



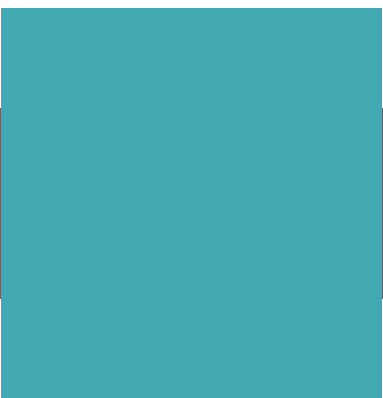
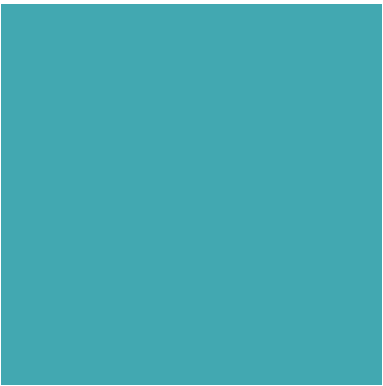
WESTMINSTER

City of Westminster Preschool Program



2023 Lil' Tykes

Summer Camp



Parent Information Packet
Camp Policies and Procedures

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State of Colorado Preschool Licensing Required Forms

- ****Please note: Incomplete forms will NOT be accepted, nor will your child be allowed to attend class until all required forms are completed and turned in to the lead instructor. This is a State of Colorado Licensing requirement and no exceptions are allowed.***
- ***Lil' Tykes Parent Manual forms are due to the lead instructor on your first day of camp.***

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Interpreter - The City of Westminster can provide an interpreter. If an interpreter is needed, please contact April Smith.

LETTER FROM THE DEPARTMENT OF HUMAN SERVICES

Dear Parent(s),

Your child was recently enrolled in a child care program that is licensed by the Colorado Department of Human Services. This license indicates that the program has met the required standards for the operation of a child care facility. If you have not done so, please ask to see the license.

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasions, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The telephone number to report child abuse is:

Adams County Dept. of Social Services
7401 Broadway, Denver, CO 80221
(303) 412-5212

Jefferson County Dept. of Social Services
900 Jefferson County Pkwy., Golden, CO 80401
(303) 271-4357

Colorado requires that child care providers report all known or suspected cases of child abuse or neglect.

Child care services play an important role in supporting families, and strong families are the basis of a thriving community. Your child's educational, physical, emotional, and social development will be nurtured in a well planned and run program. Remember to observe the program regularly, especially regarding children's health and safety, equipment and play materials, and staff. For additional information regarding licensing, or if you have concerns about a child care facility, please consult:

Colorado Department of Early Childhood
710 S. Ash St.
Denver, CO 80246
(800) 799-5876

For any direct program concerns or comments please contact:

City of Westminster
4800 West 92nd Avenue
Westminster, CO 80031
(303) 658-2400

TBD - Recreation Coordinator-Preschool & Tot Programs

April Smith - Assistant Recreation Coordinator
(303) 658-2222

Barb Giedraitis - Recreation Programs Superintendent
(303) 658-2958

CITY of WESTMINSTER LIL' TYKES SUMMER PROGRAM GOAL (7.702.31H)

The City of Westminster Preschool Program philosophy is to provide a positive, fun, safe environment which provides a high quality program with a balanced, progressing curriculum allowing each child to grow and develop according to their age.

LIL' TYKES SUMMER PROGRAM PHILOSOPHY (7.702.31A)

At the City of Westminster Preschool Program we work to provide a safe, nurturing and creative place where children can play and learn. Our preschool program is designed to encourage the intellectual, social, emotional, and physical development of each child, while focusing on the whole child. We offer hands-on experiences that enrich and build each child's learning skills according to their age, ability and effort. The City of Westminster Preschool provides a stimulating environment, where children can interact with various materials and where our teachers enrich their play with learning opportunities.

LIL' TYKES SUMMER PROGRAM OBJECTIVES

To provide a safe, accepting and caring environment for all children.

To provide positive discipline techniques and help children develop and use their problem solving skills.

To encourage and build self-confidence and self-esteem through a variety of learning activities.

To encourage and develop new friendships.

To contribute to the development of physical growth, creativity, self-concept, social awareness and intellectual curiosity in children.

CITY of WESTMINSTER LIL' TYKES SUMMER STAFF

We hire staff that are caring, nurturing, and are educated in Early Childhood Education. We are proud to offer a 10:1 ratio in our classrooms, which is below State of Colorado Licensing ratio guidelines and regulations. We require our staff to have the following:

- **Emergency Training:** All staff members are certified in First Aid, CPR, Standard Precautions and Medication Administration
- **Security:** All staff members must pass a background check by the Colorado Bureau of Investigations. In addition, they must be cleared through the Central Registry and the State of Colorado. All staff members must pass a drug screen before they are hired, and are in a safety sensitive position which requires random drug screening.
- **Training:** All staff members are required by the Colorado Department of Human Services to take 15 credit hours of training classes annually in Early Childhood Education Child Care or related topics. Many staff take additional Early Childhood Education college courses as part of their continuing education and to meet Colorado Shines quality improvement goals.
- **Continual Growth:** All staff members are subject to regular observations by qualified, third-party education professionals, as well as by their supervisors. This observation serves to inform annual appraisals and continuous quality improvement efforts.

“Play is a developmental progression in which the child adds new, more complex understandings about the world at each stage. Play has a unique and personal meaning for each child.”

-Erik Erikson

AGE REQUIREMENT

Children enrolled in the Lil' Tykes Summer Camp Program must be 3 years of age by or before first day of summer camp starting. Parents may be asked to provide a birth certificate if the age of a child comes into question.

DAYS/FEEES

Days: Monday - Thursdays

Early Bird Registration Discount Fee if registered by May 15, 2023:

Session 1: \$175/\$185; Sessions 2 - 4: \$200/\$210

Regular Fee: Session 1: \$190/\$200; Sessions 2 - 4: \$215/\$225

LOCATIONS

Westminster has two Recreation Facilities where Lil' Tykes Summer Camp programs are held:

- 1) City Park Recreation Center, 10455 Sheridan Blvd. (105th & Sheridan), 303-658-2901
- 2) West View Recreation Center, 10747 W. 108th Ave. (108th & Oak), 303-460-9530

2023 Summer Program Schedule



Your tyke can enjoy adventure and fun during these two week camps.

Each session has a fun and unique children's book theme.

Children must be toilet trained or a parent/guardian must remain on site. **Age:** 3-5 (CP), 3-6 (WV)

Early Bird Fee through May 15: Session 1: \$175/\$185; Session 2-4: \$200/\$210

Fee after May 15: Session 1: \$190/\$200; Session 2-4: \$215/\$225

Camp 1: May 30-June 8 | Camp 2: June 12-22 | *Camp 3: June 26-July 13 | Camp 4: July 17-27
* No Camp July 3-6

Location	Day	Time	Age	Camp 1	Camp 2	Camp 3	Camp 4
City Park	M-Th	9 am-12 pm	3-5	2333501-1A	2333501-2A	2333501-3A	2333501-4A
City Park	M-Th	12:30-3:30 pm	3-5	2333501-1B	2333501-2B	2333501-3B	2333501-4B
West View	M-Th	9 am-12 pm	3-6	2337501-1A	2337501-2A	2337501-3A	2337501-4A

Camp 1
Eileen Christelow
& Mo Willems

Camp 2
Janet Stevens &
Jonathan London

Camp 3
Eric Litwin
& Dr. Seuss

Camp 4
Eric Carle &
Mo Willems

Camp participants must have the following on file: Emergency card, immunization record, and a medical release signed and dated from a physician. Forms available online after May 8.



