

EAST ORANGE CHILD DEVELOPMENT CORPORATION



HEALTH SERVICES PARENT ORIENTATION HANDBOOK

Health Service Area

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EAST ORANGE CHILD DEVELOPMENT CORPORATION

P.O. Box 890 – 682 Park Avenue
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WELCOME

Dear Parents,

We welcome you to our Health Service Area.

The purpose of this handbook is to serve as an orientation to the health services requirement for your child's admission and on-going health service experience in our program.

Yours for Better Health,

EOCDC Health Services Staff

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TEL: 973-676-1110 FAX: 973-676-8026

KAREN H. JACKSON
Executive Director

DATE: 8/2021

TO: HEADSTART/EARLY HEADSTART PARENTS

TOPIC: RE-ENTRY PROCESS

FROM: MARIE BROWN, RN HEALTH/NUTRITION MANAGER

Your child's health and safety has always been a priority at East Orange Child Development Corporation. Your child's well-being takes precedence, therefore in light of the COVID-19 pandemic there will be a new re-entry process that will occur once school reopens. The following will take place:

- All must have a face covering when entering the building; Parents are to wear face covering at drop off and pick up. Face covering are encouraged for Head Start children (3-5yrs old) and Early Head Start children (2- 3yrs old). Early Head Start children 1yrs old and under are excluded from wearing face coverings.
- Daily health screenings will be conducted. Temperature checks will be done on all children upon arrival and throughout the day as needed. This procedure will be done at point of entry.
- If your child exhibits sign and symptoms of being ill, you will be contacted to come and pick up your child ASAP.
- Exclusion from school will occur based on your child's symptoms.
- For fevers- 72-hour exclusion will be put in place. A child can return once fever free, which is three full days of no fever without the use of medicine that reduces fevers.
- If your child is sick, keep them home and notify the Health Office.

Along with these guidelines, social distancing will be instituted, daily cleaning and disinfecting will be done.

EOCDC will adjust accordingly based on the guidance of the CDC (Centers for Disease Control and Prevention), NJ Governor Murphy and State & Local Health Dept.

Due to the new normal, we're asking for your patience in this new process. Please feel free to call the Health Office, with any questions or concerns.

Stay Well & Healthy,

Nurse Marie Brown, BSN, RN



MEET AND GREET YOUR HEALTH SERVICES **STAFF**

Marie-Gina Brown, BSN, RN– Health/Nutrition Manager (EHS/HS)

Shoshone Perry- Health Assistant/Pregnant Mom Facilitator (EHS)

Anna Rose –Health Assistant (EHS)

Donna Turner, BS, LPN– Health Coordinator (HS)

Kim Stuger- Health Assistant (HS)

Sites

Corrina(HS)

Pearly Hayes(HS)

Aprea(HS)

44 Annex(EHS/HS)

682 Park Ave(EHS)

Supporting Staff Services:

Diana Weislo – Food Services Manager

Elizabeth (Beth) Ludd, MS. – Nutrition Consultant

Barbara (Honey) Jones, - CACFP Coordinator/Nutrition Aide

Basirat Brown, Special Services Disability Manager

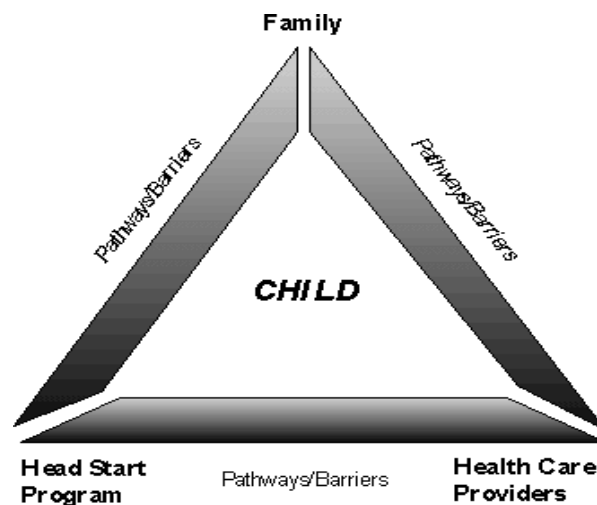
Lasheima Jefferson-Behavior Specialist

Allison Carluccio, Mental Health Counselor/Art Therapist

HEALTH SERVICE

MISSION STATEMENT

- ❖ The Health Service staffs at EOCD are here to assist our families overcome the multiple forces and barriers impacting their access to quality comprehensive health care; bearing in mind that only a well child that is physically, emotionally and spiritually healthy is able to learn.
- ❖ The health and health care of a Head Start child is often influenced by three major factors: The family, availability of health care providers, and the efficiency and effectiveness of the Head Start program Health Component; as well as the pathways and barriers that affect communication among these support elements.
- ❖ Head Start staffs work in collaboration to bridge the pathways between families and health care providers, while empowering Head Start families with knowledge and skills needed to minimize the impact of these barriers to accessing quality health care
- ❖ We bring changes to our communities as we get local people involved through various engagements, such as the Health Services Advisory Committee (HSAC), Board, and Policy Council membership, Family Health day etc.



HEALTH REQUIREMENTS FOR ADMISSION

- Annual Physical Exam, Blood-work (hemoglobin, hematocrit & lead levels). Results must be for the current school year and should be submitted before admission.
- Sickle cell test is required once in a life time. Newborn test result is acceptable.
- According to the NJ Dept. of Health and Senior Services administrative rule: N.J.A.A. 8:57-4, children six months through 59 months of age attending preschool on or after September 1, 2008, shall annually receive at least one dose of Influenza vaccine between September 1st and December 31st of each school year to remain in any preschool program or child should be excluded.
- Up to date Immunization Record – If your child’s records are not up-to-date, you will be required to take your child to the doctor to have child’s records up-dated.
- Dental Examination, Cleaning, and Fluoride treatment within the last six months
- An emergency contact – A person of your choice who has agreed to act on your behalf in an emergency in case you cannot be reached.
- Proof of health insurance coverage for your child if available, if not, EO CDC staff will assist you with the NJ Family care application process.



