

Welcome

to

TODDLER 2

2026-2027

THROUGH
PLAY

TEACHING

LITTLE CHILDREN

TLC Brookside

DREAM

LEARN

GROW



Welcome to Toddler 2

Dear Parents,

Welcome to our Toddler 2 Room!

We would like to start by introducing ourselves. We are all exceptional caregivers and educators, and we want you to know that we treat the children with love, kindness, and patience. We are looking forward to a wonderful year with your children!

The toddler room is mostly about socialization, but we also incorporate a variety of activities throughout the day to encourage learning and development.

We have a 15-20 minute daily circle time with the children where we work on counting (1-10), ABCs, colors, shapes, days of the week, and moods (happy, sad, mad, and scared). We also practice following directions, such as in front of, behind, and next to. We work on social development through activities such as passing items to friends who are named, as well as emotional development by naming body parts and looking at ourselves in the mirror.

We also enjoy using flashcards, learning animal sounds, and singing songs together. We incorporate instruments and songs in between learning activities to keep the children engaged and interested.

• We are so excited for a year filled with learning, exploring, creating, playing, and making wonderful memories together!
We can't wait to see what this year has in store!

We Are Here for You! Your child is in excellent hands. We are all very loving and caring, and we take our jobs and the safety of your children very seriously.

We are looking forward to building a trusting and supportive relationship with you. Always feel free to come to us with any questions or concerns you may have.

If you need to get in touch with us, you can call the school at 516-442-4910, or contact us directly:

Shannon: 516-398-3554
Chelsea: 516-449-5519





Meet the Teachers

Miss Chelsea

Hi! I'm Chelsea Halupa. I have been with TLC for three years, working with toddlers, but I have been working with children for over twelve years. I am CPR and First Aid trained, and I have a degree in Rehabilitation and Human Services from Penn State (2015).

I can't wait to see what this new year has in store, and I look forward to all the fun we will have together!

My TLC Schedule: Monday, Tuesday, Thursday & Friday

Miss Shannon

Hi Families! I'm Shannon Wniewski. I have been with TLC for twelve years. I have my CDA (Childcare Development Associate) in Infant/Toddlers. I am MAT (Medication Administration Training) certified, CPR and First Aid trained.

- I first started at TLC and continue working with the toddlers because I truly miss my boys being at this toddler age. I enjoy caring for your children and love watching them grow each and every day. My goal is to make them feel happy, comfortable, and safe when they can't be with you.

My TLC Schedule: Tuesday & Wednesday





Brookside Toddler 2 Supply List

Please Label Everything with Your Child's First and Last Name!

- ☐ Diapers/pull-ups (pull-ups with Velcro sides please)
 - ☐ Wipes
 - ☐ Diaper cream (must fill out diaper cream ointment form)
 - ☐ Pacifiers (if needed)
 - ☐ 2 crib-size sheets (write child's name on tag)
 - ☐ Blanket (write child's name on tag)
 - ☐ 2-3 extra outfits, including socks
 - ☐ Sippy cup (labeled with first and last name)
 - ☐ Family picture for our family tree wall
 - ☐ 2 boxes of tissues
 - ☐ Sunscreen (must fill out sunscreen form)
 - ☐ 1 box of Crayola Jumbo Crayons
 - ☐ 1 box gallon-size baggies
- If you wish to bring in food or snacks for your child, please label with first & last name and date you are sending in to TLC. All food must be dated. **TLC is not free!** Masking tape is an inexpensive way to label food containers and cups.

Forms needed ASAP

- ☐ Feeding form
- ☐ Napping form
- ☐ Diaper ointment form (Non-medication consent form)
- ☐ Sunscreen form (Non-medication consent form)
- ☐ Medication consent form (if needed) – has to be filled out by parent and pediatrician.





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 _____



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.