



**Schoolcraft
College**

**Children's Center
TRANSITION TODDLER
PROGRAM**

PROGRAM DESCRIPTION

The Schoolcraft College Transition Toddler Program focuses on the individual developmental needs of children ages 12 to 20 months (approximately). In this program, activities are planned according to this development so that each child will be successful. These developmental needs include social skills, large and fine motor skills, and language skills. Additionally, the emotional needs of children are met by caregivers who respond to each child appropriately with a variety of activities such as joyful playing, singing, hugging, and cuddling. Also, the use of positive discipline techniques such as redirection will be used to enhance the child's self-esteem.

PROGRAM COST

Full Time \$290.00 per week

WHAT TO BRING WITH YOUR CHILD

While a child is in the Transition Toddler Room, Families will provide the following labeled items:

- ◆ Diapers: disposable or cloth. Children who use cloth diapers **MUST** have an absorbent inner lining that can completely contain within an outer covering made of waterproof material that prevents the escape of feces and urine.
- ◆ Both the diaper and outer covering are changed as a unit. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.
- ◆ Wipes, and any ointments or creams your child will need for diapering
- ◆ One (1) lightweight blankets
- ◆ Be sure to bring any other comfort items that your child will need for sleeping (e.g., special blanket or stuffed animal).
- ◆ Two (2) pacifiers, if needed.
- ◆ Three (3) changes of seasonally appropriate clothing.
- ◆ Lotion, if needed for dry skin.

FOOD

In an effort to maintain each child's individual schedule, the parents of Transition Toddlers are asked to provide their child's meals and snacks each day.

Table food must come ready for your child to eat. Please cut up any foods into appropriate size bites, and it will be warmed (if needed) and served to your child. Be sure all food containers are **CLEARLY LABELED** with your child's first and last name, date and for which feeding the food will be used.

No food will remain in the Center overnight.

The program does not serve cow's milk or juice to infants younger than 12 months, and serves only whole milk, and no more than 4 oz. of juice (if provided by the family) to children ages 12 months to 24 months. Families may offer written permission for their child to drink skim milk under two years of age.

ALL SUPPLIES MUST BE CLEARLY LABELED

WE CANNOT ALLOW A CHILD TO REMAIN IN THE CENTER WITHOUT ADEQUATE SUPPLIES

Infant/Toddler Classroom Adult: Child Ratios and Maximum Group Size

	NAEYC Ratios	State of Michigan Ratios	Max. Group Size
Infant (8 wks.-12 mos.)	1:3	1:4	6
Transition Toddler (12-24 mos.)	1:4	1:4	8
Toddler	1:5	1:4	8

The Children's Center staff maintains ratios and group size during indoor, outdoor times, and during in house or on-campus field trips.

Transition Toddler Daily Food Requirements

Breakfast

1. Milk ½ cup
2. Fruit or juice ½ cup
3. Cereal or bread ½ cup or ½ slice
4. Others: ½ cup hot cereal, ½ egg, 4oz. yogurt

Suggestions include: waffles, bananas, pancakes or eggs, applesauce or strawberries

Lunch

1. Milk or juice ½ cup
2. Meat or alternative 1oz.
3. Vegetables and fruit ½ cup each
4. Bread ½ slice

Suggestions include: chicken nuggets, meat or cheese sandwich, pasta, broccoli, green beans, potatoes (leftovers from last night's dinner)

Snack

1. Milk or juice ½ cup
2. Yogurt 4oz.
3. Cheese ½ oz.
4. Vegetables or fruit ½ cup
5. Bread or crackers ½ slice or ¼ cup

Suggestions include: fruit bars, avocados, fruit cups, pudding, yogurt, graham crackers, cheese slices

*Any two choices

These requirements are taken from the USDA Food and Nutrition Guidelines for children ages 12-24 months.

According to our state licensing regulations (rule #400.8330 #11) a center shall not serve infants and toddlers or allow them to eat foods that may easily cause choking including, but not limited to:

- Popcorn
- Nuts
- Raw Carrots
- Hard Pretzels
- Marshmallows
- Large Chunks of Meat
- Uncut round foods such as whole grapes and hotdogs
- Seeds
- Hard Candy
- Peas
- Chips
- Spoonsful of Peanut Butter
- Cheese Cubes

Intake Questionnaire

CHILD & FAMILY INFORMATION		
Child's Name		Today's Date
Child's Nickname (if applicable)		Date of Birth
Child's Ethnicity	Child's Home Language	Does your child understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian 1 (Pronunciation)		Occupation of Parent/Guardian 1
Parent/Guardian 2 (Pronunciation)		Occupation of Parent/Guardian 2
Does your child have siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what are their names and ages?	
What other adults live in the household with your child? (Mother, Father, Grandmother, Grandfather, etc.)		
Do you have any pets in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what type? What is/are your pet(s) name(s)?	
STATUS OF PARENTS	<input type="checkbox"/> living together <input type="checkbox"/> living apart <input type="checkbox"/> divorced <input type="checkbox"/> widowed	
Has either parent been away for a long period of time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, for how long? For what reason?	
Was your child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what age was your child at the time of adoption?	
Has your child been in child care previously? Have a Nanny? If so, how many days/hours per week?		
CHILD'S BEHAVIOR		
How would you describe your child's personality?		
How does your child approach learning? (Hesitantly, interested, curiosity, other)		
Do you have any concerns about your child's present behaviors? If so, which behaviors concern you?		
How does your child handle stressful situations? (Angry, cry, other)		
How do you help your child in these situations?		

What things, that you notice, frustrate your child?

How does your child express feelings of happiness, enjoyment, etc.?

What things would you like your child to achieve throughout their toddler experience?

CHILD'S HEALTH

Was your child a full term pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were there any complications with the birth of your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has your child had any serious illnesses (asthma, allergies, measles, other)? If so, please explain.

Has your child had any operations? If so, please explain.

Does your child require medication often? If so, please explain.

Does your child have any special needs such as orthopedic, emotional, other? If so, please explain.

At what age did your child learn to crawl?	At what age did your child learn to walk?
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Does your child have any food allergies/sensitivities?

CHILD'S INTERESTS

What about your child do you find most enjoyable?

What are some things that your child succeeds at? (Independent eating, toilet learning, other)

What words do you use to refer to urination/ bowel movements?

What are some challenges that your child faces?

Does your child prefer to play: Alone? With siblings? With other children? With adults?

What indoor and outdoor activities does your child engage themselves in?

What holidays or special traditions does your family celebrate?	Would you be willing to share your traditions with the children in our class? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SIGNATURE

Parent/Guardian

Date