HEALTHY CHILDREN ARE READY TO LEARN



NATIONAL CENTER ON
Early Childhood Health and Wellness

Introduction

Health connects to school readiness long before a child enters school.¹ Healthy development continues to support learning throughout childhood and later life. “Health in the earliest years—actually beginning with the future mother’s health before she becomes pregnant—lays the groundwork for a lifetime of well-being...”²

School Readiness Begins with Health

Physical Health

Children who access ongoing health care³ have better attendance and are more engaged in learning. Consistent attendance helps children prepare for school.⁴ Routines such as handwashing and wearing helmets help children stay healthy and avoid injuries.⁵

Oral Health: Children with healthy teeth are better able to eat, speak, and focus on learning. Daily oral health hygiene and ongoing care from oral health professionals help make sure that children have healthy teeth.^{6,7}

Nutrition: Good nutrition is essential for children’s brain development. Children who have access to nutritious food have energy to learn. Providing healthy snacks and meals helps children’s bodies grow, giving them what they need to talk, play, and learn together.^{8,9,10}



Physical Activity and Motor Development: Staying active benefits young children’s physical and cognitive development. Activities that get children moving build motor skills that are useful to reading, writing, and math skills.¹¹

Sleep and Rest: When children get enough sleep, they can pay attention, remember what they learn, and manage their feelings.¹² When programs schedule times for a nap, rest or quiet activities, children can focus on learning.¹³

Perceptual Development: When children use their senses to explore, it helps them learn about the world around them.¹⁴ A child’s ability to see and hear affects their reading, writing, and speech and language skills. Sensory screening helps identify children who may need vision or hearing support.¹⁵

Mental Health

Beginning at birth, children need positive relationships with the adults who care for them. When children learn to recognize and share their feelings with trusted adults, they feel good about themselves. These relationships help them develop the confidence to learn new skills.¹⁶ Children also learn how to manage their feelings, thoughts, and behavior, skills in the [Approaches to Learning](#) domain.

Nurturing and Responsive Relationships:

Early relationships shape children's learning and development. Children thrive when adults support their strengths and needs. Responsive adults help children feel safe and valued and learn how to get along well with others.¹⁷



Self-Regulation: Children who can manage their feelings can learn and play with peers. They are better able to plan, monitor and control their behavior. They can also adjust to changes in schedules and routines.¹⁸

Prosocial Behavior: Children who get along with adults learn to work together and follow rules. They can also show concern for, and share, take turns and compromise with other children.¹⁹

Play: When children play, they use their imagination and creativity. They also solve problems and learn to interact with others; skills that help them grow in all developmental areas.²⁰

Family Wellness

Services that promote family well-being help parents keep their families healthy. When families are healthy, safe, and financially secure, they can better support their children's learning.^{21, 22}

Prenatal and Postpartum Services: Services for pregnant mothers and expectant families set the stage for children's health and development. Postpartum services promote positive health outcomes for mothers and children.^{23, 24}

Health Literacy: Families who have health information they understand can make better health choices for their children.²⁵

Cultural and Linguistic Responsiveness: Respecting cultural practices and home languages honors families' experiences and beliefs. This respect encourages children's growth and development by understanding who they are and where they come from.^{26, 27}



Comprehensive Early Childhood Health Services and Coordinated Approaches

Services that focus on the “whole child” promote children’s learning and development.²⁸ There are specific health conditions that impact learning, which can be identified and treated early. If they are not addressed, children with these conditions may fall behind.²⁹ Programs have several tools to support all children’s healthy development. Staff identify health conditions early through screening.³⁰ Managers maintain a system that tracks referrals and monitors services including follow-up plans.³¹ Everyone works together to plan, design, and implement services that meet the needs of all children. Together these efforts can respond to these conditions and put children on track for school success.

Early Identification and Intervention: Using screening and ongoing assessment, staff identify issues that may impact a child’s readiness for school. Everyday, they use what they know about children’s health to notice when a child may look or act differently. Staff share concerns with families and respond to children’s health needs. Timely referrals and evaluations help programs plan for each child’s needs so all children can engage in learning.³²

Treatment and Follow-up: When children with special health care needs have access to ongoing care, they can make progress in health and learning outcomes. To coordinate treatment and follow up, health providers share information with each other,³³ with families and with program staff.^{34,35}

Safe and Secure Environments: Making sure environments are safe reduces the chance that children may be injured. Managers train staff to look for and remove hazards and use active supervision. Everyone creates opportunities for children to explore and learn safely.³⁶

For additional information about what children should know and be able to do in the early years, see the [Head Start Early Learning Outcomes Framework: Ages Birth to Five](#).



Reflections

As a program, consider the following questions and possible action steps.

- How does health affect school readiness?
- How do you know that children are healthy and ready to learn? What data do you use?
- How do you communicate the connection between children’s health and learning outcomes to staff and families?
- How do you screen for and manage health concerns that impact school success?
- How do you address children’s health status when planning and conducting ongoing child assessment?
- How do you make use of community resources to support children’s ongoing health and wellness?

Notes

1. These early school experiences include family child care and home visiting programs as well as center-based care.
2. Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://www.developingchild.harvard.edu>
3. [Subpart D – Health Program Services. 1302.42 Child health status and care.](#)
4. [Subpart A – Eligibility, Recruitment, Selection, Enrollment, and Attendance. 1302.16 Attendance. \(a\) Promoting regular attendance.](#)
5. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. \(e\)\(3\) Promoting learning through approaches to rest, meals, routines, and physical activity.](#)
6. [Subpart D – Health Program Services. 1302.42 Child health status and care. \(c\) Ongoing care.](#)
7. [Subpart D – Health Program Services. 1302.43 Oral health practices.](#)
8. [Subpart D – Health Program Services. 1302.42 Child health status and care. \(b\)\(4\) Ensuring up-to-date child health status.](#)
9. [Subpart D – Health Program Services. 1302.44 Child nutrition. \(a\) Nutrition service requirements.](#)
10. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. \(e\)\(2\) Promoting learning through approaches to rest, meals, routines, and physical activity.](#)
11. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. \(e\)\(2\) Promoting learning through approaches to rest, meals, routines, and physical activity.](#)
12. Paruthi S, Brooks LJ, D’Ambrosio C, et al. (2016). Recommended amount of sleep for pediatric populations: a consensus statement of the American Academy of Sleep Medicine. *J Clin Sleep Med.*; 12(6):785–786. Retrieved from: <http://www.aasmnet.org/Resources/pdf/Pediatricsleepdurationconsensus.pdf>
13. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. \(e\)\(1\) Promoting learning through approaches to rest, meals, routines, and physical activity.](#)
14. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. \(c\) Learning Environment.](#)

