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| **HEALTH CARE PLAN**  **Legally-Exempt Group Child Care Program** |
| ***IMPORTANT!*** This form is intended to be used by legally-exempt group programs. When completing this form, refer to**OCFS‑4703-1**, *How to fill out* *Health Care Plan Legally‑Exempt Group Child Care Program.* |
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| **HEALTH CARE PLAN**  **Legally-Exempt Group Child Care Program** |

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| SECTION 1 – PROGRAM INFORMATION | | | | | | |
| NAME OF PROGRAM | | | | PHONE NUMBER:  (     )       - | | |
| NAME OF PROGRAM DIRECTOR | | | | ENROLLMENT ID (CCFS FACILITY NUMBER) | | |
| **NOTE:**   * **The health care plan must be kept on site for ALL programs.** * **The following is required ONLY for Legally Exempt Group Child Care Programs administering medications. It is optional for all other programs.**   + The program will inform parents/caretakers of the program’s health care policies and procedures, and to what extent the program will administer medication to children (*page 8*), when the parent/caretaker signs up and whenever changes are made.   + The program will make the health care plan available to parents/caretakers upon request.   + It is the program’s responsibility to make sure all staff and caregivers follow the health care plan and all applicable day care regulations. * **APPROVAL:**   + A health care consultant must approve any health care plans for programs that administer medication other than     - over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellant (TO/S/R’s); **and**     - emergency medications: epinephrine auto-injectors, diphenhydramine in combination with the auto-injector, asthma inhalers, and nebulizers.   + The enrollment agency must review and approve the health care plan for programs that do not administer any medication but apply for the enhanced rate. Health care plans which have been approved by a health care consultant must be reviewed by the enrollment agency prior to approving the enhanced rate. | | | | | | |
| 1. **Child Care Location:** Give address where the child care is being provided. | | | | | | |
|  |  | | | | |  |
| Number | Street | | | | | Apt. |
|  | | | | | |  |
| Address Line 2 | | | | | | Floor |
|  | |  |  | |  | |
| City | | State | Zip Code | | County/Borough | |
| 1. **Mailing address** (*if different from above*): | | | | | | |
|  |  | | | | |  |
| Number | Street | | | | | Apt. |
|  | | | | | |  |
| Address Line 2 | | | | | | Floor |
|  | |  |  | |  | |
| City | | State | Zip Code | | County/Borough | |

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| SECTION 2 –IMMUNIZATIONS |
| A. Upon enrollment and reenrollment, the program collects and maintains records for each child enrolled that contain:  1. a statement signed by a physician, or other authorized individual, who specifies that the child has received age‑appropriate immunizations in accordance with New York State Public Health Law; **OR**  2. a statement signed by a physician, or other authorized individual, who indicates that one or more of the immunizations would be detrimental to the child’s health; **OR**  3. a statement from the child’s caretaker indicating that the child has not been immunized due to the caretaker’s religious beliefs. |
| B. These records remain on site and will be accessible upon time of inspection.  C. The following exceptions apply:  Once a child begins attending the child care program, the parent or caretaker has a grace period of no more than 14 calendar days from the date the program began to provide care for the child to submit the required documentation of immunizations. The grace period can be extended by the child care program to 30 calendar days from the date the child care provider began to provide care to the child in cases where the child is from out-of-state or from another country and the parent or caretaker has shown a good faith effort to get the necessary documentation of the immunizations. |

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| SECTION 3 – DAILY HEALTH CHECKS |
| 1. The program will conduct a daily health check for each child upon arrival to the program using the following procedure: *(Check one; at least one MUST be selected.)* 2. See [**Appendix A: Daily Health Check Procedure**](#AppendixA_DailyHealthCheckProceedure) 3. Other (*Explain below.*) |
|  |
| 1. The daily health check will be documented. Indicate which form you will use to meet this requirement: 2. Form **OCFS‑LDSS-7026-1,** *Attendance Sheet for Enrolled Legally-Exempt Child Care Program*   2)  Other *(Attach form developed by the program.)* |
| C. All employees with a caregiving role will be familiar with the signs and symptoms of illness, communicable disease and injury.  Children will be monitored throughout the day. Parents will be notified immediately of any change in the child’s condition or if the care of the child exceeds what the program can safely provide. If necessary, the program will make arrangements with the parents for obtaining medical treatment.  **If a parent cannot be reached or if the child’s condition warrants, emergency medical treatment will be obtained without delay.** |
| D. Any signs of illness, communicable disease, injury and/or suspected abuse and maltreatment found will be documented and kept on file for each child in the following way:  *(Check all that apply; at least one MUST be selected.)*   1. In each child’s file 2. In a separate log 3. Other (*Explain below.*) |
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| 1. The program will follow these procedures for caring for a child who develops symptoms of illness while in care:   The program will notify the child’s parent of illness/injury.  The child will remain in a safe, clean designated area until the child’s caretaker or emergency services arrives.  A designated staff member will remain with the child until the caretaker or emergency services arrives. The program will ensure that adequate staff are available to meet the needs of the ill child without compromising the care of the other children in the program. The program will maintain the appropriate staff‑to‑child ratios during such time.  Other (*Explain below.*) |
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| **SECTION 4 – EMERGENCY PROCEDURES** |
| 1. The director and all employees with a caregiving role must have knowledge of and access to children’s medical records and all emergency information. 2. Emergency telephone numbers for the fire department, local or State police or sheriff’s department, poison control and ambulance service must be conspicuously posted on or adjacent to the telephone. 3. Does the program record emergency contact information for each child? If so, how? *(If yes, check one;)*   Form **OCFS‑LDSS‑0792,** *Day Care Registration*(“Blue Card”)  Other *(Attach form used by the program.)*   1. Does the program keep current emergency contact information for each child? If so, where? *(Check all that apply.)*   The emergency bag1  On file, on*‑*site: *(State location)*  Other *(Explain below.)* |
|  |
| 1. The program has policies and procedures in place for how professional assistance will be obtained in emergency situations. (Check all that apply).   If an ill or injured child in care requires transportation, the child’s parent or emergency medical  services, such as 911 will be called to provide transportation.  In case of medical emergency, staff will:  Remain calm. Reassure the child and the other children at the scene.  If the area is unsafe, move to a safe location.  Call for emergency medical services. Give all the important information slowly and clearly.  To make sure that you have given all the necessary information, wait for the other party to hang up first. If an accidental poisoning is suspected, contact the **National Poison Control Hotline** at **1-800-222-1222** for help. |