REGISTRATION POLICY

Registration for the Lil' Tykes Summer Camp will be on a first come, first served basis. Your child will have a space until the end of the two week session. You will need to sign-up, and pay for each session you wish to attend. Information and procedures for registering are located in the Activity Guide.

PAYMENT POLICY

Payment is collected at the time of registration. Payment can be made using credit card, cash, or check.

***WITHDRAWALS**

Should parents find it necessary to withdraw a child from the Lil' Tykes Summer Camp, adequate notice must be given. This notice must be given to the Recreation Program Assistant Coordinator, April Smith at (303) 658-2222.

INCLEMENT WEATHER CLOSURE POLICY (7.702.31D)

Under most circumstances, the preschool program will operate regardless of weather. Please use the News and Radio Stations as an information source. If **metro area Jefferson County School District is closed, then West View and City Park** preschool classes will not be held. ***There are no refunds for weather related or unforeseen cancellations. Please go to <https://www.cityofwestminster.us/News/category/closures-delays-1> for updated closure information.***

If the weather is severe and a cancellation is needed, City of Westminster staff will try to update the online facility closure link above in a timely manner. The front desk of each center will be updated and parents are encouraged to call them if needed. Please follow the directions on the weather card given out to each parent. Children will not be taken outside in excessively hot or cold weather.

Lil' Tykes Summer Camp inclement weather closures will be independent from summer school districts and parents will be contacted ASAP if an inclement weather occurs.

EMERGENCY FORM INFORMATION

Each child must have a completed Emergency Information form on page 14. **Please turn in completed Emergency form to the lead instructor on the first day of class your child attends.** The Emergency Information form will be valid until May of the following year, and will remain on file for three years in accordance with State Licensing procedures. You may be asked to complete Emergency Information forms for any class your child is registered for, so that instructor has the information available in case of an emergency.

HEALTH and IMMUNIZATION POLICY

Each child must have a completed Immunization card, and a medical release from his or her doctor stating the date of child's last physical and that they are in good medical condition. ***Children who might need medication during our program will need a Medication Administration Authorization Form and/or a Health Care Plan signed and dated by their physician.*** Please have this information turned in to the lead instructor on the first day of class. These two forms are valid for 1-year from the child's last physical per State Licensing. (7.702.52) Health statements for children over two (2) years of age to seven (7) years of age must be updated in accordance with the American Academy of Pediatrics recommended schedule for routine well child exams. These need to be updated within thirty (30) calendar days following the expiration date of a previous health statement, the parent(s)/guardian(s) of each child must submit a statement of the child's current health status or written verification of a scheduled appointment with a health care provider. The statement of the child's current health status must have date of last physical, signed and dated by a health care provider.

****This program accepts children who are exempt from immunizations.****

AVOIDING THE SPREAD OF ILLNESS and COVID

Good health is an important factor in our preschool. If children are ill on a school or camp day, please keep them home where they will be comfortable. A good guideline is to not bring your child in if they look or act sick, or if they have had any of the following in the last 24 hours: a fever, vomiting, diarrhea, currently have colored discharge from the nose, or a croupy cough. If your child contracts or is exposed to a contagious disease, such as pink eye, strep infection, measles, chicken pox, or hepatitis, please inform their teacher so that other parents can be notified and we can take the proper steps in preventing it from spreading further.

Due to COVID-19, staff will be extra cautious with any perceived illness, and parents will be required to complete a daily at-home COVID symptom screening form before bringing their child to camp.

****If anyone in the household tests positive or is exposed to someone who tested positive for COVID, please let the lead staff know. Then email April Smith at apjsmith@cityofwestminster.us or call at 303-658-2222 as soon as possible and keep your child home.**

PROCEDURE FOR STORING AND ADMINISTERING MEDICINES

A Medication Administration Authorization Form, signed by a physician, must be received before medication can be given to any child. All medications will be kept in a locked deposit bag and away from all children.

Medication must be kept in the original container and bear the original pharmacy label that shows the prescription number, name of medication, date filled, physician's name, child's name and directions for dosage. When medication is no longer needed, it will be returned to the parent or destroyed. The procedure for storing and administering children's medicines and delegation of medication administration is in compliance with Section 12-38-132, C.R.S., of the "Nurse Practice Act". Children requiring an EpiPen or inhaler are also required to have a Health Care Plan form signed by a physician. *Please see page 20 for our [EpiPen® \(Epinephrine Injection\) Acceptance Policy](#).*

POLICY FOR NOTIFICATION OF ILLNESSES, ACCIDENTS and INJURIES

- If a child becomes ill during class, the parent/guardian will be called to pick up the child. An ill child will be removed from the group to rest until picked up by the parent/guardian.
- If a child is injured, first aid will be administered, and if deemed necessary 911 will be called.
- The parent/guardian will be called and notified of the injury.
- Staff will let the parent/guardian know if their child needs to be picked up or was transported to the hospital.
- Minor scrapes and bumps will be reported to the parent/guardian when they arrive to pick up their child. All incidents will be documented by staff.

CONFIDENTIALITY

The Westminster Parks and Recreation Department shall maintain complete records of children and personnel as required for licensing Preschool in accordance with Minimum Rules and Regulations for School-Age Child Care Centers.

The confidentiality of all personnel and children's records shall be available, upon request, to authorized personnel of the State Department of Social Services. All other records regarding children and all facts learned about the children and their relatives shall be kept confidential, both by the staff and the Department.

CHILD ABUSE

To protect children, all staff are required to report child abuse, or suspected child abuse directly to CPS (Child Protection Services). If you suspect abuse or would like resources concerning reporting abuse of a child, please refer to the letter at the beginning of this document, or contact our teachers or administrators directly.

AMERICANS WITH DISABILITIES ACT

The City of Westminster Lil' Tykes Summer Program does not discriminate on the basis of race, color, national origin, sex, or disability. The Westminster Preschool Program is dedicated to supporting the Americans with Disabilities Act. If your child may require special accommodations for participation, please call our Recreation Programs Superintendent at (303) 658-2958. The City of Westminster can also provide a translator; if a translator is needed please contact April Smith at (303) 658-2222, and please allow adequate time for this service to be provided.

VISITOR POLICY

Visitors to the program will be kept to a minimum. All visitors must check in with the instructor and sign in on the visitor log. Staff will need to inspect/record one piece of identification. *Note: A Visitor is anyone other than staff working for the program and the parents of the children in the program.*

SMOKING

All children will be protected from second hand smoke. Smoking is prohibited for all providers, visitors, volunteers, substitutes, employees and parents. Smoking is prohibited in the center and the outdoor play area.

INTOXICATED PARENT/GUARDIAN

No child will be released to an adult who appears to be under the influence of drugs or alcohol. If the parent/guardian leaves the facility with or without the child, the program will notify the local police department via 911.

AGGRESSIVE TOYS AND THREATENING BEHAVIOR

The Westminster Lil' Tykes Summer Program strives to maintain a safe environment for patrons, children and staff alike. Therefore, weapons of any kind brought to class will not be tolerated. This includes graphic representation on clothing or personal items, toys, or replicas. Threats of any kind will be investigated by the Westminster Police Department. Children/parents involved in any incident will be dismissed from the program.