15. [Subpart D – Health Program Services. 1302.42 Child health status and care. \(b\)\(2-3\) Ensuring up-to-date child health status.](#)
16. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. \(b\)\(1\) Effective Teaching Practices.](#)
17. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. \(b\)\(1\) Effective Teaching Practices.](#)
18. [Subpart D – Health Program Services. 1302.45 Child mental health and social and emotional well-being. \(a\) Wellness promotion.](#)
19. [Subpart D – Health Program Services. 1302.45 Child mental health and social and emotional well-being. \(a\) Wellness promotion.](#)
20. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment. \(c\) Learning Environment.](#)
21. [Subpart E – Family and Community Engagement Program Services. 1302.50. Family engagement. \(b\)\(3\) Family Engagement Approach.](#)
22. [Subpart E – Family and Community Engagement Program Services. 1302.52 Family partnership services. \(a\) Family partnership process.](#)
23. [Subpart H – Services to Enrolled Pregnant Women. 1302.80-1302.82](#)
24. [Subpart D – Health Program Services. 1302.46 Family support services for health, nutrition, and mental health. \(b\)\(1\)\(iii\) Opportunities.](#)
25. [Subpart D – Health Program Services. 1302.46 Family support services for health, nutrition, and mental health. \(a\) Parent Collaboration.](#)
26. [Subpart E – Family and Community Engagement Program Services. 1302.50. Family engagement. \(b\)\(2\); \(b\) \(5\) Family Engagement Approach.](#)
27. [Subpart D – Health Program Services. 1302.41 \(a\) Collaboration and communication with parents.](#)
28. [Subpart E – Family and Community Engagement Program Services. 1302.53 Community partnerships and coordination with other early childhood and education programs. \(b\) Coordination with other programs and systems.](#)
29. Children’s Health Fund (2017). *Health Barriers to Learning: The Prevalence and Educational Consequences in Disadvantaged Children*. Retrieved from <https://www.childrenshealthfund.org/hbl-literature-review/>.
30. [Subpart D – Health Program Services. 1302.42 Child health status and care. \(c\)\(2\) Ongoing care.](#)
31. [Subpart D – Health Program Services. 1302.42 Child health status and care. \(d\)\(1-2\) Extended follow-up care.](#)
32. [Subpart D – Health Program Services. 1302.42 Child health status and care. \(c\)\(2\) Ongoing care.](#)
33. According to the [Family Education Rights Protection Act \(FERPA\)](#) and the [Health Information Portability and Accountability Act \(HIPAA\)](#), parental consent must be obtained before education and health information can be shared.

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34. [Subpart E – Family and Community Engagement Program Services. 1302.53 Community partnerships and coordination with other early childhood and education programs. \(b\) Coordination with other programs and systems.](#)
 35. [Subpart D – Health Program Services. 1302.41 \(a\) Collaboration and communication with parents.](#)
 36. [Subpart D – Health Program Services. 1302.47.](#)





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682 PARK AVE • P.O.BOX 890 • EAST ORANGE, NEW JERSEY 07019

TEL: 973-676-1110 FAX: 973-676-8026



QUILLA TALMADGE
Chairperson

KAREN H. JACKSON
Executive Director

VERONICA THOMAS
Treasurer

ALTON JACKSON
Vice Chairperson

VALERIE BEST
Secretary

School Health Readiness Checklist

Child's Name _____
DOB _____

S.H. R. _____
Completion Date _____

- UNIVERSAL CHILD HEALTH RECORD
- HGB / HCT
- LEAD
- SICKLE CELL STATUS
- DENTAL EXAM INITIAL/6 MONTH FOLLOW UP
- PHYSICAL ASSESSMENT
- PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION RECEIVED
- IMMUNIZATION UP TO DATE
- MEDICATION FORMS RECEIVED

Asthma _____ Epi-pen _____ Other _____

Comments: _____

Copy Given to:

Social Worker

Teacher / Family Advocate

Date _____

Date _____

Initial _____

Initial _____

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TEL: 973-676-1110 FAX: 973-266-5381

DATE _____

**PARENT
SCHOOL HEALTH READINESS
CHECKLIST**

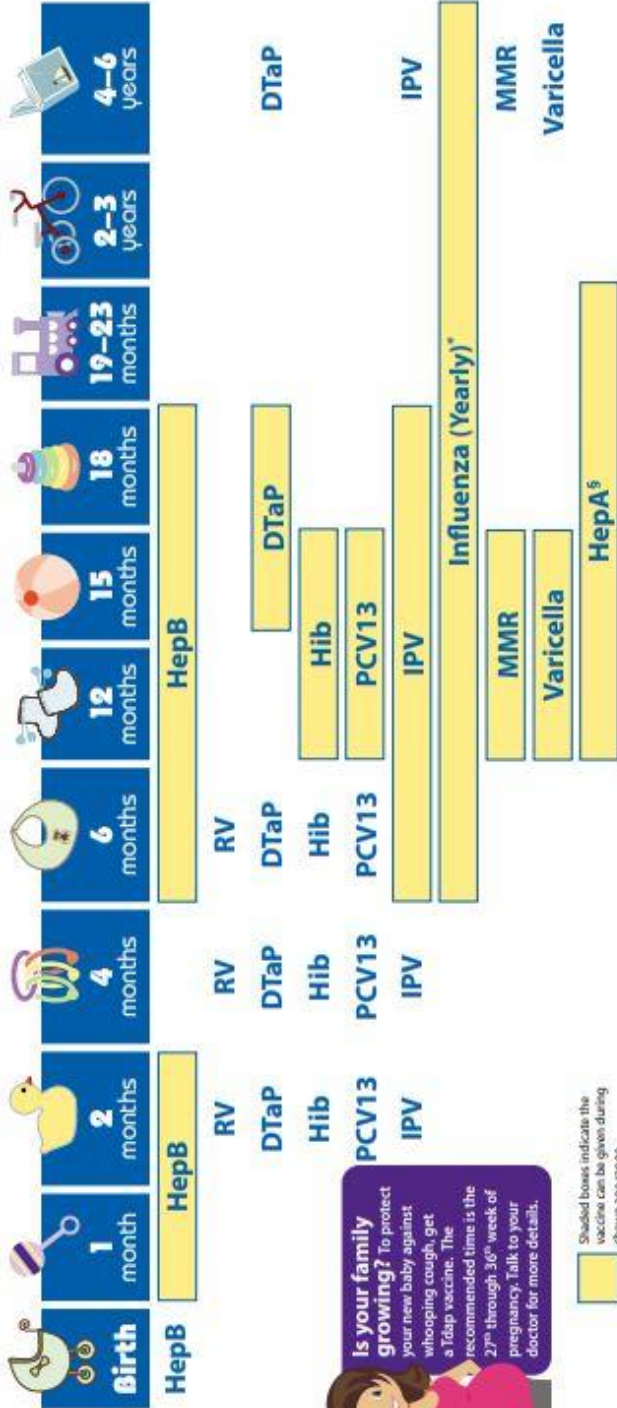
- PHYSICAL STAFF INITIAL _____
- BLOODWORK STAFF INITIAL _____
- HG/HCT LEAD SICKLE CELL STATUS
- DENTAL EXAM/ 6 MONTH RECALL STAFF INITIAL _____
- IMMUNIZATION RECORD STAFF INITIAL _____
- MEDICATION FORMS STAFF INITIAL _____
- ASTHMA EPIPEN OTHER
- FOOD SUBSTITUTION FORM STAFF INITIAL _____
- PHYSICAL ASSESSMENT STAFF INITIAL _____
(DONE BY HEALTH STAFF)

