INFANT AND TODDLER

Information Program Packet

This information has been prepared to give parents insight on our policies, procedures, expectations, philosophy and goals of Penny Lane Childcare, a non-profit state-licensed accredited center.

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Bloomington, IN 47408
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Revised 2025

Welcome INFANT families!

The care that infants receive during the first years of life have a powerful influence on the way they view the world, relate to others, and succeed as learners. When their needs are met and experiences are nurturing, consistent, and loving- children flourish. Almost every day, you can see exciting changes as they learn to trust you, bond with others, and begin to see themselves as competent beings.

While in the infant room, your child's schedule and routine will be strictly on demand to address their individual needs. Routines are established to build trust and positive relationships. One-on-one time will be spent easing children through hellos and goodbyes, diapering, feeding, dressing, and soothing them to sleep, helping them feel a sense of security. They become curious learners as they develop new skills and are active in a nurturing environment.

Children thrive when they feel secure, are appropriately challenged, and have strong connections with caring adults. During your child's time in our classroom, we aim to create environments that are safe, emotionally supportive, and ensure a sense of belonging. Relationships with families are an essential part of assisting with individual development and learning needs.

Parent Involvement

We believe that open, consistent communication fosters a positive and collaborative environment. By working together, we can ensure that each child's unique needs are met and that families feel supported every step of the way. Your feedback and suggestions are always welcome, as they help us enhance our program and strengthen our partnership.

We will communicate with you daily to share observations, concerns, activities, and developmental progress. Communication happens via telephone, the Bloomz app, and daily sheets. The Bloomz app is a communication resource that we use with Penny Lane families. With this app, teachers can share information and learning experiences with classroom parents only. If needed, please ask for assistance to connect to our Bloomz classroom; a specific code is required.

In addition to regular updates, we encourage parents to participate in classroom events and volunteer opportunities whenever possible. Engaging in these activities not only supports your child's learning but also helps foster a strong sense of community among families and staff. We strive to create an inclusive atmosphere where everyone feels valued and involved.

Upon arrival, parents must complete a daily sheet for teachers to log feedings, diaper changes, and other important information throughout the day. The sheet is sent home at departure, and a carbon copy is kept for our records.

Our curriculum framework expresses a weekly focus with a correlating life skill, milestone, and individual goals for each infant, which is a part of their daily classroom environment. An additional form is updated weekly with the curriculum framework and to document observations, dictation, parent notes, activities, etc.

We are excited to welcome new ideas and expose you to new adventures!
We look forward to spending time learning and growing with your family!

Penny Lane Childcare Infant Safe Sleep Policy

Safe sleep training is an FSSA requirement for all staff in childcare programs that work with infants and young toddlers. Penny Lane teachers complete their safe sleep training virtually on Indiana's iLead portal. They learn of risk factors associated with Sudden Infant Death Syndrome (SIDS) and how to avoid situations causing SIDS or accidental suffocation in infants less than 12 months of age.

Introduction

Safe sleep is a cornerstone of exceptional childcare, especially in daycare settings where the well-being of infants and young children is entrusted to professionals. Implementing rigorous sleep safety procedures not only ensures comfort and rest for children but also significantly reduces the risk of sleep-related injuries and sudden infant death syndrome (SIDS).

Promoting safe sleep practices is not only a legal and ethical obligation for daycare providers, but it also fosters trust and peace of mind for families. This guide, based on recommendations from pediatric experts, childcare authorities, and health organizations, explores the essential do's and don'ts for creating a safe sleep environment in daycare, empowering staff and caregivers with knowledge and actionable steps.

Always Place Babies on Their Backs to Sleep

- Always place infants (up to 1 year old) on their backs for every nap and nighttime sleep. Even if a baby can roll over independently, we always start them on their back
- This sleep position is the safest and most effective way to reduce the risk of SIDS.

Use a Firm, Flat Sleep Surface

- Cribs should have a firm mattress covered by a fitted sheet.
- Ensure that all sleep surfaces comply with current safety standards and are free of damage.

Keep Sleep Spaces Free of Soft Objects and Loose Bedding

- Pillows, blankets, stuffed animals, hooded clothing, and any loose bedding is removed from cribs.
- These items can pose suffocation or entrapment hazards.

