



**Welcome to
Infant 1 at
Merrick Avenue
2025-2026**



Dear Parents,

Hi, my name is Janine Maniscalco. I have been part of the TLC family for 9 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 and bibs
- ☐ 1- Portable Crib Sheet (to be sent home for cleaning on Fridays)
- ☐ 1- Light Blanket (**Muslin Only**- 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 (To be kept at TLC)

If on solid food:

- ☐ Spoons
- ☐ 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 (If needed- we also have one at TLC)
- ☐ Teethers

****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 _____