



10315 20 TH ST. S.E. □ LAKE STEVENS, WA 98258 □ (425) 334-3885

INFANT PROGRAM



Teacher : Lisa Zoellin

PARENT INFORMATION



Proudly Participating In Early Achievers



Dear Parents/Guardians,

Hello, and a warm welcome to all our Infant families! I am so excited to be the lead teacher of the Infant Program. Considering that, I would like to tell you a little bit about myself.

My name is Lisa Zoellin. I have worked at Country Dawn since 2008 and in our Infant room since 2017 and absolutely love it! This job has been so rewarding and given me so much joy over the years. I have been married for over 35 years to my husband Bob and together we have four children and six grandchildren. They range in age from five months to fifteen years old. I love spending time with my family. We all try to go hiking, at least a couple times a year, as everyone's schedules allow. We also get together twice a month for a barbeque at my house. My family is especially important to me.

So again, I would like to welcome you and let you know that we are excited to have your little ones in our classroom. I am looking forward to watching them grow and develop while they are in our class. Please feel free to email me at countrydawnlisa@gmail.com or message me through Procure with any questions or concerns you may have.

Sincerely,

Lisa Zoellin
Infant Program Teacher



Dear Parents/Guardians,

Hello, and a warm welcome to all our Infant families! I am so excited to be the lead teacher of the Infant Program. Considering that, I would like to tell you a little bit about myself.

My name is Lisa Zoellin. I have worked at Country Dawn since 2008 and in our Infant room since 2017 and absolutely love it! This job has been so rewarding and given me so much joy over the years. I have been married for over 35 years to my husband Bob and together we have four children and six grandchildren. They range in age from five months to fifteen years old. I love spending time with my family. We all try to go hiking, at least a couple times a year, as everyone's schedules allow. We also get together twice a month for a barbeque at my house. My family is especially important to me.

So again, I would like to welcome you and let you know that we are excited to have your little ones in our classroom. I am looking forward to watching them grow and develop while they are in our class. Please feel free to email me at countrydawnlisa@gmail.com or message me through Kid Reports with any questions or concerns you may have.

Sincerely,

A handwritten signature in blue ink that reads "Lisa Zoellin".

Lisa Zoellin
Infant Program Teacher

Country Dawn
PRESCHOOL & CHILDCARE, INC.
INFANT PROGRAM

*** WHAT TO BRING ***

Here is a list of items to bring for your child.

(Please make sure all the following items are labeled.)

- ❖ **Bag of diapers.** If you choose to send a bag of diapers, we'll let you know when more are needed.
Or you can send 6-8 diapers daily
- ❖ **Formula or appropriate amount of Breast milk.** We can make up bottles and will let you know when you're low on formula, or you may prefer to send pre-made bottles.
- ❖ **Pacifier**
- ❖ **Bottles for each feeding with lids labeled with infant's full name and dated daily.**
- ❖ **Small diaper bag packed with a couple changes of clothing.**
- ❖ **Family picture**
- ❖ **Medications:**
 - **Diaper rash ointment**
(Be sure to fill out a Medication Consent Form for any of the above medications. Medications may only be administered in accordance with the manufacturers, or physician's written instructions.)
 - **Teething gel**
 - **Tylenol or pain reliever for teething discomfort**

We ask that you please wash your hands every time you enter the classroom. It helps keep everybody healthy and prevent the spread of germs.

We have a no-shoe policy in the classroom. We ask that you either take your shoes off outside the classroom, or cover your shoes with the booties provided.

Country Dawn provides snacks. We provide spoons and bowls, as well as bibs. We usually have Cheerios, Kix, crackers, Baby Mum-Mums and fruit for our snacks for those eating finger foods. Please send meal foods for your child daily.

We use Huggies unscented baby wipes. If your child is sensitive to these please let us know and provide the type of wipes you would prefer us to use.

If you should have any questions, please do not hesitate to ask.

