combination of both types of experience leads to the most effective and supportive environment for emotional growth and educational growth.

Values

We believe in:

- ★ nurturing the whole child to include social and emotional development, intellectual growth, and physical health
- ★ setting stage-appropriate limits while recognizing individual freedom within those limits
- ★ intentionally adapting the child's physical environment to support growth and education – including sensory education!
- ★ involving children in day-to-day work and play
- ★ facilitating both indoor and outdoor play
- ★ supporting consistency between home and care through listening and creating mutual understanding with families
- ★ accommodating a child's needs and a family's needs by seeing them as individuals - this includes accommodating special dietary, neurological, or physical needs whenever possible
- ★ being responsive and flexible throughout care
- ★ being proactive to reduce the need to be reactive

Social and Emotional Development

We believe in nurturing a child's social and emotional development by:

- ★ honoring the child's stage of development
- ★ validating and respecting a child's feelings and individuality by listening as he or she expresses thoughts and needs, then assisting with regulation of those emotions
- ★ providing honest, warm affection to create a secure and stable bond - this includes honoring and respecting a child's right to refuse affection
- ★ modeling problem-solving, coping, patience, respect, responsibility, compassion, accountability, work ethic, empathy, and mindfulness
- ★ fostering independence, resiliency, autonomy, confidence, delayed gratification, and self-reliance
- ★ recognizing positive behaviors and simultaneously using positive discipline in a fair, consistent, educational, and purposeful manner
- ★ responding promptly to a child's needs to encourage trust formation
- ★ being consistent and using routines and rituals to satisfy a child's need for order
- ★ giving my attention freely
- ★ allowing for imperfection
- ★ assisting the development of strong friendships by encouraging discussion and relationships between children
- ★ viewing challenging behaviors objectively

Intellectual Growth

We believe in nurturing a child's intellectual growth by:

- ★ encouraging and answering questions; supporting a healthy curiosity
- ★ meeting physical and emotional needs consistently and promptly so that intellectual development can occur
- ★ providing stage-appropriate scaffolding in both child-led and caregiver-led learning opportunities
- ★ planning daily stage-appropriate educational activities across a spectrum of subjects to support pre-skill activities such as language development, pre-reading and pre-writing skills, and laying the foundation for future STEM skills; activities include hands-on Science, Technology, Engineering, and Mathematics demonstrations, experiments, and projects, reading quality classical literature and living books, supporting art and music enrichment, exploring history and social studies, practicing social skills,

and encouraging nature study and exploration

- ★ allowing time for free play, creative play, imaginative play, exploration, and discovery
- ★ creating and following rhythms that allow for balancing intellectual pursuits, self-reflection and exploration, and physical pursuits
- ★ recognizing and encouraging individual interests and allowing flexibility for pursuing those interests
- ★ emphasizing sensory play across the seven senses (touch, movement, smell, taste, sight, hearing, balance)
- ★ keeping learning fun through humor and silliness
- ★ respecting and accepting diverse backgrounds, cultures, religions, opinions, and experiences
- ★ encouraging repetitive exposure, participation, and practice
- ★ reading, reading, reading, reading
- ★ celebrating serious accomplishments and giving words of encouragement during the learning process
- ★ assisting in the development of concentration and persistence and the ability to follow instructions

Physical Health

We believe in nurturing a child's physical health by:

- ★ creating a safe and sanitary environment
- ★ cooking nutritious and balanced food with a focus on finding local or organic sources when possible – supporting the rainbow!
- ★ providing adaptive equipment for the development of fine and gross motor skills and stimulating the tactile, balance, and movement senses
- ★ encouraging and focusing on movement throughout the day; honoring a child's needs to move

Last Updated June 22, 2017

Alcohol, Drug Use, and Smoking Policy

Alcohol and Drug Use

In accordance with our values, the health and safety of the children under our care is our first priority. As such, we prohibit all individuals, when directly responsible for persons served by the program, from using any chemical that impairs the individual's ability to provide services or care – including alcohol – and from abusing any medications or using any medications that impairs the individual's ability to provide services or care.

Individuals providing care may include the license holder, employees, subcontractors, volunteers, substitute caregivers, second adult caregivers, and helpers. All such individuals will be trained on this policy.

Alcohol is present on the property, but it is kept secured from the children as to be unavailable.

Smoking

In addition, we do not allow smoking anywhere on our property at any time, including outside of the program's open hours. We are a non-smoking home and we ask that all staff, friends, family, clients, and visitors abide by this policy for the safety of our children.

Reference: Minnesota Statute 245A.04 Subd. 1, Section C

Reference: Minnesota Statute 144.414, Subd. 2

Reference: Minnesota Administrative Rules Chapter 9502.0405, Subp. 3

Reference: Minnesota Administrative Rules Chapter 9502.0425, Subp. 19.

Last Updated March 6, 2016

Allergy and Anaphylaxis Policy

Screening

Screening for known or possible anaphylactic reactions, allergies, and intolerances is completed through the enrollment process. Clients are required to complete the Food Allergy/Intolerance and Anaphylaxis Form before their child can begin care.

Intolerance

Any clients who have a child with a known intolerance must complete the following steps in addition to the standard intake packet:

- 1 Write and sign a statement to be kept on file at Two Wishes Child Care that describes:
 - a. the food or foods or other items to which the child displays intolerance
 - b. the severity of the intolerance (ingestion, touch, and/or inhalation)
 - c. the type of reaction to be expected, and
 - d. the type of response required.
- 2 If the intolerance results in a deviation from the CACFP Meal Pattern requirements, clients must have a special diet statement signed by a recognized medical authority as required by CACFP.
- 3 If the intolerance is to dairy, clients may sign a request for fluid milk substitution if they will allow one of the CACFP-allowed soymilk brands to be used in the place of dairy.

Allergy

Any clients who have a child with a known allergy must complete the following steps in addition to the standard intake packet:

- 1 Acquire a physician's statement to be kept on file at Two Wishes Child Care that describes:
 - a. the food or foods or other allergens to which the child is allergic
 - b. the severity of the allergy (ingestion, touch, and/or inhalation)
 - c. the type of reaction to be expected, and
 - d. the type of response required.
- 2 Complete the Food Allergy and Anaphylaxis Emergency Care Plan with the provider and have it signed by the child's physician. This will be kept on file at Two Wishes Child Care in an emergency binder.
- 3 Supply two epinephrine pens, if called for in the Food Allergy and Anaphylaxis Emergency Care Plan, to be stored according to manufacturer or physician's instructions. The client must replace the epinephrine pen if it expires or the liquid turns color.
- 4 Indicate whether the allergen needs to be eliminated from the home or if safe cross-contact handling methods would be sufficient.