Sleeping Children Monitored Regularly

- We check on children frequently during sleep periods.

Proper Supervision and Staff Training Ensured

- All staff receive regular training on safe sleep policies and emergency procedures.
- Staff review protocols frequently and keep up with updated regulations.

Licensing and Regulatory Requirements

- Penny Lane staff must abide by local, state, and federal childcare regulations regarding safe sleep.
- Document sleep practices and incidents as required by licensing agencies.

Individual, Appropriately Sized Sleep Spaces

- We ensure each child has their own crib and/or cot. These are not shared and are washed & sanitized daily.
- Space sleep areas allow staff access and to prevent accidental contact between children.
- Bottles, toys, and pacifier clips are not allowed in the crib. Bottles can cause choking, while toys and pacifiers with strings or clips pose strangulation risks. Paci's that are NOT attached to any clips **can** be used in the crib and are shown to reduce the risk of sleep-related deaths.

Overdressing Infants or Use of Heavy Blankets

- Overheating is a significant risk factor for sleep-related infant deaths.
- We use **arm-free** sleep sacks in our setting. Swaddles are **not** permitted to be worn.

Infants Are Not to Sleep Anywhere Except Cribs

- If an infant younger than 12 months arrives already asleep, *or* they fall asleep in other equipment such as swings, bouncers, or jumpers, they are to be moved into their crib. Infants are not permitted to sleep in equipment not specifically designed for infant sleep. This includes children who fall asleep while being held by daycare staff.

Medical Conditions or Special Needs

- Children with medical conditions may require specific sleep arrangements; always follow healthcare provider instructions. Document and communicate any special needs clearly with staff and families.
- If altering arrangements need to be made to a crib/mattress/cot, a doctor's note will be required.

➢ Special Considerations

Nap Time Routines

We like to develop consistent, calming routines before naps to help children transition to sleep. This may include reading quietly, dimming lights, or playing soft music. Avoid stimulating activities immediately before sleep.

➢ Creating a Culture of Safe Sleep

Safe sleep is a shared responsibility among daycare staff, families, and administrators. Fostering open communication, ongoing education, and a commitment to best practices ensures that all children sleep safely and comfortably.

Additional References:

Article: Signs of Safe Sleep in Child Care (*Brighter Futures Indiana)*
DCS: Safe Sleep Information (*www.IN.gov*)
Breastfeeding and Safe Sleep: Evidence-based Practices Guidance Document (2020) (www.IN.gov)

BREAST MILK PROCEDURE

State Form 49954 (R6 / 12-21)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W362
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (*see "Parent Agreement"*).

2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.

3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (*see "Parent Agreement"*).

4. Fresh, refrigerated breast milk must be used within forty-eight (48) hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for three (3) to six (6) months or stored in a deep freezer at -4° F for six (6) to twelve (12) months.

5. Frozen breast milk may be thawed as follows:

   (a) Frozen breast milk may be thawed under warm water, gently swirled, used within one (1) hour or refrigerated immediately and used within twenty-four (24) hours. Label the bottle with the time and date thawed and method used for thawing (*"warm water" or "heat thaw"*).

   (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, **never warm** the breast milk until ready to feed the child.

   (c) Do not refreeze the breast milk once it has been thawed.

NEVER HEAT BREAST MILK IN A MICROWAVE!

Note: Once a bottle is fed to infant, the remainder **must be discarded** and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____ in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent	Date (*month, day, year*)

SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE CENTERS PROVIDING INFANT-TODDLER CARE SUGGESTED FEEDING PLAN

State Form 49963 (R3 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

INSTRUCTIONS:
Prior to admission, a feeding plan shall be established and written for each infant (age six (6) weeks to twelve (12) months) in consultation with the parents and based on the written recommendation of the child's medical provider. Feeding plans must be continually updated by the child's medical provider or parent. [470 IAC 3-4.7 (b)]

The following feeding plan has been recommended for this child.

