



**WARNING - Infants Can Suffocate**  
Use only on infants 18 months and under. Do not use on children over 18 months. Do not use on children with any medical conditions. Do not use on children with any respiratory conditions. Do not use on children with any heart conditions. Do not use on children with any other medical conditions.

**ADVERTENCIA - Los bebés pueden asfixiarse**  
Usar solo en bebés de 18 meses y menor. No usar en niños mayores de 18 meses. No usar en niños con cualquier condición médica. No usar en niños con cualquier condición respiratoria. No usar en niños con cualquier condición cardíaca. No usar en niños con cualquier otra condición médica.

  
**Ethan**  
I Can Roll  
Blanket-Free

2014. 3.17

# Family Information

**Let's Celebrate!**  
Celebrate the beginning of the school year with a special luncheon on Monday, September 9th, 6:00-8:00 PM. The cost is \$10.00 per person. All proceeds will go to the school fund. Please contact the office for more information.

**March 2014**

**Daily Schedule - Essential Events**

|          |                      |
|----------|----------------------|
| 7:00 AM  | Arrival/Registration |
| 7:30 AM  | Breakfast            |
| 8:00 AM  | Classroom Activities |
| 10:00 AM | Recess               |
| 10:30 AM | Classroom Activities |
| 12:00 PM | Lunch                |
| 1:00 PM  | Classroom Activities |
| 3:00 PM  | Dismissal            |

## Lesson Plans

## Menus

Weekly Planning Form

**Huffer Information**

**Greater Menu**

| Item       | Price   |
|------------|---------|
| Salmon     | \$12.99 |
| Beef       | \$14.99 |
| Pork       | \$11.99 |
| Chicken    | \$9.99  |
| Vegetarian | \$10.99 |

**2014-15 Events**

- January 27 - 6:00-7:30pm - **Open House**
- January 28 - 8:00am - **Open House** (Free)
- February 27 - 6:00-7:30pm - **Family Game Night**
- March 27 - 6:00-7:30pm - **Family Game Night**
- April 27 - 6:00-7:30pm - **Family Game Night**
- May 27 - 6:00-7:30pm - **Family Game Night**

## Huffer Family Game Night

Bring your own pizza and drinks!  
Receive a \$100 family gift!

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## EMERALD ROOM CLOSING LIST

- \*Put mouthed toys in bucket and take to kitchen.
- \*Gather dirty dishes and take to kitchen.
- \*Turn off and unplug Crock-Pot. Wash and put in sink. Wipe off sink & counters.
- \*Completely clean changing table including pad and spray with bleach; allow to air dry.
- \*Remove crib sheets and put in laundry. Spray mattress with bleach and allow to air dry. Hang new sheets on the side of crib for the next day.
- \*Make sure all windows and back door are closed and locked.
- \*Take dirty laundry (including the rags from the sink) and bib bucket to the laundry room every day.

Monday: Boppy pillows & chair covers

Tuesday: Send jumper and exersaucer seat covers to the laundry

Wednesday: Send all stuffed animals & soft books to the laundry.

Thursday: Send swing and bouncy seat cover to the laundry.

Friday: Send high chair covers and piano play mat to the laundry.

### \*Clean Bathroom

\*Wash mirrors and windows with Windex.

\*Turn off fan and radio.

\*Spray toys, floor mats, table, high chair, jumper, bouncy seats, EVERYTHING with bleach after all children are gone.

\*Dump bleach bottles down toilet and flush.

\*Take bleach bottles to kitchen.

\*Make sure all children have been signed out.

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Diaper Changing Record

*Janey Kelley*

|    | Childs Name | Wet | Bowel Movement | Date | Time | Staff Person |
|----|-------------|-----|----------------|------|------|--------------|
| 1  |             |     |                |      |      |              |
| 2  |             |     |                |      |      |              |
| 3  |             |     |                |      |      |              |
| 4  |             |     |                |      |      |              |
| 5  |             |     |                |      |      |              |
| 6  |             |     |                |      |      |              |
| 7  |             |     |                |      |      |              |
| 8  |             |     |                |      |      |              |
| 9  |             |     |                |      |      |              |
| 10 |             |     |                |      |      |              |
| 11 |             |     |                |      |      |              |
| 12 |             |     |                |      |      |              |
| 13 |             |     |                |      |      |              |
| 14 |             |     |                |      |      |              |
| 15 |             |     |                |      |      |              |
| 16 |             |     |                |      |      |              |
| 17 |             |     |                |      |      |              |
| 18 |             |     |                |      |      |              |
| 19 |             |     |                |      |      |              |
| 20 |             |     |                |      |      |              |
| 21 |             |     |                |      |      |              |
| 22 |             |     |                |      |      |              |
| 23 |             |     |                |      |      |              |
| 24 |             |     |                |      |      |              |
| 25 |             |     |                |      |      |              |
| 26 |             |     |                |      |      |              |
| 27 |             |     |                |      |      |              |