PARENT SIGNATURE _____

DATE OF COMPLETION _____

STAFF SIGNATURE _____

2021 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:
 * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
⁵ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
 If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free **1-800-CDC-INFO (1-800-232-4636)** or visit **www.cdc.gov/vaccines/parents**

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTap* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTap* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTap* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTap combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

NORMAL RANGE TESTING RESULTS FOR CHILDREN

BLOOD PRESSURE -----Systolic or top # 90 - 115
Diastolic or bottom # 50 - 74

HEMATOCRIT----- 33 – 40 %

HEMOGLOBIN----- 11 – 14 g/dl

LEAD----- 5OR LESS (New CDC guideline).

SICKLE CELL----- NEGATIVE

MANTOUX (TB) TEST----- NEGATIVE

NOTE:

- ❖ If results are positive for Sickle Cell or Mantoux (TB) Test, Please talk to your nurse and see your doctor immediately!
- ❖ Lab values differ among various hospitals and labs. No one test result can predict a disease process.



GUIDELINES LOW HEMOGLOBIN & ELEVATED LEAD LEVELS

LOW HEMOGLOBIN – Any child with a hemoglobin level below 11g/dl, the nurse will contact the parents(s) via telephone or by letter for follow-up with the child's physician. One on one parent education is conducted by the nurse. The Nutrition Consultant will contact the parents(s) for counselling when appropriate.

ELEVATED LEAD LEVEL –Zero blood lead level is the best for your child. Here at EOCD, our goal is primary prevention of lead exposure. Counsel and guidance are given to our parents if their child has an elevated lead level and require management, treatment and or ongoing monitoring. Our Nutrition Consultant may also contact the parent for counselling. We provide you with Information on how to reduce your child's lead poison exposure and lower the number through proper housekeeping and providing nutritious meals. Foods that contain enough iron and calcium, such as, (eggs, lean red meat, beans and dairy products) can help your child's body absorb less lead.

Very high lead level (10 and above) may be treated with medication according to your child's doctor (Pediatrician) management plan and a follow-up blood work is required to make sure your child's lead level is decreasing.

NOTE: *The nurse will contact the child's physician to ensure the proper blood work has been completed if deemed necessary.*

INFORMATION THAT MUST BE SHARED

- If your child is asthmatic and on medication
- If your child has allergies to certain foods, pollen, etc.
- If your child is on a Special Diet for medical reasons
- If your child has chronic health conditions, e.g., seizure/epilepsy, Diabetic
- If your child has a problem with constipation/diarrhea
- If your child has bedwetting problem
- Other information that you feel will assist us in providing quality Health service to your child
- If your child is immune-compromised (low immune system)





“OPEN COMMUNICATION” BETWEEN PARENTS & STAFF IS THE KEY TO GOOD HEALTH SERVICES

EOCDC (HEAD START) relies on good communication between parents and staff. It is vital for parents and staff to share health information. The Health Service Area staffs needs to know each child’s medical history, especially if there are conditions like sickle-cell, anemia or asthma, etc. A child on steroid type medication for asthma can put the child at risk for infection. We also need to know whether a child has completed the full schedule of required immunizations, or if the child has skipped some vaccinations for religious or other parental objections. In addition, the staff must know whether anyone in the home has a contagious or immune-compromised disease.

Parents are notified when a child in the classroom has been sent home because he or she has a contagious disease.

Sharing health information between parents and health staff is standard operating procedures for EO CDC’s Health Service Area.

EOCDC Health Service Area follows Infection Control Rules, Regulations and Guidelines that encourage immunizations compliance, and shares health information, all of which can minimize health related problems at the center. Children, parents and staff members all benefit from this process.

ANNUAL HEALTH SCREENINGS

- **Dental Examinations and screenings is required every six (6) months**
- **Vision**
- **Hearing**
- **Speech and Language screenings performed**
- **Height, Weight and BMI assessment every six (6) months**

Definition of Dental Neglect



Dental caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function. These undesirable outcomes can adversely affect learning, communication, nutrition, and other activities necessary for normal growth and development.

Dental neglect is willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.

Therefore, according to Head Start Standards (Health Services Compliance Framework #2. 1304.20(d), untreated identified dental problem in your child during dental exam by the dentist can be considered a form of Neglect on your part. Examples of dental neglect are: a) untreated rampant caries easily detected by a layperson, b) untreated pain, infection, bleeding, or trauma affecting the orofacial region, and c) history of lack of follow-through for care with identified dental pathology).

Please feel free to call or come to the nurses' office during regular school hours for assistance. Together we can prevent Early Childhood Caries (ECC).

Adopted from the [American Academy of Pediatric Dentistry 2010-11 Definitions, Oral Health Policies, and Clinical Guidelines](#)



Wellness and Mental Health Services



Allison Carluccio, Mental Health Counselor/Art Therapist

Did you know that in New Jersey, it is estimated that 1 in 5 people will experience mental illness in their lifetime? That adds up to about 1.6 million residents. It can affect many of the people in our lives, and maybe even you or me.

What's the good news? You have EOCD to help you overcome obstacles that you may be experiencing in your day-to-day life. You are not alone.

EOCD's Wellness and Mental Health Services are in place to provide you with as much assistance and care that you or your child may need. In order to create the most optimal and efficient method of treatment for your child, Diane collaborates with members present in the child's life at home and at school to understand you or your child's needs as well as consistently participate in treatment. We can offer certain services in-house, but should outside help be needed for you, your family, or your child; our Essex County community partners and agencies are able to offer EOCD families excellent comprehensive and clinical services.



