



Welcome to Infant 2 at Merrick Avenue!



Dear Parents,

Hi, my name is Monique Barthole and I have been with TLC since 2000. I am a mother of two and grandmother of two. I am CPR and First Aid certified.

Hi, my name is Rehanna Hassan and I have been with TLC for two years. I am currently pursuing my degree in Nursing. I am a mother of two and am CPR and First Aid certified.

We want to thank you for letting us have the privilege to care for your precious baby and do many fun and exciting things with them this school year.

We are very specific about how we care for your baby and welcome any information you can give such as their eating and sleeping schedule, likes and dislikes. Your baby is going to learn and grow so much in the next few months and we're so happy to share this time with you!

Our agenda for the day includes tummy time, practice rolling and crawling, puppet play, building with soft blocks, reading and singing, as well as meeting your child's individual basic needs such as feeding, diaper changing, and napping. Crafts will be on a weekly or day-to-day basis. They will include finger painting, hand prints, foot prints, and much more. We will do sensory activities a few times a month. Sensory will be water play (in buckets), whipped cream fun (unless milk allergy), and on snowy days, we will play with some snow.

We will have additional staff/floaters working beside us and help as needed.

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

We are looking forward to a great year!

Sincerely,

Miss Monique and Miss Rehanna



Merrick Avenue Infant 2 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. (Mabels Labels or Daddy's Labels are good)

- ☐ 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 _____