Allergic Reactions

Any child with known food allergies that has symptoms to indicate exposure has occurred will be moved to

a safe, comfortable place. These symptoms include:

Mild:

- Hives
- Eczema
- Redness of the skin or around the eyes
- Itchy mouth or ear canal
- Nausea or vomiting
- Diarrhea
- Stomach pain
- Nasal congestion or a runny nose
- Sneezing
- Slight, dry cough
- Odd taste in mouth
- Uterine contractions
- Verbalizations of itching, spiciness, feeling that parts of their body are tight or thick.

Severe:

- Obstructive swelling of the lips, tongue, and/or throat
- Trouble swallowing
- Shortness of breath or wheezing
- Turning blue
- Drop in blood pressure (feeling faint, confused, weak, passing out)
- Loss of consciousness
- Chest pain
- A weak or “thread” pulse
- Sense of “impending doom”

The provider will remain in the room with the child displaying these symptoms. The provider will follow the Food Allergy and Anaphylaxis Emergency Care Plan to include administering medicine and calling emergency contacts. Once the event is over, the provider will log and document the allergic reaction on the medication administration log.

If the child has no known allergy, but is displaying...

- ★ one to three of the mild symptoms of an allergy reaction and the clients have not indicated that the child is ill, the provider will begin calling the clients or emergency contacts.
- ★ four or more of the mild symptoms in a manner consistent with an allergic reaction, the provider will immediately call 911.
- ★ any of the severe symptoms in a manner consistent with an allergic reaction, the provider will immediately call 911.

Last Updated March 7, 2016

Client Responsibilities

Caring for children is a partnership between clients and educators. This policy highlights the clients' responsibilities in this partnership.

- ★ Read the daily communication reports.
- ★ Attend the regular client-educator conferences as described in the communication policy.
- ★ Complete the annual evaluation.
- ★ Provide updated and current immunization records as required by law and other forms when they are requested. Immunizations must be updated at least every six months for infants, every year for toddlers, every eighteen months for a preschooler, and every three years for a school aged child.
- ★ Complete and return all enrollment paperwork before the first date of care. Children will not be allowed to enter care unless those enrollment records are completed.

- ★ Review paperwork at least once per year with the primary provider to ensure the paperwork is accurate.
- ★ Arrange for backup care in the event that the program is closed.
- ★ Bring the following supplies for each of the children in our care:
 - Two complete changes of clothing that are seasonally appropriate (tops, bottoms, underwear if applicable, and socks).
 - All weather appropriate outerwear, which could include a jacket or winter coat, sneakers or rain boots or winter boots, water-repellant insulated gloves, scarf, or thick hat as necessary.
 - One full package of diapers (if not potty trained) or, if cloth diapering, at least four diaper covers, eight diaper inserts, and a waterproof bag daily. Cloth diapers must be labeled with the child's name.
 - Over the counter medications (to include diaper cream) or prescribed medications necessary for care of your child - each labeled with your child's name.
 - Sunscreen and insect repellent labeled with your child's name.
 - A reusable water bottle labeled with your child's name.
 - Infants will also require: breast milk, if breast feeding; preferred formula, if the supplied formula is not acceptable; any preferred pacifiers, bottles, or sippy cups if the child will not take the brand supplied.

Please understand that children will be involved in messy activities that may result in clothing being soiled or stained. Attempts will be made to prevent this from happening such as wearing painting aprons and appropriate outerwear, but children have a way of making this happen anyway. Provider will not be responsible for replacing clothing that is damaged during care.

Last Updated March 5, 2016

Communication

Client preferences on communication medium are noted during the enrollment process.

Daily Connect

Daily Connect is a web application and mobile application provided by www.dailyconnect.com. We pay a monthly fee to utilize these applications so that our clients can access our daily records on the go. Clients have the opportunity to access the web application for free, or they may choose to pay a small fee and download the mobile application via the Android or Apple stores. The reports can also be printed or e-mailed if clients wish. Client preferences are noted during the enrollment process.

Caregivers document the below items as soon as they can get to it, but guarantee that all items will be recorded by an hour after closure on the same day they occurred.

These items will be documented as applicable for the client's child:

- ★ Arrival and departure time
- ★ Diaper changes (time and type)
- ★ Solid and liquid food intake (time and type)
 - Children from 6 weeks to 12 months will also have amount documented
 - If the food provided was on the weekly menu, the record will just say "See menu."
 - Water is always available and therefore is not documented
- ★ Nap time (time and duration)

- ★ Health notifications (injury, runny nose, coughing, etc.)
- ★ Medication administration (time, type, and reason)
- ★ Time-Ins

These items may be documented as applicable for the client's child:

- ★ Diaper changes (amount and/or color)
- ★ Potty breaks (time and/or type)
- ★ Mood
- ★ Activities
- ★ Photos
- ★ Messages

Telephone

The primary provider appreciates that if a client needs to make a non-emergency phone call, these calls are only made between the hours of 7 pm – 8 pm Monday through Friday and 10 am – 8 pm on Saturdays. It is also appreciated that for longer conversations, clients schedule a caregiver-client conference. Emergency phone calls are, of course, accepted any time. If you are calling because your child is not coming to the program the next day or that day, please call before 8 pm or after 6 am and leave a message. Telephone: 507) 301-3351

E-mail

Caregivers prefer e-mail to telephone calls when it is appropriate for this type of communication. We also prefer that all conflicts or concerns be handled via caregiver-client conferences. We strive to answer all e-mails within 48 hours. E-mail: caregivers@twowisheschildcare.com

Website & Social Media

Our program website is at www.twowisheschildcare.com. Every week by 8 pm on Sunday, the activities and menu calendars for the upcoming week should be updated. There are other communication items on the website which may come in various forms like a blog or newsletter that will be updated as the program deems necessary.

Our program does use social media. Notably, our Facebook page is at www.facebook.com/twowisheschildcare. This will be updated as the program deems necessary.

Any client or child photos, audio, or video will only be available to the public if the client has signed a release for those items.

Caregiver-Client Conferences

Conferences are an important way for caregivers and clients to discuss and share information on how the child is doing in the program, any developmental changes, any assessments that may have been completed, reviewing any goals that had been set for the child and/or setting new goals, reviewing progress the child has made, discussing any problems or concerns, any changes to the policies or contract, and evaluating the program. New contracts and policy changes will be signed and dated at these conferences.