ART THERAPY AND SOCIAL SKILLS PROGRAM

Your Child has the opportunity to participate in Art Therapy or a Social Skills Group Program at EOCD during school hours. Art Therapy and Social Skills Groups are a Supplemental Service that will encourage and support your child to express his or her feelings, enhance social skills, work out problems and frustrations, and learn to cope with difficulties in constructive ways. Basic goals of the Art Therapy and Social Skills Program are the help your child grow socially and emotionally, promote cognitive growth, facilitate physical development in sensory-motor skills, and work through obstacles that may be in the way of his or her educational success.

The Art Therapy and Social Skills Program at EOCD has proven to be an extremely beneficial intervention in getting your child ready for school as well as enhancing your child socially, emotionally, cognitively, and developmentally. These services are completed at EOCD.

Please feel free to e-mail me at SacciA@eocdc.org or call (973)-266-5380, Ext. 375.

Basirat Brown, MA. Special Services Disability Manager

Office Hours: 8:00AM - 4:00PM. Phone # 973 266 5380 ext. 345

Email: basiratb@eocdc.org.

The Disability Service Area has a comprehensive service plan and procedures policy for timely screening within 45 days for all children who enroll in Head Start Program 1308.4(F).

Based on Head Start Performance Standards, the Special Services Manager has to follow procedures for making referrals to the Local Education Agency (LEA) for evaluation to determine whether there is a need for special education and related services for a child, as early as the child's third birthday. Disability Service Area provides services for children with disabilities in collaboration with other community resources and agencies to assure that all children with disabilities are served. The East Orange Board of Education and YCS collaborate with EOCD to provide the following services for children with disabilities: Audiology, Physical Therapy, Occupational Therapy, Speech & Language, Health and Nutrition, and Mental Health services.

EOCD provides a comprehensive program services to serve children with disabilities and families.



REFERRAL PROCEDURES

A referral should be made whenever there is a concern in the following areas:

Cognitive	Social/Emotional
Fine/Gross Motor	Speech/Language
Hearing/Vision	Health
Nutrition	Abuse/Neglect
Family Stress/Crisis	Any Unusual Circumstance

Complete form addressing it to the appropriate component.

Copies must be directed to the Education and Special Services Managers.

Written follow-up information regarding referral must be provided by the appropriate service area within two (2) weeks.

Copies of follow-up information must be shared with all Service Area Managers.

The Education and Special Services Managers must monitor the referral process.

Copies of referral and follow up information must be maintained in student's folder and/or Central Office files.

1. Person making referral is responsible for inquiring about untimely responses to referrals.
2. Confidentiality policies must be observed. Only paid East Orange Development Corporation Staff is permitted to handle/read student folders.
3. Any EOCD staff can make a referral



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POLICY ON SICK CHILDREN

Purpose: To ensure quick identification of sick children and isolate immediately if necessary.

Responsibility: Teachers, teachers' aid and health service staff.

Procedure:

1. According to the Administrative Code, Chapter 16, *Module 3: Recognizing and Managing Communicable Diseases*, Staff are to do **Daily Health Check** on children as they greet each child and parent when they arrive for the day. Agency staff is to utilize their four senses: Listen, Look, Feel, and Smell.
2. If a child exhibits any sign/symptom of sickness, the teacher should immediately contact the nurse, and parents/emergency contact person.
3. If parent/listed emergency contact person cannot be reached, the teacher is to notify the family worker. The nurse will assess the child and make a determination of what to do next. The social worker/family worker continues to try to reach parents/guardian.
4. The nurse will keep the child under observation in the medical room and make child comfortable.
5. If child's condition worsens, EMS/911 should be activated, and the child **must** be accompanied by a staff member to the nearest hospital.
6. In the absence of a nurse, all staff are to follow the health guidelines for emergencies and non- emergencies.

Your Child Will Be Sent Home If . . .

- **He/She has vomited twice (2 or more)**
- **He/She has a Severe Headache**
- **He/She has diarrhea (2-3) loose stool**
- **He/She has a fever above 100 degree Fahrenheit, child must be fever free for 24 hours, without the use of fever reducing medication, before returning to center**
- **Weeping or bleeding skin lesions that have not been treated by a health care provider**
- **Mouth sores with drooling; or stiff neck**
- **He/She has red eye with discharge**
- **Infected untreated skin patches**
- **Sun rashes in conjunction with fever or behavior changes**
- **He/She has a cold/allergies which make him/her feel uncomfortable**
- **He/she had an accident/incident the parent will be notified and a report will be completed. First-Aid will be administered and if immediate follow-up care is required; parent will need to pick up child.**

AN EMERGENCY CONTACT PERSON'S INFORMATION IS MANDATORY!

(Emergency Contact is the Name, Current Telephone Number and Address of a person willing to be responsible for your

child in case you cannot be reached!)



PROTECTING OUR CHILDREN FROM INFECTION



WHEN CAN A SICK CHILD RETURN TO THE CENTER AFTER A CONTAGIOUS ILLNESS?

DISEASE	RETURN TIME
Chickenpox	<i>Six (6) days after the rash breaks out or when all the blisters are scabbed over</i>
Conjunctivitis (Pink-Eye)	<i>After exposure to conjunctivitis, it usually takes two (2) to three (3) days to develop the infection. Child may return to school 24 Hours after treatment from your child's physician</i>
Diarrhea	<i>When diarrhea has stopped</i>
Hepatitis A	<i>One (1) week after the illness or yellow color starts to clear up</i>
Cold Sores	<i>When sores are dry and crusted – no drainage</i>
Impetigo	<i>24 hours after the child starts using antibiotic medication</i>
Measles	<i>Five (5) days after rash breaks out</i>
Mumps	<i>Nine (9) days after swelling starts to go down</i>
Whooping Cough	<i>After the first five (5) days of taking antibiotics</i>
Tuberculosis	<i>When the child's doctors or the local health department says the infection is no longer contagious. This may take up to two (2) to four (4) weeks.</i>
Strep Throat	<i>24 hours after antibiotics is started</i>
Pin Worms	<i>24 Hours after treatment</i>
Ringworm	<i>After 24 hours of treatment from your child's physician, child may return to school a doctor's note.</i>
Rubella(German Measles)	<i>Six (6) days after the rash appears and the health department says it is safe. Advise any staff member who is pregnant to see her doctor.</i>
Diphtheria	<i>When the health department states it is safe</i>
Hand-Foot-Mouth	<i>Children with an open draining sore and those with disease mouth sores MUST be seen by their physician. The child may return when the sores heal-must be accompanied by a doctor's note.</i>

HEALTH GUIDELINES FOR EMERGENCIES

IN THE ABSENCE OF A NURSE, AND YOU SUSPECT A MEDICAL EMERGENCY

PLEASE, CALL 911 IMMEDIATELY.