Name of child	Date of birth (*month, day, year*)

Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Medical Provider

Signature of MD, DO, NP	Date signed (*month, day, year*)

Suggested feeding plan for toddlers

Age One (1) Year to Two (2) Years

Child's Name:_____

Parent(s) Name: _____

Address: _____

TIME	FOOD OFFERED	AMOUNT
Morning	Fruit or Juice Grain/ Cereal [or] Meat Alternative Milk	¼ cup ½ ounce equivalent ½ ounce 4 ounces
A.M. Snack *(choose 2)*	Grain/ Meat Alternative Fruit or Juice Milk Vegetable	½ ounce equivalent ½ cup 4 ounces ½ cup
Lunch	Meat [or] Meat Alternative Fresh [or] Cooked Vegetable Fruit Grain Milk	1 ounce equivalent 1/8 cup 1/8 cup ½ ounce equivalent 4 ounces
P.M. Snack *(choose 2)*	Grain/ Meat Alternative Fruit or Juice Milk Vegetable	½ ounce equivalent ½ cup 4 ounces ½ cup
Night	Meat [or] Meat Alternative Fresh [or] Cooked Vegetable Fruit Grain Milk	1 ounce equivalent 1/8 cup 1/8 cup ½ ounce equivalent 4 ounces

Cow's Milk Provided by Center: ☐ / Whole ☐ / 1%

Vitamins and Minerals *Only* if Prescribed by a Physician: _____

Changes to be made from suggested plan *(if any)*:

****If yes, Special Dietary Needs form required****

×_____ ×_____

Physician's Signature Date

Obligation to Serve Infants in the CACFP

Dear Parents/Guardians:

This center/home/ministry participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Policy requires a center/home/ministry participating in the CACFP to offer formula and meals to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's meals instead.

Please complete the following information:

Name of Provider/Child Care Center: Bloomington Day Care Corp. (dba) Penny Lane Childcare

Type(s) of formula offered: Similac Total Care 360

Name of Infant_____ **Birth date** _____

1. Select the correct option (s) below:

	I accept the type(s) of formula offered by my provider/childcare center/ministry.	
	I declined the type(s) of formula offered by my provider/childcare center/ministry. Select option below.	
		I will provide _____formula for my infant. (name of formula)
		I will provide breast milk or breast-feed my infant on-site at the facility

2. Select the correct option below:

	I accept the meals and snacks offered by my provider/childcare center/ministry.
	I decline the meals and snacks offered by my provider/childcare center/ministry.
	I will provide meals and snacks for my infant.

_____ _____

SIGNATURE OF PARENT/GUARDIAN **DATE**

1. This form must be kept on file for each infant enrolled in childcare.
2. As situation changes, such as a medical authority changing the infant's formula, a new form should be completed.
3. This form must be kept current and accurate for each infant enrolled for childcare until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula offered but supplies formula or breast milk and the provider supplies meals and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snacks, meals and snacks may NOT be claimed for reimbursement.

BUREAU OF CHILD CARE DIVISION OF FAMILY RESOURCES

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____ (Parent's name) will

provide food for_____ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature):_____

(Date):_____

Guidelines for Starting Solids and Infant Feedings

Introduction

Transitioning infants from exclusive breastfeeding or formula feeding to solid foods is a significant milestone, both for children and their caregivers. Daycare providers play a crucial role in ensuring that this transition is safe, supportive, and tailored to each infant's needs. This document offers comprehensive guidance on best practices for starting solids and managing infant feedings within a daycare setting, emphasizing collaboration with families and adherence to health and safety standards.

➢ Understanding Infant Feeding Milestones

Infant feeding progresses through several stages:

- [**Birth to 6 Months**]: Exclusive breastfeeding or formula feeding is recommended. Solid foods, including cereals, fruits, vegetables, and proteins, are not introduced at this stage. Most babies do not have muscle control or coordination to eat solid foods. They are not "**developmentally ready**".
- [**Around 6 Months**]: Most infants are developmentally ready to begin solids. Signs of readiness include good head and neck control, the ability to sit with minimal support, appearing interested in food, and loss of tongue-thrust reflex.
- [**6 to 12 Months**]: Solids are gradually introduced alongside breast milk or formula, which remain primary sources of nutrition. Feeding routines become more varied, and the infant learns to eat from a spoon, grasp foods, and chew.