Regular caregiver-client conferences are considered vital to the caregivers at this program and as such are scheduled regularly. The first conference is held at the time of enrollment, then three months after enrollment, six months after enrollment, and every six months thereafter.

Conflict resolution. In the event of a problem, concern, or conflict, it is asked that caregivers and clients attempt a peaceful and effective conflict resolution process. This process begins by stating the concern or problem, then each party briefly defines how they view or are approaching the concern or problem as the other party listens, and then both parties spend the bulk of the time trying to focus on specific actions that can be taken to resolve the concern or problem so that the program, the clients, and the children benefit. We greatly appreciate your assistance in this matter.

Evaluation Surveys

Evaluation surveys will be handed out eleven months after enrollment and every twelve months thereafter. These surveys are important to shaping the program to be effective for the children enrolled within it. We appreciate your feedback. These surveys may then be discussed at the next upcoming conference.

Last Updated February 20, 2016.

Complaints and Grievances

In accordance with our values, we strive to meet the needs of the families and children within our care, accommodating requests and supporting consistency between home and our program. However, this is not always possible and sometimes conflict occurs.

- (1) We ask our clients to please request a caregiver-client conference in the event of a complaint or grievance. This face-to-face communication can oftentimes lead to a harmonious resolution of the issue. However, you have the right to escalate the matter without having a conference first.
- (2) Clients may submit a written complaint/grievance to us to include the date written, client name, a complete explanation of the complaint/grievance with as many details as possible, and a description of how the client would like caregivers to resolve the complaint/grievance. We will respond in writing within five days unless there are extenuating circumstances. We will also forward all complaints/grievances and responses to the licensing agency.
- (3) Clients may also submit a written complaint/grievance to the licensing agency with all the same information as above at: Rice County Social Services, 320 NW 3rd Street, Ste 2, PO Box 718, Faribault, MN, 55021, (507) 332-6115.

Any abuse or maltreatment information obtained through the grievance process will be reported as required by the Maltreatment of Minors Act, MN Statute Section 626.556.

Reference: Minnesota Statue 245A:04 Subd. 1, Section D

Last Updated February 20, 2016

Confidentiality

Respecting Differences

This program is committed to fostering a healthy social emotional competence /self-concept in the children we care for, which starts with a mutual level of respect. We model this by talking positively and objectively

in front of a child to other children, clients, and caregivers. We teach children to accept their feelings as valid and meaningful and to respect others feelings and their differences. We ask that our clients respect us as well and also hold our information confidential.

Verbal and Written Information

As professionals, we are committed to respecting the rights and privacy of the children, their families and the caregivers in our program. While this program requests and obtains information from clients about their child to ensure that the program can provide high quality child care services, the caregiver will never share that information, whether verbal or written, with other families or individuals without written permission from the client.

Accidents and Injuries

In that same vein, in order to protect the rights of each child, the caregivers will not share the name of someone else's child to a parent when involved in an accident or incident. This includes stating the other child's name verbally, written in accident reports or communicated in any way to another parent.

Negative Behavior

Caregivers will refrain from discussing a child's negative or concerning behavior in front of other children or parents. Caregivers will also refrain from discussing sensitive family issues in front of a child, other children or other parents. Instead, the provider will find a private space to discuss sensitive issues or schedule a call or conference with the parent.

Child Records

All child records are kept confidential and stored in a manner that will not allow access by an unauthorized person. This includes caregivers sharing information from records without the expressed permission of the client within the limits of the law. The provider will ensure that each child and caregiver record is complete and open to inspection from regulatory agencies to determine compliance with local and state child care regulations and laws.

Reference: Minnesota Administrative Rules Chapter 9502.0345 Subp. 2

Last Updated March 6, 2016

Curriculum

At Two Wishes Child Care, we use a variety of curricula to ensure that the children in our care blossom from roots to wings. Curriculum is the organized framework that describes and explains the materials children are using, the relationships between caregivers and children, the environment through which children are learning the content children are learning, the processes through which they achieve the curricular goals, the activities children are doing, and the routines of the program. Some curricula is very specific to a certain domain (such as a math curriculum), while other curricula explores the larger picture.

Foundation

Our foundation is based on The Creative Curriculum for Family Child Care by Teaching Strategies. This developmentally appropriate curriculum sets up a strong, high-quality, research-based foundation for family child care programs. From the manual, "It describes the 'what, why, how, when, and where' of providing

care and education for children birth to age 12.” As Teaching Strategies explains, Creative Curriculum provides the road map for family child care providers. Creative Curriculum ensures that providers:

- ★ Provide responsive, loving care.
- ★ Use routines.
- ★ Talk to all children on-on-one as well as in groups.
- ★ Use relationships to guide children’s learning.
- ★ Comfort and otherwise respond intentionally to children, especially those that are under stress.
- ★ Provide all children with opportunities to play.
- ★ Provide at least an hour of free, unstructured play daily.
- ★ Observe children’s interests and build on them.
- ★ Encourage children to engage in make-believe play.
- ★ Provide long periods of unstructured, imaginative play.
- ★ Teach the whole child.
- ★ Give children many choices and chances to investigate how things work.
- ★ Encourage children to solve problems and take appropriate risks.
- ★ Model self-talk that supports children’s cognitive development.
- ★ Surround children with language.
- ★ Offer opportunities for children to work together.
- ★ Develop positive relationships with family.
- ★ Communicate with families regularly.
- ★ Encourage children’s families to volunteer in the program.
- ★ Reach out to all family members.

Here at Two Wishes Child Care, we also firmly believe in the Strengthening Families approach developed by the Center for the Study of Social Policy. The key to the Strengthening Families approach is building parent partnerships. We strive to help families develop the five protective factors and support a two- or three-generation approach to child care. The five protective factors are:

- ★ Parental Resilience
- ★ Social Connections
- ★ Concrete Supports in Times of Need
- ★ Knowledge of Parenting and Child Development
- ★ Social and Emotional Competence of Children

Please view our website for the up-to-date list of all the additional curricula, lesson plan packages, program materials, and educational tools we use in our program.

Last updated June 22, 2017

Discipline

Children misbehave and test limits as part of their normal development.

This program first tries use preventative action to stop any behavior problems before they start. By being globally aware of all the children in the program and using proactive, dynamic, and positive supervision, caregivers will be more likely to see behavior as it begins to escalate. Behaviors may be appropriate for the child’s developmental stage, but may still require disciplinary action of some sort.