A LIST OF SOME MEDICAL EMERGENCIES ARE: (but are not limited to these)

- > Loss of consciousness > Severe pain >Uncontrolled bleeding
- > Gasping for air > Choking > Difficulty breathing
- > Severe head injury > Obvious fracture (break) of a bone > Prolonged seizures

When you call 911, be prepared to give them your **exact location**, (classroom, floor, playground, bathroom etc.) and be able to **describe the suspected emergency**.

Some things you may do while waiting:

- ✓ Talk to the person calmly and explain what you are doing.
- ✓ Keep the person safe and warm, Observe and time seizure activity.
- ✓ One staff member must remain with the child/person at all times, while other person calls for help/911.
- ✓ For seizures, do not place any object in the mouth, turn the child/person on their left side.
- ✓ Move any objects that are near the victim.
- ✓ Loosen all tight clothing, and reduce moving the person as little as possible.
- ✓ Your safety comes first, only move the person when safe and if they are in danger.
- ✓ Have a copy of child's medical emergency form to accompany the child to the hospital.
- ✓ Call parents to notify them of the situation, and what hospital the child has been taken by the EMS personnel.
- ✓ Document everything that happened and fill out an incident report.

In non-emergency situations that may require treatment, such as, stomachache, headaches, earaches, scrapes and bruises, call parents to notify them of the situation. Always call parents and send notes home especially in cases of head injury. Also, send home the "head injury notes". Remember to document everything that happened.



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EMERGENCY PROCEDURES

The teachers will immediately assess the emergency and adhere to the following procedures:

- Administer first aid when necessary.
- If medical attention is needed call EMS for assistance.
- EOCD staff will accompany the child to the nearest hospital.
- One staff person shall remain with the injured child at all times while the other staff person contacts EMS.
- Contact the Health Service Staff or Family and Community Engagement staff at 50 Washington Street or 682 Park Avenue. The Health Service Staff and /or Family and Community Engagement Staff will contact the parents or legal guardian.
- The child's health record must accompany the child to the hospital and office of licensing must be notified within 24 hours.
- The teachers will fill out an Accident/Injury Report Form and give the original to Health Service staff. Copies will be placed in the child's health folder; copies of Accident/Injury Reports that require professional medical care must be submitted to the Human Resource Manager. Parents will receive a copy of any Accident/Injury Report Form regarding their child's accident and or injury.



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POLICY ON RINGWORM

Purpose: Ringworm infections, especially those found in children are highly contagious. The EOCDCC health staff takes the utmost precautions to prevent the spread of infection.

Responsibility: Teachers, teacher's aide and health service staff.

Procedure:

1. Any know rash identified by staff should be reported to the health staff, or in the absence of the school nurse, the identifier should the cover the affected area with a bandage and notify the child's parents/caregiver.
2. Health referral form **must** be given to the child's parents for a doctor's diagnosis or clearance.
3. For ringworm on the scalp, staff **must** obtain proof of treatment commencement from parent/guardian (oral medication and head shampoo) before accepting child back to the center to prevent spreading.
4. Child must return to center with a doctor's note stating that the child is on treatment.
5. Health service area staff and teachers/TA **must** observe child for treatment effectiveness.
6. Children diagnosed with ringworm may return to the center after treatment has been initiated for at least 24 hours.
7. Health services staff **must** seize the opportunity to educate parents/caregivers/staff on ringworm and its management.
8. Child **must** be discouraged from bringing or sharing any personal effect items at the center.

Quick Reference



Reporting Requirements for Communicable Diseases and Work-Related Conditions



(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

Communicable Disease Service
Disease Reporting Requirements and
Regulations can be viewed at:

<http://nj.gov/health/cd/reporting.shtml>



Health care providers required to report: physicians, advanced practice nurses, physician assistants, and certified nurse midwives.

Administrators required to report: persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.

Laboratory directors: For specific reporting guidelines, see NJAC 8:57-1.7.

CONFIRMED or SUSPECT CASES TELEPHONE **IMMEDIATELY** to the LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- *Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

Cases should be reported to the **local health department** where the patient resides. If patient residence is unknown, report to your **own** local health department. Contact information is available at: localhealth.nj.gov.

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at: 609-826-5964.

In cases of **immediately reportable diseases** and other **emergencies** - if the local health department cannot be reached - the New Jersey Department of Health maintains an emergency after hours phone number: 609-392-2020.

REPORTABLE **WITHIN 24 HOURS** OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehflichiosis
- *Escherichia coli*, shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Psittacosis
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- *Staphylococcus aureus*, with intermediate-level resistance (VISA) or high-level-resistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- *Streptococcus pneumoniae*, invasive disease
- Tetanus
- Toxic shock syndrome (other than Streptococcal)
- Trichinellosis
- Typhoid fever
- Varicella (chickenpox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH

Hepatitis C, acute and chronic, newly diagnosed cases only
Written report within 24 hours

HIV/AIDS

609-984-5940 or 973-648-7500
Written report within 24 hours

- AIDS
- HIV infection
- Child exposed to HIV perinatally

Sexually Transmitted Diseases

609-826-4869
Report within 24 hours

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

Tuberculosis (confirmed or suspect cases)

609-826-4878
Written report within 24 hours

Occupational and Environmental Diseases, Injuries, and Poisonings

609-826-4920
**Report within 30 days after
diagnosis or treatment**

- Work-related asthma (possible, probable, and confirmed)
- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Extrinsic allergic alveolitis
- Lead, mercury, cadmium, arsenic toxicity in adults
- Work-related injury in children (< age 18)
- Work-related fatal injury
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- Other occupational disease

July 2013

www.nj.gov/health/cd

10:122-7.11 Information to parents regarding the management of communicable disease to be distributed to parents.

