

## **Infant B**

- (1) Blanket**
- (\*) Baby food/Snacks**
- (2) Clorox Wipes**
- (1) Lysol Spray**
- (2) Kleenex**
- (2) Packages of Diapers**
- (2) Containers of Wipes**

**\*\*\*\* Please label all items with your child's name.**

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