Special note – all attempts are made to be fair to all children in the program regardless of whether or not they are biologically related to the caregiver.

Proactive Preventative Measures

Preventative measures include:

- ★ Close and proactive supervision
- ★ Effective child care space design with:
 - ▷ Developmentally appropriate activities and programming scheduled throughout the day
 - ▷ Open-ended experiences and time for self-expression
 - ▷ No blind spots where supervision is not adequate
- ★ Physical activity throughout the day
- ★ Establishing predictable routines
- ★ Recognizing the child's developmental stage and setting realistic expectations
- ★ Actively listening to the child express his or her needs
- ★ Acknowledging and supporting a child's feelings
- ★ Providing conflict resolution skills assistance including problem-solving
- ★ Using consistent rules and discipline and communicating expectations
- ★ Being a positive role model

Redirection and Positive Guidance

Redirection is the first step after problematic behavior begins. This may be coupled with positive guidance given on the child's level dependent upon the level of correction needed. Unacceptable behavior will be explained to the children, and when children correct their behavior, they will be given praise.

Positive guidance includes:

- ★ Using appropriate affection to communicate that the caregiver cares for the child.
- ★ Paying attention to what the child says and using active listening strategies (for example: "I can see you're..." or "I hear you saying that...").
- ★ Encouraging the child's efforts and improvement (for example: "You figured that out all by yourself!" "I know you're doing your best," "I appreciate your help!" "It looks like you worked very hard on that.").
- ★ Using reasoning and "I messages" to explain why a behavior isn't effective by describing the unacceptable behavior, using an "I message" to state how the caregiver feels, and then stating the consequence of the unacceptable behavior (for example: "When you push on the table with your feet, I get nervous because I think you're going to fall and get hurt.").
- ★ Reminding children of "First, Then." - "First you must wash the table, then you can play."
- ★ Giving children appropriate choices to replace the unacceptable behavior.
- ★ Using natural and logical consequences.
- ★ Using humor to defuse the situation.

Time-Ins

When these first two strategies do not work, the child will be asked to come to a time in with the caregiver. The child and the caregiver will sit down together to discuss the situation or assess what is causing the problematic behavior. Time-ins will be documented via the daily report method listed in the Communication Policy

Repeat Offenses

In the event that a child is repeatedly having a particular disciplinary problem, a client-caregiver conference will be held to discuss the problem and potential solutions. If this conference does not yield potential solutions or if the child is proving to consistently endanger the safety of the people around him/her, then this program holds the right to terminate services.

Prohibited Punishments and Disciplines

Under no circumstance will the following be used:

- ★ Corporate punishment of any kind (slapping, kicking, biting, pinching, hitting, spanking, rough handling, shoving, ear or hair pulling, shaking)
- ★ Emotional abuse (shaming, name-calling, belittling, embarrassing, comparing children) – this includes because of a toilet training accident
- ★ Withdrawing necessary items or care (food, light, warmth, clothing, affection, medical care)
- ★ Withholding physical activity as a punishment
- ★ Locking children in a room or leaving children alone, unattended or without supervision
- ★ Allowing another child to discipline
- ★ Criticizing or verbally abusing a child's parents, families, or ethnic group

Reference: Minnesota Administrative Rules Chapter 9502.0395 (Behavior Guidance) Subp. 1, Subp. 2, Subp. 3

Last Updated March 6, 2016

Drills and Disaster Preparedness

A Floor and Escape Plan has been completed for the home and will be kept updated. This form lists the home floor plan, normal and emergency exit routes from every location in the home, the outdoor roll call place, storm or tornado meeting place, fire extinguisher locations, and smoke detector locations.

Smoke Detectors, Carbon Monoxide Detectors, and Fire Extinguishers

We have smoke detectors and carbon monoxide detectors near every bedroom and heating device on both levels. We have a serviced fire extinguisher in the kitchen, garage, and additionally on both levels of the home.

Shelter-in-Place Location

In the event of an on-site emergency that does not require evacuation, such as a summer or winter storm, power outage, water outage, or gas outage, we will maintain emergency supplies in our basement as necessary for each of those events.

Evacuation and Relocation Emergency Locations

In the event of an emergency that requires us to leave the site such as a fire or gas leak, we will meet at the following off-site emergency locations in the order listed below.

Our first off-site emergency location is a 24/7 Laura-Baker-staffed home across the street at 7 Lincoln St., Northfield, MN 55057.

Our second off-site emergency location is Way Park at 720 1st St. W., Northfield, MN 55057.

Our third off-site emergency location is the Greenvale Park Elementary at 700 Lincoln Pkwy, Northfield, MN 55057.

If we must leave our home at any time for an emergency, fire in our home withstanding, we will leave a note on program entrance door with instructions to where the children can be found. We will also call our applicable clients as soon as possible.

Drills

We will be completing the monthly fire and storm drill as required by law. These will usually fall with the storm drill on the first Wednesday of the month and the fire drill on the third Wednesday of the month. Once per quarter, we will additionally set off the smoke detectors during that fire drill.

Reference: Minnesota Administrative Rules Chapter 9502.0435, Subp. 8.

Last Updated June 4, 2016

Enrollment and Termination

Pre-Enrollment Interview & Orientation

All clients must complete a pre-enrollment interview and orientation before care can begin. This interview and orientation lasts between 90 to 120 minutes on average. Events are scheduled on an as-needed basis outside of business hours at potential clients' request. Two Wishes Child Care has a two-strike policy on scheduling these events. If the clients do not call and do not show up to one event, the caregiver will call and schedule a second event. If the clients do not call and do not show up to that event, the caregiver will not schedule another event and will not call the clients.

During this event, clients receive a tour of the programming space, complete an activity on priorities (see below), discuss the program and its policies, and have a question and answer period. The clients are then asked if they want to enter into the enrollment period. After paying an enrollment fee, which is delineated in the Current Rates and Fees document, the enrollment forms and process is discussed.

During the activity on priorities, clients list all the elements they feel is vital to a well-rounded child care program that they would want their children to attend. The caregiver may suggest items as well. Then, each client and the caregiver rank the elements on their importance. The rankings are compared and clients and caregiver(s) discuss the differences in the lists.

Enrollment Packet

Once the clients pay the non-refundable enrollment fee at the end of the pre-enrollment interview and orientation, they are given the enrollment packet. The enrollment packet contents are detailed on the Enrollment Checklist, which lists the mandatory forms, additional optional forms, and resources. The mandatory forms must all be completed and returned within the enrollment period. There may be additional optional forms that are required depending on the children who need care. The enrollment packet also contains additional resources and the client handbook, which consists of the Two Wishes Child Care policies.