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| Follow first aid and/or CPR protocols, if applicable.  Follow instructions given by the emergency operator.  Send emergency contact information and permission to obtain emergency care when the child is transported for emergency care.  Notify parent of the emergency as soon as possible. If the parent can’t be reached, notify the child’s emergency contact person.  After the needs of the child and all children in care have been met, immediately notify the Enrollment Agency if the emergency involved death, serious incident, serious injury, serious condition, communicable illness *(as identified on the* ***New York State Department of Health list [DOH-389]****, accessible at*  [*https://www.health.ny.gov/forms/instructions/doh-389\_instructions.pdf*](https://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf)*),* or transportation to a hospital, of a child which occurred while the child was in care at the program or was being transported by a caregiver.  Other *(Explain below)* |
|  |

The emergency bag includes items that staff and children may need upon evacuation to help ensure children’s health and safety until help arrives. It might contain shoes for children, blue cards, extra diapers, bottles, blankets, a first aid kit, snacks, extra car keys, medication, and other necessary items. It is recommended to: use a bag with shoulder straps so staff can keep their hands free, designate a special place for the bag near the primary exit so staff can find and retrieve it quickly, and to bring this bag every time staff leave the program with the children.

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| **SECTION 5 – FIRST AID KIT** | |
| 1. A portable first aid kit will be kept in a clean container or cabinet not accessible children, and will be restocked as necessary.   B. The program’s first aid kit will be stored in the following area(s) in the program: *(List below.)* | |
|  | |
| C. The first aid kit will be stocked to treat a broad range of injuries and situations. The program’s first aid kit will  include, the following items: (Check all that will be included) | |
| First aid manual  Bandage tape  Cold pack  Disposable vinyl gloves  Roller gauze  Sterile gauze pads of various sizes  Sterile adhesive bandages  Soap  Thermometer  Tongue depressors | Tweezers, needles  Other: *(List below)* |
| Non-child-specific over-the-counter medicated topical ointments, lotions, creams, and sprays listed below: *(Programs must have parental permission to apply before using).* | |
| List: | |
| Non-child-specific over-the-counter medication listed below:  *(Programs that plan to store over-the-counter medication administered by any route other than topical* ***must be approved to administer medication and have all appropriate permissions*** *as required by regulation before administering the medication to a child.)* | |
| List: | |
| Child-specific emergency treatment medication *(e.g., EpiPen®, asthma inhalers)* in the first aid kit: *Programs must have all appropriate permissions and instructions as required by regulation before storing and administering the medication to a child.)* | |
| |  | | --- | | List:  Epinephrine auto-injector, EpiPen®  Diphenhydramine in combination with the epinephrine auto-injector  Asthma inhalers, nebulizers  Other (*describe*): | | |
| D. Staff will check each first aid kit contents and restock: *(Check all that apply.)*  After each use  Monthly  Other *(Explain below.)* | |
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| **SECTION 6 – HEALTH CARE PROCEDURES AND ADMINISTRATION OF MEDICATION** | | |
| 1. **Child Health** 2. The program cares for: (The program may describe the extent to which it will care for children who are ill by checking below.) | | |
| **Well children**  **Mildly ill children** who are able to participate in routine program activities with minor accommodations. A child who meets any of the following criteria is considered “mildly ill”:  • The child has symptoms of a minor childhood illness which does not represent a significant risk of serious infection to other children.  • The child does not feel well enough to participate comfortably in the usual activities of the program but is able to participate with minor modifications, such as more rest time.  • The care of the child does not interfere with the care or supervision of the other children.  **Moderately ill children** who require the services of a health care professional, but have been approved for inclusion by a health care provider to participate in the program. A child who meets any of the following criteria is considered “moderately ill”:  • The child’s health status requires a level of care and attention that cannot be accommodated in a child day care setting without the specialized services of a health professional.  • The care of the child interferes with the care of the other children and the child must be removed from the normal routine of the child care program and put in a separate designated area in the program, but has been evaluated and approved for inclusion by a health care provider to participate in the program.  **2.** The program may be required, as a reasonable accommodation under the Americans with Disabilities Act, to obtain approval to administer medication if the child needs the medication or medical treatment during program hours\*.  **3.** Children with special health care needs means:  • A child who has chronic physical, developmental, behavioral or emotional condition(s) expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally; or  • any child whose health care provider or parent identifies the child as having special health care needs.  A. Any child identified as a child with special health care needs will have a written Individual Health Care Plan. The child-specific plan identifies the child’s special health care needs and any special skills the child care provider needs to care for the child. This plan will be developed with the child’s parent and health care provider. The program must use form **OCFS-LDSS-7006,** *Individual Health Care Plan for a Child with Special Health Care Needs*, or an approved equivalent. Any other supplemental information must be attached to that form.  \*B. A reasonable accommodation under the Americans with Disabilities Act, the program may be required to obtain approval to administer medication if the child needs medication or medical treatment during program hours. | | |
| **B. Infection Control Procedures**  Does the program have any of the following procedures in place to reduce the risk of infection? *(Check all that apply.)* | | |
| Exclusion Criteria | Appendix B | Other (attach) |
| Hand Washing Procedure | Appendix C | Other (attach) |
| Diapering Procedure | Appendix D | Other (attach) |
| Safety Precautions Related to Blood | Appendix E | Other (attach) |
| Cleaning, Sanitizing and Disinfecting Procedure | Appendix F | Other (attach) |
| Gloving Procedure | Appendix G | Other (attach) |