Did you know?

Babies begin losing iron after birth & have a significantly lower amount by 6 months of age. For breastfed babies, it's especially important to introduce iron-fortified infant cereal and pureed meats or poultry when baby is ready because they provide iron and zinc that babies need as they grow.

➢ Daycare's Role in Starting Solids

Daycare providers are responsible for creating a safe, nurturing environment where infants can explore new foods. Key responsibilities include:

- **Partnering with Families**: Open communication ensures that caregivers know each child's feeding history, allergies, cultural preferences, and family routines. Providers will request written feeding instructions to be updated to your child's infant feeding plan as your infant progresses.
- **Following Individual Plans**: Each infant's readiness and preferences vary. Daycare staff must respect the introduction schedule provided by families or pediatricians. Never introduce new foods without parental consent.
- **Documenting Feedings**: Maintain accurate records of what, when, and how much each child eats. This includes noting any reactions or feeding difficulties.

➢ Best Practices for Introducing Solid Foods

- **Start Simple:** Begin with iron-fortified single-grain baby cereal, pureed fruits, or vegetables. Offer one new food at a time and wait 3–5 days before introducing another to monitor for allergic reactions.
- **Safe Food Preparation:** All foods must be prepared hygienically, thoroughly cooked if necessary, and cut into age-appropriate, small pieces to prevent choking. Avoid honey, cow's milk, and high-risk choking foods (like whole grapes, nuts, popcorn) for infants under 1 year.
- **Allergy Awareness:** We record and track any known or suspected allergies. Any signs of allergic reactions such as rash, vomiting, diarrhea, or difficulty breathing, are noted and parents are contacted immediately.
- **Responsive Feeding:** Observe infants' cues: let them indicate hunger or fullness. We never force feed. Staff will encourage exploration of textures and flavors but respect each child's pace.

➢ Infant Feeding Routines in Daycare

Daycare providers should establish consistent, soothing routines that reflect infants' home schedules as closely as possible. Recommendations include:

- **Breastmilk and Formula Storage**: Store bottles according to health regulations. Use labeled containers, keep refrigerated, and discard unused milk per guidelines.
- **Warming Bottles**: Warm bottles under running water or in a bottle warmer. Never use microwaves, as they can create dangerous hot spots.
- **Bottle Feeding**: Hold infants during feedings, ensuring proper positioning to reduce choking risk and encourage bonding. Never prop bottles or leave a self-feeding child unattended.
- **Transitioning to Solids:** Provide a safe, supportive space for spoon-feeding and finger foods. Use age-appropriate utensils and highchairs with safety straps.
- **Cleaning and Sanitizing:** Wash hands before and after feeding. Clean all feeding equipment thoroughly after each use.

➢ Special Considerations

- **Cultural and Dietary Preferences**: Respect family traditions and dietary restrictions, including vegetarian, vegan, religious, and medical needs.
- **Infants with Special Needs:** Consult with families and healthcare providers to implement feeding strategies for infants with developmental, sensory, or medical feeding challenges. A special dietary needs form will need to be filled out and signed by the parent, and by the health provider if **not** a medical condition but a preference.

A **medical statement** from the baby's **health care provider** is **not** required if parents choose to start their baby on solid foods or delay the start of solid foods.

➢ Feeding Solid Foods Too Early vs Too Late

- **Too Early:** Feeding solid foods before a baby is developmentally ready may increase the chance that he or she will choke on food, drink less breastmilk or infant formula than needed to grow, or be overweight/obese later in life.
- **Feeding solid foods before a baby is ready:** Does not help the baby sleep through the night and does not make the baby eat fewer times a day.
- **Too Late:** Delaying the introduction of solid foods beyond the time when babies are developmentally ready may prevent them from eating the variety and amount of food they need. This may increase the risk that babies will – not get the nutrition they need, especially iron and zinc. They may not grow normally, or form delayed speech and motor development. They also can reject foods when they are given at a later age as well as cause texture problems.
- **Delaying solid foods may not reduce the risk of developing food allergies.**

What if a baby doesn't like a food when trying it for the first time?