DISCIPLINE POLICY

In order to make the Lil' Tykes Summer Program a positive experience for all children, we ask that three basic principles be observed: Keep yourself safe, keep others safe and keep materials and equipment safe.

When a child does not observe the expected guidelines, the Preschool Staff will discuss an appropriate plan of action which may include any or all of the following steps:

- Separate the child from the group for an age appropriate amount of time
- Discuss with the child the inappropriate behavior before they return to the group
- Parents will be notified of any problems during the class
- Staff will document all behavior problems
- Staff will not subject child to any verbal or physical abuse, emotional harm, etc., in regards to discipline

If a child's behavior continues to be a problem and/or the safety of others is at risk, a decision could be made to suspend a child temporarily from the program, or the child may be removed from the program entirely. The registration fee will not be prorated or refunded.

PARENT GUIDELINES FOR PHOTOGRAPHING STUDENTS DURING CLASS

From time to time our preschool classes have family activities where parents like to take photos or video of their students. In order to preserve a safe educational and online environment for students, the City of Westminster Preschool program has developed recommendations for parents' online responsibility and content. Many families are understandably concerned about protecting the privacy of their student, especially in an online environment. The student may be uncomfortable with other parents taking photos or videos, and parents may be uncomfortable having their student's photo placed online without their permission. Additionally, participants in any public facility or program may be photographed or videotaped by City of Westminster employees for use in City publications and/or promotional material.

1. Parents can be allowed to take photo/video for special preschool activities such as birthday and/or holiday parties.
2. When identifying or posting an event, parents should refrain from using names or other information that might identify a student. Even general information, such as "Here is Ms. Jones preschool class party" can cause concern for parents.
3. It is always best to post pictures or videos of only your own child/student. If you have pictures or video of multiple students that you would like to share it is required to seek that parents' permission. One idea is to post a note online (Facebook, parent blog, etc.), or ask the instructor to inform other parents that you have the file available and are willing to share it privately (e-mail, etc.) with other parents.
4. In a classroom learning setting, parents do not have permission to photograph or videotape a classroom activity for personal use, even if it is their own child. An exception is if a teacher is requesting assistance from a parent volunteer in photographing or videotaping something specific in their classroom for a project.

Thank you for your understanding and respect for student privacy. These guidelines are simply meant to ensure that our kids remain safe.

SUN PROTECTION/SUNSCREEN

Please apply sunscreen to your child before they come to class, even during the colder months. Applying the sunscreen yourself ensures that the children will have more playtime since our staff will not be taking valuable time applying it. If you forget and the preschool determines that the children are in need of using sunscreen before going outside, they will administer the sunscreen to each child ***with written permission only***. Staff will check to make sure that parents have given permission for this to be done. Staff will administer: Rocky Mountain Sunscreen SPF 50 (Paba Free Formula). There is a box to check off that you have applied sunscreen to your child.

POLICY ON HANDWASHING

Handwashing and Hygienic Practices - Staff members and children shall wash their hands at the following times:

1. Upon arrival for the day and after breaks;
2. When caregivers move from caring for one group/classroom of children to another;
3. Before and after: a. Preparing food or beverages; b. Eating, handling food, or feeding a child; c. Giving medication, applying a medical ointment or cream or administering first aid; and, d. Setup or use of a sensory table.
4. After: a. Using the toilet or assisting a child with toileting; b. Diapering each child; c. Handling body fluids; d. Handling animals or cleaning up animal waste; e. Coming in from outdoors; f. Cleaning or handling garbage; and, g. At any other time that hands become soiled.

POLICY ON DIAPERING and TOILET TRAINING

Children in the Lil' Tykes Summer Program are required to be toilet trained or a parent must stay on site to accommodate situations that come up. If your child is new to toilet training please inform instructors so they may help your child to be successful. Please pack a spare set of clothing in case your child has an accident. In case of an accident, clothing will be available at the center if parents have not provided any. We ask that parents please launder the clothes and return them as soon as possible due to the volume of classes held.

SIGN IN/SIGN OUT POLICY

For the safety of all children, parents are required to sign their child in and out each day. The preschool staff will need written authorization to release a child to someone other than the parent or guardian. Anyone not known by the preschool staff will be required to show a form of identification to prove who they are. The staff will then make sure the person is authorized to take the child.

Please do not send your child early to class, even when instructors are present. Instructors use this time to prepare the class for your child's day. Please do not leave other children unattended in your vehicle during drop off/pick up.

If you arrive late and the class is not in the usual room, check with the front desk for the class location if it is not posted in the room. Do not leave your child without first signing your child in with the instructor.

LATE PICK UP POLICY and FEE

Please be prompt when picking up your child; however, if you know you are going to be late, please call the Recreation Center to notify the instructors.

When a child is not picked up after class, the instructor will place a call to the parent/guardian. If unsuccessful, they will try the emergency contact number. After 30 minutes the Department of Social Services/Police will be contacted for the child's own safety.

A late fee of \$5 for the first 10 minutes and \$1 for every (1) minute thereafter will be assessed for children not picked up at their scheduled time; i.e. if a parent is 15 minutes late, a late fee of \$20 will be assessed that day.

PROCEDURES FOR IDENTIFYING WHERE CHILDREN ARE AT ALL TIMES

- Parents will be required to sign-in and sign-out their child for any preschool class.
- Instructors will perform name to face attendance, and head counts often during class.
- Children are not allowed to leave the preschool rooms without an instructor or their parent/guardian.
- Children will wear name tags until all names are learned.
- Staff will follow up on any child not signed out of the program to make sure they are safe before leaving for the day.

POLICY FOR LOST CHILD

In the event of a lost child, staff will conduct a thorough search of the facility. If the child is not located, staff will call 911 and notify the parent/guardian.

TORNADO, FIRE, LOCK DOWN/OUT DRILLS

Fire evacuation procedures for each recreation center are posted, and staff is aware of where to direct children in case of a fire. Monthly fire drills are held. Severe weather, lock down, and reverse evacuation drills will be held twice per school year.

The recreation centers have located the best option for tornado shelter at each center. Staff is aware of where to direct children in case of fire, tornado and/or lock down and periodic drills will be held.

- | | |
|-------------------------------|---------------------------------|
| • City Park Recreation Center | Downstairs Offices |
| • Swim and Fitness Center | Racquetball area (fitness room) |
| • West View Recreation Center | Locker rooms |

POLICY CONCERNING MEALS/SNACKS

Many classes ask that parents share on a rotating basis in providing snacks. If a parent is unable or unwilling to provide a snack, please talk with the instructor and they can provide snack during your turn. **All snacks brought to our programs must be prepackaged or store-bought items where the ingredients are listed.** Additionally, the Colorado Department of Health and Safety recommends that children's snacks be made up of two different food groups, including proteins, starches and fruits/vegetables. Therefore, we ask that two different food groups be represented in snacks donated by our families. This will ensure that we maintain a safe and healthy environment for your child. Meals are not provided as part of the preschool program.

Ideas for snacks that will be satisfactory and healthy:

- All items must be Peanut and Tree nut free!
- Fruits and vegetables: Prepackaged (purchased from a store)
- Items that are whole grain (crackers, cereal, cereal bars, baked chips, pretzels)
- Items that are low in or contain no trans-fats (Individually packaged dried fruits, and gummy snacks)
- Do not feel obligated to bring drinks, as the center will provide water with every snack

Please have child bring in their own snack if they have any severe food allergies.