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| **C. Staff Health Policies**   1. The director, each staff person and each volunteer with the potential for regular and substantial contact with children in care are physically fit to provide child care and are free of communicable disease unless the caregiver’s health care provider has indicated that the presence of a communicable disease does not pose a risk to the health and safety of the children in care. If the legally-exempt caregiver enrollment agency has reasonable cause to suspect that the information provided by the caregiver is incorrect, the legally-exempt caregiver enrollment agency may require the caregiver submit a statement from a physician, physician’s assistant or nurse practitioner verifying the information. 2. Does the program have criteria in place for staff persons and volunteers to return to work after contracting a contagious disease and/or a serious illness and/or who show signs and symptoms of illness that match the exclusion criteria for children in the program?   Yes (*Explain below.*)  No |
|  |
| **D. Program Policy on Administration of Medication to Children in Care**   1. The program will  * tell parents/caretakers the program’s policies and procedures for administering medication to children when the parent/caretaker signs up and whenever the plan is changed; and * let parents/caretakers read this document **when** they ask.  1. Program Decision Regarding Medication Administration   The program must state its policy regarding when it will administer medication. The program will administer the medication(s) indicated below:  **The program will administer**  over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellant;  child-specific emergency medications: epinephrine auto-injectors, diphenhydramine in combination with the auto-injector, asthma inhalers, and nebulizers.  prescription medication and over-the-counter medication not included above ***PLEASE NOTE:* This health care plan must be approved by a health care consultant**, as described in [**Section 9: Medication Administration**](#SectionNine_MedicaitonAdministration)  Non-child-specific stock epinephrine auto-injectors  **Explain below how the child’s needs will be met if a child requires other medication, not described above, during program hours.** |
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| **E. Who May Administer Medication** | |
| The program agrees to the following: | |
| 1) Only a trained (CPR, First Aid and Medication Administration) **designated staff person who is 18 years of age or older (Medication Administrant)** may administer to children medication except in those programs in which the only administration of medications that is offered is over‑the‑counter topical ointments, lotions, creams or sprays including sunscreen products and topically applied insect repellents, and/or epinephrine auto-injectors, diphenhydramine in combination with the auto‑injector, asthma inhalers, and nebulizers. *(See* [**Section 9: Medication Administration**](#SectionNine_MedicaitonAdministration).) | |
| 2) Anyone who is not qualified as set forth above or legally permitted to administer medication as set forth in Section 9 may ***only***administer over‑the‑counter topical ointment, sunscreen lotion, topically applied insect repellent, and/or epinephrine auto-injectors, diphenhydramine in combination with the auto‑injector, asthma inhalers, and nebulizers to children in care, if the other relevant requirements set forth herein are complied with. | |
| 3) A parent/caretaker may administer medication to his/her child while in the program’s care, if the parent/  caretaker chooses to do so. (See [F. Documenting Medication Administration by Parent and Relative](#F_DocumentingMedicationAdministrationbyP)below.) | |
| 4) A parent/caretaker may designate an adult family member to administer medication to his/her child **even if the program is not approved to administer medication**. Relatives who are legally permitted to administer medication to a child in care include the child’s: | |
| * grandparents * great-grandparents * great-great-grandparents * aunt/uncle and spouses | * great aunt/uncle and spouses * brother/sister * first cousin and spouses |
| 5) A parent/caretaker may designate an adult member of the child’s household to administer medication to his/her  child. | |
| 6) A parent/caretaker may designate a New York State licensed medical professional to administer medication to his/her child. | |
| 7) The parent/caretaker must inform the program in writing of any person he/she has designated to administer  medication to his/her child. | |
| **F. Documenting Medication Administration by Parent and Relative** | |
| 1. The program must have on file the required parental permissions and health care provider instructions, documented on form **OCFS‑LDSS‑7002,** *Written Medication Consent Form or an approved equivalent*.   2) When medication is administered to a child by any person, including a parent or a relative within the third degree of consanguinity of the parent or step-parent of the child during program hours, the dose and time of medication administration must be recorded on form **OCFS‑LDSS‑7004,** *Log of Medication Administration or an approved equivalent*. | |
| **G. School-Age Children Exemptions for Carrying and Administering Medication** | |
| When a program has agreed to administer an inhaler to a child with asthma or other diagnosed respiratory condition, or an epinephrine auto-injector for anaphylaxis, a school-age child may carry and use these devices during day care hours if the program secures written permission of such use of a duly authorized health care provider or licensed prescriber, written parental consent, and completes form **OCFS‑LDSS‑7006,** *Individual Health Care Plan for a Child with Special Health Care Needs* for the child.  The program must maintain on site:   * **OCFS‑LDSS‑7006,** *Individual Health Care Plan for a Child with Special Health Care Needs*; and * **OCFS‑LDSS‑7002,** *Written Medication Consent* Form denoting parental permission and health care provider or licensed prescriber instructions documenting permission for a school‑age child to carry an inhaler or auto-injector. | |

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| **H. Forms and Permissions** |
| The program will document medication consent and administration whenever applicable. If the program intends to use its own form to document administration of topical ointments, lotions, creams, and sprays, check the applicable box below: |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Type of Medication Administered** | | | | **Topical Ointments, Lotions and Creams, Sprays** | **Emergency Treatment** | **All Other Prescription Medication** | | **Written Medication Consent** | OCFS‑ LDSS‑7002  Program Form | OCFS‑ LDSS‑7002  Program Form | OCFS‑ LDSS‑7002  Program Form | | **Verbal Medication Consent** | OCFS‑ LDSS‑7002  Program Form | OCFS‑ LDSS‑7002  Program Form | OCFS‑ LDSS‑7002  Program Form | | **Logging of Medication Administration** | OCFS‑ LDSS‑7002  Program Form | OCFS‑ LDSS‑7002  Program Form | OCFS‑ LDSS‑7002  Program Form | |

