

**ST. GREGORY THE GREAT
EARLY CHILDHOOD ENRICHMENT PROGRAM
94 BROADWAY
HARRISON, NY 10528
914 835 1278**

Dear Parent of a New Student,

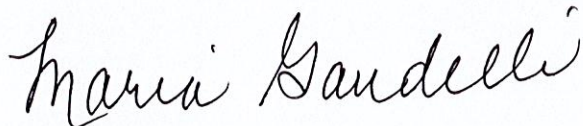
Attached you will find the medical forms that are required for entry into St. Gregory the Great Early Childhood Enrichment Program. The requirements are per New York State regulations:

1. A completed physical examination on the enclosed form ONLY. The doctor may attach a printout of the immunization dates with the doctor's signature and stamp; however the reverse side of the form must be completed with the stamp and signature as well. We are asking for the most recent physical exam documented on our form.
2. Proof that immunizations are completed as per N.Y.S. requirements.

All medical paperwork must be signed, stamped and complete in order for your child to enter school.

IF YOUR CHILD HAS ANY ALLERGIES (I.E., FOODS, MEDICATIONS, ASTHMA, OR HAS SPECIAL MEDICAL NEEDS, ETC.), PLEASE CONTACT ME SO THAT WE MAY PREPARE A SAFE ENVIRONMENT IN SCHOOL, AS WELL AS HAVE THE MEDICAL FORMS REGARDING ANY ALLERGIES COMPLETED. PLEASE CONTACT ME AT 914 825 1278 IF YOU HAVE ANY FURTHER QUESTIONS, I AM LOOKING FORWARD TO MEETING YOU.

Thank you for your time and consideration.



Maria Gaudelli

Director

Ltr new stdn

CHILDREN WITH LIFE THREATENING FOOD ALLERGIES:

- St. Gregory's is a nut free school. Please read all labels carefully and make sure foods that you send for your child's snack are healthy, nut free, and not processed in factories where nut products are also processed. There is no sharing of food at snack time.
- Birthday parties are scheduled through the teachers. Since we cannot guarantee that baked goods from home or stores do not contain nut products we ask all parents of children with food, specifically nut, allergies send in a safe snack. We refer to it as a "special snack" to the children. It must be in a plastic container with your child's name and teacher's name on it.

COMMUNICABLE ILLNESSES:

- You will be notified of any illness that your child has been exposed to in this building (if we have been notified). We ask you to give others the same courtesy of notifying us.

YOU SHOULD KEEP YOUR CHILD HOME:

1. Strep Throat- full 24 hours of antibiotic treatment before returning to school. Do not send if you are awaiting culture report.
2. Vomiting and/or diarrhea- full 24 hours without symptoms before returning to school.
3. Fever- full 24 hours without fever before returning to school without the use of fever reducing medications..
4. Influenza- all of above
5. Yellow/green nasal discharge
6. Frequent cough
7. Pediculosis- See school nurse
8. ALWAYS FOLLOWING COVID GUIDELINES **SEE ATTACHMENT**

REMEMBER, YOU HAVE ONLY YOUR CHILD TO PROTECT. WE HAVE AN ENTIRE SCHOOL OF CHILDREN AND STAFF, SO PLEASE UNDERSTAND AND ABIDE BY OUR RULES.

Children with Special Health Care Needs

Children with Special Health Care Needs means children who have a chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who require health and related services of a type or amount beyond that required by children generally.

Children with Special Health Care Needs Policies & Procedures

Any child identified as a child with special health care needs will have a written Individual Health Care Plan which will provide all information needed to safely care for the child. This plan will be developed with the child's parent and health care provider.

Some examples of children with special health care needs include children with Diabetes, Asthma, Food or Environmental Allergies that may require the administration of medication, and Seizure Disorders.

