

PRIMERO PUPPYLAND PRESCHOOL



HANDBOOK/PACKET

Policies and Procedures

*In compliance with the Colorado Department of Human
Services - Division of Child Care*

&

Primero R-2 School District



Primero Puppyland Preschool

Dear Parents,

Thank you for choosing Primero Puppyland Preschool! We are committed to providing a safe and educational environment for your child. We are staffed with a master teacher and highly qualified personnel with professional backgrounds and ethics. We ensure that your child will receive the utmost positive age appropriate early educational experiences while in attendance. Your child will have a tremendous jump start to their educational experience with fun, creativity and an enriching learning environment.

The following items are required along with the completed enrollment packet:

- 1. Original birth certificate – a copy will be made and original returned immediately.**
- 2. Immunization Records – copy also will be made.**
- 3. Doctor and Dentist listed on packet with address and phone number.**
- 4. A copy of your child's current and most recent physical and/or well baby check. The parents or guardian of each child must submit a statement from the doctor of the child's current health status signed and dated by an approved health care professional who has seen that child in the last 6 months. A form is enclosed in the packet if needed.**

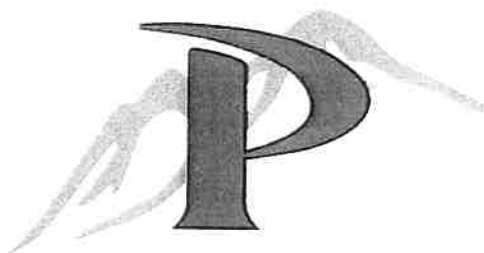
Your child cannot be officially enrolled until these items are on file. Please get all necessary paperwork to me ASAP so your child can be eligible and enrolled in our program. We are only allowed to have 16 children, as per state standards. Get it all in before school starts so they will be guaranteed a slot in our program.

If you have any questions, please feel free to contact me anytime at 719-868-2715 ext. 144

Respectfully,

A handwritten signature in black ink, appearing to read "Ms. Kathy Ritz". The signature is fluid and cursive, with a large, stylized initial "K" and "R".

Ms. Kathy Ritz, Director



Welcome to Primero RE-2 School District!

We are glad that you are joining our growing family.

Enrollment process:

Step 1: Out-of-district families who wish to attend school in Primero School District can download the application on line at www.primeroschool.org or stop by the school office at 20200 State Highway 12, Weston, CO 81091

Step 2: You will need only one Household Information Packet and individual Student Information Packets for each student.

Step 3: Complete your forms and gather the necessary documentation. Documentation includes:

Child's Birth Certificate;
Two Proof of Residence; (For In-District families only)
Immunization Records;
Records release form;
Custody Documents

Step 4: Take your completed enrollment forms and all required documentation to the school office.

NOTE: Preschool must be 3-years old, Kindergarteners must be 5-years old and first graders must be 6 years old on or before May 1st of the year of enrollment. No exceptions.

See reverse side for detailed information on
Required Documentation



OUT-OF-DISTRICT APPLICATION ENROLLMENT FORM
Regulated by Board Policy JFBB/JFBB-R: Inter-district choice/open enrollment
All out-of-district resident students must reapply annually.

Date of Application: _____

Student Name FIRST: _____ MIDDLE: _____ LAST: _____

Student's Date of Birth: ____/____/____ Gender ___ Male ___ Female

Home Mailing Address: _____

Physical Address of Residence (must be provided if mailing address is a P.O. Box):

Home Ph. # _____ Work Ph. # _____ Cell Ph. # _____

Printed Name(s) of Parent(s)/Guardian(s): _____

Name of Last School/District Attended: _____

School Address: _____ Ph. # _____

Grade Level This Past Year _____ Dates of Last Attendance ____/____ (mo/yr)-____/____ (mo/yr)

Name of Principal: _____

If previous school was home-based, what curricular program was used? _____

Please check an answer to the following questions:

	<u>Yes</u>	<u>No</u>
1) Is the student currently expelled from a prior school?	___	___
2) Does the student have an expulsion pending?	___	___
3) Has the student been suspended? If yes, how many days in the last twelve months? ____ (___ ISS ___ OSS)	___	___
4) Is the student currently being investigated for truancy?	___	___
5) Has the student been convicted of a crime?	___	___

If you answer yes to any question 1-5, attach a letter of explanation. Also, if convicted, list crime, court of jurisdiction, and disposition. Criminal conviction is not necessarily a disqualifying factor.