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| **SECTION 7 – PROGRAMS THAT WILL ADMINISTER OVER‑THE‑COUNTER TOPICAL OINTMENTS, LOTIONS AND CREAMS, SPRAYS, INCLUDING SUNSCREEN PRODUCTS AND TOPICALLY APPLIED INSECT REPELLANT** |
| **A**. **Topical Ointments, Lotions and Creams, Sprays including Sunscreen Products and Topically Applied Insect Repellant (TO/S/R)**   1. The program will have parent permission to apply any over-the-counter topical ointments, lotions and creams, sprays including sunscreen products and topically applied insect repellant (TO/S/R). 2. Any TO/S/R will be applied in accordance with the package directions for use. If the parent’s   instructions do not match the package directions, the program will obtain health care provider or  authorized prescriber instructions before applying the TO/S/R.   1. All TO/S/R will be kept in its original container. Additionally, all child-specific TO/S/R will be labeled   with the child’s first and last names.  4. TO/S/R will be kept in a clean area that is inaccessible to children. State where these will be stored: |
|  |
| 5. All leftover or expired TO/S/R will be given back to the child’s parent for disposal. TO/S/R not picked  up by the parent may be disposed of.  6. All TO/S/R applied to a child during program hours will be documented and maintained in the  following way: *(Check all that apply; at least one MUST be selected.)*  On form **OCFS‑LDSS‑7004,** *Log of Medication Administration*  On a child-specific log *(Attach the form.)*  Other. *(Explain below.)* |
|  |
| 7. All observable side effects will be documented on form **OCFS‑LDSS‑7004,** *Log of Medication*  *Administration*. Parents will be notified immediately of any observed side effects. If necessary, emergency  medical services will be called. |
| 8. The program will: (*Check all that apply*.)  Apply over-the-counter TO/S/R which parents supply for their child.  Keep a supply of stock over-the-counter TO/S/R to be available for use on children whose parents have given consent. These include the following TO/S/R: (List below) |
|  |
| 9. The program will adhere to the following infection control guidelines whenever using TO/S/R:   * Hands will be washed before and after applying the TO/S/R. * Gloves will be worn when needed. * Describe below if the program has a policy on how to dispense stock TO/S/Rs from the container to the device or directly to the child without possible contamination |
|  |
| 10. Does the program have a procedure in place to protect children in the absence of parental permission to apply TO/S/R, such as sunscreen or insect repellant? If so, please explain. |
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| **SECTION 8-PROGRAMS THAT WILL ADMINISTER CHILD-SPECIFIC EMERGENCY MEDICATION: EPINEPHRINE AUTO-INJECTORS, DIPHENHYDRAMINE IN COMBINATION WITH THE EPINEPHRINE AUTO-INJECTOR, ASTHAM INHALERS, AND NEBULIZERS** |
| Emergency medications include the administration of epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto‑injector, asthma inhalers, and nebulizers.  Emergency medications through the use of child-specific epinephrine auto‑injectors, diphenhydramine when prescribed for use in combination with the epinephrine auto‑injector, asthma inhalers, and/or nebulizers may be administered by staff who are NOT authorized to administer medication when necessary to prevent or treat anaphylaxis or breathing difficulty for an individual child when the parent and the child’s health care provider have indicated such treatment is appropriate.  Additionally:   * One or more staff who have been instructed on the use of the auto-injector, diphenhydramine, asthma medication, or nebulizer by the parent, health care provider or a health care consultant must be present during all of the hours the child with the potential emergency condition is in care and must be listed on the child’s **OCFS‑LDSS-7006***, Individual Health Care Plan for a Child with Special Health Care Needs.* * The staff administering the auto-injector, diphenhydramine, asthma medication, or nebulizer must be at least 18 years old, unless the administrant is the parent of the child. * Staff must immediately contact 911 after administering epinephrine. * If an inhaler or nebulizer for asthma is administered, staff must call 911 if the child’s breathing does not return to normal after its use. * Storage, documentation of medication administration, and labeling of the auto-injector, asthma inhaler, and asthma nebulizer must be in compliance with all applicable regulations. |
| State where these emergency treatment medications will be stored: |
| When the program intends to administer emergency medication, the program will obtain the appropriate permissions and instructions on the use and administration of the emergency medication, including the following documents for each applicable child:   * A completed **OCFS‑LDSS‑7006,** *Individual Health Care Plan for a Child with Special Health Care Needs.*   *(See Section B: Children with Special Health Care Needs).*   * The **OCFS‑LDSS‑7002,** *Medication Consent Form,* which documents written permission from the parent to administer the emergency medication as prescribed by the child’s health care provider. |

