

Dear Parents,

Enclosed are mandatory health forms that must be completed and signed by parents as well as all providers involved in the health and well-being of your child. Forms must be submitted prior to your child's attendance to our program and should be received no later than August 15, 2022. Due to prior issues with legibility, please submit original forms to Yellow Acorn Montessori.

Despite our world getting closer to what we knew as normal prior to COVID-19, these are still challenging times for both families and healthcare providers. Therefore, we request that all appointments be scheduled early enough to accommodate our policy of receiving this documentation before the start of the school year.

The following is a list of all forms included in this packet along with an explanation as to their purpose. All forms may not pertain to all children. We ask that if your child does not have a specific need outlined on these forms, please indicate the term **NON-APPLICABLE (N/A)** on that particular form so we may be sure each form has been returned and the response may be documented for future reference.

- Child in care medical statement (LOSS 4433)
- Individual health care plan for a child with special health care needs (LOSS 7006) - front and back
- Medication consent form (LOSS 7002)
- Individual Allergy and Anaphylaxis Emergency Plan (OCFS-6029)
- FARE (Food Allergy & Anaphylaxis Emergency Care Plan)
- Asthma action plan
- Child Care Employee, Volunteer, Parent, Child, and Essential Visitors Health Screening One-Time Attestation (OCFS 6040) -child's name added
- Childhood lead poisoning prevention resources

Additionally, please find the attached forms enclosed for your review and completion.

- Emergency Release Form
- Emergency Alert Contact Form
- Class List and Release
- Photo Release Form
- Tuition Agreement

A school calendar and policy information will be given to you shortly, which you should keep and post in a conspicuous place.

We will be holding a mandatory parent orientation before school begins. The information regarding toddler orientation and 3–5-year-old orientation will be given to you shortly so that you can mark your calendar. You will also receive a phase-in letter regarding your child's first few days of schools. We look forward to the start of a wonderful school year!

Leena Gyftopoulos
Director of Operations

Medical Forms Guide

CHILD IN CARE MEDICAL STATEMENT/REQUIRED IMMUNIZATIONS (LDSS 4433)

As per the Office of Children and Family Services of NYS, all children must have an updated annual physical exam throughout their attendance in any Daycare program. This ensures that your healthcare provider acknowledges that your child is free from all communicable disease and is able to fully participate in all age appropriate activities. All medical information on this form must be completed and signed by your healthcare provider. In addition, all required immunizations must be up to date prior to entering the program. Enclosed is the NYS required immunizations schedule for Daycare. Immunization received during the school year or any change of medical condition must be forwarded to Yellow Acorn Montessori upon receipt of your documentation. Please be aware that no child will be admitted to our program if they do not have the required age appropriate immunizations. Children who may be on a delayed schedule or have a medical exemption from getting all or certain immunizations must meet certain criteria outlined by NYS. Your healthcare provider will need to complete a form provided by the NYS Department of Health, which must be placed with the child's file in school. There are no religious exemptions.

INDIVIDUAL HEALTH CARE PLAN FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS (LDSS 7006)

If your child requires any special need to include any chronic medical condition such as asthma, food or environmental allergies, seizure disorder, etc. requiring emergency medications, please read the form carefully and have it completed by all providers in the care of your child.

This form is intended to provide evidence that whatever special need your child may have, there is a collaborative effort by all providers to acknowledge these needs and to ensure they are executed accordingly.

MEDICATION CONSENT FORM (LDSS 7002) AND EMERGENCY CARE PLANS

If your child has documented allergies or an underlying medical condition and emergency medication is prescribed, both parents and healthcare providers must complete and sign the MEDICATION CONSENT FORM for each medication prescribed. These forms must be renewed every 6 months unless there is a change of prescription, prompting a replacement of the Medical Consent Form.

*PLEASE BE SURE THAT THE NAME OF THE MEDICATION STATED ON THE MEDICAL CONSENT FORM IS IDENTICAL TO THE MEDICATION GIVEN TO THE SCHOOL.

If the medication is generic (e.g.: Acetaminophen) the medication name on the consent form MUST be Acetaminophen, not TYLENOL.

Along with these forms you will find an INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN (ELIJAH 'S LAW) (OCFS 6029), a FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN (FARE) and an ASTHMA ACTION PLAN. If your child has a food allergy, and an Epi Pen and an antihistamine is prescribed, you and your healthcare provider must fill out BOTH the INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN and FARE Action Plan. Although this may seem redundant, the new NYS Elijah Law Emergency Plan does not include the use of an antihistamine. To accommodate the use of an antihistamine which is often

used, we will be using both forms to comply with both state and physician orders.

If your child has asthma, and will have emergency medications at school, the Asthma Action Plan must be filled out by both you and your healthcare provider.

OTHER MEDICATION INFORMATION

PLEASE NOTE: WE ARE NOT LICENSED TO ADMINISTER ANY MEDICATION WITH THE EXCEPTION OF EMERGENCY MEDICATIONS

These emergency medications will be only CHILD-SPECIFIC. We do not keep non-specific medications or over-the-counter medications on hand.