Thank You! 😊



Infant Program Daily Schedule

5:30 AM	Country Dawn Opens
5:30 AM – 7:30 AM	Free Play
6:00 AM – 7:30 AM	Breakfast
7:30 AM – 9:00 AM	Free Play (Tuesdays & Thursdays Art)
9:00 AM – 9:30 AM	Snack
9:30 AM – 10:30 AM	Free Play
10:30 AM – 11:00 AM	Outside Play (Weather Permitting) or Free Play inside
11:00 AM – 11:15 AM	Free Play and get ready for lunch
11:15 AM – 12:00 PM	Lunch
12:00 PM – 12:30 PM	Free Play
12:30 PM – 2:00 PM	Rest Time
2:00 PM – 3:00 PM	Outside Play (Weather Permitting) or Free Play inside
3:00 PM – 3:30 PM	Snack
3:30 PM – 6:00 PM	Free Play
6:00 PM.....	Country Dawn Closes

Free Play activities include: Books, Musical Instrument Toys, Blocks, Babies, Play Kitchen Toys, Cars, Shape Sorting Buckets, Balls, Bubbles, Tunnel, Climbing Mats, Stuffed Animals, Picture Cubes, Large Activity Cubes and Rattles.

Outside Play activities include: Climbing Structure, Slides, Play Boat, Play Houses, Push Toys (Trucks, Buses & Cars), Blocks, Water Buckets, Paint Brushes, Balls, Bubbles and Balance Beams.



INFANT FEEDING PROCEDURES:

In general Infants will have individual feeding schedules. These schedules will be relayed to the staff upon arrival for the day. Having said this, the following is offered as a general idea as to when meals occur.

1. Breakfast is given to the infant if the parent indicates that meal has not been accomplished.
2. Morning snacks are generally between 9:00 A.M. to 9:30 A.M.
3. Lunch is generally served between 11:00 A.M. to 12:00 P.M.
4. Afternoon snacks are generally between 2:30 P.M. to 3:00 P.M.
5. Bottles are given in accordance with the infant's individual schedule, or per the instructions relayed by the parent.

INFANT BOTTLES:

1. Please bring enough **clean bottles with lids** for each feeding that your baby will receive (depending on your child's feeding schedule). They can be pre-made or brought empty.
2. **Please use permanent ink to mark bottles with infant's full name and date daily.**
3. Bottles will be returned to you rinsed only. We do not clean or dismantle them to avoid any mix-ups. (If compliance with items 1, 2, or 3 is financial burdens please let us know and bottles will be provided for you.)
4. Bottles prepared at home must be labeled with the infant's full name and date, and have a cover over the nipple.
5. Bottles are heated in a bottle warmer, or in warm tap water. Temperature of the bottles contents will be checked before feeding it to the infant to preclude the possibility of injury to the infant. The water in the bottle warmer will be emptied at the end of the day, cleaned and disinfected.

BREAST MILK:

We support mothers who choose breast feeding. The following are guidelines for storing and using breast milk.

1. Breast milk needs to be in ready-to feed bottles (liners in & filled)
2. Label each bottle of breast milk with the child's full name and date, then properly refrigerated.
3. Bottles not finished within one hour of the start of the feeding must be dumped out.
4. Breast milk not used on the day it's brought in, will be sent home at the end of the day or frozen up to 2 weeks for future use.
5. Frozen breast milk will be thawed under lukewarm water, slowly
6. We recommend small bottles of breast milk.
7. See INFANT BOTTLES above for bottle procedures.

INFANT BABY FOOD:

1. All baby food brought for an infant will be ready to eat except dry cereal and powdered formula which is mixed with warm water or the child's formula, as is appropriate, by an assigned staff member.
2. A fresh jar will be used each day.
3. If the infant or toddler does not eat all of the food sent for that day, the food left over will be stored in the refrigerator or child's lunch box to be taken home by the parents the same day.

INFANT FINGER FOOD:

1. When the parents of the infant or toddler feel their child is ready for finger food, it should be sent already prepared. (Snack crackers are supplied by Country Dawn, and served with parent's permission.)

FEEDING INFANTS:

1. Wash hands thoroughly with soap and water.
2. Unfinished food should be refrigerated or placed back into the child's lunch pail if appropriate, to be returned home with the child.
3. After eating, wash infant as needed, wash and disinfect high chair and eating surfaces with bleach and water solution.

