



**Welcome to
Infants 1&2
at TLC Brookside!**

Dear Parents,

We would like to welcome you to our Infants Room and introduce ourselves.

Hi, my name is Kathy Puglisi and I have been working for TLC since 2000. Prior to TLC I have lots of experience working with children including four of my own and my four grandchildren. I am CPR and First Aid certified. Throughout the years, I have attended many training classes at TLC. I believe in lots of hugs, tummy time, and playing with your baby!

Hi, my name is Sighris Jimenez (Cici) and I have been part of the TLC family for two years. I am a mother of three and I have more than 10 years of experience with children. I am certified in CPR and First Aid. I am very loving and patient and I enjoy interacting with our little ones.

Hi, my name is Francia Della Holmes and I have been working with TLC for a year. I have attended several training classes during that time. My native language is Spanish. I have a child of my own. I am very loving, affectionate, and I enjoy working with the babies!

In addition to the three of us, we will have additional staff/floaters working beside us and help as needed.

If you have any questions, please feel free to contact our Director, Francina Cerrone, any time at 516-659-2247.

We are looking forward to a great year!

Sincerely,

Kathy
Cici
Francia



Brookside Infants Supply List

Please Label the following with Sharpie- First and Last Name

- ☐ 3- Changes of Clothes including Socks and Onesies
- ☐ 1- Portable Crib Sheet (to be sent home for cleaning on Fridays)
- ☐ 1- Light Blanket (to be sent home for cleaning on Fridays)
- ☐ Sleeve of Diapers
- ☐ 2-Package of Wipes (one for diaper changes, one to wipe hands)
- ☐ Diaper Ointment- please complete the **Non-Medication Consent Form** located at www.tlcmerrick.com/forms

**Please Label the Following with Stickers- First and Last Name
(Mabel's Labels or Daddy's Labels are Great)**

- ☐ Bottles/Sippy Cups (Sent Home Daily to Sterilize)
- ☐ Pacifiers if Needed (Sent Home Daily to Sterilize)

If on solid food:

- ☐ Spoons
- ☐ Measuring Spoon
- ☐ Bowls
- ☐ Cereal (Label and Date)
- ☐ Jar Food (Label and Date)

Additional Items:

- ☐ 1-Box of Tissues
- ☐ 1-Container of Disinfecting Wipes

Suggested Items:

- ☐ Boppy Pillow
- ☐ Teethers
- ☐ Bouncy Seat

****If your child takes formula, it must be already made with a label (masking tape/post-it) stating the date and your child's first and last name. As per Nassau County Health Department, we cannot mix powder formula. ****



TLC Daycare

Napping Plan for Infants Under 1 Year

Today's Date _____

Child's Name _____ Date of Birth _____

How many hours does your child nap during the day? _____

How many times a day? _____

How many hours does your child sleep at night? _____

Does your child sleep in a crib? _____ Other? _____

Special Instructions or requests? _____

Does your child use a pacifier? _____

For Babies Over 9 Months:

I prefer my child to sleep in a (Circle One) Crib Pack-N-Play

Why? _____

All Sheets and Blankets MUST be labeled with your child's first and last name and will be sent home every Friday for cleaning.

I will inform TLC if there are any changes that need to be made to this plan for my child.

Parent Signature _____ TLC Staff _____



TLC Daycare

Feeding Plan for Infants Under 1 Year

Today's Date _____

Child's Name _____ Date of Birth _____

Bottles:

My child takes (Circle One) Breast Milk Formula

For formula: Type of formula _____

_____ oz bottles are given every _____ hours.

Comments: _____

Mushy Foods (Please circle all that apply):

Not Applicable Rice Oatmeal Barley Mixed Cereal

Any reactions? _____

Applesauce Pear Peach Carrot Sweet Potato Peas Beans Other: _____

Any reactions? _____

Please give an overview of your child's typical feeding schedule:

Please list any dietary instructions/restrictions:

All cups, bottles, and utensils must be labeled with your child's first and last name. Powdered formula must be mixed at home and ready to use. Please label all formula, milk, and juice with your child's name and the date.

I will inform TLC if there are any changes that need to be made to this plan for my child.

Parent Signature _____ TLC Staff _____