



## Little Ducklings Infant Nursery

Hello!

Thank you for your interest in Little Ducklings Infant Nursery. We are delighted to welcome you and your baby to Little Ducklings. We have taken great care in designing a beautiful and safe nursery, gathering community resources, and most importantly, carefully selecting volunteers to take care of your little one. We hope it's a truly wonderful experience for you and your baby. We feel privileged to be an important part of these memorable and precious moments.

Our philosophy is simple, we love and care for each baby unconditionally. We will do our best to provide care to each and every baby. We'll provide a warm and inviting space for all families and babies to share.

### *Why TUMC?*

- We have a beautiful newly renovated nursery space!
- We have some of the sweetest volunteers!
  - All volunteers are background-checked.
  - Have completed a thorough volunteer orientation.
  - Some, not all, are infant CPR certified.

### *A couple of important things to note:*

- **Little Ducklings Infant Care is not licensed, but a service of the church.** We are following most of WA protocols for licensed daycares. For example, we are implementing similar policies and procedures to protect your baby's safety including disinfecting toys, storing bottles properly, keeping sanitized, etc. We are not applying for a license because we are not operating for more than four hours a day.
- **Hours of Operation** For now, we will be open **Tuesdays and Wednesdays, 9:00 AM – 1:00 PM.**
- **Reservations Required.** Because we are the only infant providers in the area, we need to know in advance when you'll be dropping off. Please try to give us at least 2-4 weeks notice so we can reserve a spot. You should contact us immediately if you have to cancel a reservation or will be late. You can email or call the nursery, [nurseryUMCtrinity@gmail.com](mailto:nurseryUMCtrinity@gmail.com) or (346) 298-3683.
- **Payment.** \$10 per hour.\* Cash, check, or Vanco payments online (can be set up to charge weekly). Please make checks payable to "TUMC."

\*Suggested donation. Financial assistance is available. Please contact Kristelle Jose, Nursery Coordinator.



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- **Policies and procedures.**
  - *Complete all forms* before the first day you plan to drop off your infant. Make sure all paperwork is turned in and reviewed by Kristelle, Nursery Coordinator.
  - *Illness*- if your baby is sick, please keep him/her at home in consideration for others. A baby who had a temperature over 99 degrees in the past 24 hours may not be dropped off. If an infant develops any symptoms at the nursery, a parent or guardian will be contacted to pick up the child. Teething and spit up happens at this age, but noticeable vomiting, diarrhea, excessive nasal or chest congestion, discharge from eyes or ears, etc. will result in a phone call to pick up your baby.
  - *Medications*- If, at all possible, please arrange medication schedules so that your baby does not need to take medicine during nursery hours. Volunteers or staff will not administer any over-the-counter medications. You must provide a doctor's note for any medication, including special diaper cream. If medication during nursery hours is needed, a trained volunteer will administer medication from its original container labeled with your infant's name and dosage scheduled. The medicine and supplies for administering the drug should be packed in a zip-lock bag and given to a volunteer (this will also require a written consent form that you have trained and authorized a volunteer to give medication).
  - *Parent participation*- Parents are encouraged to participate as a volunteer (but must complete a volunteer background check and training) in exchange for credit. Please contact Kristelle, Nursery Coordinator, if you'd like to arrange this.
  - *Call if you're late or absent.* Please let us know immediately if you will be late or absent. Nursery line and email: (346) 298-3683, [nurseryUMCtrinity@gmail.com](mailto:nurseryUMCtrinity@gmail.com).

To further illustrate our policies and procedures, here's what an average drop off should look like.

*Step 1* – Pack enough food and/or milk for the amount of time you plan to leave your baby. We will only be giving the food you bring. Pack extra diapers and an extra set of clothes. Make sure all bottles, food, and clothes are labeled with your child's name.

*Step 2* – Drop off. Please leave the car seat outside of the nursery even if your baby is sleeping. (WA guidelines prohibit car seats at any day care facility.) If you



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need to leave the car seat for someone else to pick up please arrange with volunteer and leave car seat outside of nursery door. Sign in and greet our volunteers. Let us know how your baby is doing that morning and what we might expect. For example, when your baby will likely need a nap or to be fed, the last time he/she woke up or ate, etc. Are they teething? Tell us what their favorite activity and sounds are. Any information is helpful. Don't forget to leave the bottles or food with a volunteer.

*Step 3* – It's our turn! We care for your child with engaging play, songs, reading out loud, and soothing for naps.

