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Welcome to the Jordan Child Development Center

The Jordan Child Development Center (JCDC) offers high quality, inclusive, research based early childhood services for students ages 3-5 with and without disabilities in an array of settings. A curriculum aligned with Utah's Early Childhood Core Standards is used to prepare students for kindergarten. JCDC also focuses on all areas of child development in preparing each student to be lifelong learners. Student progress is communicated with families on an ongoing basis.

“All of my children that have been a part of it (JCDC) have been so prepared and ready to start kindergarten! “
- Alisha McPhee

Vision Statement

Support and empower each child to be an active participant in their home, school, and community.

Mission Statement

Create teachable moments that foster social, physical, creative, cognitive, and language development of each child in their lifelong commitment to learning and independence.

"This is my daughter's second year of preschool. Her first year she attended another school and I didn't feel like she was retaining information. However, this year I can see the difference and she is retaining what she is learning. She comes home telling me new things she learned and the fun activities they did that day at school. I love seeing her love for learning grow." - Sarah Nielsen



Belief Statements

We believe:

- *We believe* every child can learn.
- *We believe* in partnering with families to recognize and address their child's individual strengths and needs.
- *We believe* in respecting the cultural and socio-economic diversity of our students and their families.
- *We believe* in strengthening the foundation of lifelong learning for each child.
- *We believe* in fostering independence within child-centered classrooms.
- *We believe* in using research-based methods through the implementation of Division of Early Childhood (DEC) Recommended Practices.
- *We believe* in collaborating with colleagues by participating in Professional Learning Communities.
- *We believe* in providing individualized and high quality services.
- *We believe* in adhering to federal, state and district guidelines.



“Thanks to her amazing teachers, speech therapist and all the amazing aides my daughter is able to say ‘I love you.’ Those precious words I will never take for granted.” – Amy Burton

Staff

JCDC is staffed by dedicated leaders in early childhood education who are certified, licensed and highly trained with ongoing professional development and have passed background checks. Professionals work collaboratively to meet the needs of all students and families.

Preschool Classrooms

JCDC preschool classrooms are developmentally rich, engaging and child centered. Classrooms utilize a research based curriculum that is aligned with Utah's Early Childhood Core Standards. Teachers plan and implement whole group, small group and individualized instruction to meet the needs of all students. JCDC offers inclusive preschool classrooms. Inclusive programming is developed to include students with and without disabilities and to promote social success for all students.



Differentiated Instruction

JCDC uses differentiated instruction to meet the learning needs of all students. Staff actively plan for student differences so that all students can learn.

Behavior/Discipline

JCDC preschool classrooms utilize a layered system of behavior management through creating an environment to prevent problem behaviors. Staff implement clear rules that students understand and are supported by positive reinforcement to build social emotional growth and problem solving.

Progress monitoring

JCDC uses an assessment tool to monitor student growth three times a year. There are two parent teacher conference dates during the year. This is an opportunity to meet with your child's teacher and discuss their progress.

Safety

Our highest priority is student safety. Students will never be without direct adult supervision. In addition, all staff pass background checks and we participate in emergency drills in our buildings.

Confidentiality

Student and family's personal information is maintained in a secure and confidential manner. You are welcome to take pictures of your child but please respect the confidentiality of your child's peers and do not take their pictures unless given permission by their parents.



“As the mother of a medically fragile boy, I had never spent an hour away from him before he went to preschool at (JCDC). I had so many fears that first day! The preschool staff was wonderful with him. Not only did they take good care of him physically, they found ways to reach him and to help him grow that I would never believe possible. By the end of our preschool experience the staff had become family, my son had fallen in love with school, and they had taught him how to communicate with me. Having my son be able to tell me ‘yes’ and ‘no’ although he is non-verbal is priceless. I am so grateful for the wonderful preschool program at (JCDC)” – Becci Pocock

Health Care Plans

Health Care Plans (HCP) are developed in coordination with a student’s family and medical providers as well as a school district nurse. If your child requires medication or has medical concerns that could impact their learning at school it will be addressed in an HCP.

When to keep your student home

There may be students in your child's class who have compromised immune systems. Not only can having a weakened immune system cause a child to become ill and infected more easily, but it is also more difficult for the child to fight illness and infection. Such children have a high chance of becoming critically ill and hospitalized even with such illnesses as the flu, respiratory, stomach/intestinal illnesses and common colds. We are appealing to your good judgment and consideration of these types of children and request that you do not send children to school when they are having symptoms of illness or infection. However, there are times when a child can come to school with symptoms if they have not met the criteria to be excluded from school. If you are considering sending your child to school in those instances, please notify the teacher immediately to clarify if your child can come to school. This is also so the teacher can notify parents of immunocompromised or high risk children to give them the option to keep their children home during that time.