These emergency medications must be accompanied by the child's prescription. They should be sent in the original unopened packaging, with the child's name, dose, and the schedule the medication is to be given clearly written on the label. Emergency Action Plans and Medication Consent Forms, completed and signed, must accompany the medication. No child-specific medication will be kept on site if the above-mentioned forms are not completed or have expired. Medications will also be checked for expiration dates.

ALL MEDICATIONS MUST BE DELIVERED AND PICKED UP BY PARENTS OR GUARDIANS. CHILDREN ARE NOT PERMITTED TO CARRY MEDICATIONS IN THEIR BACKPACKS AT ANY TIME.

CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS HEALTH SCREENING ONE-TIME ATTESTATION (OCFS 6040)

This form must be submitted prior to your child's entry on the first day of school. It must be signed and dated only ONCE to declare that you agree to continuous monitoring of your child for symptoms of COVID-19 as outlined on this form.

CHILDHOOD LEAD POISONING PREVENTION

NYS mandates that parents/guardians be given information and resources about lead poisoning and its prevention.

GENERAL ILLNESS GUIDELINES

Please assess your child for signs and symptoms of illness before the start of the school day. If your child presents with symptoms of illness, you MUST keep them home.

Children will have their temperatures taken and given a daily health check before entering the building. They will be screened for signs of fever >100.0, cough shortness of breath, nasal congestion, sore throat, nausea, vomiting, diarrhea, abdominal pain, lethargy, irritability, eye irritation, rash, headache, loss of taste or smell. This health assessment will also continue throughout the course of their school day. If your child is exhibiting any of these symptoms, they will be unable to enter the program, or will be sent home immediately. While awaiting pick-up, your child will be kept in an area designated as isolation for the protection of others within our school community and building. For any absence for more than 3 days, a doctor's note will be required upon their return stating that your child is free of communicable disease, and able to return to school.

NOTE: if a child has had a fever, please keep your child at home until they are fever free for at least 24 hours without the use of any medication.

If your child exhibits symptoms of an allergy or a chronic medical condition, please have your health care provider document that your child's symptoms are specific to the child's underlying condition.

It is of the utmost importance that all emergency contact numbers are updated, and individuals designated to pick up your child during the school day be available within short notice. It is our policy that children be picked up within 30 minutes. Should your child's symptoms become worse and we cannot reach parents, guardians or emergency contacts, 911 will be called.

If your child is diagnosed or suspected of having COVID-19, follow all directives issued by your healthcare provider and the Westchester County Department of Health

Yellow Acorn Montessori School is mandated to follow all directives and recommendations issued by the NYS Department of Health, the Westchester Department of Health, and the Centers for Disease Control. Control. As these guidelines are often changing, we are in constant contact with the aforementioned regulatory agencies and adhere to the most current guidelines.

Our priority is to provide a healthy and safe learning environment for every child and staff member. Knowing your child's needs and making our families aware that Yellow Acorn Montessori follows all required protocols will help us provide the best environment for your children.

Dear Health Care Provider,

All children enrolled in a New York State daycare program must submit an OCFS medical form completed by a physician, physician's assistant, or nurse practitioner. All children's medicals must be current.

Immunizations:

Please refer to the "New York State Immunization Requirements for School Entrance" (attached).

Tuberculin Test:

The Mantoux (PPD) is valid as the screening test for Tuberculosis. One screening between birth and five years of age is acceptable. If you feel this child is not at risk of exposure, the screening may be waived if you write /initial "No Risk" in the screening area. If the test is scheduled, please indicate the date is to be administered.

Lead Screening:

All children must have a lead screening at least once between the ages of birth and two years of age. Please indicate the date and lead level in the area provided. If you feel this child has no risk of exposure, please write/ initial "No Risk" in the designated area. If the test is scheduled, please indicate the date it will be administered.

Height/Weight/BMI:

A child's height, weight, and BMI must be recorded on the child's medical form.

I appreciate your cooperation. This information will eliminate many unnecessary phone calls to the parent and your office.

Sincerely,

Leena Gyftopoulos

Director of Operations

Get Ahead of Lead Factsheet

New York State Department of Health

Childhood Lead Poisoning Program

Lead poisons people. It is harmful to children.

If lead gets into a child's body, it could cause:

- A lower IQ
- Behavior problems
- Growth problems
- Anemia
- Kidney damage
- Hearing loss

How is lead tested?

- A small amount of blood is taken from a finger prick or vein and tested for lead. Blood can be drawn at a doctor's office, hospital, clinic, or lab. Call your local health department if you don't know where to bring your child for testing.

What causes lead poisoning in children?

The most common cause is dust from old lead-based paint. If the floor has dust from old painted walls or paint chips, a baby could suck on lead-dusted hands or toys or breathe in lead dust. Some toddlers eat paint chips and soil or chew on lead-painted windowsills and stair rails.

Beware of Lead! *Do YOU know where lead may be hiding?*



Lead is a metal that can hurt children and adults. Children may not look or act sick, but a blood test could show that they have lead poisoning. This could harm their growth, behavior, and ability to learn. Lead can also be a problem for adults, especially pregnant women and their babies.



