



State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ALLISON BLAKE, Ph.D., L.S.W.
Commissioner

April 29, 2016

Dear Parents and Caregivers:

Our schools are committed to protecting student, teacher, and staff health. To protect our community, we recently tested water at each of our sixteen regional schools.

Water samples were collected from representative locations. Locations were selected based on where consumption is likely (i.e. kitchen, faculty room, water fountains). Two samples were collected at each location. The first sample is a first-draw sample collected from the tap after a minimum six hour resting period. The second is a flush sample collected after running water for 30 seconds.

Your child's school was among those in which elevated levels of lead were found in certain locations. Therefore, we have taken the following steps to address this issue:

- We are providing bottled water for drinking, medication, and food preparation;
- Water fountains have been turned off;
- In locations where water needs to remain on for non-consumption, we have placed signs advising that the water is safe for non-consumption, but not for drinking or food preparation.

Because of the steps we have taken, parents can be assured that the water and food at your child's school is safe.

Although protective measures are in place, we will implement additional system-wide testing of all water from any outlet not included in the original sample. Thereafter we will begin corrective action on all affected sites. We will continue to communicate with you throughout this process, and will provide regular updates on water testing and specific measures the district is taking to remedy the situation.

I am sure you have questions, so we are distributing a fact sheet from the New Jersey Department of Health about lead in drinking water at schools and child care centers. If you have remaining questions, please call your school's principal.

We are working with the New Jersey Department of Health to provide free on-site lead testing to all students who wish to take advantage of this service. We will share details and information about how your child can receive a free test shortly.

Please know we are committed to ensuring the safety of all our students, and we are actively working with all our state partners to see that all corrective steps are completed promptly.

Sincerely,

Kelley Michalowski
Acting Director
Office of Education
Department of Children and Families



State of New Jersey
Department of Children and Families
Regional School – Essex Campus
395-97 North Fifth Street
Newark, NJ 07107

CHRIS CHRISTIE
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ALLISON BLAKE, PH.D., L.S.W.
Commissioner

June 7, 2016

Dear Parents and Guardians:

Following up on our letter of April 29, 2016, please be advised that the NJ Department of Health will be coming to the Essex Campus on Monday, June 27, 2016 to conduct blood level testing of all students whose parents provide consent.

If you are interested in your child receiving a blood lead level test, please complete the attached consent form and return it to school with your child.

Please note that blood lead level testing cannot be conducted without a completed consent form.

Regards,

A handwritten signature in cursive script, appearing to read "Dale Greenfield".

Dale Greenfield
Supervisor of Education

Newark



Ras J. Baraka
Mayor

Hanaa A. Hamdi, PhD
Health Director

The Department of Health and Community Wellness

Division of Environmental Health

Michael Wilson, Jr., Chief REHS
Acting Director of Inspections

Shonda Bryant
Program Coordinator

Childhood Lead Poisoning Prevention Program
94 William Street, 3rd Floor
Newark, NJ 07102
Tel: 973-733-5323 Fax: 973-621-0555

Parent Permission for Blood Lead Testing

Date of screening: _____

Child's Name: _____ Date of Birth: _____

Parent/ Guardian name: _____ Relationship M F G

Address: _____

Telephone _____ Alternate phone number: _____

Site testing: _____

Primary Care Provider: _____ Phone Number _____

Health Insurance Provider: _____

I give my permission for my child to have a venous or capillary blood test for lead exposure at the Department of Health and Community Wellness WIC Program at this time.

Signature of Parent/ Guardian X _____ Date _____

TO BE COMPLETED FOLLOWING LEAD EDUCATION SESSION

I have been given information about lead poisoning and have been advised of:

- New Jersey State Law (PL 1995, 32*) requires Blood Lead Screening of all children under 6 years of age.
- Provisional Lead Screening results for my child.
- Common sources of lead and how children get exposed.
- Harmful effect of lead on children

I give permission to release result of this screening to my primary care provider and my health insurance provider.

Signature of Parent/ Guardian: _____ Date: _____

Signature of CLPPP Staff: _____ Date: _____

SIGN HERE



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DCF Regional School – Essex Campus
395-97 North Fifth Street
Newark, NJ 07107

July 5, 2016

Dear Parents and Guardians:

Following up on our letter of April 29, 2016, please be advised that the NJ Department of Health will come to the Essex Campus over the summer to conduct blood testing for elevated lead levels of all students whose parents provide consent. The date has not been established at this time.

If you are interested in your child receiving a blood test for lead, please complete the attached consent form and return to school with your child.

Please note that blood level testing cannot be conducted without a completed consent form. All students participating in the screening will receive a \$10.00 gift card from Shop Rite.

Sincerely,
Dale Greenfield
Supervisor of Education

Donna Morse
Supervisor of Education

A handwritten signature in cursive script, reading "Donna Morse", with the initials "SEP" written below it.



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

*Final
Notice*

CHRIS CHRISTIE
Governor

KIM GUADAGNO
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ALLISON BLAKE, PH.D., L.S.W.
Commissioner

DCF Regional School – Essex Campus
395-97 North Fifth Street
Newark, NJ 07107

5 de Julio, del 2016

Estimados Padres y Cuidadores:

Para completar la carta que les envíe el 29 de Abril, del 2016, quiero informarles que el Departamento de Salud estara en nuestra escuela (Essex Campus) de nuevo, le avisaremos la fecha, para hacer un examen que determinara el nivel de plomo en la sangre a todos los estudiantes que tengan permiso de su padre/cuidador.

Si esta interesado en que su niño/a reciba el examen para determinar el nivel de plomo en la sangre, favor de completar el formulario dando el permiso que esta adjunto y devolviendolo a la escuela con su niño/a.

Es importante que devuelva el formulario por que si no, no se podra hacer el examen.

Los estudiantes que participen reciban una tarjeta de regalo para Shop Rite por \$10.00.

Atentamente,

Dale Greenfield
Dale Greenfield
Directora