- To ensure the health and safety of all the children in our program, the program will require the cooperation of the parent/guardian and health care provider to:
 - Identify the child's special health care needs
 - State how those needs will be met while the child is in our care
 - Identify skills and training that are needed to meet the child's needs while in care
- If a child is identified as having a special health care need, the parent will be given the Individual Health Care Plan for A Child With Special Health Care Needs. The program will work in collaboration with the child's parent and the child's health care provider to develop the Individual Health Care Plan to meet the individual needs of the child. This decision will be made on a case-by-case basis.
- The Individual Health Care Plan for a Child with Special Health Care Needs must:
 - Describe the special health care needs of the child
 - List the program staff who will provide care to this child.
 - All staff who will administer medications or treatments to the child, which must be listed on the program's HCP as approved medication administrators.
 - Describe any additional training or skills the staff identified will need to give medication or treatments to the child, what training will be and who will provide the training.
 - Have an authorized program representative and the parent sign the child's Individual Health Care Plan for a Child with Special Health Care Needs.
- Any additional training, procedures, or competencies the staff receives will be documented on the Individual Health Care Plan. This information will include date, identifying the person that provided the additional training, what the training covered, and the participants that attended the training. Any changes or updates to the Individual plan will be documented.
- Any training staff receives to care for a child with special health care needs is child specific and is not transferable from one child to another.

- If a child has another special health care plan, such as an Allergy Action Plan, Asthma Action Plan, Diabetes Management Plan, the program will identify this additional plan on the child's Individual Health Care Plan for a Child with Special Health Care Needs on the first page of the plan. For example, on the first page, under where it states describe the special health care needs of the child, the program will write see attached Allergy Action Plan, Asthma Action Plan, Diabetes Management Plan, etc. The remaining sections of the Individual Health Care Plan for a Child with Special Health Care Needs must be completed as described above.

See attached:

- Handout 10.4: Children With Special Health Care Needs (4/2014)
- Handout: Individual Health Care Plan For A Child With Special Health Care Needs (5/2014)

- If a child is identified as having a food allergy requiring medication, the parent will be given a Food Allergy & Anaphylaxis Emergency Care Plan. The program will review the Food Allergy Action Plan with all staff involved with the child's care, as well as the staff authorized to administer medication.

See attached:

- Handout 9.2: Symptoms of Anaphylaxis (4/2014)
- Food Allergy & Anaphylaxis Emergency Care Plan (5/2014)
- Handout 9.3 & Patient Insert re: EpiPen Use and Storage (4/2014)
- Auvi-Q Information (4/2014)

- If a child is identified as having Asthma, the parent will be given an Asthma Action Plan. The program will review the Asthma Action Plan with all staff involved with the child's care, as well as the staff authorized to administer medication.

See attached:

- Handout 8.3: Example of A Care Plan For A Child With Asthma (4/2014)
- Asthma Action Plan - American Lung Association
- Asthma Action Plan - NYS DOH

- If a child's medical statement indicates special health care needs and notes prescribed medication, but the parent states medication is not needed, the program will inform the parent regarding the program's special health care needs exemptions policy. The only exemption to this requirement is for the program to receive a note from your child's health care provider stating that your child may attend day care and that no medication is needed. The note must be dated, signed, and stamped by your child's health care provider.

See attached:

- Parent letter regarding special health care needs (1/2016)

- If a child in the program requires medication rectally, vaginally, by injection or by another route not listed above, the program will only administer such medication in accordance with the child care regulations.
- The program will review children's Individual Health Care Plan for a Child with Special Health Care Needs and related individual health care plans with all staff involved with the child's care, as well as with the staff identified and authorized to administer medication.
- After the program's health care plan is approved, I will contact the program's Health Care Consultant for any new children that enroll or any currently enrolled children that develop special health care needs. The communication with the Health Care Consultant is to ensure that my program meets or exceeds all health and infection control regulations as they relate to children with special health care needs and in order to ensure the health and safety needs of the child.

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94 BROADWAY
HARRISON, NY 10528
914-835-1278**

Dear Health Care Provider,

This child attends a New York State Office of Children and Family Services licensed child care center.

Day Care Center Regulations require parents to submit a completed Child Care Medical Statement form (see attached) and immunization record.

Please note and ensure that all of the following information is provided.

The medical statement form **must be signed and stamped** by a health care provider and state that the child is able to participate in day care, and is free from contagious or communicable disease - see highlighted area on the back of the form. This form is only valid if the **yes box** is checked.

Under New York State regulations, children will not be permitted to attend child care unless this form is properly completed

Thank you for your time and consideration.



Maria Gaudelli
Director

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary
 2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 / / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT (continued)

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. Yes No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	Phone
	Date