Enrollment Period

The enrollment period lasts for five business days, beginning the first business day after the enrollment fee was paid. The enrollment slot in question will be held at no additional fee until the clients make their decision or the five business days elapse. If the forms are not completed and returned within the five business days, the enrollment slot will be re-opened and available. If the forms are completed and returned within five business days, then a start date for care will be selected and approved by both parties via the signed contract.

Post-Enrollment Meeting

A post-enrollment meeting may be held before care begins in the following two situations: (1) clients request a post-enrollment meeting to go over the forms or to have questions answered, or (2) caregiver has additional questions after the reading the forms. Care will not begin until the post-enrollment meeting has been completed.

Trial Period

The first ten business days (to include paid holidays) after the mandatory forms have been signed and care has begun in the program will be considered an adjustment or trial period. The terms and conditions of the trial period are specified in the contract.

Termination

There are many reasons why care may end. Clients may submit a written two-week (or longer) notice to end care. Two Wishes Child Care may end care immediately at any time and for any reason. Reasons for termination may include (but are not limited to):

- ★ Child graduating to all-day preschool or school
- ★ Client is moving
- ★ Client fails to pay tuition and/or fees on time
- ★ Client is not cooperating with program policies - including client-caregiver conferences
- ★ Client repeatedly has late pick-ups or early drop-offs
- ★ Client fails to complete and return mandatory forms
- ★ Client engages in verbal or physical abuse towards children, other clients, or any person
- ★ Child's behavior endangers others
- ★ Client or child possesses or uses a weapons on premises
- ★ Caregiver is unable to meet the needs of the child or clients

Last Updated March 25, 2017

Family Support

Concrete Support in Times of Need

Two Wishes Child Care practices the Strengthening Families Approach by the Center for the Study of Social Policy. One of the five protective factors is "Concrete Support in Times of Need." This protective factor honors that all individuals need assistance in identifying, finding, and receiving concrete support in their times of need to ensure that they and their family receive the basic necessities as well as specialized care services in order to thrive and grow. Two Wishes Child Care believes in supporting families by connecting them to the resources that they need.

One way in which we connect individuals to resources is by raising awareness about available resources. We

include information in our enrollment packet about resources such as the Child Care Assistance Program, Early Learning Scholarships, Minnesota Family Investment Program, health care coverage (Medical Assistance, MinnesotaCare, Advanced Premium Tax Credit), public health services offered by counties, health and screening services, and the Early Childhood Family Education program. We also post links to these resources, and many others, on our website. Throughout the year, we hand out additional resources through the communication folders or via e-mailed newsletters. This information is given to everyone unilaterally. Even if one family does not need the resource right now, they may in the future, or they may know someone who does.

Another way in which we connect individuals to resources is by supporting our clients in accessing the services. We are more than willing to provide WIFI Internet access, telephone access, and computer access to our clients on an as-needed basis so that they can access services. Clients do not need to be specific about what they need the access for, but merely let us know that they would like access to the Internet, telephone, or computer to contact a supportive service. We respectfully request that if clients need more than 15 minutes of access, that they ask us ahead of time and we can schedule a mutually beneficial time. The Northfield Public Library is located at 210 Washington Street, Northfield, MN 55057. Its phone number is (507) 645-6606. Hours vary based on time of year and will be posted on the Two Wishes Child Care bulletin board.

We encourage our clients to speak with us, if they feel comfortable, about their struggles and challenges, as we are more than happy to direct our clients to applicable resources. We value our clients, the children in our care, and everyone's wellbeing.

Resources

- ★ Two Wishes Child Care Website (www.twowisheschildcare.com)
- ★ Strengthening Families Approach by the Center for the Study of Social Policy (<http://www.cssp.org/young-children-their-families/strengtheningfamilies>)
- ★ Rice County Family Resources List (<http://www.co.rice.mn.us/node/107952>)
- ★ Bridge to Benefits (<http://mn.bridgetobenefits.org/>)

Last Updated March 25, 2017

Health Emergencies

In the event of a serious emergency regarding a client's child that requires travel to a hospital, an ambulance and emergency medical services will be called to respond. We are not equipped to simultaneously handle multiple children and an emergency situation en route to any emergency facility. We will use the information the client supplied during enrollment.

We keep a list of all client emergency contact numbers and all emergency service phone numbers near our phone. These numbers are not visible to the casual observer, so we do maintain privacy.

We encourage clients who use a cell phone as their emergency number, but leave it off during the day or routinely do not check their messages or update their minutes, to please leave another emergency number with us.

Last Updated February 20, 2016

Illness and Medication

This program is not responsible for locating back-up or substitute care for the child at any time.

Symptoms of Illness

The symptoms are:

- Underarm temperature of 100 degrees Fahrenheit or over, or an oral temperature of 101 degrees Fahrenheit or over;
- Vomiting;
- Diarrhea; or
- Rash, other than mild diaper or heat-related rash;
- Difficulty breathing;
- Crying that doesn't stop with the usual comforting; and
- Communicable disease or parasitic infections.

III During Care

When a child becomes ill with any of the above symptoms, the parent/guardian will be contacted to come pick up the child within two hours. If the parent/guardian cannot be located, caregiver will begin calling emergency contacts.

III Before Care

Any child who is showing the above symptoms within 30 hours of expected arrival at the child care program is not eligible to receive care. Child must be symptom-free or on antibiotics, without acetaminophen or other fever-reducer, for 30 hours in order to come back to Two Wishes Child Care.

Contagious Disease or Parasitic Infestation

Clients are required to notify the provider within 24 hours of the diagnosis of a serious, contagious illness or parasitic infection as listed on page 3 of the Provider's Policies form required by the licensor. A copy of this form is in the parent handbook.

On the same day that the provider has been notified, the provider will then call a parent of each exposed child. If the provider cannot get a hold of a parent, the provider will leave a voice message.

Prescription Medication

The provider will administer prescription medication once the parent has (1) provided the labeled medication in its original packaging, not expired, with both the child's name and current prescription information on it and (2) has signed the Permission to Administer Prescription Medication form. This administration of medication will be input into the daily communication software.

Non-Prescription Medication

The provider will administer non-prescription medication only if the parent has provided (1) the non-prescription medication in its original packaging, not expired, and (2) written permission and instructions. This administration of medication will be input into the daily communication software.