BIRTHDAYS

Birthdays are important to children and they enjoy sharing them with their friends. Please inform us in advance if you plan to bring treats for your child's special day. These treats must be prepackaged or store bought, and all items must be Peanut and Tree nut free. **If you choose to only invite a few children to a party outside of class, please be courteous to others when handing out invitations. It is best to do this outside of class and not in view of other children and parents.**

PROCEDURE CONCERNING PERSONAL BELONGINGS

The preschool staff highly recommends that personal toys, games, money, or valuables should not be brought to the program and staff is not responsible for any lost or stolen items. **(Note: Some classes do have show and tell as part of their schedule. In this case, please supply a bag for your child to store their belongings. The bag and belonging should be labeled with the child's name).**

SUPPLIES and CLOTHING

Active play, paints, sand, water, etc. will be used during camp. To avoid the worry of damaged clothes, please dress your child in simple play clothes and shoes appropriate for running and jumping. Parents are to provide a labeled back pack, an extra change of seasonally appropriate clothing, a coat, gloves, a hat for outdoor play, and sunscreen applied daily.

TRANSPORTING CHILDREN/FIELD TRIPS

All of the preschool program field trips (if scheduled) are in town and the children will either walk to them or parents will meet us at the designated sites. Children will not be transported in City of Westminster vehicles. The preschool program staff will NOT transport any children in their personal vehicles. Before attending any field trip, parental permission slips must be signed. No child may attend without a written permission slip. While on field trips children will be under constant supervision at all times. Children are not permitted to bring money on field trips.

POLICY FOR LATE ARRIVING CHILD ON FIELD TRIP DAYS

In the event that a child is dropped off late on the day of a scheduled field trip, supervision will not be provided. We ask that children be dropped off well in advance of any scheduled site departures. Per licensing requirements, this policy is in our parent manual. The preschool and camp program do not leave the site for field trips.

VIDEO POLICY

For the most part, Videos/Movies are not utilized by the preschool classes due to the nature of our program and the time allowed per class. If an instructor feels that a video would be beneficial and necessary to the class (i.e. preschool fire safety video during safety week), prior permission must be given by the Recreation Coordinator. Parents will then be notified as to what video will be shown and the rating of the video. Parent Permission must be given for any rating above a "G".

METHODS OF COMMUNICATION

Our instructors and administrators are available through a variety of communication methods. For short conversations, our instructors are often available upon drop-off or pick-up, but please keep in mind that they are responsible for seeing each child out safely at the end of class and cannot engage in an involved or in-depth topic, and there is little privacy at these transition times. If you require a more private setting, please schedule an appointment to speak with your child's instructor. If you prefer, each preschool center has a city e-mail that is checked regularly. Lastly, our administration is always available by phone as indicated on the first page of this manual.

ENGLISH LANGUAGE LEARNERS/INTERPRETATION SERVICES

We strive to operate in a diverse and welcoming manner in all areas of our program. If you or your child speak a language other than English in the home, please let our staff know and we will make every reasonable accommodation to support your family in the preservation of your cultural expectations. Our staff all have access to translation applications such as Google Translate, and the administration can supply additional materials in your home language (such as books, handouts, etc.) as requested by staff and families. If you require the use of a translator or interpreter, please let our staff know as soon as possible so that we can best serve you by contacting interpreter services through City Hall.

OBSERVANCE OF HOLIDAYS

Some classroom activities may include holiday themes; Therefore, we ask that you please notify instructors of any and all holiday theme objections as early in the school year as possible so that accommodation may be made, if possible. Missed classes will not be refunded, but alternate activities may be provided in some cases.

DEVELOPMENTAL OBSERVATION and ASSESSMENT

Early childhood is a vital time for healthy development and establishing learning patterns/behaviors. Each child in our program is therefore regularly observed and assessed, both formally and informally. This practice ensures that our staff can best support and inform families and to provide resources and early intervention in the case of delay or concern. For more information or resources, please see the following page. Additional family resources are available upon request.

SUPPORT THROUGH TRANSITIONS and CONTINUOUS CAREGIVING PRACTICES

We understand that transition times can be very difficult for children, whether it is from home care to school; preschool to preschool; Tiny Tots to Kinder Kids, or Kinder Kids to Kindergarten. We do our best to support children and families through these times of change in any way that we can. We offer several opportunities for children to see their new classrooms, and staff works hard to ensure that all children transitioning out of the program have been well-prepared for their next steps. Additionally, we hold our instructors to a standard of continuous care, meaning that all children in a class will be cared for by the same two instructors during the school year (barring excusable absence for medical or personal reasons). We also offer opportunities for children to remain with the same lead instructor from Tiny Tots to Kinder Kids (where possible). If you feel your child is struggling, or our staff feels there may be some areas to offer additional support, we are happy to schedule meetings as necessary to ensure your child's best chance at success. Feel free to ask teachers or administrators for more information about transition support.

WESTMINSTER LI' TYKES PARENT RESOURCE LIST

EMERGENCY/NON-EMERGENCY SERVICES

Poison Control 1 (800) 222-1222
Westminster Police Non-Emergency (303) 658-4360
CDHS Licensing (303) 914-6304

WESTMINSTER LOCAL CONTACTS

Westminster City Hall (303) 658-2400
Jeffco School Boundaries (303) 982-2339
Adams School Boundaries (303) 428-3511

CHILDCARE

Child Care Referrals 1 (877) 338-CARE
West View Childcare (303) 460-9530
City Park Fitness Center Childcare (303) 658-2935

PARENTING HELP

Families First Support Line (303) 695-7996
A Parent Connection (303) 916-6929
WIC (303) 239-7143

COUNSELING/MENTAL HEALTH

Jefferson Center for Mental Health (303) 425.0300
Adams Community for Mental Health (303) 426.7193
NAMI 1 (800) 950.6264

MEDICAL

Adams County Workforce Center (303) 375-2980
JeffCo Public Health Dept. (303) 232-6301
St. Anthony's North (720) 627-0000
North Suburban Medical Center (303) 451-7800
Children's Hospital Colorado (720) 777-1360
Rocky Mountain Youth Clinics (RMYC-Thornton) (303) 450-3690
<http://www.rmyclinics.org/>

DENTAL

Perfect Teeth (303) 424-5463
Comfort Dental Westminster (303) 427-2722
Peak Family Dentistry & Ortho. (303) 427-5135
Lighthouse Dental (303) 657-9000
Walnut Creek Dental Group (303) 410-4950
Children's Dentistry (303) 427-1951

DOMESTIC VIOLENCE

Gateway Crisis Line (303) 343-1851
Family Tree (303) 422-2133
CCADV victimoutreach.org (303) 202-2196

CRISIS/EMERGENCY SUPPORT

JeffCo Human Services (303) 271-1388
Adams Human Services (303) 227-2700
JeffCo Action Center (303) 273-7704
Child Abuse Hotline (303) 271-4731
Rape Crisis Hotline (303) 322-7273
United Way Helpline 211
Suicide Hotline 1-(800) 273-8255
CO Coalition for Homeless (303) 293-2217

ASSISTANCE

CHP+ (medical insurance) (303) 232-6301
Love and Logic Institute (303) 278.7552
Child Support (303) 271-4300
LEAP (Heat Help) 1 (866) 432-8435
CO Works/Food Stamps/Medicaid (303) 271-4339
JeffCo Workforce Center (303) 271-4700
United Way Rental Assistance (303) 561-2130
JeffCo Housing (303) 422-8600
Adams County Housing Authority (303) 277-2075
Adams County Public Health Dept. (303) 426-5232

SPECIAL NEEDS RESOURCES

Child Find (303) 982-7268
Devel. Disability Resource Center (ddrcco.com)
PEAK Parent Center (peakparent.org)
ARC (303) 232-1338
Sensory Pathways 4 Kids (303) 862-8557

LEGAL SERVICES

Colorado Legal Services (303) 837-1313
Legal Aid Foundation (303) 863-9544
Tenant/Landlord Disputes (303) 237-6149

Preschool Program Emergency Information

PLEASE NOTE: ALL PAPERWORK MUST BE COMPLETED AND TURNED IN TO THE INSTRUCTOR BEFORE OR ON THE FIRST DAY OF CAMP BEFORE YOUR CHILD CAN ATTEND.