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|   |   |   |
|---|---|---|
| <p><u>Ethan</u></p> <ul style="list-style-type: none"> <li>- Our formula</li> <li>- 5oz</li> <li>- Fruit or Veg @ Snack pm + lunch <i>Step 2</i></li> <li>- Oatmeal or Rice cereal for breakfast</li> </ul> | <p>Pacifiers in boxes for Nap</p>   | <p><u>Mason</u></p> <ul style="list-style-type: none"> <li>- 4-5 ounces</li> <li>- our formula</li> </ul>   |
| <p><u>Douglas</u></p> <ul style="list-style-type: none"> <li>- Formula from home</li> <li>- Toddler menu</li> <li>- No Milk</li> </ul>  | <p><u>Bryson</u></p> <ul style="list-style-type: none"> <li>- Our formula</li> <li>- Fruit or Veg @ lunch + Pm Snack <i>Step 2</i></li> <li>- Oatmeal or Rice Cereal @ breakfast</li> </ul>                       | <p><u>Jayden</u></p> <ul style="list-style-type: none"> <li>- Formula from home as needed</li> <li>- Formula from home for back-up.</li> <li>- Fruit or Veg @ lunch and Pm Snack <i>Step 2</i></li> </ul> |
|   | <p><u>Xhayna</u></p> <ul style="list-style-type: none"> <li>- Our formula</li> <li>- 5-6 ounces</li> <li>- Fruit or Veg @ lunch + Pm Snack <i>Step 2</i></li> <li>- Oatmeal or Rice Cereal @ breakfast</li> </ul> | <p><u>Ian</u></p> <ul style="list-style-type: none"> <li>- Toddler menu + milk whole</li> </ul>   |

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### Emerald Infant Gram

*Child: \_\_\_\_\_ Date: \_\_\_\_\_*

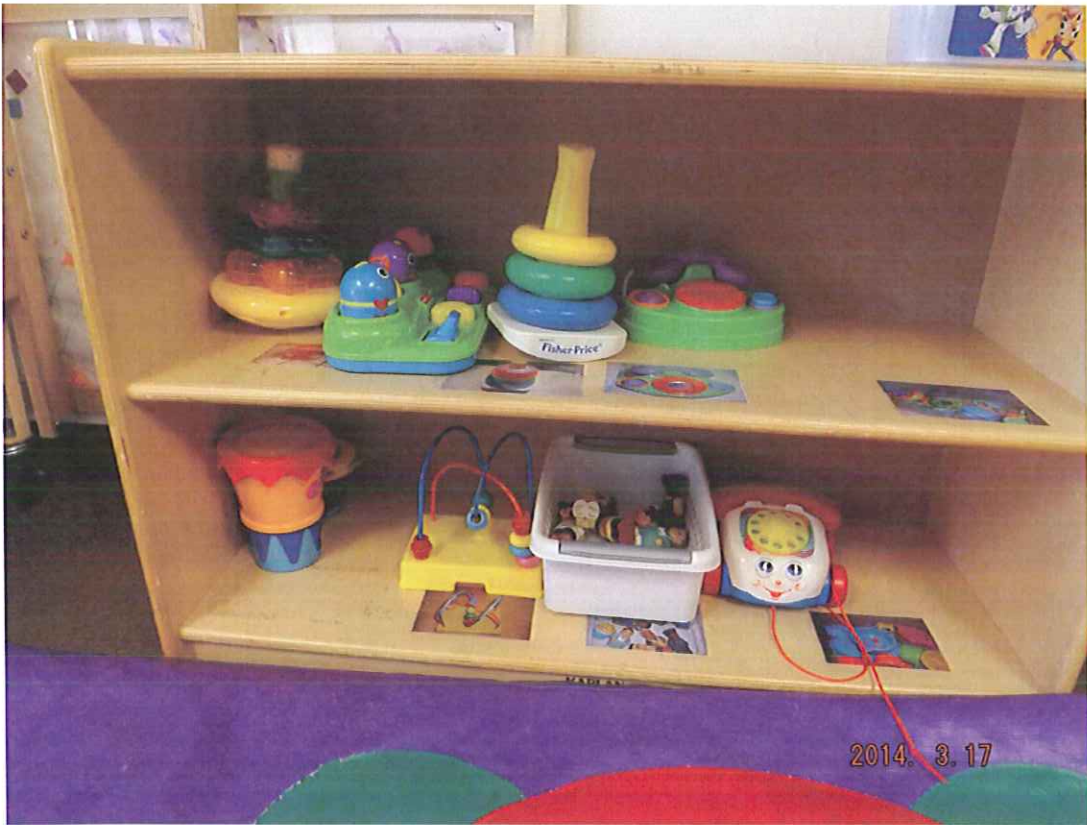
|   |   |
|---|---|
| <p><b>Diaper/Laundry/Feed/Fast...</b></p> <p><input type="checkbox"/> Formula <i>Time: _____</i></p> <p><input type="checkbox"/> Baby Food ( ) <i>Time: 1/2 or 1 jar</i></p> <p><input type="checkbox"/> Baby Food ( ) <i>Time: 1/2 or 1 jar</i></p> <p><b>AM Snack...</b></p> <p><input type="checkbox"/> Formula <i>Time: _____</i></p> <p><input type="checkbox"/> Baby Food ( ) <i>Time: 1/2 or 1 jar</i></p> <p><input type="checkbox"/> Other</p> <p><b>Lunch...</b></p> <p><input type="checkbox"/> Formula <i>Time: _____</i></p> <p><input type="checkbox"/> Baby Food ( ) <i>Time: 1/2 or 1 jar</i></p> <p><input type="checkbox"/> Baby Food ( ) <i>Time: 1/2 or 1 jar</i></p> <p><b>PM Snack...</b> <input type="checkbox"/> Formula <i>Time: _____</i></p> <p><input type="checkbox"/> Baby Food ( ) <i>Time: 1/2 or 1 jar</i></p> <p><input type="checkbox"/> Other</p> | <p><b>Diaper/Change of Clothes</b></p> <p><input type="checkbox"/> Diaper</p> <p><input type="checkbox"/> Change of Clothes</p> <p><input type="checkbox"/> Pacifier</p> <p><input type="checkbox"/> Bottle</p> <p><b>Other:</b></p> <p>Toddler Diets _____</p> <p>Happy _____</p> <p>Sad _____</p> <p>Trouble _____</p> <p>Tooth _____</p> |
|---|---|