Infants and children may not like a particular food the first few times trying it. Infants and children may need to be offered a new food more than 10 times before a child may like it. Continue to offer foods babies did not like the first time to see if they will give it another try.

For Parents: What Is Your Baby Eating? Let Us Know!

Today's Date _____ Baby's Name (first and last) _____

Baby's Birth Date _____ Parent's Name (first and last) _____

Is your baby eating solid foods? ☐ Yes ☐ No

What texture(s) of food do you give to your baby?


☐ pureed


☐ mashed


☐ ground


☐ finely chopped

Which of these foods does your baby currently eat?

Grains

☐ crackers

☐ iron-fortified infant cereal (check all that apply)
- ☐ barley cereal
- ☐ oat cereal
- ☐ wheat cereal
- ☐ rice cereal

☐ ready-to-eat cereal (such as whole-grain o-shaped cereal)

☐ pieces of bread/toast ☐ pieces of pita bread ☐ pieces of soft tortilla

Meat and Meat Alternates (Protein Foods and Dairy)

☐ beans ☐ beef ☐ pork ☐ chicken ☐ cottage cheese

☐ eggs ☐ fish ☐ turkey ☐ cheese ☐ yogurt ☐ shellfish

Which of these foods does your baby currently eat?

Vegetables

☐ broccoli ☐ butternut squash ☐ cauliflower ☐ corn ☐ spinach ☐ peas

☐ carrots ☐ sweet potatoes ☐ tomatoes ☐ green beans ☐ other: _____

Fruits

☐ apples ☐ apricot ☐ bananas ☐ blueberries ☐ mangos

☐ peaches ☐ pears ☐ prunes ☐ strawberries ☐ other: _____

What else does your baby eat? _____

_____

_____

_____

_____

_____

_____

Parent's Signature: _____

A handout from *Feeding Infants in the Child and Adult Care Food Program*
https://teamnutrition.usda.gov • FNS 786D • March 2019

Tips for Bottle Feeding

Feeding an infant can be onc of the most enjoyable parts of taking care of them. Parents and caregivers may have different ideas about feeding. Having a policy in place will help insure that everyone is following current information on feeding practices and meeting the needs of infants.

Preparing the Bottle

- Wash your hands before you start.
- **Always use a clean and sanitized bottle** and nipple with each feeding.
- **To warm bottle**: **loosen cap of bottle**, **set bottle in hot water (not boiling) for five** minutes or run warm water over bottle.
- **Always shake bottle to prevent hotspots**.
- NEVER USE A MICROWAVE to warm a bottle. It heats unevenly.
- Test milk temperature on wrist before use. Milk should feel slightly warm.
- **Mark each bottle with the** child's name and date and **make sure they are capped**.
- Never put cereal in a bottle.

Breast Milk

- Make sure breast milk is clearly dated and **labeled for each child**. **Only use bottles labeled with the current day's date**.
- **if breast milk is not in a ready-to- use bottle**, make sure the bottle and nipple to be used are clean and sanitized.
- Breast milk may be stored in the refrigerator in an airtight container for 48 hours; in the refrigerator freezer for up 2 weeks; or a deep freezer of 0 degrees for up to 3 months.
- All expressed milk should be refrigerated after 1 hour if use will be delayed.

Feeding Baby

Every baby should be fed on demand, **however; most babies will need to be fed every 2-3 hours with** 3-8 ounces depending on age.

- **Always hold the baby in a semi-upright position when feeding**.
- Burp the baby halfway through feeding and again at the end.
- **Discard all formula or breast milk remaining in the bottle after each feeding**. All milk should be used within 1 hour.
- **NEVER prop bottles**.
- **Never put a baby to bed with a bottle**
- **Don't allow children to walk with bottles**.
- **Only use bottles labeled with the current day's date**.

Talking Points *for* Parents

Share your policy on bottle feeding for both formula and breast milk.

- **PLEASE** make sure your infant can take a bottle if they are breastfed. Some infants will not take bottles from caregivers if they're used to only taking the breast at home.
- Make a point to talk about their baby's feeding schedule and any special issues.
- Explain putting a baby to bed with a bottle increases the risk of ear infections and tooth decay

Social and Learning Opportunities

Here are some things to remember to make infant feeding a special time.

