



# Toddler Program



Teacher: Aurora Chaffee

## CLASS INFORMATION





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

Hello families!

I am so excited to be your child's Toddler teacher this year and cannot wait to see them learn and grow! My name is Aurora and I've worked at Country Dawn since July 2022. I am currently enrolled at Everett Community College pursuing my Early Childhood Education certificates and associate degree. In my free time, you can usually find me outside with my dog, I love to hike, paddleboard, and camp any chance I get. I also enjoy reading, and crafting such as painting, macrame, and crochet!

I have had a passion to work with kids for as long as I can remember and am so grateful to be a part of your child's learning journey! I aim to create a rich environment where your little can thrive and where they feel safe, valued, and loved while they learn. I am beyond excited to get to know you and your child and know that together this year will be amazing! I am a firm believer in open communication so please message me at any time through ProCare or email me at [countrydawnaurora@gmail.com](mailto:countrydawnaurora@gmail.com) anytime you have questions, concerns, or comments.

Sincerely,  
Aurora Chaffee

# Toddler Themes

## **September**

- **Back to School**
- **All about me**
- **Shapes and Colors**

## **October**

- **Fall**
- **Halloween**
- **Fire Safety**
- **Farm**

## **November**

- **Thanksgiving**
- **Veteran's Day**
- **Weather**

## **December**

- **Winter**
- **Christmas**
- **Holidays**
- **New Years**

## **January**

- **Arctic Animals**
- **Snow**
- **Clothing**

## **February**

- **Valentine's Day**
- **Feelings and Emotions**
- **Pets**

## **March**

- **Dr. Seuss**
- **St. Patrick's Day**
- **Rainbows**
- **Spring**

## **April**

- **Earth Day**
- **Easter**
- **Gardening**
- **Healthy Foods**

## **May**

- **Bugs**
- **Flowers**
- **Mother's Day**
- **Lake and Pond Life**

## **June**

- **Father's Day**
- **Summer Fun**
- **5 Senses**
- **Super Heros**

## **July**

- **4<sup>th</sup> of July**
- **Camping**
- **Ocean and Beach**

## **August**

- **Dinosaur**
- **Outer Space**
- **Ready to Move up!**



## Toddler Program Daily Schedule

**5:30 AM - Country Dawn opens.**

5:30 AM - 6:15 AM - Free play in Pre-Preschool room (Fine motor toys, art materials, musical instruments, blocks, dramatic play & books)

6:15 AM - 6:30 AM - Children arrive in Toddler room & wash hands

6:30 AM - 7:30 AM - Breakfast and Free play

7:30 AM - 9:00 AM - Free play

8:15 AM - 8:30 AM - Diaper changes

9:00 AM - 9:30 AM - Wash hands, Snack, & clean up tables

9:30 AM - 10:00 AM - Outside Play (Weather Permitting) or Free Play inside

10:00 AM - 11:15 AM - Free Play, Music (singing & music/movement), Circle Time (Story time, story board, Flash cards, etc.)

10:15 AM - 10:45 AM - Diaper changes

11:10 AM - 11:30 AM - Lunch preparation & Wash hands

11:30 AM - 12:00 PM - Lunch served

12:00 PM - 3:00 PM - Nap time

2:30 PM - 3:00 PM - Diaper changes & put away mats

2:50 PM - 3:00 PM - Wash hands for snack

3:00 PM - 3:15 PM - Snack served

3:15 PM - 3:45 PM - Outside play (Weather Permitting) or Free Play inside

3:45 PM - 4:45 PM - Free play

4:45 PM - 5:00 PM - Small Snack

5:00 PM - 5:15 PM - Diaper change

5:15 PM - 6:00 PM - Free play combine with Pre-Toddlers

**6:00 PM - Country Dawn closes.**

**Free play activities include:** Fine Motor Toys, Dolls, Cars, Trucks, Music Toys, Kitchen, Dramatic Play, Animals, Books, Blocks, Art Activities, Large Motor Play on Climbing Structure and Slide & Sensory Activities.

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

# Toddler Objectives and Goals

## Social / Emotional

- Recognition of primary caregivers.
- Able to sit in chairs at table at mealtimes (Toddler size chairs).
- Use Blanket only at nap time.
- Spend three to five minutes on an activity.
- Give up pacifier.

## Cognitive

- Can sign "please" and "more"
- Can follow two simple oral instructions.
- Participates with caregiver to dress and undress self.
- Names 3 to 10 body parts.
- Uses 2 to 3 word sentences.
- Can make animal sounds when given the names of familiar animals.
- Plays in the proximity of other children (more than one) with separate activities.

## Large Muscle Coordination

- Able to drink from a small cup.
- Can roll a ball.
- Can push and / or pull a toy while walking.
- Can move scooter / bikes forward without help.
- Can move scooter / bikes backward without help.
- Can walk up steps without help.
- Can push a toy car on the floor.
- Claps and dances to music.

## Small Muscle Coordination

- Turn pages of a "toddler" book.
- Can make marks with (large) crayon or pencil (scribbles) on a single piece of paper.
- Able to put in and take out, 6 objects from a large, flat, container.
- Able to stack three blocks.
- Can put 5 rings on a peg.
- Can stack blocks as high as his/her reach.

Country Dawn provides a hands-on curriculum that includes small group time, circle time, outside play, free choice play, theme-based arts and crafts activities. Basic academic skills: recognizing shapes, colors, letters, and numbers are incorporated throughout the day. Language and Social/Emotional development are practiced all day; expanding the children's vocabulary, their ability to communicate, play with peers, and follow the teacher's instruction. Country Dawn offers Elevate Music Together, which is an internationally recognized early childhood program providing music and movement for children. Country Dawn's curriculum follows the Early Learning Guidelines set by Washington State Department of Early Learning. ([www.del.wa.gov](http://www.del.wa.gov)) 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 breathe 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". The signature is written in a cursive style with a large initial "J" and "B".

Julie Bliven  
Director



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## Toddler Program

*Please help us know your child better.*

Child's full Name:	Date of birth:
Child's Nick Name(s):	
Parent/Guardian Name:	
Parent/Guardian Name:	
Sibling's (Names, Nick names, and ages):	
Foods your child prefers:	
Foods, and / or beverages, you would prefer you child did NOT have:	
Allergies or sensitivities to food, insects, animals, medications, etc.:	
Your child's favorite toy or toys, at home are:	
Please list any security objects such as blanket, stuffed animal, or other security objects you child may have, and please indicate what your child calls these objects.	
Does your child use a bottle?	
List any activities you especially enjoy with your child.	
Please describe your child's schedule when not at Country Dawn.	
If there is any additional information you would like to share with us that we did not specifically ask for please do. This may include any specific goals you may have for your child. You may use the back of this form if necessary.	



# 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.