INFANT CARE AREAS:

1. A sturdy crib, with secure latches, vertical slats spacing not greater than two and three-eighths inches apart, bumper pads for infants under 6 months old, and a snug fitting, waterproof mattress. Country Dawn provides bedding.
2. A sturdy, well-balanced high chair with safety straps, and easy to remove tray.
3. An area to keep extra clothing and personal items separate.
4. Safe, developmentally appropriate, non-ingestible toys.
5. All areas used for infant and toddler care will be cleaned and disinfected with a bleach and water solution.

SLEEPING PROCEDURES

1. Sleep positioning: All children in the infant classroom will be placed on their back to sleep. Children, who can roll over on their own, can assume any comfortable position they wish, and will not be repositioned to their back. If a child has a medical reason to be placed in any position other than their back we will be happy to accommodate assuming we have the proper form signed by the physician and parents or guardians.
2. Bedding: While we are sympathetic to the desire to have personal items in your baby's crib, safety is more important. Therefore we cannot allow things such as blankets, bumpers, stuffed toys, pillows, mobiles, or anything else soft or hanging that could potentially cause suffocation or entanglement.
3. Sleeping on Demand: It is our policy that children be allowed to sleep on demand and not on a set schedule. This means that when children are tired they will be allowed to sleep and children will not be forced to take naps if they are not tired. This is not to say that children will not be encouraged to rest or offered naps on a schedule, but we cannot force children to sleep, nor deny them needed sleep. This also means that we will avoid waking up children who are sleeping.

INFANT DIAPER CHANGING PROCEDURES

Ensure that no food is placed, or stored, on or near the diaper changing area. Also ensure that the following procedures are posted at the diaper changing area.

1. Diapers will be changed as needed, using either disposable or cloth diapers of the parent are choosing. (Parents provide Diapers. Country Dawn will provide and use unscented baby wipes.)
2. Infants will be checked every two hours minimum to determine the necessity of changing diapers. (Unless the child is sleeping.)
3. Diaper-Changing places must be sanitized with a solution of one tablespoon of chlorine bleach per one quart of cold water:
 - a. First thing in the morning.
 - b. *After each diaper change.*
 - c. After children are gone for the day, when room is being closed.
4. The following procedures will be used to change Infant diapers.
 - a. Obtain a clean diaper and place it within easy reach of the changing table.
 - b. Put on gloves.
 - c. Lay the infant on the changing table and give him/her a small toy to hold.
 - d. Remove the soiled diaper.
 - e. Clean the infant with a diaper wipe or disposable towel as necessary.
 - f. Apply medications, ointments, and powders etc. that have been approved on Medication Consent Form (in writing) by the Infant's parents.
 - g. Dispose of disposable soiled diapers, wipes, and gloves in an appropriate covered refuse container.
 - h. Reusable soiled diapers or clothing is to be placed, without rinsing, into cleanable covered container, with a waterproof disposable liner, for removal by parents daily. Containers will be marked as to child's name and contents, and stored so as to prevent access by children. Plastic bags may be used as a container provided the clothing, or diaper, is placed in the first bag and tied so as to be leak proof. The clothing, or diaper, (when inside the first bag and tied), must then be placed into a second plastic bag, and the second bag must also be tied so as to be leak proof.

(SOILED DIAPERS MUST BE REMOVED FROM THE FACILITY DAILY.)

 - i. Put the clean diaper on the infant.
 - j. Wash the infant's hands.
 - k. Remove the infant from the changing table to an appropriate place.
 - l. Clean the changing table with soap, water and appropriate bleach and water solution.
 - m. Wash your own hands thoroughly;

Infant Goals and Objectives

Newborn – 6 months

Social/ Emotional

- Smiles at others.
- Can briefly calm self.
- Copies some movements and facial expressions.

Language/Communication

- Coos, makes gurgling sounds.
- Turns head toward sounds.
- Begins to babble with expression.
- Copies sounds.
- Starts to cry in different ways to express needs.

Cognitive

- Begins to follow things.
- Recognizes people at a distance.
- Response to affection.
- Reaches out for toys with one hand.
- Starts to use hand eye coordination.
- Follows moving things with their eyes,

Movement/Physical Development

- Can hold head up during tummy time unsupported.
- Uses arm and leg muscles more to build strength.
- Brings hand to mouth.