- One-on one attention allows the child to bond with the caregiver.
- Holding and feeding a baby creates a warm, secure environment, allowing the infant to feel comfortable to learn and grow.

Resources:
Healthy Child Care magazine: **www.healthychild.net or** 877-258-6178. +Information consistent with Caring for Our Children 2012: http://www.nrgkids.org

CACFP Infant Meal Pattern With Food Components

Infants	Birth through 5 months	6 through 11 months
Breakfast, Lunch, or Supper	4-6 fluid ounces breast milk[1] or formula[2]	6-8 fluid ounces breast milk[1] or formula;[2] and 0-½ ounce equivalent infant cereal;[2,3] or 0-4 tablespoons: meat, fish, poultry, whole egg, cooked dry beans, peas, and lentils; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt;[4] or a combination of the above;[5] and 0-2 tablespoons vegetable or fruit, or a combination of both.[5,6]
Snack	4-6 fluid ounces breast milk[1] or formula[2]	2-4 fluid ounces breast milk[1] or formula;[2] and 0-½ ounce equivalent bread;[3,7] or 0-¼ ounce equivalent crackers;[3,7] or 0-½ ounce equivalent infant cereal;[2,3] or 0-¼ ounce equivalent ready-to-eat breakfast cereal;[3,5,7,8] and 0-2 tablespoons vegetable or fruit, or a combination of both.[5,6]

[1] Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

[2] Infant formula and dry infant cereal must be iron-fortified.

[3] Information on crediting grain items may be found in FNS guidance.

[4] Through Sept. 30, 2025, yogurt must contain no more than 23 grams of total sugars per 6 ounces. By Oct. 1, 2025, yogurt must contain no more than 12 grams of added sugars per 6 ounces (2 grams of added sugars per ounce).

[5] A serving of this component is required when the infant is developmentally ready to accept it.

[6] Fruit and vegetable juices must not be served.

[7] A serving of grains must be whole grain-rich, enriched meal, enriched flour, bran, or germ.

[8] Through Sept. 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. By Oct. 1, 2025, breakfast cereals must contain no more than 6 grams of added sugars per dry ounce.

From Infant to Toddler Classroom

Guiding Your Child Through an Exciting New Milestone

We hope this information finds you well and thriving. At Penny Lane, we strive to create an environment where your child's earliest years are filled with warmth, discovery, and growth. As your child prepares to transition from our infant classroom to the young toddler classroom, we want to acknowledge this milestone by providing families with information, reassurance, and guidance.

The Significance of the Transition

The move from our infant classroom to the toddler classroom marks a pivotal step in your child's developmental journey. This transition is not just a change in physical space; it represents your child's growth of independence, curiosity, and readiness to explore new challenges. Over the past months, you have witnessed your child's transformation- mastering crawling, walking, experimenting with first words, and building early relationships with teachers and peers.

While the transition can be exciting, it often brings questions and emotions for both children and parents. We are here to support your family every step of the way.

What to Expect in the Toddler Classroom

Our toddler classroom is designed to nurture the emerging abilities and personalities of children between 12 months and 2 years. Here, your child will experience a richer array of activities, social interactions, and learning opportunities tailored to their developmental stage. The classroom features:

- **[New Routines]:** Toddlers thrive on routine. Our daily schedule includes group time, music and movement, hands-on explorations, and outdoor play.
- [**Social Development]**: Opportunities for group play help children learn sharing skills, turn-taking, and expressing emotions in healthy ways.
- [**Language Growth]**: Teachers support language development through story time, songs, and conversations, fostering expanding vocabularies and communication skills.
- [**Fine and Gross Motor Activities]**: From stacking blocks to running and climbing, toddlers refine coordination and strength through diverse play.
- [**Creative Exploration]**: Simple art projects, sensory tables, and imaginative play encourage curiosity and self-expression.

How We Support Transition

Transitioning to a new classroom is a process that requires gentle preparation and thoughtful steps. Our staff takes care to ensure each child feels secure and welcome.