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| **SECTION 9 – MEDICATION ADMINISTRATION - (PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS THAT REQUIRE HEALTH CARE CONSULTANT APPROVAL)** | | | | | |
| *This section is completed ONLY by programs which will administer the medications below:*   * + - * 1. *prescription medication and over‑the‑counter medications other than TO/S/R’s* | | | | | |
| 1. **Qualifications of the Medication Administrant** *Give the name and qualifications for the person designated to administer medication to children. Such a person must may only administer medication if they meet requirements 3-4.* | | | | | |
| 1. **Name:** | | | | | |
| 1. **Role:** | | | | | |
| 1. **Basic Requirements.** The Medication Administrant is:   18 years of age or older  able to read, write and speak the language in which parent/caretaker permissions and health care provider instructions will be spoken and written. | | | | | |
| 1. **Qualifications:** *(Indicate the Medication administrant’s qualifications below.)* | | | | | |
|  | 1. **Certified to Administer Medication: The Medication Administrant meets the Office of Children and Family Services (OCFS) training requirements.** *(Place a check in front of each training that was completed and give requested dates. A copy of each certificate must be kept on file and be accessible at the time of inspection.)* | | | | |
|  | | | **Certification date** | **Expiration date** |
| Cardio-pulmonary resuscitation (CPR)  (Appropriate to the ages of children in care) | | | **/       /** | **/** **/** |
| First Aid  (Appropriate to the ages of children in care) | | | **/       /** | **/       /** |
| Medication Administration Training (MAT) | | | **/       /** | **/       /** |
|  | 1. **Authorized: The Medication Administrant is a trained medical professional (Physician, physician assistant, RN, NP, LPN or Advanced EMT) with a license issued by NYS Department of Education (NYSED) or certification issued by NYS Department of Health (NYSDOH).**   *(Provide details of the license/certification below and attach a copy.)* | | | | |
| Type of license/certification: | | | | |
| License/certification number: | | | | |
| Expiration date: | | | | |
| 1. **Administering Medication** | | | | | |
| The program understands and agrees to the following: | | | | | |
| 1. The Medication Administrant may give medication in the following ways (routes): | | | | | |
| * Topical * Oral * Eye | | * Ear * Inhaled * Medication patches | * Epinephrine auto-injector devices (EpiPens®) | | |
| Medication may be administered by injection, vaginally or rectally only:  • where the child’s parent and health care provider have indicated such treatment is appropriate and the administrant has received instruction on the administration of the medication;  • for a child with special health care needs, where the parent, program and child’s health care provider have agreed on a plan pursuant to which medication may be administered in such a manner; or  • where the administrant has a valid license as set forth in Section 9(A)(4)(b) above. | | | | | |

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| **SECTION 9 – MEDICATION ADMINISTRATION**  **(PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS THAT REQUIRE HEALTH CARE CONSULTANT APPROVAL)-continued** |
| 1. Will a Medication Administrant will be on site at all times?   Yes  No |
| Explain below how the child’s needs will be met if a child requires medication, and the medication administrant is not on site, during program hours. |
|  |
| **C. Parent/Caretaker Permission and Health Care Provider Instructions Required Before Administering Medication** |
| The program will: |
| 1. Always obtain and document parental consent for administration of any medication by using the appropriate form: 2. **OCFS‑LDSS‑7002,** *Written Medication Consent Form* or   **b. OCFS‑LDSS‑7003,** *Verbal Medication Consent Form and Log of Administration* |
| 2) Follow all regulations in 418-1.11 for getting and keeping records of parent/caretaker permission and health care provider instructions. |
| 3) Get instructions from the child’s health care provider, whenever required by OCFS, before administering medication to a child. |
| **D. Administering Medication with Verbal Permissions and Instructions** |
| 1) Except as noted in the table below, MAT-certified programs must have *written* parental/caretaker permission and *written* health care provider instructions to administer medication (other than TO/S/R) to children. (*All permissions for medications given on an ongoing, long-term basis must be updated every 12 months for children age five or older or every six months for children under five).* |
| |  |  |  | | --- | --- | --- | | ***Parental Permissions/Health Care Provider Instructions Required*** | | | |  | **One Day Only** | **Ensuing Days or Ongoing Basis** | | **Children up to 18 months of age**2 | *Verbal* parental permission and *verbal* health care provider instructions | *Written* parental permission and *written* health care provider instructions | | **Children 18 months of age and older**2 | *Verbal* parental permission  (If verbal parental permission differs from usage instructions on the medication container, *verbal* health care provider instructions are required.) | |

2 Legally Exempt group programs are not permitted to enroll children under the age of three (3), except for specific exceptions outlined in regulation:

*“Child care assistance cannot be authorized for a child under three years of age for child care provided in a legally-exempt child care group program, except for:*

*child care programs located on Federal or tribal property which are operated in compliance with the applicable Federal or tribal laws and regulations for such child care programs; or*

*a child who is at least two years of age at the beginning of the school year but will turn three years of age on or before the applicable calendar date for which a child must be at least five years of age to be eligible for admission to school; such a child shall be considered three years of age for the purposes of staff-to-child ratio and maximum group size.”*

*report it within 24 hours to OCFS by using* ***OCFS LDSS 7005****, Medication Error Report Form. (Report this to the applicable enrollment agency.)*