6) Exception Learning Needs: ___ None ___ IEP ___ ILP ___ 504 ___ G/T ___ Other: _____

Your signatures indicate that if accepted for enrollment, you will comply with all school and district rules, including the Code of Conduct. You also agree by your signature to keep the district promptly notified of any changes in contact information, including emergency contacts.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

PRIMERO PUPPYLAND PRE-SCHOOL

CHILD'S INTAKE RECORDS

DATE: _____

1. Child's Name _____ D.O.B. _____

2. Name by which child is most often called _____

3. Home address _____ Phone _____

4. Father/Guardian and Address _____

5. Place of Employment _____ Phone _____

6. Mother/Guardian and Address _____

7. Place of Employment _____ Phone _____

8. In case of emergency, call _____

9. Person(s) designated to pick up child (name and number(s)) _____

10. Persons **NOT** permitted to pick child up (please provide photo of each person)

As per state statute must have a Doctor and Dentist listed.

11. Child's Doctor _____ Phone _____

12. Child's Dentist _____ Phone _____

13. Other children in family(names, ages and sex of each) _____

14. Other adults that live in the home (not parents) _____

15. Play habits _____

16. Eating Behaviors _____

17. Sleeping Patterns _____

18. Fears _____

19. Likes/Dislikes _____

Parents/Guardian's Signature _____

STUDENT ENROLLMENT FORM

Office Use Only	Enrollment Start Date:	Student Number:	Grade:	Elem Teacher:
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STUDENT INFORMATION		
Student Legal Last Name:	Student Legal First Name:	Student Legal Middle Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Ethnic Background Hispanic/Latino? (Select one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (select one or more):		
<input type="checkbox"/> Caucasian / White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Island / Native Hawaiian	<input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian / Alaskan Native (Please complete 506 form) <input type="checkbox"/> Decline to answer	

PARENT/GUARDIAN IN PRIMARY HOUSEHOLD (parent(s) who reside with the student)			
Parent/Guardian Name:			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Power of Attorney
Parent/Guardian Name:			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Power of Attorney

PARENT/GUARDIAN IN SECONDARY HOUSEHOLD (parent(s) who reside at another household)			
Parent/Guardian Name:			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Power of Attorney
Parent/Guardian Name:			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Power of Attorney

By default, parents who reside at both the primary household and secondary household will be allowed to pick up the child from school.

I understand that in accordance with Federal Educational Rights and Privacy Act (FERPA), parents are entitled to access their child's education records unless the District is provided a court order specifically prohibiting them from doing so.

I hereby attest that all information I have submitted is accurate and complete to the best of my knowledge. I understand that falsifying any information may be grounds for expulsion.

Parent / Guardian Signature: _____

PRINT Parent / Guardian Name: _____ Date _____

Student Dismissal Precautions

Parent(s)/guardian(s) may specify up to four (4) people to whom their child/children may be released upon request. In addition parents may list two (2) bus stops other than the regular bus stop where their child/children may be dropped off upon parental request. Such request must be made in writing or via phone call by 2 p.m.

STUDENT'S NAME: _____ Grade: _____

The following are names (First, Middle Initial, Last) of people who may pick up my child/children upon request:

1. _____
2. _____
3. _____
4. _____

*** If you decide to make any changes to this information you will need to do it in person.**

My child/children may be dropped off at one of the following bus stops upon my request:

Note: Bus change requests must be made by 2 p.m.