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

Severe pain or discomfort
Acute diarrhea
Episodes of acute vomiting
Elevated oral temperature of 101.5 degrees Fahrenheit
Lethargy
Severe coughing
Yellow eyes or jaundice skin
Red eyes with discharge
Infected, untreated skin patches
Difficult or rapid breathing
Skin rashes in conjunction with fever or behavior changes
Skin lesions that are weeping or bleeding
Mouth sores with drooling
Stiff neck

Once the child is symptom-free; or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease **may not** return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others. These diseases include respiratory, gastrointestinal, and contact illnesses such as Impetigo, Lice, Scabies, and Shingles.

Note: If a child has chicken pox, a health care provider's note is not required for re-admitting the child to the center. A note from the parent is required stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.

GOOD HEALTH CLASSROOM TRAINING

- ❖ **The Children will learn proper Hand washing to prevent the spread of germs and infection.**
- ❖ **Good hygiene and grooming modules to prevent the spread of infection and to teach the children the importance of keeping their bodies clean.**
- ❖ **Oral Health education covering proper tooth brushing, oral hygiene and prevention of cavities are taught to the children with the help of the tooth fairy, videos/DVDs. In addition, Dental Workshops/Fairs are held for children, staff and parents.**
- ❖ **Nutrition Education teaches children about foods that foster good health and growth. The nutrition and education service area staff features monthly cooking activities, menu planning, fruit/vegetable of the month and etc.**
- ❖ **Health Education presented in a fun learning way: Safety at home, center and on the street – pedestrian and bus safety, also fire and stranger danger.**

NUTRITION AND FOOD SERVICES

The aim of the Food and Nutrition Service Area is to address the nutritional concerns of our children, families and staff within the framework of school readiness. For us this means providing exceptional service by:

- A. Assessment and provision for the nutritional needs of our children and pregnant and breastfeeding women, both individually and collectively;
- B. Preparation of nutritious, appetizing, safe, and cost effective meals and snacks; and
- C. Planning and delivery of relevant and interactive nutrition education for children, parents, pregnant and breastfeeding women, as well as staff based, on need.

We do this by providing:

- Nutrition Screening and Assessment for each child based on information collected from parents, staff, and observation. Parents are notified of any concerns and together we work to address each area of concern, either through individual counseling with our Nutrition Consultant or referral to community agencies.
- Food allergies are taken very seriously by our staff, and procedures have been put in place to accommodate children with documented food allergies. Parents are informed during Parent Orientation of the process by which we handle food allergies. Medical documentation is **REQUIRED** from the child's physician. Upon receipt of the "**Physician Request for Food Substitution**" for by the Nursing Staff, the Nutrition Services area is notified and the appropriate documentation is completed and appropriate substitutions are provided with each meal. The substitutions are individually prepared and labeled with the child's name, location and allergy. Communication between all parties concerned, the parent, Nutrition, Health, and Education staffs are open and on-going. Children with special dietary needs (diabetes, underweight, etc.) are also accommodated in this manner. **ALL INFORMATION IS KEPT CONFIDENTIAL!!**
- Students receive daily breakfast, lunch, and an afternoon snack served family style which provides 2/3 of our children's daily requirement per Head Start and Child and Adult Care Food Program regulations.
- Our monthly menus are used as an additional vehicle to share nutrition education with our parents and staff, each highlighting a theme of the month, sometimes incorporation recipes and lifestyle suggestions, where space permits.
- In-class cooking activities are designed and prepared by the Nutrition Staff and implemented by the Education Staff. The program is successfully integrated into the lesson plans and take

home letters are prepared for each activity. These letters inform parents of the cooking activity of the day along with the recipe and suggestions for follow-up at home.

PEANUT FREE CENTER

Due to the extreme nature of allergic reactions to Peanuts and products containing peanuts in some children, EO CDC prohibits peanuts and/or foods containing peanut products on and /or at EO CDC. These peanut allergies can be so severe that exposure to peanuts can result in an anaphylactic reaction. An allergic child can have a reaction from simply smelling peanuts on someone's breath, or touching peanut oil residue left on a counter top, not only from consuming peanuts or peanut products.

HEALTH SERVICES SUMMARY

❖ *Health Services commitment to wellness embraces a comprehensive vision of health for children, families, and staff, as outlined in the Program Performance Standards in the following areas:*

- A. Child Health and Developmental Services
- B. Child Health and Safety
- C. Child Nutrition
- D. Child Mental Health
- E. Community Partnerships

❖ *Health Services ensures that each child/family benefit from the following:*

- A. **Medical Home** – A medical home ensures each child receives on-going or routine preventative care, and treatment for both chronic and acute health challenges. Each child must have a source of continuous, accessible health care that serves as a “medical home”.
- B. **Dental Home** -A dental home means that each child’s oral health care is delivered in a comprehensive, on-going, accessible, coordinated, family-centered way by a dentist.
- C. **Well-Child Care Visits** – Health Service Area and Family & Community Partnership staffs emphasize to parents the importance of scheduling preventative and primary health care. This includes medical, dental, and mental health care.
- D. **Screenings** – In collaboration with each child’s parent, health services obtain consent for screening to identify any concerns about a child’s vision, hearing, developmental, sensory, behavioural, motor, language, social, cognitive, perceptual, and emotional skills. These are completed within a child’s first 45 days in the program.
- E. **Tracking Procedures** – These procedures are in place to track the provision of health care services, including the results of any examination and treatment plan, and any progress made in completing any necessary follow-up treatment.

- F. **On-going Care** – Health Service Area also implements on-going procedures to identify any new or recurring medical, dental, or developmental concerns.
- G. **Parent Involvement** – Provide medical, dental, nutrition and mental health education programs for program parents, and families. Staffs convey information using expert guest speakers, handouts, and newsletters. Parents are encouraged to become active partners by attending the bi-annual health advisory committee (HSAC), and in all aspects of their child’s health.
- H. **Individualization of Services**– Health Service Area utilize information from the screenings, on-going observations, medical and dental evaluations, and in-sights from parents to determine how to best respond to each child’s strengths and needs.
- I. **On-going Collaborative Relationships** – Health Service Area Works diligently to establish relationships with community health providers, agencies, and organizations to promote access to community services for Head Start children and families. “These relationships also help ensure that the program is responsive to the needs of its children and families.