*Step 4* – Pick up. Gather belongings, sign out with our volunteer, and leave payment.

*Step 5* – Call us again for the next time you want to drop off! Tell your friends!

### **Forms Attached:**

1. Registration – general information.
2. Authorizations for pick up, return with copy of IDs.
3. Medication Consent – we need documentation that a volunteer has been oriented.
4. Nursery Agreement



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### Parent/Guardian Checklist:

- All forms completely filled out and returned before drop off.
- Label all bottles or food items with baby's name. Add necessary medications in a zip lock bag.
- Pack an extra set of clothes, plastic bag to stow dirty clothes, diapers, and bottles/food.
- Have cash or check handy for payment.
- Photo copy or snap a picture of identification cards of anyone authorized to pick up your infant.

**Return or send forms to Kristelle, Nursery Coordinator, at [nurseryUMTrinity@gmail.com](mailto:nurseryUMTrinity@gmail.com).**



## Little Ducklings Infant Nursery

### Registration Form

BABY'S LAST NAME: \_\_\_\_\_ BABY'S FIRST NAME: \_\_\_\_\_

BABY'S NICKNAME: \_\_\_\_\_ DOB: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT(S): \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### **EMERGENCY CONTACT**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NUMBER: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

PHONE DOCTOR'S NUMBER: \_\_\_\_\_

**SPECIAL NOTES:** (DIET, ALLERGIES)

**DOES YOUR BABY HAVE ANY PARTICULAR LIKES AND/OR DISLIKES?**

**WHAT HELPS SOOTHE YOUR BABY WHEN HE/SHE IS FRUSTRATED?**

**ANYTHING YOU'D LIKE US TO KNOW?**



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### Authorization Pick Up Form

Name of Child: \_\_\_\_\_

I hereby inform Little Ducklings Infant Nursery that the people listed below are authorized to pick up the above named child at any time. Accordingly, Little Ducklings Infant Nursery is hereby instructed to release my child into the care of the following people whenever they come to the nursery.

**Please attach a copy of photo ID for every person.**

Authorized Pick-Up Person:

Name	Relationship to child	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I understand that the person picking up must be at least 18 years old and will be asked to provide photo ID to volunteers or staff. This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Signature Date: \_\_\_\_\_

Little Ducklings Infant Nursery - MEDICATION CONSENT FORM

Name of child	Age & D.O.B.
Reason for medication	Name of medicine
Strength	Form of medication (syrup, drops, inhaler etc)
Doctor who Prescribed medicine	Dosage
Frequency ( <b>TIME NEEDED FOR FIRST DOSE</b> )	Date the medicine was supplied by parent
Storage procedures	Expiration date
Possible side effects	Volunteer administering the child's medication

**IF YOUR CHILD HAS BEEN GIVEN THIS MEDICINE BEFORE ARRIVING AT NURSERY PLEASE GIVE TIME AND DOSAGE.**

Special Notes

**Notes**

- **Medicines must be in original container as dispensed by the pharmacy.**
- **Volunteer or Staff are not allowed to make any changes to the prescribed dosage on parental instruction.**
- **If a child (*especially under the age of two*) has not had this medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.**

I hereby give my consent for a qualified member of staff to administer the above medication to my child, in the amount and at the times stated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_







## Little Ducklings Infant Nursery

### Nursery Agreement

Please initial:

\_\_\_\_\_ I understand the Little Ducklings' policies and procedures.

\_\_\_\_\_ I understand Little Ducklings is not licensed by the state of Washington and I will allow them to care for my infant.

\_\_\_\_\_ I understand Little Ducklings Infant Nursery is not requiring immunizations from volunteers/staff or other participating infants.

\_\_\_\_\_ I agree to label all items left at the Little Ducklings with my baby's name. This includes bottles, food, baby bag, clothes, and other items.

\_\_\_\_\_ I understand that my baby will consume only food I bring, the nursery will not provide extra food.

\_\_\_\_\_ I understand that if my child needs medication I will provide a doctor's note and train a volunteer, giving them consent to administer medication during nursery hours.

\_\_\_\_\_ I will notify the nursery of any cancellations and tardiness as soon as possible.

\_\_\_\_\_ I understand that if I am 5 minutes late to pick up, Little Ducklings will contact my listed emergency contact and will charge \$5 for lateness.

\_\_\_\_\_ I understand that if the nursery volunteers/staff suspect child abuse, they will notify authorities.

Parent Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Infant Name: \_\_\_\_\_