6 months – 1 year

Social/Emotional

- Knows familiar faces.
- Begins to be afraid of strangers.
- Likes to play with others.
- Starting to express emotions.
- Begins self-discovery.
- Has favorite toys.

Language/Communication

- Responds by making sounds.
- Starts to string babbles together.
- Recognizes own name.
- Begins to make different sounds, like “ma” and “ba”.
- Copies sounds and gestures.
- Uses fingers to point at things.

Cognitive

- Looks around more at surroundings.
- Shows curiosity and interest toward things.
- Watches path as something falls.
- Plays peek-a-boo.
- Puts things in mouth.
- Picks up small items.

Movement/Physical Development

- Rolls over.
- Begins standing with support.
- Begins to sit with support.
- Begins to pull up self to stand.
- Begins to crawl.

Country Dawn's curriculum follows the Early Learning Guidelines set by Washington State Department of Early Learning (www.del.wa.gov). Once a month, a consulting nurse comes to the infant classroom to visit with and answer any staff and/or parent questions. She also updates us on illness, child development, and other current information regarding infant's health. Country Dawn partners with The Sno-Isle Library and monthly receives books for our infant classroom. CDC Assessments are provided to families each fall and spring. Teacher Parent Conferences start in the Preschool classrooms however, a conference is provided to any of our families when requested. Country Dawn also participates in Early Achievers, which is Washington's Quality Rating and Improvement System.



**PARENTAL ALERT
SEVERE OR LIFE THREATENING FOOD ALLERGY**

Dear Parents:

I am writing to inform you that several children who are currently enrolled at Country Dawn have a life-threatening allergy to peanuts. If these children are exposed to peanuts in any form (even trace amounts), the child may experience a type of shock called anaphylaxis. Anaphylaxis is a reaction that affects the entire body and can result in the child not being able to breath and cardiac arrest. The reaction is so severe that once symptoms are recognized medication must be given immediately to prevent death, and emergency medical personnel (911) must be called for immediate help.

Strict avoidance is the only way to prevent this type of severe reaction. The safest environment is one where there are no peanuts or foods containing any peanut products or traces of peanuts in the classroom or any area where the child may be. To achieve this safe environment we will need everyone's help. A huge risk is posed by other children who may unwittingly bring foods to school that contain peanuts, or peanut products. Even vapors from the food containing peanuts or peanut products can cause a sensitive child to have a severe reaction. Please check the labels on foods, and do not send any foods containing peanuts or peanut products of any kind to school. If you bring in foods for a special event or class party, bring only commercially prepared food in the original packaging (no home-prepared food, please!). All foods must be monitored closely, all labels must be checked for indications of peanuts or peanut products, and should there be any question as to the safety of the ingredients the food may not be served, or even opened.

I realize this will be an inconvenience, and we appreciate your help and understanding as we attempt to create the safest possible environment for all our children.

If you have any questions please do not hesitate to talk with your child's teacher, supervisory staff at the front desk, or myself. I would like to thank you for your help and understanding in this matter.

Sincerely,

A handwritten signature in black ink that reads "Julie Bliven".

Julie Bliven
Director



Infant Program Child Information

Dear Parents,

Please fill-in the following information to help us become better acquainted with your child.

Child's full legal name : _____ Nick name: _____

Date of birth: _____ Names of Parents: _____

Names and ages of siblings: _____

House hold pets: _____

Any known allergies: _____

All babies have "special" needs. Does your baby have any health concerns or physical limitations that require "special" care or treatment? Please describe and explain. _____

Does your baby have a fussy time of day? _____

What seems to calm your baby when he/she is fussy? _____

What gets your baby excited? _____

On a "typical" day what is your baby is schedule or routine? _____

How does your child go down for a nap? _____

How does your child like their bottle? (Warm, Luke-warm, Cold etc.) _____

Please add any information you feel would be helpful in understanding your child's needs. Or if something happens such as family separations, death of a relative, new home, etc., please let us know, as babies are affected by stressful situations.

Thank you.



INFANT PROGRAM FOOD / SNACK LIST

Here is a list of items that we can provide to your child. Please look over and check those items you would like your child to have. These forms will be kept on file in our room while your child is enrolled in the Infant Program.