Last Updated March 7, 2016

Incident or Injury

Incidents and injuries will be documented on the Child Injury/Incident Report Form and in the daily report system indicated in the Communication Policy. After signing the injury/incident report form, clients will receive a copy. If the injury is deemed to be an emergency, provider will follow the Emergency Policy before contacting the client. In non-emergency situations, provider will follow the guidance given by the client in the enrollment process as to when the parent is notified of the non-emergency incident or injury.

Caregivers are first aid and CPR certified and will use these skills on children as necessary.

We ask that clients please inform us when their child has received a noticeable injury at their home during the child's arrival. If the injury is considerable, please bring a signed written notice of the injury and any changes to care that need to be accommodated during programming.

Last Updated February 20, 2016

Meals and Nutrition

We provide nutritionally balanced meals and snacks for the children in our care using USDA guidelines. Breakfast is provided at 8:15 am, lunch at 12:30 pm, and afternoon snack at 3:30 pm. A light snack may be provided at 10:15 am if children are hungry. If the client's child arrives after a meal or snack time, the child will wait until the next scheduled meal or snack time. Children eat together and are encouraged to visit and demonstrate their manners. Children will be tasked with minor table setting and cleanup duties before and after each meal or snack. Food is never used as a reward.

Menus

Menus are written at least one week before they are served. Menus include a variety of healthy foods from different cultures, a combination of new and familiar foods, a combination of organic and conventional food, and a combination of local and non-local foods. Two Wishes Child Care strives to offer as many organic, local, fresh/frozen, and/or seasonal foods as financially feasible.

Child and Adult Care Food Program (CACFP)

We will follow all of the federal Child and Adult Care Food Program (CACFP) guidelines. CACFP tells us a minimum amount of food to serve, what type and quality of food we can serve, and at which ages we will serve this food. In the event that the client wishes us to serve something outside of these guidelines or serve food to an age different than what CACFP suggests, the client will need to have forms filled out in accordance with CACFP policies.

Meal Time Procedure

Meal preparation begins with the caregiver washing his/her hands, sanitizing all work surfaces and the table, and only using clean kitchen equipment to prepare the meal. At times, children will also help prepare the meals and cook in the kitchen with the caregiver. Children are taught how to act in the kitchen for their own safety.

At mealtime, children are asked to wash their hands with the caregiver in the bathroom, soaping up for an appropriate length of time, and drying their hands on a clean, single-use cloth towel. They are asked to help set the table and then sit at it. Infants sit at the table in a high chair. Once children can walk, they move to

a booster seat. Children sit in a booster seat until they can sit on their bottoms on a chair and their armpits are above the height of the table.

The caregiver then brings out the meal in several dishes that children will pass amongst themselves and from which they will serve themselves. Children begin pouring their own beverages around age two. Meals are served family style.

Children select their own serving sizes with verbal encouragement or guidance from the caregiver. Children are encouraged to take small serving sizes of foods they aren't certain of and try at least two bites. The caregiver watches children eat in case of any emergency, helps feed the younger children, and also eats.

Once finished, children ask to be excused, take their dishes to the kitchen, and then wash their hands. The caregiver cleans up the meal while children are engaged in an activity or having free play.

Toddler and Preschooler Nutrition

Children will be provided with a fork, spoon, knife, napkin, and appropriate tableware. Children will begin using open cups between 18 months of age and 24 months of age.

Meal Patterns

- ★ Breakfast will consist of a fruit or vegetable, grains or meat/meat alternate, and milk.
- ★ Lunch will consist of a fruit or vegetable, a vegetable, grains, meat/meat alternate, and milk.
- ★ Snack will consist of two of the following: fruit, vegetable, meat/meat alternate, grains, or milk.

Fruits and Vegetables

- ★ We offer fruit to children at least two times per day.
- ★ We strive to offer fresh fruit over frozen fruit and frozen fruit over canned fruit. When fruit is canned it is only canned in its own juice (no syrups).
- ★ We offer vegetables to children at least two times per day.
- ★ We only offer fresh or frozen vegetables that are raw, steamed, boiled, roasted, or lightly stir-fried with little added fat.

Protein, Fats, and Grains

- ★ We do not offer pre-fried or fried meats (like chicken nuggets or fish sticks).
- ★ We offer high fat meats like sausage, bacon, hot dogs, or bologna once per week or less.
- ★ We offer beans or lean meats at least once per day.
- ★ We offer high fiber, whole grain foods at least twice per day.
- ★ We offer sweets or salty foods less than once per week.

Beverages

- ★ We make water available to children between and during meals and children may serve themselves both inside and outdoors.
- ★ We only serve skim milk to children age two or older.
- ★ We only serve whole milk to children under the age of two.
- ★ We do not offer sweetened drinks, sodas, juice, caffeinated drinks, or flavored milk.

Infant Nutrition

Infants are fed on demand. Please see the nursing support policy for more information for a child that is fed human milk.

- ★ From 0 to 5 months, infants are only fed formula or human milk.
- ★ From 6 to 11 months, infants are fed formula or human milk and as developmentally appropriate: iron-fortified infant cereal, meat or meat alternates, fruits, vegetables, bread, crackers, or ready-to-eat cereal

We provide all food (except human milk) for infants including formula. The specifics of how foods will be introduced to the child must be discussed at a client-caregiver meeting before any solids will be given to a child during our program hours. Clients and caregivers will work together to create an individual nutrition plan. Part of the nutrition plan should address when the child will start using a training cup. We provide the spoutless Munchkin 360 training cup. All other training cups must be provided by the client.

Clients will be required to introduce new foods to their child before that food can be served at the program. This will be kept track of on the Introduced Foods form.

Nutrition Education

We use a variety of curricula to educate the children in our care about nutrition including L.A.N.A. (<http://www.health.state.mn.us/lana>), Grow it! Try it! Like it! (<http://www.fns.usda.gov/tn/grow-it-try-it-it>), and Twist & Sprout (<http://www.providerschoice.com/twistandsprout/>). We use the MyPlate food groups as the basis of our discussions. More information is available at Choose MyPlate (<http://www.choosemyplate.gov>). Children are encouraged to try everything on the table via the use of the Two Bite Club (<http://www.fns.usda.gov/tn/two-bite-club>). We provide nutrition information to clients at least twice per year and nutrition education to children at least once per week.

Outside Food

If any food is brought from outside of the program for a child, the child's name must be on the food packaging.

If the client comes to visit during meal times, the client is responsible for either bringing his or her own meal, or, if at least 24-hours advance notice was given to the provider, client may pay \$5 to eat at the program.