Site Attending: _____

Enrollment Date: _____

Child's Name: _____ Birth Date: _____ Age: ____ Female: __ Male: __

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Home Phone: _____ Email: _____

Address: _____ Cell: _____

Employer/Address: _____ Work Phone: _____

Parent/Guardian Name: _____ Home Phone: _____ Email: _____

Address: _____ Cell: _____

Employer/Address: _____ Work Phone: _____

Emergency Contact other than parent/guardian who will be contacted in an emergency if parent/guardian is unreachable

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name(s) of person(s) other than the parent to whom the child may be released

Name/Address/Phone _____

Name/Address/Phone _____

Does Your Child Have Health Insurance? (please circle one) **YES** or **NO**

If NO, would you like a resource list of insurance options? (please circle one) **YES** or **NO**

Release to Transport to a Medical Facility

In case of serious illness or injury, when neither parent/guardian can be reached, I give permission to the City of Westminster Lil' Tykes Camp to transport my child to the nearest medical facility.

Hospital preferred (does not guarantee child will be taken there in an emergency) _____

Hospital Address/Phone: _____

Parent/Guardian Signature: _____

Date: _____

Release to Secure Medical Treatment

I hereby give permission to the City of Westminster Lil' Tykes Camp to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named program. All expenses of such care will be accepted by the parent/guardian.

Parent/Guardian Signature: _____

Date: _____

Continued on back...

Specific Medical Information

PLEASE NOTE: ALL PAPERWORK MUST BE COMPLETED AND TURNED IN TO THE INSTRUCTOR BEFORE OR ON THE FIRST DAY OF CAMP BEFORE YOUR CHILD CAN ATTEND

Allergies: _____

Known drug reactions: _____

Medications being taken** _____

**Medication Permission Slip must be completed if instructors are to administer any medications during class.

Other medical conditions/concerns: _____

Any accommodations to help your child be successful behaviorally: _____

Physician Name: _____ Address: _____ Phone: _____

Dentist Name: _____ Address: _____ Phone: _____

Release to Provide Sunscreen

Please apply sunscreen to your child daily before attending the Lil' Tykes Camp. In the event that your child is not wearing sunscreen, the Camp Program Staff may only apply sunscreen with written consent. Sunscreen applied by staff will be: Rocky Mountain Sunscreen SPF 50 (Paba Free Formula)

Parent/Guardian Signature: _____ Date: _____

Release for Field Trips

I hereby give permission to the City of Westminster Lil' Tykes Camp to take my child on walking field trips around the building and/or parks surrounding the recreation center building.

Parent/Guardian Signature: _____ Date: _____

My child is permitted to participate in all program activities except the following: _____
_____, for the reason of: Physical: _____ Social: _____ Religious: _____

My child has received their vision, hearing and oral health screenings that apply to their age:

Parent/Guardian Signature: _____

*There are resources available in the parent resource center for screenings, and health insurance/medical providers if you're needing assistance. We would also be delighted to help you locate services if need be!

All licensed child care facilities must obtain a signed and dated statement of the child's current health status. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the past twelve months. **A child may not attend camp until this form is signed by a physician and received by the lead instructor. This form is due by the first day of camp.**

Child's Name: _____ Sex: _____

Child's Phone Number: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Mother/Guardian: _____ Father/Guardian: _____

If the child has/had the illness – check those the child has had and give approximate dates:

Asthma: _____ Diabetes: _____

Epilepsy/Seizures: _____ Severe Allergies: _____

Behavioral issues and diagnosis: _____

Other: _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention: _____

Has your child received any of the following screenings in the last year? (Please circle) Hearing Vision Dental

Any results that may be of concern? _____

Allergies: _____

Medication(s) prescribed: _____

If your child needs medication please turn in a medication/allergy/asthma authorization form before child's first day of school. If your child does not need medication at school but have noted medication on this form, there is also a form for refusal to provide medication.

Are the immunizations up-to-date? Yes No (This program does have the right to accept unimmunized children.)

Date of my most recent examination of child: _____ Date of next scheduled well visit: _____

Date: _____

Name of Licensed Physician/Health Care Professional (*please print*)

Address: _____ City: _____ Zip: _____

This child is in satisfactory health and apparently free from any communicable disease. I find no reason for this child not to take part in the preschool/camp program and activities except as listed above.

Phone: _____

Signature of licensed physician or other health care professional

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and/or attach a copy of the state approved immunization record to this form. Not all forms are state approved so please review the form before submitting. Please look on your immunization record for the state approved notation. ***Please turn records into the lead instructor.***

Medication Administration Authorization

This authorization can only cover one child and one medication.

Each child will need their own authorization and so will each additional medicine.

Child's Name: _____ Date of Birth: _____

Medication: _____
(EpiPens require Health Care Plan form on back)

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of Medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority-MD, DO, CNP, CFNP, CPNP, PAC **NO RNs**

Health Care Provider number: _____ **Date:** _____

The Westminster Preschool Program agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by a staff member.

Prescription Medications: Must come in a container labeled with: child's name; name of medicine; time medicine is to be given; dosage; date medicine should be stopped; and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Please ask the pharmacist for a separate medicine bottle to keep at the preschool, if necessary.

Over-the-counter Medication: Must be labeled with the child's name. Dosage must match the signed health care providers authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of the above listed medication with the nurse health consultant or preschool staff member delegated to administer medication.

Parent/Guardian Name

Signature of Parent/Guardian

Home phone

Work Phone

Date



Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name: _____ D.O.B. _____ Grade: _____

School: _____ Teacher: _____

Place child's photo here

ALLERGY TO: _____

HISTORY: _____

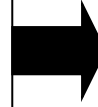
Asthma: YES (higher risk for severe reaction) – refer to their asthma care plan

NO

◇ STEP 1: TREATMENT ◇

SEVERE SYMPTOMS: Any of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Swelling of the tongue and/or lips
- HEART: Pale, blue, faint, weak pulse, dizzy
- SKIN: Many hives over body, widespread redness
- GUT: Vomiting or diarrhea (if severe or combined with other symptoms)
- OTHER: Feeling something bad is about to happen, Confusion, agitation



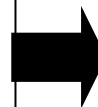
1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
 - Ask for ambulance with epinephrine
 - Tell EMS when epinephrine was given
3. Stay with child and
 - Call parent/guardian and school nurse
 - If symptoms don't improve or worsen give second dose of epi if available as instructed below
 - Monitor student; keep them lying down. If vomiting or difficulty breathing, put student on side

Give other medicine, if prescribed. (see below for orders) Do not use other medicine in place of epinephrine. **USE EPINEPHRINE**

MILD SYMPTOMS ONLY:

- NOSE: Itchy, runny nose, sneezing
- SKIN: A few hives, mild itch
- GUT: Mild nausea/discomfort



1. Stay with child and
 - Alert parent and school nurse
 - Give antihistamine (if prescribed)
2. If two or more mild symptoms present or symptoms progress **GIVE EPINEPHRINE** and follow directions in above box

DOSAGE: Epinephrine: inject intramuscularly using auto injector (check one): 0.3 mg 0.15 mg

If symptoms do not improve ___ minutes or more, or symptoms return, 2nd dose of epinephrine should be given if available

Antihistamine: (brand and dose) _____

Asthma Rescue Inhaler (brand and dose) _____

Student has been instructed and is capable of carrying and self-administering own medication. Yes No

Provider (print) _____ Phone Number: _____

Provider's Signature: _____ Date: _____

◇ STEP 2: EMERGENCY CALLS ◇

1. If epinephrine given, **call 911**. State that an anaphylactic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.

2. Parent: _____ Phone Number: _____

3. Emergency contacts: Name/Relationship Phone Number(s)

a. _____ 1) _____ 2) _____

b. _____ 1) _____ 2) _____

DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in compliance with their Board of Education policies.