**MR. Diapers were Checked:**

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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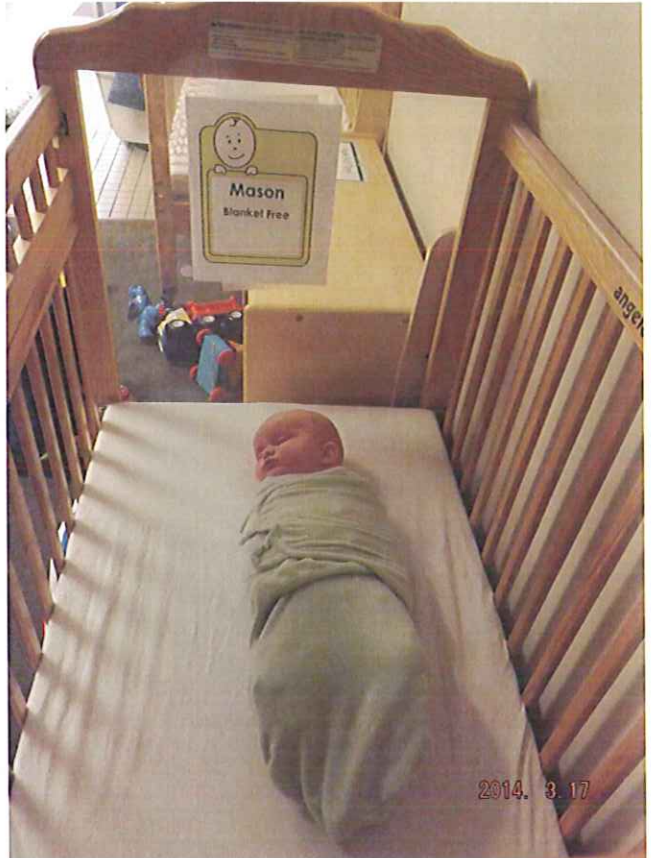
**Objective:** To cleanse baby's skin after urination and / or bowel movement.  
 To insure comfort to baby.  
 To prevent diaper rash.

**Equipment:** Waterproof paper (wax paper) wax paper  
 Soap for cleaning after bowel movement  
 Paper towels for drying only  
 Diaper  
 Tightly covered sanitary containers, lined with plastic (one for soiled diapers and one for washcloths)  
 Disposable gloves  
 Sanitizing solution (10% bleach solution or its equivalent)

**Procedure:**

1. Wash hands with soap and warm water and dry with disposable paper towel.
2. Gather equipment and put on diapering area.
3. Spread wax paper on changing table. Cover entire length and width of pad.
4. Pick up baby and place on diapering area.
5. Put on gloves (if child is present, medical disposable gloves must be worn.)
6. Release diaper.
7. Using ankle hold to insure safety, remove soiled diaper.
8. Place soiled diaper on wax paper or into plastic bag.
9. Gently wash baby's bottom with disposable wipes downward cleansing, and dry with towel. Avoid hard rubbing. Baby's skin is very sensitive.
  - To cleanse girls, spread labia apart gently, wash and dry between skin folds (cleansing downward only - cleaning cloth must not touch vaginal area if it has touched rectal area).
  - To cleanse boys, merely wash and dry. In uncircumcised boy, never attempt to pull back the foreskin.
  - Use soap and rinse well if child had bowel movement.
10. Remove gloves.
11. Put diaper on child.
12. Wash child's hands.
13. Take child to safe area.
14. If blood is present, put medical gloves on.
15. Discard soiled diaper, washcloth and towel, and wax paper into tightly covered sanitary container lined with plastic bag.
16. Sanitize diaper changing pad and table when soiled at least once a day.
17. Remove gloves and discard in covered container.
18. Wash hands with soap and warm water and dry with disposable paper towel.
19. Record on child's record and note any unusual observations such as rash, loose bowel movement, bleeding, etc.  
 \* State what you will use for skin cleansing (i.e., disposable wipe, terry washcloth, etc.)

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