Reference: Minnesota Administrative Rules Chapter 9502.0405, Subp. 3.

Reference: Minnesota Administrative Rules Chapter 9502.0445, Subp. 3

Last Updated April 13, 2017

Nursing Support

Nursing

Two Wishes Child Care completely and fully endorses, encourages, and supports nursing. We will work with you to make it work! Let us know if you have any questions or if we can help in any way. Nursing, or breastfeeding, has many known benefits for children and mothers (please see the resources below for up-to-date facts and information on these benefits).

Nursing mothers are provided with comfortable and sanitary seating either in a public or private space. Mothers may choose to nurse in the program space with the other children and caregivers. Mothers may also choose to nurse or express in a private setting, which will also be comfortable, sanitary, and have an electrical outlet. With either choice, mothers will also have access to running water in our program space.

No other products (including cow's milk, formula, or solid foods) will be given to a child without our clients' permission.

We may also be available for FaceTime or Google Hangouts between our client and her child during pumping sessions dependent upon the time of day. Ask us for more information!

Human Milk Storage, Feeding, and Handling

Human milk is always handled with care and respect as to acknowledge the mother's time and energy. Human milk is precious.

Storage

Human milk is stored in our refrigerator and freezer. Clients will provide their own containers, either reusable bottles or plastic bags manufactured to store human milk, labeled with the child's name and date the milk was expressed. Refrigerated human milk must be used within 48 hours and frozen human milk must be used within three months of the date the milk was expressed. When freezing milk, please do not overfill the bags, please fill them flat, and please fill them in quantities of 2-4 ounces to avoid wasting defrosted milk. Once defrosted, milk must be used within 24 hours.



Handling

Caregivers will watch for cues such as rooting, sucking on hands or objects, and restlessness to begin preparing bottles. Milk will be warmed in a cup of warm water until the fat runs off the side. It will then be poured into a sterilized bottle. The bottle will then be warmed in a bottle warmer. Milk will be swirled to ensure there are no hot spots (but not shaken). The temperature will be tested on the inside of our wrist. Since any milk left in the bottle must be discarded within two hours of when the child began feeding, caregivers will always pour bottles in small increments to minimize any waste. If the child is still hungry, the caregiver will repeat this process until the child is not hungry.

Feeding

Caregivers will attempt to imitate nursing by holding infants close while feeding with a bottle, keeping the child in an upright position, and using a low-flow nipple as well as pauses to better imitate the pace of nurs-

ing. Bottles will never be propped and will be angled so that the nipple is against the roof of the mouth.

Caregivers at Two Wishes Child Care are aware that most nursing mothers will want to nurse immediately at pick up. We encourage and support this and will do our best to hold off giving bottles or food within an hour of pick up to allow mothers to nurse their children immediately.

Resources

- ★ Centers for Disease Control and Prevention - Breastfeeding (<http://www.cdc.gov/breastfeeding>)
- ★ United States Breastfeeding Committee (<http://www.usbreastfeeding.org/p/cm/ld/fid=22#statements>)
- ★ Office on Women's Health, U.S. Department of Health and Human Services (<http://www.womenshealth.gov/breastfeeding/>)
- ★ International Board Certified Lactation Consultants (IBCLC) (<http://ibclce.org>)
- ★ La Leche League (LLL) (<http://www.llli.org/>)
- ★ Kelly Mom (<http://kellymom.com/>)
- ★ Wic Works! (<https://wicworks.fns.usda.gov/>)

References:

Minnesota Administrative Rule 9503.0145 Subpart 7

Academy of Breastfeeding Medicine Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants (Original Protocol March 2004; Revision #1 March 2010) (bfmed.org)

Last Updated June 22, 2017

Other

Birthdays and Holidays

Clients will be asked during the enrollment process about celebrations. Caregivers will respect client wishes on which holidays will and will not be celebrated, which could mean that one client does not wish a holiday celebrated (like Christmas), and therefore the entire program will not celebrate that holiday if that client's child is present. Clients will be notified of any special celebrations before they occur via the activities calendar.

Clients are welcome to bring a special birthday treat on their child's birthday for all children to enjoy. Clients are encouraged to communicate with caregivers in advance. Please do not expect the exchange of gifts, as some of our clients may not be able to participate.

Cloth Diaper Policy

We support cloth diapering and follow all requirements in Minnesota law.

Reference: Minnesota Administrative Rules Chapter 9502.0435, Subp. 13

Electronics Policy

In accordance with our values, electronic devices are discouraged during program hours for infants, toddlers, and preschoolers. On occasion as a special treat, children may be allowed to watch appropriate educational television programming or a rated G or PG movie. On these occasions, clients will be notified.

Field Trip Policy

In the event that children are to leave the program, clients will be asked to sign a permission form prior to the date the trip will occur. If any of these trips will require fees, the client will be notified of the fee and expected to pay the fee on or before the day of our departure if permission is given. If the trip requires transportation, children will be placed in appropriate carseats following all applicable laws. Caregivers are licensed and insured and have taken the required class.

During enrollment, clients will be asked to sign a permission form to allow caregivers to take children on walks within one mile of the program location without prior notification. This may include, but is not limited to, walks to Greenvale Park Elementary, Way Park, Odd Fellows Park, Lashbrook Park, and Cherry Park. A sign will be posted on the program entrance door with the destination location if caregivers and children have left the residence.

When caregivers and children leave the program space, a first aid kit and all emergency contact and service numbers will be brought with them.

Gifts

In order to keep expenses low so as to not need to raise rates, this program does accept gifts of materials used during programming. The provider will communicate using the methods listed in the Communication Policy when items are being sought for the program. Unscented diaper wipes, facial tissues, paper towels, and other paper products are always accepted. Please keep in mind that gifts are just that and do not constitute a rate reduction and are not applicable for any tax deductions. Gifts to the provider or program are always accepted and appreciated, but never required. We request that any gifts to the children be communicated to the provider for approval before being given.

Open Door Policy

Clients are allowed to visit the child care program at any time while their child is present. We do encourage clients to visit outside of rest time if at all possible, so as to minimize the impact on all of the children.

Between the hours of 7 am and 5 pm and when their child is present or expected, clients do not have to knock on the door. Outside of those hours, we ask that clients please respect the privacy of our home, knock, and wait for someone to respond.