Parent/Guardian's Signature: _____ Date: _____

School Nurse: _____ Date: _____

To be completed by healthcare provider

Student Name: _____ DOB: _____

Staff trained and delegated to administer emergency medications in this plan:

- | | |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

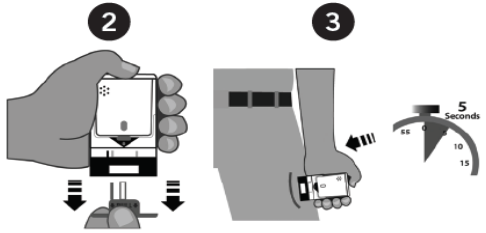
Self-carry contract on file: Yes No

Expiration date of epinephrine auto injector: _____

Keep the child lying on their back. If the child vomits or has trouble breathing, place child on his/her side.


AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



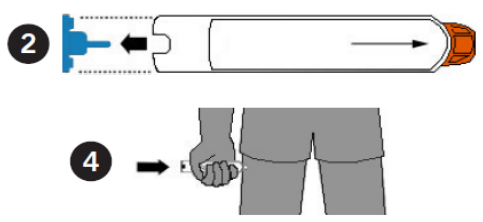
ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



If this conditions warrents meal accomodations from food service, please complete the form for dietary disability if required by district policy.

Additional information: _____

Adopted from the Allergy and Anaphylaxis Emergency Plan provided by the American Academy of Pediatrics, 2017

Epinephrine Injection Agreement and Policy

I give permission for the City of Westminster Preschool Program facility personnel to share this information, follow this plan, administer medication, care for my child and if necessary, contact our healthcare provider. I assume full responsibility for providing the Preschool Program with prescribed medication and delivery/monitoring devices. **I understand that medication must be provided the first day the child attends the program.** I approve this Severe Allergy Care Plan for my child. This Health Care Plan will be effective for one year or unless parents and/or physician request to have changes made sooner.

Parent/Guardian's Signature: _____

Date: _____

EpiPen® (Epinephrine Injection) Acceptance Policy

1. If a student enrolls with an EpiPen® with a non-contained needle, our nurse consultant through the preschool program will ask the family if they can obtain an EpiPen® with a contained needle.
2. If an EpiPen® with a contained needle is too expensive for the family, or there is a shortage and they cannot obtain one, the family will then need to provide a sharps container with their non-contained needle EpiPen®. If this is the case, the preschool program will schedule their nurse consultant to delegate/train our staff.

Parent/Guardian's Signature: _____

Date: _____

COLORADO ASTHMA CARE PLAN AND MEDICATION ORDER FOR SCHOOL AND CHILD CARE SETTINGS*

PARENT/GUARDIAN COMPLETE, SIGN AND DATE:

Child Name: _____ Birthdate: _____

School: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

I approve this care plan and give permission for school personnel to share this information, follow this plan, administer medication and care for my child/youth, and if necessary, contact our health care provider. I assume responsibility for providing the school/program prescribed, non-expired medication and supplies (such as a spacer), and to comply with board policies, if applicable. I am aware **911 may be called if a quick relief inhaler is not at school** and my child/youth is experiencing symptoms.

Parent/Guardian Signature _____ Date _____

HEALTH CARE PROVIDER COMPLETE ALL ITEMS, SIGN AND DATE:

QUICK RELIEF MEDICATION: Albuterol Other: _____

Common side effects: heart rate, tremor Use spacer with inhaler (MDI)

Controller medication used at home: _____

TRIGGERS: Weather Illness Exercise Smoke Dust Pollen Poor Air Quality Other: _____

Life threatening allergy specify: _____

QUICK RELIEF INHALER ADMINISTRATION: With assistance or self-carry.

- Student needs supervision or assistance to use inhaler. Student will not self-carry inhaler.
- Student understands proper use of asthma medications, and in my opinion, can **self-carry** and use his/her inhaler at school independently with approval from school nurse and completion of contract.

	IF YOU SEE THIS:	DO THIS:
GREEN ZONE: No Symptoms Pretreat	<ul style="list-style-type: none"> • No current symptoms • Strenuous activity planned 	<p>PRETREATMENT FOR STRENUOUS ACTIVITY, please choose ONE:</p> <p><input type="checkbox"/> Not required OR <input type="checkbox"/> Student/Parent request OR <input type="checkbox"/> Routinely</p> <p>Give QUICK RELIEF MED 10-15 minutes before activity: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs</p> <p>Repeat in 4 hours, if needed for additional physical activity.</p> <p style="text-align: center;"><i>If child is currently experiencing symptoms, follow YELLOW or RED ZONE.</i></p>
YELLOW ZONE: Mild symptoms	<ul style="list-style-type: none"> • Trouble breathing • Wheezing • Frequent cough • Chest tightness • Not able to do activities 	<ol style="list-style-type: none"> 1. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs 2. Stay with child/youth and maintain sitting position. 3. REPEAT QUICK RELIEF MED if not improving in 15 minutes: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <p style="text-align: center;"><i>If symptoms do not improve or worsen, follow RED ZONE.</i></p> <ol style="list-style-type: none"> 4. Child/youth may go back to normal activities, once symptoms are relieved. 5. Notify parents/guardians and school nurse.
RED ZONE: EMERGENCY Severe Symptoms	<ul style="list-style-type: none"> • Coughs constantly • Struggles to breathe • Trouble talking (only speaks 3-5 words) • Skin of chest and/or neck pull in with breathing • Lips/fingernails gray/blue 	<ol style="list-style-type: none"> 1. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <p style="text-align: center;"><i>Refer to the anaphylaxis care plan if the student has a life threatening allergy. If there is no anaphylaxis care plan follow emergency guidelines for anaphylaxis.</i></p> <ol style="list-style-type: none"> 2. Call 911 and inform EMS the reason for the call. 3. REPEAT QUICK RELIEF MED if not improving: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <p style="padding-left: 20px;">Can repeat every 5-15 minutes until EMS arrives.</p> <ol style="list-style-type: none"> 4. Stay with child/youth. Remain calm, encouraging slower, deeper breaths. 5. Notify parents/guardians and school nurse.

Health Care Provider Signature _____ Print Provider Name _____ Date _____
Good for 12 months unless specified otherwise in district policy.

Fax _____ Phone _____ Email _____

School Nurse/CCHC Signature _____ Date _____
 Self-carry contract on file. Anaphylaxis plan on file for life threatening allergy to:

*Including reactive airways, exercise-induced bronchospasm, twitchy airways.