1. _____
2. _____

****A photo ID may be requested for verification of identity.**

PLEASE FILL IN THE FOLLOWING INFORMATION FOR OUR SCHOOL MESSAGING SYSTEM, WHICH WE WILL USE TO NOTIFY YOU OF SCHOOL DELAYS OR CANCELLATIONS DUE TO INCLEMENT WEATHER, AS WELL AS TO REMIND YOU OF VARIOUS EVENTS, INCLUDING PARENT-TEACHER CONFERENCES, TEST DATES, AND MORE

What you need to know about receiving calls through the system

- **Caller ID will display the school's main number when general announcement is delivered.**
- **Caller ID will display 411 if the message is an emergency.**
- **The system will leave a message on any answering machine or voicemail and will also send an email reminder**

Primary phone number	()	Does this number receive text messages? Yes / No
Emergency phone 1	()	Does this number receive text messages? Yes / No
Emergency phone 2	()	Does this number receive text messages? Yes / No
Emergency phone 3	()	Does this number receive text messages? Yes / No
Email address		

Issued



Primero Household Enrollment Form

For School Use Only		Date Received:		Received by:		School:	
Residency <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Declaration of Residence <input type="checkbox"/> Home/Renters Insurance <input type="checkbox"/> McKinney Vento (Title IX A) <input type="checkbox"/> Purchase Contract <input type="checkbox"/> Address Confidentiality Program				Guardianship: <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Foster Placement		Boundary School <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Out-of-District	Forms Sent: <input type="checkbox"/> Student Records Request
PRIMARY HOUSEHOLD							
(where student(s) resides majority of the time)							
Residence Street Address						Apartment/Unit Number	
City		State	Zip	County		Home Phone	
Mailing Address (if using a P.O. Box)				WE PREFER OUR CORRESPONDENCE IN:			
				<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			
City		State	Zip	County			
Parent/Guardian Last Name		Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Active Duty Armed Forces or Full-Time National Guard	
Work Phone		Cell Phone		Email Address		DOB	
Parent/Guardian Last Name		Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Active Duty Armed Forces or Full-Time National Guard	
Work Phone		Cell Phone		Email Address		DOB	
Primero School Students* RESIDING WITH PARENT/GUARDIAN IN THE ABOVE HOUSEHOLD							
*Include student(s) enrolling							
STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	GRADE	PARENT/GUARDIAN NAME (specify relationship to child below)		PARENT/GUARDIAN NAME (specify relationship to child below)		
			Relationship:		Relationship:		
			Relationship:		Relationship:		
			Relationship:		Relationship:		
			Relationship:		Relationship:		
CURRENT RESIDENCE STATUS							
(where student(s) reside majority of the time)							
<i>Residency is important as it can directly relate to rights under the McKinney-Vento Homeless</i>							
<input type="checkbox"/> House/Apt/Condo/Townhouse/Duplex/Motel/Hotel <input type="checkbox"/> Motel/Hotel due to loss of housing or financial hardship <input type="checkbox"/> Campground/RV/Car due to loss of housing or financial hardship <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing Program				<input type="checkbox"/> Are you living with friends/family due to loss of housing or financial hardship? <input type="checkbox"/> Are you a student not living with a parent or legal guardian due to loss of housing or family conflict? <input type="checkbox"/> Other, please describe _____			

**SECONDARY HOUSEHOLD
(Parent/Guardian that resides at another address)**

Residence Street Address				Apartment/Unit Number
City	State	Zip	County	Home Phone
Mailing Address (if using a P.O. Box)			WE PREFER OUR CORRESPONDENCE IN: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
City	State	Zip	County	
Parent/Guardian Last Name	Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Active Duty Armed Forces or Full-Time National Guard
Work Phone	Cell Phone	Email Address		DOB
Parent/Guardian Last Name	Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Active Duty Armed Forces or Full-Time National Guard
Work Phone	Cell Phone	Email Address		DOB

Primero School Students* RESIDING WITH PARENT/GUARDIAN AT ANOTHER ADDRESS

***Include student(s) enrolling**

STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	GRADE	PARENT/GUARDIAN NAME (specify relationship to child below)	PARENT/GUARDIAN NAME (specify relationship to child below)
			Relationship:	Relationship:
			Relationship:	Relationship:
			Relationship:	Relationship:
			Relationship:	Relationship:

NON-HOUSEHOLD EMERGENCY CONTACT INFORMATION

PRIORITY	CONTACT NAME (Last Name, First Name)	GENDER	RELATIONSHIP	HOME PHONE	CELL PHONE
1					
2					
3					
4					

1. Please note that federal law requires that educational records concerning a child, be shared with a parent regardless of his/her custody.
2. By default, parents who reside at both the primary household and secondary household will be allowed to pick up the child from school.
3. Be aware that without prior notice or verification, students will not be release early during the day to anyone other than a parent/legal guardian.