Child's Name: _____ **Birth Date:** _____

Cereals

- Rice Cereal Cheerios Oatmeal Chex

Fruits (Diced and/or Sliced) & Vegetables (Diced and/or Roasted)

- Applesauce Cantaloupe Cucumbers Bell Peppers
 Oranges Pears Peaches Kiwi Mandarin Oranges
 Bananas Strawberries Blueberries Raspberries Peas
 Blackberries Zucchini Olives Watermelon Pineapple
 Green beans Broccoli Cauliflower Potatoes Tomatoes
 Pickles Apples

Crackers & Cookies

- Ritz Crackers Saltines Better Cheddar Crackers
 Goldfish Crackers Nilla Wafers Baby Mum Mums
 Graham Crackers Teddy Grahams Fig Newton Cookies

Other Snacks

- Turkey Ham Pita Bread Hummus Pudding
 Bread / Toast Cinnamon Sugar & Butter Tortillas Cheese
 Mini Bagels Cream Cheese Bean & Cheese Tortillas
 Rice Cakes Tuna Sandwiches Soy Nut & Jam Sandwiches
 String Cheese Yogurt Hard Boiled Eggs

Liquids

- Water Whole Milk

Parent/Guardian Signature: _____ **Date:** _____

Consent to Exchange Information

Washington State Law, WAC 170-300-0275(2) requires that child care centers with infants contract with a nurse consultant. Nurse consultants help our staff address health and safety issues and improve quality of care. This may include identifying physical and emotional needs of infants through observations and assessments as needed.

In addition, WAC 170-300-0460 5(h), requires that we have signed parent/guardian permission for visiting health professionals who provide services to children in our program.

This release of information will give permission to allow communication between our infant nurse consultant and our child care staff for the sole purpose of understanding and addressing your child's health and safety needs.

I understand that information regarding my child is confidential and may *not* be given to employees of public agencies or individual professionals in private practice without my consent or other legal requirement.

I authorize communication and exchange of information, as initialed and checked below, between
The nurse consultant and the child care staff as necessary for the coordination of my child's care.

- Developmental Records
- Diagnostic Assessments/Evaluations (Occupational/Physical Therapy, Speech and Language Pathology, Psychological, Social-emotional)
- Developmental/Health Screening(s);
- Medical Dental Immunizations Records
- Medications Individual Health Care Plan
- Other: please specify: _____

This consent is voluntary and I understand that I can withdraw my consent for my child at any time. Unless I withdraw this consent, this authorization will be valid for 12 months.

I am confirming that I have read, understood and agree to the above.

Parent/Guardian Name: _____

Child's Name _____ Date of Birth _____

Parent/Guardian Signature: _____ Today's Date: _____

Nurse Consultant Gayle Phipps Child Care Director June Bliven

Copy for the nurse consultant

Copy for the child's file

NOTE: In accordance with the Health Insurance Portability and Accountability Act (HIPPA) and applicable Washington laws, all personal and health information is private and must be protected.



Medication Consent Form

Diaper Rash Ointments/Creams Only

Note: This form is to be used for ointments or creams (prescription or non-prescription) used for "diaper rash" only.

Child's Full Legal Name: _____ Date Initiated: _____

Name of ointment/cream: _____
Note: Prescription and non-prescription ointments/creams (medications) may only be administered in accordance with instructions on the label.

How often is the ointment/cream to be administered? _____

How is the ointment/cream to be administered? _____

Remarks: _____

Parent/Guardian please initial the following statements:
 I hereby authorize Country Dawn staff members to administer the ointment/cream(s) listed above.
 I understand that this authorization is to remain in effect until rescinded by me.

Parent/Guardian Signature: _____ Date: _____

Country Dawn staff use only.

Note: Read the label(s) before administering any medication.

Medication Record

Date	Time	Name of Ointment/Cream	Applied by (Staff name)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Medication record continues on back of form

MEDICATION DISPOSITION:
Check one of the following: Ointment/Cream(s) completed and returned to parent.
 Ointment/Cream(s) container empty and returned to parent/guardian.

Staff Member Signature: _____ Date: _____

Country Dawn staff use only.