Dear parents/guardians of students in Colorado child cares, preschools, and Head Start programs for the 2022-23 school year:

We know you're thinking of all the things you need to do to make sure your student is ready for child care and school. Getting vaccinated is an important part of their school readiness and keeps children from catching and spreading diseases that can make them sick and interfere with in-person learning. We wish you and your student a healthy school year!

Required and recommended vaccines

- Colorado law requires students who attend a licensed child care, preschool, or Head Start program to be vaccinated against many of the diseases that vaccines can prevent, unless a *Certificate of Exemption* is filed. For more information, visit cdphe.colorado.gov/schoolrequiredvaccines. Your student must be vaccinated against:
 - o Diphtheria, tetanus and pertussis (DTaP, DTP).
 - o Haemophilus influenzae type b (Hib).
 - o Hepatitis B (Hep B).
 - o Measles, mumps, and rubella (MMR).
 - o Polio (IPV).
 - o Pneumococcal disease (PCV13).
 - o Varicella (chickenpox).
- Colorado follows recommendations set by CDC's Advisory Committee on Immunization Practices. You can view the recommended vaccine schedule for children 0-6 years of age at <https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>.
- Vaccines are recommended for rotavirus, hepatitis A, and influenza but are not required for child care or school entry.

Exclusion from child care and school

- Your student may be excluded from school if your child care or school does not have an up-to-date *Certificate of Immunization*, *Certificate of Exemption*, or in-process plan on file for your student.
- If someone gets sick with a vaccine-preventable disease or there is an outbreak at your student's school and your student has not received the vaccine for that disease, they may be excluded from school activities. That could mean lost learning time for them and lost work and wages for you. For example, if your student has not received a MMR vaccine, they may be excluded from school for 21 days after someone gets sick with measles.

Have questions?

Talk with a health care provider licensed to give vaccines or your local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at <https://www.cdc.gov/vaccines/parents/FAQs.html>, <https://childvaccineco.org/>, [ImmunizeForGood.com](https://immunizeforgood.com), and cdphe.colorado.gov/immunization-education.

Paying for vaccinations

If you need help finding free or low-cost vaccines and providers who give them, go to COVax4Kids.org, contact your LPHA, or call the Mile High Family Health Line at 303-692-2229 or 1-800-688-7777 to ask about Medicaid contact information. You can find your LPHA at cdphe.colorado.gov/find-your-local-public-health-agency.

Vaccination records

- Please take your student's updated *Certificate of Immunization* to school every time they receive a vaccine.
- Need to find your student's vaccine record? It may be available from the Colorado Immunization Information System (CIIS). Visit COVaxRecords.org for more information, including directions for how to use the CIIS Public Portal to view and print your student's vaccine record.

Exemptions

- If your student cannot get vaccines because of medical reasons, you must submit a *Certificate of Medical Exemption* to your school, signed by a health care provider licensed to give vaccines. You only need to

submit this certificate once, unless your student’s information or school changes. You can get the certificate at cdphe.colorado.gov/vaccine-exemptions.

- If you choose not to have your student vaccinated according to the current recommended schedule, you must submit a *Certificate of Nonmedical Exemption* to your school. Nonmedical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months, and 18 months. These recommendations expire when the next vaccines are due or when the child enrolls in kindergarten. There are two ways to file a nonmedical exemption.
 - File the *Certificate of Nonmedical Exemption* WITH a signature from an immunizing provider, OR
 - File the *Certificate of Nonmedical Exemption* received upon the completion of our online education module.

Downloadable certificates and our online education module are available at cdphe.colorado.gov/vaccine-exemptions.

How’s your child care or school doing on vaccinations?

Some parents, especially those with students who have weakened immune systems, may want to know which child cares, preschools, and Head Start programs have the highest percent of vaccinated students. Schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department annually. Schools do not control their specific immunization and exemption rates or establish the Vaccinated Children Standard described in §25-4-911, CRS. Schools must include their MMR immunization and exemption rates from the most recently completed school year in this letter. Schools may choose to also include immunization and exemption rates for other school-required vaccines. Additional immunization and exemption rates can be found at COVaxRates.org.

Child Care/Preschool/Head Start Name	2020-2021 MMR Immunization Rate REQUIRED IN LETTER	2020-2021 MMR Exemption Rate REQUIRED IN LETTER
<i>Schools may also include the rates for the school-required vaccines shown below in this annual letter to parents/guardians</i>		
Vaccinated Children Standard 95% Immunization Rate for All School-Required Vaccines	2020-2021 DTaP Immunization Rate	2020-2021 DTaP Exemption Rate
	2020-2021 Hib Immunization Rate	2020-2021 Hib Exemption Rate
	2020-2021 HepB Immunization Rate	2020-2021 HepB Exemption Rate
	2020-2021 IPV Immunization Rate	2020-2021 IPV Exemption Rate
	2020-2021 PCV13 Immunization Rate	2020-2021 PCV13 Exemption Rate
	2020-2021 Varicella Immunization Rate	2020-2021 Varicella Exemption Rate



Child Care Immunization Chart

Vaccines Required for Child Care, Preschool & K-Entry 2022-2023

1. This chart is a “guide” for childcare providers to determine which vaccines children are required to have in order to be in compliance with state immunization requirements. Select the appropriate age range for the student from the left hand column. The number of required doses is located in each of the columns and vaccines are listed across the top of the page. Review the student’s immunization record with this chart to make sure they have at least the number of doses required. The Colorado Board of Health has accepted the Advisory Committee on Immunization Practices (ACIP) schedule for those immunizations already “required” for attendance. Vaccines that are not required but recommended include: Rotavirus, Hepatitis A and Influenza vaccines.
2. Please follow the ACIP Immunization Schedule, Table 1, Table 2 and Notes, for specific guidance at: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>.
3. If the student does not have the minimum number of doses, the parent/guardian is to be directly notified (in person, by phone, or by mail) that their child does not have the required minimum number of vaccine doses. Within 14 days of direct notification from the child care, the parent/guardian is to obtain the required vaccine(s). Parents are to provide a written plan for remaining vaccines following the ACIP Immunization Schedule.
4. Colorado law allows for a Certificate of Medical Exemption to be signed by a healthcare provider and submitted once, unless the student’s information or school changes. A Certificate of Nonmedical Exemption is to be submitted by a parent/guardian who chooses to exempt at 2 months, 4 months, 6 months, 12 months and 18 months of age. Parents and schools can access medical and nonmedical exemption guidance at www.colorado.gov/vaccineexemption.