Parent/Guardian Signature: _____

PRINT Parent/Guardian Name: _____ **Date** _____

Primero School District Home Language Survey

Student First Name

Student Last Name(s)

Date of Birth (MM/DD/YYYY)

Dear Parent(s) /Guardian(s):

Please answer the questions below accurately and completely. Registration is not processed until a completed Home Language Survey is received. This information is required by state and federal regulations and is only used to assist planning appropriate programs of instruction to meet the needs of the students. Please answer each question, sign and date the form and submit with other registration forms.

1. What languages other than English are spoken at home?	None:	Language(s):
2. What language(s) did your child speak when he/she began to talk?		
3. What language(s) does your child speak other than English? Please do not include "foreign languages" learned in school, on vacations, or from media.	None:	
4. What language(s) does your child understand other than English? Please do not include "foreign languages" learned in school, on vacations, or from media.	None:	Language(s):
5. Did your child attend school in another country?	No	Yes: What country? How Many Years? Language(s) used in instruction:
6. What is your preferred language of communication from the school?	English: Spanish Other: _____	
Any additional comments regarding the language(s) of your student or anyone else in the home:		

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date (MM/DD/YYYY)

**To ensure an equitable identification process for all students, all students must follow the same process. This includes, but is not limited to, international exchange, migrant, refugee, home school, online, charter, and adopted students.*

MEDICATIONS

No Medications

Drug Name	Dosage	Time(s)	Reason

MEDICAL CARE REQUIRED AT SCHOOL:

No Medical Care Required

Medical Care Required:	Comments:
<input type="checkbox"/> Medication	
<input type="checkbox"/> Nebulizer Treatment	
<input type="checkbox"/> G-Tube Feedings	
<input type="checkbox"/> Catheterization	
<input type="checkbox"/> Oxygen	
<input type="checkbox"/> Oral Suction	
<input type="checkbox"/> Assist with Feeding	
<input type="checkbox"/> Toileting / Diapering	
<input type="checkbox"/> Other	

Any additional health related concerns or comments you wish to share about your child:

Check here if you give permission to the school nurse or liaison to administer over the counter medication to your child i.e. Ibuprofen, Tylenol for minor afflictions.

**All prescription medication administered at school require both a written physician order and written parent permission.*

***It is the responsibility of the Parent/Guardian to contact the Transportation Department at (719) 868-2715 to inform them of any health conditions if your child rides the bus.*

Parent/Guardian Signature: _____ **Date:** _____

ANNUAL AUTHORIZATION FORMS

Permission for Participation in Activities

I give permission for my child to participate in all program activities except for the following:

Permission to use sunscreen ___Y___N; Lotion: ___Y___N; Bug spray ___Y___N; Diaper Cream ___Y___N Other _____Y___N

Media Use: My child may participate in the use of media as listed in the contract and any provider deemed appropriate computer/video games. There will be no higher rating than E/PG for any of these items.

YES ___ NO ___ Except the following: _____ Time frame: _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Additional comments/parameters. Use the back of this sheet if needed.

PRIMERO PUPPYLAND PRESCHOOL
Policies and Procedures

MISSION STATEMENT:

Primero Puppyland Preschool, as part of the Primero R-2 School District, will provide a positive and safe learning environment, age-appropriate education in which all children can reach their maximum potential.

A. Ages of the Children:

1. Pre-K children – ages (4-5)
 - a. Must be 4 by May 1st.
2. Preschool Children – (ages 3-4)
 - a. Must be 3 years old by May 1st.
 - b. Must be potty-trained. (Unless there is an IEP or circumstances that state otherwise.)
3. A positive home to school transition will be implemented.
4. If for any reason a child is unable to make a positive transition within the first couple weeks in Preschool, it will be the teacher/administration's discretion if the child returns to the Preschool or advised to wait for a period of time before returning.