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| 2) The program will document *all* permission and instructions received. (*See C [1] above.*)  3) When receiving *verbal* instructions from the health care provider, the program will ask the health care provider to send *written* instructions to the program.  4) The program will check for any special instructions on the container.  5) The Medication Administrant will follow the instructions on the container when administering over‑the‑counter medication/ointment. |
| **E. Keeping Track of Medication Dosages and Time** |
| The program agrees to the following: |
| 1) For each child who receives medication while in the program’s care, the program will keep form **OCFS‑LDSS‑7004,** *Log of Administration* with the child’s name on it. |
| 2) Each time medication is administered, the person who administers the medication will record on form **OCFS‑LDSS‑7004,** *Log of Administration* for that child:   * the medication given; * the amount given (dosage); * the date and time it is given; and * his/her signature. |
| 3) If any mistake is made administering medication, the program will:   * 1. report it immediately to the child’s parent/caretaker, and tell the parent/caretaker to inform the child’s health care provider; and report it within 24 hours to OCFS by using **OCFS‑LDSS‑7005,** *Medication Error Report*Form. *(Report this to the applicable enrollment agency.)* |
| b. report it within 24 hours to OCFS by using **OCFS LDSS 7005**, *Medication Error Report* Form. (Report this to the applicable enrollment agency.) |
| 4) When a child has side effects to a medication, the program will:   * 1. tell the child’s parent/caretaker;   2. document all side effects on form **OCFS‑LDSS‑7004,** *Log of Administration*;   3. report side effects to the health care provider, when appropriate; and   4. obtain medical help, if needed. |
| 5) When the program administers any “as needed” medication to a child, the program will tell the child’s parent/caretaker and record this on form **OCFS‑LDSS‑7004,** *Log of Administration*. |
| 6) When the health care provider instructions for administering a medication are not the same as the instructions on the label, the program will use the following procedure to let the Medication Administrant know this: |
|  |
| * ***Note:*** *Any changes in the medication authorization related to dosage, time or frequency of administration shall require a program to obtain new instructions written by the licensed authorized prescriber. All other changes to the original medication authorization require a change in the prescription.* |
| 7) If a child should miss a dosage for any reason, the program will document the missing dosage on form **OCFS‑LDSS‑7004**, *Log of Administration*. |
| **F. Storage and Disposal of Medications including Controlled Substances** |
| The program will: |
| 1) Keep all medication (prescription and over-the-counter) in the original, labeled bottles. All child‑specific medication (prescription) must be labeled with the child’s first and last name and all other information required by regulation. The program will not give children any medication that is not in its original bottle. |
| 2) Store all medication in a clean, safe place that children cannot reach or get into.  (*Explain where the program will store medication*.) |
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| 3) Store medication in a refrigerator when the medication needs to be refrigerated. |
| 4) When medication is refrigerated, the program will keep it separated from food by storing it in:   * a separate refrigerator used for medicine only, OR * a larger, sealed, leak-proof container in a designated area of the refrigerator, separated from food. |
| 5) The program will return out-of-date or leftover medication to the parent/caretaker. |
| 6) How often will the program check for out-of-date or leftover medications?  Weekly  Monthly  Other: *(Explain below.)* |
|  |
| 7) If a parent/caretaker(s) does not take the medication, I will throw the medication out in a way that it is safe. |
| **SECTION 10 – STOCK MEDICATION PROCEDURES** |
| *Complete this section* ***ONLY*** *if the program wants to be permitted to keep “stock” medication. Stock medication is over-the-counter (non-prescription) medication or non‑patient‑specific epinephrine auto‑injectors (such as EpiPen®) used when a child gets sick unexpectedly, while in care.*  *The program may keep a supply of stock medication for children only if the program’s Health Care Consultant approves of the program’s policies and procedures stated in this section.*  *If the program chooses to stock non‑patient‑specific epinephrine auto‑injectors (such as EpiPen®), they must also comply with* **Appendix H: Procedures for Programs that Will Administer Stock Non‑Patient‑Specific Epinephrine Auto-Injectors*.*** |
| **The program wishes to keep a supply of the following “stock” medication:** *(Select all that apply.)*  Over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellant (TO/S/Rs)  Over-the-counter medications (orals like Tylenol/Advil or Benadryl, nasal sprays, eye drops)  Emergency medications, such as epinephrine auto-injectors  **The program agrees to the following regarding “stock” medication:** |
| 1) The program will not stock any *prescription* medication, except non‑patient‑specific epinephrine auto‑injectors (such as EpiPen®) in accordance with New York State Public Health Law. |
| 2) The program will use the procedures stated in this plan for “Storage and Disposal of Medication” for any “stock” medication. |
| 3) The program will not keep stock medication in the same place where any “child specific” medication is kept. |
| 4) The program will keep all stock medication in the original container with the following information:   * + Name of medication;   + Reasons for use;   + Directions for how to use, including route of administration;   + Dosage instructions;   + Possible side effects and/or adverse reactions;   + Warnings or conditions under which it is inadvisable to administer the medication; and   + Expiration date. |
| 5) When administering stock medication, the Medication Administrant will follow the directions on the package, including any age-specific special instructions. |
| 6) When the Medication Administrant removes stock medication from the original container to a measuring spoon or other measuring tool, he/she will do so in a way that will not contaminate the stock medication. |

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| 7) Stock medication will be administered to each child with a medicine cup, dosing spoon, or other measuring tool, which is used only for that child. The program will label each measuring tool with the child’s name. |
| 8) The program will follow all regulations related to parent/caretaker or guardian permissions and health care provider instructions. Except as noted in the table below, MAT-certified programs must have *written* parental/caretaker permission and *written* health care provider instructions to administer stock medication to children, with the exception of over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellant (TO/S/Rs). (All permissions for medications given on an ongoing, long-term basis must be updated every 12 months for children age five or older or every six months for children under five). |
| |  |  |  | | --- | --- | --- | | **Parental Permissions/Health Care Provider Instructions Required** | | | |  | **One Day Only** | **Ensuing Days or Ongoing Basis** | | **Children up to 18 months of age**3 | *Verbal* parental permission and *verbal* health care provider instructions | *Written* parental permission and *written* health care provider instructions | | **Children 18 months of age and older**3 | *Verbal* parental permission  (If verbal parental permission differs from usage instructions on the medication container, *verbal* health care provider instructions are required.) | |
|  |
| 9) The program will document *all* permission and instructions received. |
| 10) When receiving *verbal* instructions from the health care provider, the program will ask the health care provider to send *written* instructions to the program. |
| 11) Programs that stock non-child-specific epinephrine auto-injectors must comply with the requirements in **Appendix H: Procedures for Programs that Will Administer Stock Non‑Patient‑Specific Epinephrine Auto-Injectors.** |