When **lead paint in your house** cracks or peels, it can drop chips or make lead dust. Children pick up these chips and dust when they crawl on the floor or put their hands and toys in their mouths. Children can get lead poisoning this way.

Did you know that **some medicines, spices, cosmetics, glazed pottery, and food from other countries could also contain lead?** The lead in these products has caused children to get sick. There may be other products that we do not know about yet. They may be sold in a store in your neighborhood, or friends or family members may bring them back after traveling.

Medicines and other products that may contain lead:



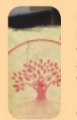
Spices imported from the Middle East, Latin America, India, and China can contain lead.



Cosmetics can also contain lead. Kohl (also known as surma or kajal), is one example. It is used to accent the eyes.



Many types of **candy** from around the world can contain lead.



Herbal and Ayurvedic **medicines** from the Middle East, Latin America, India, and China can contain lead.

Ointments and pastes from outside the United States can contain lead:



Yisaoguang Yaogua is an ointment from China used to treat skin rash.



Hondan is a powder often used as an ointment for diaper rash and dry skin.



Thanaka is a Burmese ointment or paste made from trees used as sunscreen and to protect skin.

Glazed pottery can contain lead and should not be used for food preparation or serving.



Incense and some candlesticks can contain lead. Lead can be in charcoal, "unsi", and other incense you burn in your house and in some candle wicks.



Metal jewelry, including gold or silver plated, can contain lead. Children should never put metal jewelry into their mouths.

Contact your doctor, your local Health Department, or refugee resettlement case manager if:

- Your family has used any of these products or products similar to these.
- You have questions about anything you see in these pictures.
- Someone gave you a new medicine or you have other questions about whether a medicine or product is safe for your baby or child.
- If you or one of your family members work with lead.
- Your home has cracked, chipped, or peeling paint.
- You are concerned your child may have lead poisoning or may have been exposed to products containing lead. Every child should have their blood tested, even if they seem fine.



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These are the steps parents can take to prevent children from lead poisoning.

Does your child need a lead test?

Child's Name:
Child's Date of Birth:
Today's Date:
(FOR OFFICE ONLY) – MRN #:

- | | | | |
|---|-----|----|----------|
| 1. Does your child live in or regularly visit a building built before 1978 with potential lead exposures, such as peeling or chipping paint, recent or ongoing renovation or remodeling, or high levels of lead in the drinking water? | YES | NO | NOT SURE |
| 2. Has your child spent any time outside the United States in the past year? | YES | NO | NOT SURE |
| 3. Does your child live or play with a child who has an elevated blood lead level? | YES | NO | NOT SURE |
| 4. Does your child have developmental disabilities, put nonfood items in their mouth, or peel or disturb painted surfaces? | YES | NO | NOT SURE |
| 5. Does your child have frequent contact with an adult who may bring home traces of lead from a job or hobby such as: house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, battery recycling, lead smelting, jewelry, stained glass or pottery making, fishing (weights, "sinkers"), firearms, or collecting lead or pewter figurines? | YES | NO | NOT SURE |
| 6. Does your family use traditional medicines, health remedies, cosmetics, powders, spices, or food from other countries? | YES | NO | NOT SURE |
| 7. Does your family cook, store, or serve food in crystal, pewter, or pottery from other countries? | YES | NO | NOT SURE |
| 8. Did your child miss a lead test? New York State requires all children be tested for lead at age 1 and again at age 2. | YES | NO | NOT SURE |

If you answered "YES" or "NOT SURE" to any of these questions, your child may need a blood lead test.

Lead is a concern, especially for children under age 6. It's important for you and your health care provider to know your child's blood lead level.

www.health.ny.gov/LeadTestKids

There are steps parents can take to prevent children from lead poisoning.

- Keep children away from peeling paint and broken plaster.
- wash their hands often to rinse off any lead dust or dirt.
- Wash your child's toys often, especially teething toys
- Use cold water- not hot, for infant formula or cooking. Let the cold-water tap run for at least a minute before using it to flush lead picked up from pipes.
- Store food from open cans in glass or plastic containers.
- Use lead-free dishes. Some dishes may have lead in their glazes and solder. Many of these may contain information.
- Don't bring lead home with you from work. People who work in construction, plumbing, painting, auto repair, and specific other jobs can be exposed to lead
- Keep children away from remodeling and renovation sites. Old paint can have lead in it.
- Avoid having children play in the soil, especially around the foundations of older buildings near roadways. Use a sandbox with a lid instead.
- When windows are open in warm weather, wash the sills and windows any time you see dust, but at least once a month.
- Call your local health department for information about professionals who handles lead-based paint problems.

Feed your family foods that get ahead of lead.



At well-child visits at ages 1 and 2, your health care provider should collect a blood specimen to check for screening for elevated blood lead levels, regardless of your answers to the risk assessment questions. Children between 9 and 36 months of age are at increased risk of the effects of lead.

At each routine well-child visit, your health care provider should assess children six months to 72 months of age for risk of high dose lead exposure. A blood specimen should be collected from those children found to be at increased risk.