❖ ***Health Service area has developed and implemented “policy and procedures” that addresses the following:***

- A. Responding to medical and dental health emergencies
- B. Short-term injury or contagious illness
- C. Administering medication
- D. Accident or injury at school/away from school
- E. Hygiene, sanitation, and disinfections
- F. First-Aids kits

❖ ***Health Service area works in conjunction with the Nutrition staff in establishing and implementing policies and procedures that helps in:***

- A. Identifying nutritional needs of children
- B. Providing nutritional services, i.e., nutrition programs, developmentally appropriate meal plans.
- C. Offering food preparation and nutrition lessons to families
- D. Ensuring food safety and sanitation

❖ ***Health Service Area staff works in conjunction with the Education Manager in establishing and implementing policies and procedures to address:***

- A. Hand Washing-prevention of illness and infection through proper hand washing education workshops
- B. Tooth Brushing – age appropriate gum and tooth cleaning/brushing
- C. First-Aid & CPR assuring that staff is trained in First-Aid & CPR
- D. Blood-borne pathogens (OSHA)

❖ ***Health Service Area works in conjunction with the Disabilities Services Manager in establishing and implementing policies and procedures regarding:***

- A. Working with parents and staff on mental health issues
- B. Sharing staff observations of a child
- C. Securing mental health services
- D. Designing program practices that respond to a child's mental health needs
- E. Providing staff and parents education on mental health issues

❖ ***Health Service Area has an active Health Service Advisory Committee (HSAC) that is composed of Head Start Parents, staff, health care providers, health care professionals, and volunteers from the community.***

- A. The HSAC determines how to best meet the needs of children and families in its community. The following are some of the different ways our HSAC is supporting the wellness of our Head Start children and families.
- B. Helps develop health policies and procedures that support the health goals of EO CDC and respond to medical and dental health emergencies.
- C. Develops strategies to address community health problems.
- D. Links EO CDC children to on-going source of continuous, accessible health care.
- E. Ensures that the learning environment in the home and at EO CDC supports each child's social, emotional, cognitive, and physical development.
- F. Helps establish on-going collaborative partnerships with community organizations to make it easier for children and families to access health services that are responsive to their culture, beliefs, and values.
- G. Engage parents in identifying and accessing health service and resources that are responsive to their interests and goals.
- H. Develops long and short-term goals and objectives for implementing services that meet the needs of the community.
- I. Participates in the annual agency Self-Assessment of service area components

East Orange Child Development Corporation
Head Start Health Service Policies and Procedures for Program
Implementation



ADMINISTRATION OF MEDICATION

Purpose

To administer the correct medication to the right child at the right time by licensed personnel or a designated person who have been trained to administer medication and oriented in the following procedures.

Precautions

- A. Medication must be in original labelled bottle. Physician and parent/guardian must sign medication administration sheet. Each order must be written legibly with:
 1. Name of medication
 2. Dosage of medication
 3. Route or method of administration
 4. Frequency of medication is to be administered
- B. Medication will not be given if medication is expired, or when there is any doubt about the prescribed medication.
- C. EO CDC will not be held liable for any adverse side effects.
- D. Confidentiality Policy will be strictly enforced.
- E. When a nurse administers medication in school, signs, symptoms and adverse reactions are recorded, and shared with parents and physician.
- F. Medication is kept under lock and key in the nurse's office.
- G. Only long-term medication will be administered.
Example: Medications for asthma, epilepsy and diabetes.
- H. Over the counter medication will not be given with the exception of Benadryl that is **prescribed** for an allergic reaction. Moisturizer cream, diaper rash cream for skin conditions with parents written permission.
- I. If an Epi-pen is prescribed and was administered, 911 is called and the parents notified.

East Orange Child Development Corporation
Head Start Health Service Policies and Procedures for Program
Implementation

ADMINISTRATION OF MEDICATION

Policy:

The nurse or trained staff will administer medication to a child.

Rationale:

The proper storage of medication and its administration by designated staff, following the written authorization of child's physician and parents, safeguard the health of children, staff and families. The rationale serves 45CFR 1304.22(1) -(3).

Procedures:

1. Medication administration sheet must be completed by a physician and parent/guardian with:
 - a. Name
 - b. Dosage
 - c. Route of Administration
 - d. Frequency
 - e. Duration of time to be given
2. Medication must be in the original labelled container.
3. Medication Administration sheet is kept in the Medication Log book kept in the treatment room and classroom medical cabinet and must be signed by the nurse/trained staff upon administration.
4. Medications are stored in a locked cabinet and if required, are kept in the refrigerator in the nurse's office.
5. No medication will be administered if expired or when there is doubt about the prescription
6. Health staff encourages parent/guardian to obtain separate prescriptions for the center to prevent contamination or tampering while being transported. Only medication dispensed directly from the pharmacy will be accepted at EO CDC.
7. East Orange Child Development Center will not be held liable for any adverse side effects.
8. Health staff or teachers will strictly enforce confidentiality.

**East Orange Child Development Corporation
Head Start Health Service Policies and Procedures for Program
Implementation**

PERMISSION TO ADMINISTER MEDICATION

Policy:

A physician or other person legally authorized to prescribe medication provides instructions for the dose, frequency, method to be used and duration of administration.

Procedure:

Signed parent authorization forms are kept in the child's health folder. An individual record is maintained on all children that are receiving medication in our program and when medication is administered, the parent is notified.

Note: Medication administration forms can be picked up from the Health Office.

Most Frequently Asked Questions

(Q): My child was not feeling well this morning and I gave him/her Tylenol. Can I send him/her to school?

(A) We would advise you to keep the child at home until he/she is feeling better.

(B) If you decide to send the child to school, please notify the teacher/nurse.

(Q): My Child was out a few days with a cold. He /She is feeling better now can he/she return to school?

(A) Yes, as long as the symptoms have subsided.

(Q): My oldest child broke out with the chicken pox yesterday; can my child come to school today?

(A) Yes (notify the nurse first). The incubation period is two (2) weeks before break out with a rash. A child is contagious from one (1) day before the eruption until 5-7 days after lesions are crusted over.

(Q): My child vomited twice last night however; he/she is feeling better this morning, can I send him/her to school?

(A) Our advice to you is to keep him/her home for the day. Your child could have a 24-hour virus.

(Q): My child has a cough and a runny nose, but does not have a fever; can he/she come to school today?

(A) Yes, but notify the nurse so she can monitor the child.

(Q) My child is on medication for a cold, can he/she come to school while taking medication?

(A) Yes, make sure you notify the teacher/ nurse that your child is on the medication so the child can be monitored for any side effects.

(Q): Can the nurse administer medication to my child while in school?

(A) Yes, as long as Head Start Medication Administration Policy is followed. Enclosed for your information is a copy of our Administration of Medication Policy.