*3See footnote on page 14*

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| **SECTION 11 – STATEMENTS** | | | |
| **A. Confidentiality Statement** | | | |
| Information about any child in the program is confidential and will not be given to anyone except OCFS, its designees or other persons authorized by law.  Health information about any child in the program can be given to the social services district upon request if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law. | | | |
| **B. Americans with Disabilities Act (ADA) Statement** | | | |
| The program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in the program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, the program will assess the ability of the program to meet the needs of the child. If the program can meet the needs of the child without making a fundamental alteration to the program and the child will need regular or emergency medication, the program will follow the steps required to have the program approved to administer medication. | | | |
| **C. Enrolled Legally-Exempt Group Program Statement** | | | |
| It is the program’s responsibility to follow the health care plan and all legally‑exempt group child care program regulations.  The Enrollment Agency (EA) must review and approve this health care plan for legally-exempt group programs that apply to receive the enhanced rate.  A Health Care Consultant must review and approve this health care plan for legally-exempt group child care programs that wish to administer medication other than over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellant, and/or epinephrine auto injectors, diphenhydramine in combination with the auto injector, asthma inhalers and nebulizers. A Health Care Consultant is a currently NYS-licensed physician (MD, DO), Physician Assistant (PA), Nurse Practitioner (NP) or Registered Nurse (RN). | | | |
| Program Name (please print): | | CCFS Facility ID #: | |
| Director Signature: | Director Name (please print): | | Date:        /       / |

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| **SECTION 12 - CHANGES TO THE HEALTH CARE PLAN FOR ADMINISTRATION OF MEDICATION** |
| There are four kinds of changes to the plan: updates, renewals, amendments and revocations.  **The program, if applicable, understands and agrees to the following:** (Check “Yes” or “No” for each statement, based on your policy and procedure.) |

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | I will update the section for “Qualifications of the Person Designated to Administer Medications” by:   * Making sure that the person designated to give medicine attends training to renew his or her certifications in MAT, CPR, and First Aid, and * Adding the dates of recertification and certificate expiration for each of the three required trainings in my plan, and * Keeping the original certificates of completion for each training,  OR  * When the person designated to give medicine is a licensed medical professional, I will record the new expiration date of the license and keep a copy of the license on file. |
|  |  | I will show the certificates and updates to my Health Care Consultant upon request. |
|  |  | I will renew my Health Care Plan for Administration of Medication every two years, if I want to continue giving medicine at my child care program.   * I will complete a new plan including all updates and changes. * I will have a health consultant visit my child care program at least once every two years. * A health care consultant will review and approve the revised plan. * I will submit the approval page to the enrollment agency. |
|  |  | I will amend my Health Care Plan for Administration of Medication when my policies and procedures for giving medicine need to change.   * I will change the Health Care Plan for Administration of Medication. * A health care consultant will review and approve the amended plan * I will submit the new approval page to the enrollment agency. |
|  |  | If my Health Care Consultant revokes my Health Care Plan for Administration of Medication, I will tell the parent/ caretaker of all children in my care and enrollment agency before the next day the program operates. |

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| **SECTION 13 - APPROVALS** |
| **A. Health Care Consultant Approval** |
| ***Section 13 must be completed and signed by the Health Care Consultant (HCC) whenever Sections 9 or 10 are required.*** *The approval of the HCC is required when the program will administer medication other than over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellant; and/or emergency medications: epinephrine auto injectors, diphenhydramine in combination with the auto injector, asthma inhalers, and nebulizers.* |
| 1. **Health Care Consultant Information**   I have a valid New York State license to practice as a physician, physician assistant, nurse practitioner, or registered nurse. |
| |  |  |  |  | | --- | --- | --- | --- | | HCC Name ***(Please print clearly)*:** | | | | | A HCC must have a valid NYS license to practice as a physician, physician assistant, nurse practitioner or registered nurse. | **Profession** | **License Number** | **Expiration Date** | | Physician |  | /       / | | Physician Assistant |  | /       / | | Nurse Practitioner |  | /       / | | Registered Nurse |  | /       / |   ***(Check all that apply; at least one MUST be selected.)*** |

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| 1. **Health Care Consultant Attestation**   In signing this document, I understand:   * I am responsible for reviewing the policies and procedures for the administration of medication to children in this child care program who are receiving child care subsidy, as set forth in this health care plan. This review process includes a site visit and the verification of staff qualifications for all staff designated to administer medication, including: * the review of documents that show the individuals have the necessary professional license or have completed the required training; * proof that the person giving the medicine is at least 18 years of age; and * a determination that the person giving the medicine is literate in the language that the health care provider’s instructions and the parent’s/caretaker’s permissions are provided. * I may revoke my approval of this health care plan. If I revoke my approval of this health care plan for any reason, I must notify the provider immediately. I may also notify the enrollment agency. * I need to visit the program site at least once every two years, or more frequently if this health care plan changes. * I approve this health care plan as written as of the date indicated next to my signature below. | | | |
| HEALTH CARE CONSULTANT SIGNATURE | | DATE SIGNED (PLAN APPROVAL DATE)        /       / | |
| ADDRESS | | PHONE NUMBER  (     )       - | |
| **B. Enrollment Agency Approval** | | | |
| The enrollment agency must review and approve the health care plan for programs that do not administer any medication but apply for the enhanced rate. Health care plans which have been approved by a health care consultant must be reviewed by the enrollment agency prior to approving the enhanced rate. *Submit a copy of this health care plan to your enrollment agency.* | | | |
| **FOR ENROLLMENT AGENCY USE ONLY** | | | |
| ENROLLMENT AGENCY | | | DATE RECEIVED        /       / |
| ENROLLMENT AGENCY STAFF NAME *(Please print)* | ENROLLMENT AGENCY STAFF SIGNATURE | | DATE APPROVED        /       / |

