



# **Welcome to Twaddlers at TLC Merrick Avenue!**

Dear Parents,

We would like to welcome all of you to our Twaddler Room. We are very excited to care for your child and help them develop new skills through Music and Movement (self expression, songs, instruments etc.), Language (receptive and expressive stories, listening and responding to clues), Gross Motor (baby games, physical coordination), Fine Motor (manipulatives, floor time), and Character Education (activities, stories, discussions that promote development of values). Within the next few months, you will begin to see how much your child is learning and we are more than excited to be spending our time teaching them!

We are very specific in the way we care for your children. If there is any important information you would like to share with us about your child such as their likes and dislikes, please feel free to let us know. We are open to any information that you are willing to contribute in order to make sure your child has everything they need! We are looking forward to a great year with your child. You can contact us either through the TLC phone number at 516-378-3890 or you can text Lori at 516-216-2481.

Lori has been with TLC for five years and has worked in the Infant Room and the Twaddler Room. She is a mother of four and is a great asset to the program with all of her experience as a mother and caregiver. Lori is both CPR and First Aid certified.

Ganga has also been with TLC for five years and has worked in the Infant Room, the Toddler Room, and now the Twaddler Room. She is a mother of one and is also a great asset to the program with all of her experience as a mother and caregiver. Ganga is both CPR and First Aid certified.

We will be sending home daily sheets each night which will include any supplies needed. We ask that when you send supplies in for your child, please label everything with their name.

Our menus can be found at [www.tlcmerrick.com/menus](http://www.tlcmerrick.com/menus). Please feel free to send in snacks and any food alternatives if your child does not like what is on the menu. TLC is a nut-free facility.

We are looking forward to a great year!

Miss Lori and Miss Ganga



## **Merrick Avenue Twaddlers Supply List**

- ☐ 3- Changes of Clothes including Socks
- ☐ 1- Crib Sheet (sent home for cleaning each Friday)
- ☐ 1- Blanket (sent home for cleaning each Friday)
- ☐ 1- Sleeve of Diapers
- ☐ 1- Diaper Cream
- ☐ 2- Sets of Wipes (one for diaper changes and one to clean their hands/face)
- ☐ 1-Sippy Cup for water
- ☐ 1- Bottle/Milk Cup
- ☐ 1- Pacifier (if needed)
- ☐ 3- Disinfectant Wipes
- ☐ 2- Box of Tissues
- ☐ 1- Family Photo
- ☐ Snacks (TLC provides snacks but babies can be picky)

**\*\*Please Label EVERYTHING with your child's first and last name.  
If you bring in food or a bottle for your child, it must have their  
name and the date.**





# **TLC Daycare**

## **Napping Plan for Infants Over 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? \_\_\_\_\_

I prefer my child to sleep (Circle One)

On a Mat

In a Pack-N-Play

**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 \_\_\_\_\_

According to regulations, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include the area of the program where children will nap; whether the child will nap in a crib, cot or mat; how napping child is supervised, consistent with the requirements of OCFS.



# TLC Daycare

## Feeding Plan for Infants Over 1 Year

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

My child is using a (Circle One)      Bottle      Cup      Both

My child has (Please Circle)      Breast Milk      Formula      Milk

For formula: Type of formula \_\_\_\_\_

For milk: Type of milk \_\_\_\_\_

\_\_\_\_\_oz bottles/cups are given every \_\_\_\_\_hours.

Comments: \_\_\_\_\_

**Solid and Mushy Foods:** Please give an overview of your child's "typical" feeding schedule:

Meal	Time	Food/Drinks
Breakfast	_____	_____
Snack	_____	_____
Lunch	_____	_____
Snack	_____	_____

Comments: \_\_\_\_\_

ALLERGIES: 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 \_\_\_\_\_