Age of Child	# of required doses DTaP <i>Diphtheria, Tetanus and Pertussis</i>	# of required doses IPV <i>Polio</i>	# of required doses MMR <i>Measles, Mumps and Rubella</i>	# of required doses Hib <i>Haemophilus influenzae type b</i>	# of required doses Hep B <i>Hepatitis B</i>	# of required doses Varicella <i>Chickenpox</i>	# of required doses PCV13 <i>Pneumococcal Disease</i>
By 1 mo.	-	-	-	-	1	-	-
By 3 mos.	1	1	-	1	2	-	1~
By 5 mos.	2	2	-	2	2	-	2~
By 7 mos.	3	2	-	3/2	2	-	3/2~
By 16 mos.	3	2	1+	4/3/2/1	2	1*	4/3/2~
By 19 mos.	4	3	1	4/3/2/1	3	1	4/3/2~
By 2 years	4	3	1	4/3/2/1	3	1	4/3/2/1~
By K Entry	5/4	4/3	2		3	2	-

- ◆ Five doses of DTaP vaccines are required at school entry in Colorado unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 4 months between dose 3 and dose 4, and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 4 months between dose 3 and dose 4).
- ♣ Four doses of Polio vaccine are required at school entry in Colorado. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, and at least 6 months between dose 3 and dose 4. The final dose must be given no earlier than 4 years of age. A 4th dose is not required if the 3rd dose was administered at age 4 years or older and at least 6 months after the 2nd dose.
- + The first dose of MMR vaccine given more than 4 days before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends that the 1st dose of MMR be given between 12 -15 months of age. The student is out of compliance if there is no record of MMR at 16 months of age.
- ♥ The number of Hib doses required depends on the child’s current age and the age when the Hib vaccine was administered. If any dose is given at or over 15 months, the Hib requirement is met. For children who begin the series before 12 months, 3 doses are required, of which at least 1 dose must be administered at, or over, 12 months. If the 1st dose was given at 12 to 14 months, 2 doses are required. If the student’s current age is 5 years or older, no new or additional doses are required. The number of doses and the intervals may vary depending on the type of Hib vaccine.
- ♣ The Hepatitis B vaccine is the only immunization that can be given as a birth dose. The 2nd dose to be given by 3 mos of age & the 3rd dose is to be given by 19 months of age. Minimum intervals between doses must be followed if a student is on a catch-up schedule: at least 4 weeks between dose 1 and 2, 8 weeks between dose 2 and 3 and 16 weeks between dose 1 and 3. The final dose must be given no earlier than 24 weeks of age. 4 doses of Hepatitis B vaccine are permitted when a combination vaccine is used.
- * If a child has had chickenpox disease and it is documented by a healthcare provider, that child has met the Varicella requirement. Varicella given more than 4 days before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends a 1st dose between 12 – 15 months. The student is out of compliance if the 1st dose is not given by 16 months of age.
- ~ The number of doses of PCV13 depends on the student’s current age and the age when the 1st dose was administered. If the 1st dose was administered between 2 to 6 months of age, the student will receive 3 doses (2, 4 & 6 months of age) at least 4 -8 weeks apart, and a booster dose between 12 – 15 months, at least 8 weeks after the last dose. If started between 7 to 11 months of age, the student will receive 2 doses, at least 8 weeks apart, and a booster dose between 12 to 15 months of age. If the 1st dose was given between 12 to 23 months of age, 2 doses, at least 8 weeks apart, are required. Any dose given at 24 months through 4 years of age, the PCV vaccine requirement is met. No doses are required once the student turns 5 years of age.

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO

Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____ Date of birth: _____

Parent/guardian: _____

Required Vaccines

Immunization date(s) MM/DD/YY

Titer Date*
MM/DD/YY

Hep B Hepatitis B						
DTaP Diphtheria, Tetanus, Pertussis (pediatric)						
Tdap Tetanus, Diphtheria, Pertussis						
Td Tetanus, Diphtheria						
Hib <i>Haemophilus influenzae</i> type b						
IPV/OPV Polio						
PCV Pneumococcal Conjugate						
MMR Measles, Mumps, Rubella						
Measles						
Mumps						
Rubella						
Varicella Chickenpox						

Varicella - date of disease		Varicella - positive screen date	
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*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus						
Rota Rotavirus						
MCV4/MPSV4 Meningococcal						
Men B Meningococcal						
Hep A Hepatitis A						
Flu Influenza						
COVID-19						
Other						

Health care provider Signature or Stamp: _____ Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____



Immunization Certificate of Medical Exemption

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak. Medical exemptions need to be filed only once unless the student's information or school changes.

Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

Student Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	

Parent/Guardian Completing This Form: Check if an emancipated student or student over 18 years old

Last Name:	First Name:	Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State:	Zip Code:

Required Vaccines for School Entry

Check each vaccine declined:	List medical contraindication(s) [*] for each vaccine declined:
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP, Tdap)	
<input type="checkbox"/> Haemophilus influenzae type b (Hib)	
<input type="checkbox"/> Inactivated poliovirus (IPV)	
<input type="checkbox"/> Pneumococcal conjugate (PCV13)	
<input type="checkbox"/> Measles, mumps, rubella (MMR)	
<input type="checkbox"/> Varicella (chickenpox)	

*Refer to the ACIP *General Best Practices Guidelines for Immunization: Guide to Contraindication and Precautions* for a list of acceptable contraindications and precautions. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Statement of Medical Exemption

The physical condition of the above named student is such that vaccination would endanger their life or health or is medically contraindicated due to other medical conditions. The information I have provided on this form is complete and accurate.

REQUIRED Signature: _____ Date: _____
Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107 (6), C.R.S.)

REQUIRED: _____ Professional License Number: _____
(State/Territory)

Under Colorado law, you have the option to exclude your child's/your information from the Colorado Immunization Information System (CIIS). To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure school compliance.

Camp/Preschool Program Checklist

Please initial and return to instructor with your paperwork

Child's Name: _____

Parent's Name: _____ Date: _____

- _____ I have filled out my Emergency Card **(due the first day child attends)**.
- _____ I have my child's Health Record and it is signed by a physician **(due the first day child attends)**.
- _____ I have a copy of my child's immunization record **(due the first day child attends)**.
- _____ If my child needs or may need medication during program hours, I have provided a Medication Permission Slip signed and dated by a physician **(due the first day child attends)**.
- _____ If my child has food allergies or asthma, I have provided a Health Care form and the exact medication prescribed, and understand that the forms and medication must be present whenever my child is at school. Failure to provide these will result in the child not being able to stay until medications and form is received by staff **(due the first day child attends)**.
- _____ I understand that if I wish for my child to no longer attend, I must call the Assistant Recreation Coordinator at (303) 658-2222. As a reminder, **No Refunds** for missed days.
- _____ I understand that my child must be potty trained or I must stay in the Recreation Center during his/her class time.
- _____ I understand that the Lil' Tykes Program reserves the right to refuse service and terminate care based on excessive behavioral issues.
- _____ I understand the Lil' Tykes Program is not liable or responsible for my child before he/she is signed in or after he/she has been signed out.
- _____ I understand that each instructor will implement their own snack policy on whether parents bring snacks or if the center will provide snacks. Per State Licensing, snacks must meet nutritional guidelines (including providing foods from two different food groups). They must be store bought or prepackaged and be healthy and low in sugar. All ingredients must be listed on the packaging.
- _____ I give the Lil' Tykes Program permission to take appropriate photographs of my child during program activities to be displayed within the program or for promotional purposes of the program.
- _____ I will apply sunscreen before each class time throughout the program. If I forget or do not have sunscreen, the center will supply sunscreen for me to apply to my child after I sign my child in.
- _____ I have read and understand the Lil' Tykes Summer Camp Program's weather policy.

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the 2023 City of Westminster Lil' Tykes Summer Camp Parent Manual. I have read and understand its contents, and am willing to comply with all of the policies and procedures.

I also understand that my child cannot attend camp until all forms are turned in to the lead instructor by my child's first day of camp. All forms are to be turned in to the lead instructor only. Any forms turned in to the front desk will not be accepted.

In the event of conflict between this acknowledgement and any other statement, oral or written, present or future, concerning terms and conditions of enrollment, I understand and agree that this acknowledgement shall supersede any other statements.

Please sign, date and return this form to your child's instructor.

Signed: _____

Date: _____

Printed Name: _____