Exclusion Criteria

<u>Condition</u>	<u>Exclusion Criteria</u>	<u>Readmission to Preschool</u>
Chickenpox (Varicella)	Exclude infected child until all blisters are crusted. See JSD Chickenpox reporting guidelines for schools. Complete and submit Utah Department of Health Chickenpox Investigation Form.	When all blisters have scabbed over, usually 5-6 days after the start of the rash.
Colds, Sore Throat, or a Persistent Cough	No exclusion required unless child feels unwell or has a fever and/or child is unable to participate in routine school activities due to condition.	Fever free for 24 hours without using any fever-reducing medications & symptoms do not interfere with routine school activities.
Diarrhea (An increased number of loose, watery stools compared with the child's normal pattern).	Exclude if not consistent with child's normal pattern.	Symptom free for 24 hours or once a doctor has cleared to return to school.
Fifth's Disease (Parvovirus)	No exclusion required unless child feels unwell or has a fever. Once the child has a rash, they are no longer contagious. Pregnant women exposed to infected child should contact their physician.	Fever free for 24 hours without using any fever-reducing medications.
Hand, Foot and Mouth Disease	No exclusion required unless child feels unwell, is unable to control their saliva or has a fever.	Fever free for 24 hours without using any fever-reducing medications.
Head Lice	Only exclude children with untreated live lice.	After the first treatment.
Impetigo	Exclude if sore is oozing and cannot be covered. No Exclusion if sore can be covered or is dry & shows signs of healing.	24 hours after antibiotic treatment is started or oozing sore covered.
Influenza (Flu) Types A and B	No exclusion required unless child feels unwell or has a fever and/or child is unable to participate in routine school activities due to condition.	Fever free for 24 hours without using any fever-reducing medications.
Marked Drowsiness/Malaise	Exclude if child is unable to actively participate in routine school activities.	Symptom free for 24 hours.
Mononucleosis (Epstein-Barr virus)	No exclusion required unless child feels unwell, has a fever and/or child is unable to participate in routine school activities due to condition. Some individuals may take months to regain their former level of energy but may still attend school.	Fever free for 24 hours without using any fever-reducing medications and able to participate in routine school activities.
Methicillin Resistant Staphylococcus	Exclude if wound cannot be covered or wound drainage cannot be contained with a clean, dry	24 hours after effective antimicrobial treatment is started

Aureus (MRSA)	bandage taped on all four sides. No Exclusion if wound can be covered or is dry and shows signs of healing. [Children with lesions on uncovered skin, or lesions that are draining or oozing, even if covered, may not participate in close contact sports.	or oozing wound is covered and wound drainage can be contained with a clean, dry bandage taped on all four sides.
(Pink Eye) Conjunctivitis • Purulent Conjunctivitis • Non-Purulent Conjunctivitis	Exclude: Purulent Conjunctivitis defined as pink or red eye with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye. Non-Exclusion: Non-Purulent Conjunctivitis defined as pink eye with a clear, watery eye discharge without fever, eye pain or eyelid redness Child should be reminded to avoid touching eyes and to wash hands often.	24 hours after treatment is started or until cleared by a physician to return to school Does not require exclusion.
Pinworms	No exclusion required.	
Rash with a fever	Exclude following the temperature/fever guidelines below.	When a health care professional has determined that the illness is not a communicable disease.
Ringworm	Exclude at end of school day. While at school, rash needs to be covered.	Once treatment is started. Usually an anti-fungal cream.
Scabies	Exclude until seen by a Health Care Provider and treatment initiated.	Day following treatment.
Shingles	Exclude if rash cannot be covered.	When all lesions have crusted or when rash can be covered.
Sores	No exclusion needed if covered and/or diagnosed as non-infectious	When lesion can be covered and/or diagnosed as non-infectious.
Strep Throat and Scarlet Fever	Exclude until seen by a Health Care Provider and treatment initiated.	24 hours after antibiotic treatment is started
Temperature/Fever	Exclude under following temperature/fever conditions: 100° fever or > axillary (armpit) 101° fever or > orally (mouth) 102° fever or > tympanic (ear)	Fever free for 24 hours without using any fever-reducing medications.
Vomiting/Severe Abdominal Pain	Exclude at first symptoms.	Symptom free for 24 hours.



Family Partnerships

JCDC supports families through a team-based approach. We believe that developing and maintaining these partnerships is crucial for student progress.

DEC Recommended Practices

The Division of Early Childhood (DEC) Recommended Practices in Early Intervention/Early Childhood Special Education (2014) provide practices for high quality services and supports for young children with disabilities and their families. These recommended practices support children's access and participation in inclusive settings and natural environments. The DEC Recommended Practices are organized into topic areas: Leadership, Assessment, Environment, Family, Instruction, Interaction, Teaming and Collaboration, and Transitions. Examples of practices that support children with disabilities in inclusive environments include: support for interaction between children, environmental supports for full participation, and collaboration and teaming between practitioners, therapists and families. For more information please visit:

<http://www.dec-sped.org/dec-recommended-practices>



Things to know before your child's first day of preschool-

What to bring to school

- A backpack large enough to hold an 8.5x11 inch paper

Please include in the backpack

- A change of clothes
- Diapers/Wipes (as needed)
- Name or initials

Drop off/Pick-up

There will be specific routines and procedures for drop off and pick up.

This will include times and locations. To keep children safe please remember to follow your sites guidelines for drop-off and pick-up. We can only release your child to persons you have authorized in advance. If there are unique circumstances or custodial issues please let your child's teacher know and keep them updated on any changes.

Absences

Please inform your child's teacher of absences.

Communication with the teacher

If you have questions or concerns please remember to communicate with your child's teacher. You are welcome to contact your child's teacher by email, phone or in person. Teachers are unable to answer the phone during class time. If there is an emergency, please call the school office.

Outside time

We value the need for children to spend time outdoors. Remember to send your child prepared for the weather each day. For safety reasons, please no flip flops.

Snack

Remember to notify your child's teacher of any allergies or dietary restrictions. Snack is offered during every class.

Contact Information

Please keep your child's teacher updated of address and phone number changes and any changes to emergency contacts or daycare/babysitters.

Volunteer

Parents are welcome to volunteer in classrooms. The school district requires volunteers to pass a background check before volunteering. Volunteers are expected to maintain confidentiality of student information. Please talk to your child's teacher if you are interested in volunteering.

“Preschool has been the most amazing resource I could have ever given to Landon. He has grown in ways that no amount of private therapy could have given him. I was very hesitant to start him in preschool due to the fact that he is very young and his disabilities but preschool has been the perfect thing for him and 100% worth it.” – Morgan Meyers