B. Services offered for special needs children through BOCES.

c. Screening opportunities will be available for all children birth to 5 years old.

D. Puppyland Preschool Hours:

1. Puppyland will be open from 7:40 a.m. – ~~4:10~~ 4:00 p.m.
Pickup time is **IMPERATIVE for Safety**. This is to prevent the Preschool students and parents any involvement with the upper classes and bus traffic.

2. Primero Puppyland will be opened 4 days a week – Monday thru Thursday
3. Puppyland will follow the Primero R-2 school calendar for holidays and inclement weather situations.
4. If school will be cancelled due to any inclement weather situation there will be an all call, text message, a voicemail on mobile phones as well as land lines and also on social media such as Facebook.

E. Registration and Admission:

1. The children will be registered at:
Primero R-2 School District
20200 Highway 12
Weston, Colorado 81082
2. Children must be registered, have a completed packet with all necessary paperwork in place. They will not be able to attend Preschool until all paperwork is complete and submitted.
3. **Guidelines for acceptance in order of priority for enrollment are as follows:**
 - a. Children identified as disabled pursuant to the Individuals with Improvement Act of 2004 (IDEIA).
 - b. Three and four year olds who qualify for the Colorado Preschool Program (CPP).
 - c. Four year olds wish to attend their home school as determined by the Board (space available only subject to disenrollment at any time during the school year due to maximum enrollment limits).
 - d. Three year olds who wish to attend their home school as determined by the Board (space available only, subject to disenrollment at any time during the school year due to maximum enrollment limits).

- e. Three and four year olds who are district residents, but do not want to attend their home school (per Board policy, space available only, subject to disenrollment at any time during the school year due to maximum enrollment limits).
- f. Five year olds who are eligible for Kindergarten and are district residents, but for whom another year of preschool is desired.

- g. Open enrollments and transfer student enrollments may be contingent upon a student providing his/her transportation and valid for no more than the current academic year. Parents and/or guardians seeking to enroll students in schools other than their school of residence should be aware that priority shall be given to students within each school's attendance area and maximum enrollment limits may necessitate disenrollment of non-resident students at any time during the school year.

If the preschool has met its capacity of 16 children, your child will be put on a waiting list and prioritized as follows:

- 1). In District
- 2). Date of application.

Regular attendance is expected in order to maintain your slot in our enrollment.

- a. 1). If your child is going to be absent please call the **Preschool** as soon as possible to let them know.
- b. 2). If there are consecutive days of being absent, please put in writing and/or doctor's excuse for the child's file.

- c. 3). If your child has any long term medical issues please provide a Health Plan for them for their file.
- d. 4). If there are any extenuating circumstances that have to occur please put in writing for the child's file.
- e. 5). If you are going to withdraw your child from our Preschool please give us ample notice and/or submit the withdrawal in writing so that the staff may make any adjustments that are needed.

F. Who is eligible for Colorado Preschool Program (CPP):

1. Each district and preschool has a limited number of openings. The factors are defined by the Legislature and not solely on income.

G. Fees for the Preschool:

1. There is no enrollment charge for Preschool or any other charges for our Preschool. We are a State Funded facility.
2. All students will receive a **free** breakfast and a **free** lunch.
3. However, an approved or certified free/reduced lunch application **MUST** be on file for all preschool children. (This is to be referenced for CPP children.)
4. Children will receive a nutritious snack and drink in the afternoon.