Pet Policy

Animals are present in our home and in our yard. The number and type of animals may change, so the license holder will post a list of animals with the other required notices. Animals will be kept up-to-date on their immunizations and any reptiles (with a variance from the licensing agency) will be kept separate from children. Animals will never be present in the food preparation areas or food serving areas during those activities. Children will only handle animals with supervision. Play areas are free of animal excrement. In the event that a child has his or her skin broken by an animal bite or scratch, clients will be notified that same day, and the licensing agency will also be notified.

Reference: Minnesota Administrative Rules Chapter 9502.0435, Subp. 12

Quiet Time Policy

Toddlers and preschoolers will be asked to rest for thirty minutes during quiet time. If they do not fall asleep during that time, they will be allowed to come out and do quiet activities.

Toilet Training Policy

Before caregivers will institute a toilet training plan, a caregiver-client conference must occur wherein both parties discuss how to implement a toilet training plan. Both parties must agree to the plan. No child shall be punished for toileting accidents.

Reference: Minnesota Administrative Rules Chapter 9502.0395, Subp. 3

Toy Policy

We ask that clients please leave their child's toys at home. We are not responsible for any damaged toys or lost toys if clients bring toys into the program. Toddlers and preschoolers may bring one special lovie and blanket for quiet time.

Transportation Policy

Caregivers do not transport children to school or preschool. In the event that a child must be transported somewhere for a non-emergency, the client is responsible for setting up the transportation. Please see the field trip policy for transportation procedures at the request of the caregivers.

Reference: Minnesota Administrative Rules Chapter 9502.0435, Subp. 9

Last Updated March 6, 2016

Physical Activity

Physical and Motor Development is an important domain of early childhood education. We have divided this domain into three separate policies. Please see the Education Policy for more information on fine motor skills. Please see the Meals & Nutrition Policy for information on nutrition and eating routines. This policy is about physical health including exercise, physical activity, and gross motor skills.

Clients are provided with information on physical activity and development of gross motor skills at least twice per year.

Gross Motor Skills

Infants, toddlers, preschoolers, and school age children interact with caregivers in daily structured and unstructured physical activities in our indoor and outdoor spaces that encourage the development of gross motor skills and increase physical literacy.

Gross motor skills include things like:

- ★ Rolling Over
- ★ Sitting
- ★ Crawling
- ★ Standing
- ★ Walking/Running
- ★ Hopping/Jumping
- ★ Swimming

Physical literacy is defined by Mandigo, Francis, Lodewyk & Lopez in their article "Physical Literacy for Educators" (2012) as: "the ability to move with competence and confidence in a wide variety of physical

activities in multiple environments that benefit the healthy development of the whole person.”

Children will not be sedentary for more than 60 minutes at a time, except when sleeping.

Our program space includes a safe indoor and outdoor area for performing gross motor activities.

Outdoor Play

Outdoor play is important for child development. Different opportunities for learning and growth occur in the outdoor environment than in the indoor environment. That is why children in our program go outdoors at least once per day dependent upon nap times, weather, and air quality. Caregivers follow the Child Care Weather Watch chart published by the Iowa Department of Public Health (<https://idph.iowa.gov/Portals/1/Files/HCCI/weatherwatch.pdf>) to determine if it is safe to go outdoors. The outdoor play space is supervised and kept safe and well maintained. A variety of outdoor equipment that is developmentally appropriate, well maintained, and safe, is provided for children to use to develop their gross motor skills.

Children six months and older have all exposed skin covered with sunscreen. Children two months to six months will have insect repellent applied to their exposed skin and clothing if the client instructs; children over the age of six months will have insect repellent applied to their exposed skin and clothing.

Shaded areas are provided via the use of living material, shade materials, or play equipment. Children under the age of six months will be kept in shade at all times while outdoors. Children over the age of six months will be able to move in and out of shade at their preference. A hydration station with cups will also be set up outdoors during outdoor play when the temperature is above freezing.

Infants may nap outdoors in a screen-covered playpen if they become tired during outdoor play.

We engage in a lot of different activities outdoors and prefer to spend as much time outdoors as feasible given the weather. This could be 15 minutes in the winter or more than two hours during the summer. Therefore, clients can help by making sure that children have appropriate outer gear. In snowy conditions, children will need at minimum a heavy coat, waterproof boots, waterproof gloves, and a hat. In rainy conditions, children will need at minimum a raincoat and waterproof boots. Layers are encouraged.

A first aid kit is available and accessible.

Structured Physical Activity

Two Wishes Child Care schedules at least 60 accumulated minutes of structured physical activity every day. Structured physical activity is defined as an activity that is planned and intentionally directed by an adult. Structured physical activity could last anywhere from five minutes to thirty minutes and will be directed periodically throughout the day.

In developing our lesson plans for this structured physical activity, we use a variety of curricula and resources, which includes Family Time Fitness (<http://www.familytimefitness.com>), CATCH, and Cosmic Kids Yoga.

Caregivers wear non-restrictive clothing so that they can model physical activity and lead children in a variety of activities. Clients can help by dressing their children in clothing that allows them to move and play.

Unstructured Physical Activity

Two Wishes Child Care schedules at least 60 accumulated minutes of unstructured physical activity every day. This may occur during outdoor time or indoor time with gross motor equipment.

Resources

- ★ Let's Move! (<http://www.letsmove.gov>)
- ★ SHAPE America (<http://www.shapeamerica.org>)
- ★ Let's Go (<http://www.letsgo.org>)
- ★ SPARK PE (<http://www.sparkpe.org>)
- ★ Centers for Disease Control and Prevention: Physical Activity (<http://www.cdc.gov/physicalactivity/basics/children/index.htm>)
- ★ CATCH PE (<http://catchinfo.org/programs/pre-k/>)
- ★ Cosmic Kids Yoga (<http://www.cosmickids.com/>)

Last Updated August 9, 2016

Program Rules

Be respectful of our home and our property by handling and treating it with care.

- ★ Walking feet only indoors
- ★ Feet stay on the floor or bottoms stay on seats.
- ★ Take off shoes at the doors.
- ★ Food and beverages (other than water) remain in the dining room or kitchen.
- ★ Children are not allowed in the basement unless there is an emergency.

Be respectful of others' privacy, personal space, emotions, and personal property.

- ★ Gentle hands, gentle voices, and kind words.
- ★ THINK – is it true, helpful, inspiring, necessary, and kind?
- ★ Indoor voices.

Be safe.

- ★ Children may not pick each other up or wrestle.
- ★ Stay inside the house until given permission to leave, AND stay inside the property until given permission to leave.

Be honest.

Other rules may be implemented at our discretion in accordance with our values.

Last Updated February 20, 2016