- [**Gradual Introduction]**: During the transition period, your child will visit the toddler classroom for short intervals, gradually increasing their time as they become comfortable with the new environment.
- [**Familiar Faces**]: Whenever possible, one of your child's infant teachers will accompany them on initial visits, providing a sense of continuity and reassurance.
- [**Individual Attention**]: Teachers observe each child's needs and tailor their support, helping with separation, new routines, and peer interactions.
- [**Family Communication**]: We will keep you informed about your child's progress, readiness, and any concerns or triumphs along the way.

What You Can Do at Home

Your involvement plays an important role in helping your child adjust to new experiences. Here are some suggestions to ease the transition:

- **[Visit Together]:** If possible, join your child for a brief classroom visit. Seeing you interact positively with the teachers, and the environment builds trust.
- **[Maintain Routines]:** Consistent routines at home—particularly around sleep, meals, and drop-off—help children feel safe and confident.
- **[Encourage Independence]:** Offer choices, let your child practice self-help skills (feeding, dressing), and celebrate small successes.
- **[Share Information]:** Let us know about any concerns, preferences, or special needs so we can best support your child.

Frequently Asked Questions

➢ Will my child nap in the Toddler Classroom?

Yes. Toddlers have scheduled nap times, and each child will have their own cot, with familiar comfort items welcome from home. After 12 months your child will transition from our cribs to a cot. Once on the cot, blankets and home items are allowed to be used to help your child feel more comfortable during nap time. Sleep music will be played, and lights will be off. Teachers are available to rub or pat your child's back to help soothe them.

➢ What about potty training?

Potty training begins when children show signs of readiness. Our staff will work in partnership with you to encourage healthy habits, respecting your family's approach and timeline.

➢ Will my child's diet or feeding change?

We offer age-appropriate meals and snacks. As children move to the toddler classroom, they may try new foods. Please let us know about allergies or dietary restrictions. We follow all guidelines regarding serving sizes and how to prepare the food. Your child will transition from highchair to a toddler sized table and chairs.

➢ What if my child struggles with the transition?

Every child is unique, and adjustment may take time. Teachers provide comfort, gentle encouragement, and individualized strategies. We will communicate regularly so you can share your child's progress. We typically allow a two-week time frame for a child to transition and feel comfortable, but some children may need more or less time to adjust. Continuing with routine consistently at home will help your child tremendously.

[Our Commitment to You]

At Penny Lane, our mission is to nurture each child's potential in a safe, loving, and stimulating environment. We value the partnerships we build with families, recognizing that together, we create the foundation for lifelong learning.

BITING PROTOCOLS

At Penny Lane, we recognize that biting is a common behavior among young children, especially toddlers, as they learn to communicate, express feelings, and cope with their environment. While biting can be stressful for children, families, and teachers, we approach it as a developmental stage and respond with patience, consistency, and care.

Prevention	Teacher Response	Family Communication	Ongoing Support
Children are closely supervised, especially during transitions, group play, and times of conflict.	The child who was bitten will receive immediate comfort and appropriate first aid.	Parents of both children will be informed of the situation the same day. Specific details of the children involved will not be shared for privacy.	If biting becomes frequent, teacher and families will collaborate to create a behavior plan.
Ample age-appropriate materials are provided to reduce conflict.	The child who bit, will be removed from the situation, reminded that "biting hurts", and redirected to another activity.	Teachers will work with families to identify possible triggers and strategies for prevention.	Additional resources may be consulted if necessary.
Children are encouraged to use words or gestures to express feelings.	Teachers will not shame or punish children for biting.		Excessive biting and lack of family collaboration/support, they child may be at risk for expulsion.

Administration of OTC (Over the Counter) Topical Medication

Child's Name: _____ Today's Date: _____

Medication Name: _____

How to Administer: _____ Dosage amount: _____

Medication Purpose: _____

Frequency of Medication to be given by **Penny Lane Childcare** staff: _____

I, _____, give **Penny Lane Childcare** staff to administer the above OTC topical medication (according to the above guidelines) to my child(ren), _____ .

I understand that **Penny Lane Childcare** staff cannot be held responsible for allergic reactions or other complications resulting from administration of the above medication given, according to the directions.

Parent/ Guardian Signature: _____ Date: _____