



**Welcome to  
Infant 1 at  
Merrick Avenue  
2021-2022**





Dear Parents,

Hi, my name is Janine Maniscalco. I have been part of the TLC family for six years. I am CPR and First Aid certified and a mother of three daughters. I want to thank you for letting me have the privilege to care for your precious baby and do many fun and exciting things with them this school year.

I am very specific about how I 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 I'm so happy to share this time with you!

My agenda for the day includes tummy time, reading and singing, as well as meeting your child's individual basic needs such as feeding, diaper changing, and napping.

I will have additional staff/floaters working beside me and help as needed.

If you have any questions, please feel free to text me at any time at 516-462-4397.

I am looking forward to a great year!

Sincerely,

Miss Janine



# Merrick Avenue Infant 1 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](http://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 \_\_\_\_\_