H. Procedure for knowing where the children are at all times:

1. The Staff **WILL** know where all children are at **ALL** times.
2. **YOU MUST RELEASE** your child to a Preschool staff member or designee, no earlier than 7:40 a.m. in the cafeteria and you must sign them in.
3. **YOU MUST PICKUP** your child in the Preschool classroom and sign them out, no later than 4:30 pm

I. Discipline Policy:

1. Discipline shall be clear and understandable to the child, age appropriate, consistent and explained to the child before and at the time of the disciplinary action.
 2. Discipline shall include positive guidance, redirection and a set of simple clearly understood limits that will help the child become self-disciplined.
 3. Disciplinary practices established by the pre-school shall be designed to encourage the child to be fair, respect property, and to assume responsibility for their actions and be respectful to others.
 4. Positive discipline may include brief, supervised separation from the group, redirection and/or withdrawal of certain privileges for a limited time period that will be age appropriate.
- J. Procedures for handling children's illnesses, accidents, and/or injuries.
1. Accidents:
 - a. Apply first aid and/or CPR.
 - b. Call parent/guardian.
 - c. Fill out accident form.
 - d. Review accident report with the parent as soon as possible.
 2. Illnesses:
 - a. **Please remember that if your child does not feel well, has a fever, etc. you MUST keep them at home, for their well-being and others.**
 - b. **Call the parent/guardian responsible that is listed on the emergency procedure form. Child MUST be picked up as soon as possible.**
 - c. Keep child as comfortable as possible and away from the others (supervised), until parent/guardian arrives.
- K. Procedure for responding to emergencies such as earthquakes, fires and evacuation:

1. Primero R-2 School District has a very detailed, intricate, and appropriate Crisis Management plan and procedures.
2. **Appropriate measures taken for fire drills, or action to evacuate or to take shelter according to the Crisis Management procedures.**
3. Building specs are posted in all rooms and areas, and Crisis Management notebooks are located in all areas. There will be appropriate transportation for any child with special needs.
4. As per any inclement weather during the school day that a child attends provisions will be made in case of weather conditions and temperature of too hot and too cold.

L. Releasing children from Preschool:

- a. **NO** child will be released to **ANYONE** other than those specified on the written authorization papers that are on file. **NO EXCEPTIONS**

M. Late Pick-Up: Steps that will be followed:

- a. Preschool pick up is no later than 3:30 p.m.
- b. If the parent/guardian is not at the preschool by 3:30 p.m. parent will be notified or emergency contact person and child must be picked up by 4:00 p.m.
- c. Please notify the Preschool and/or the front office if you are going to be late. In that event, if it is after 4:00 your child will be in the office. There will be an adult with the child at all times waiting for pickup.
- d. **DHS will be notified if pickup is not been made by 4:15 when staff is ready to leave.**

- N.** We do **NOT** transport Preschool Children. Parents are responsible for transporting them to and from school. There are no extra activities, field trips, etc. that we attend that requires transportation.
- O.** An annual Authorization Form in the enrollment packet is signed by the parent/guardian for permission for participating in certain activities within the Preschool, (TV/Video viewing, computer activities, etc.)
- P.** School Policy for medication administration is # JCCD RJLCD-E. If a child needs to have medication administered during the school day, instructions from only the **DOCTOR are acceptable. The administering of medication will be done by our School Nurse or Nurses' liaisons.**
- Q.** Preschool Children will receive Free Breakfast, Free Lunches and a nutritious snack/drink in the afternoon.
- R. Children's Belongings:**
- a. Each child has their own cubby/area for their belongings.
 - b. All belongings should have the child's name on them.
 - c. Please do not send candy, gum, etc. unless there is enough for the whole class.
 - d. Do not send toys that are valuable because they may get broken.
- S. Visitors:**
- a. All visitors must check in at the office, and sign in before they proceed to the preschool.
 - b. They must also check and sign in with the preschool staff.
- T. Staff Meetings:**
- a. Director/Teacher will meet weekly to discuss the program and activities.
- U. Parent/Teacher Conferences:**

- a. Conferences are held twice a year. In the Fall and Spring after screening process is complete.

V. Reporting Child Abuse:

1. **Colorado law requires that child care providers report all known or suspected cases of child abuse or neglect or anything that might indicate abuse or neglect.**
2. To report child abuse contact Las Animas County Department of Social Services @ 719-846-2276.

W. Procedure for filing a complaint:

1. Notify the Director of the Preschool.
Ms. Kathy Ritz @ 719-868-2715 ext. 144
2. Colorado Department of Human Services
Division of Child Care
1575 Sherman St. Denver, CO
1-800-799-5876