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| **APPENDIX A – DAILY HEALTH CHECK PROCEDURE** |
| Program staff must conduct a daily health check when the child arrives at the program. Check the following while at the child’s level so you can interact with the child when talking with the parent:   1. Child’s behavior: is it typical or atypical for time of day and circumstances? 2. Child’s appearance:  * Skin: pale, flushed, rash *(Feel the child’s skin by touching affectionately.)* * Eyes, nose, and mouth: note color; are they dry or is there discharge? Is child rubbing * eye, nose, or mouth? * Hair *(In a lice outbreak, look for nits within ¼" of the scalp.)* * Breathing: normal or different; cough  1. Check with the parent:  * How did the child seem to feel or act at home? * Sleeping normally? * Eating/drinking normally? When was the last time child ate or drank? * Any unusual events? * Bowels and urine normal? When was the last time child used toilet or was changed? * Has the child received any medication or treatment?  1. Any evidence of illness or injury since the child was last participating in child care? 2. Any indications of suspected child abuse or maltreatment?   Document that the daily health check has been completed. Use form **LDSS-7026-1,** *Attendance Sheet for Enrolled Legally-Exempt Child Care Program*to meet this requirement.  Any signs of illness, communicable disease, injury and/or suspected abuse and maltreatment found will be documented and kept on file for each child in accordance with [**Section 3, Daily Health Checks**](#_SECTION_3_–)**.** |

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| **APPENDIX B – EXCLUSION CRITERIA** |
| The key criteria for exclusion of children who are ill (adapted from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*) are:   * The child is too ill to participate in program activities. * The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children; * An acute change in behavior – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash; * Fever:   + Temperature above 101°F [38.3°C] orally, or 100°F [37.8°C] or higher taken axillary (armpit) or measured by an equivalent method, AND accompanied by behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea, breathing difficulty or cough). * Diarrhea:   + Diapered children whose stool is not contained in the diaper or if the stool frequency exceeds two or more stools above normal for the child.   + Toilet-trained children if the diarrhea is causing soiled pants or clothing.   + Blood or mucous in the stools not explained by dietary change, medication, or hard stools.   + Confirmed medical diagnosis of salmonella, E. coli, or Shigella infection, until cleared by the child’s health care provider to return to the program. * Vomiting more than two times in the previous 24 hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated. * Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness. * Mouth sores with drooling unless the child’s health care provider states that the child is not infectious. * Active tuberculosis until the child’s primary care provider or local health department states child is on appropriate treatment and can return. * Streptococcal pharyngitis (strep throat or other streptococcal infection) until 24 hours after treatment has started. * Head lice until after the first treatment (note: exclusion is not necessary before the end of the program day). * Scabies until treatment has been given. * Chickenpox (varicella) until all lesions have dried or crusted (usually six days after onset of rash). * Rubella until six days after rash appears. * Pertussis until five days of appropriate antibiotic treatment. * Mumps until five days after onset of parotid gland swelling. * Measles until four days after onset of rash. * Hepatitis A virus infection until the child is approved by the health care provider to return to the program. * Any child determined by local health department to be contributing to the transmission of illness during an outbreak.   Impetigo until treatment has been started. |

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| **APPENDIX C – HAND WASHING PROCEDURE** |
| Staff and volunteers must thoroughly wash their hands with soap and running water:   * At the beginning of each day. * Before and after the administration of medications. * When they are dirty. * After toileting or assisting children with toileting. * After changing a diaper. * Before and after food handling or eating. * After handling pets or other animals. * After contact with any bodily secretion or fluid. * After coming in from outdoors.   Staff and volunteers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water:   * When they are dirty. * After toileting. * Before and after food handling or eating. * After handling pets or other animals. * After contact with any bodily secretion or fluid. * After coming in from outdoors.   All staff, volunteers, and children will wash their hands using the following steps:   1. Moisten hands with water and apply liquid soap. 2. Rub hands with soap and water for at least 30 seconds – remember to include between fingers, under and around fingernails, backs of hands, and scrub any jewelry. 3. Rinse hands well under running water with fingers down so water flows from wrist to fingertips. 4. Leave the water running. 5. Dry hands with a disposable paper towel or approved drying device. 6. Use a towel to turn off the faucet and, if inside a toilet room with a closed door, use the towel to open the door. 7. Discard the towel in an appropriate receptacle. 8. Apply hand lotion, if needed.   When soap and running water is not available and hands are visibly soiled, individual wipes may be used in combination with hand sanitizer. The use of hand sanitizers on children under the age of 2 years is prohibited. |

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| **APPENDIX D – DIAPERING PROCEDURE** |
| Diapering will be done only in the selected diapering area. Food handling is not permitted in diapering areas.  Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices. All containers of skin creams and cleaning items are labeled appropriately and stored off the diapering surface and out of reach of children.  Diapers will be changed using the following steps:   1. Collect all supplies, but keep everything off the diapering surface except the items you will use during the diapering process. Prepare a sheet of non-absorbent paper that will cover the diaper changing surface from the child’s chest to the child’s feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves and a plastic bag for any soiled clothes. 2. Wash hands and put on gloves. Avoid contact with soiled items. Items that come in contact with items soiled with stool or urine will have to be cleaned and sanitized. Carry the baby to the changing table, keeping soiled clothing from touching the staff member’s or volunteer’s clothing. Bag soiled clothes and, later, securely tie the plastic bag to send the clothes home. 3. Unfasten the diaper, but leave the soiled diaper under the child. Hold the child’s feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and later report any skin problems. 4. Remove the soiled diaper. Fold the diaper over and secure it with the tabs. Put it into a lined, covered or lidded can and then into an outdoor receptacle or one out of reach of children. If reusable diapers are being used, put the diaper into the plastic-lined covered or lidded can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper. 5. Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, then fold the disposable paper over on itself from the end under the child’s feet so that a clean paper surface is now under the child. 6. Remove your gloves and put them directly into the covered or lidded can. 7. Slide a clean diaper under the baby. If skin products are used, put on gloves and apply product. Dispose of gloves properly. Fasten the diaper. 8. Dress the baby before removing him from the diapering surface. 9. Clean the baby’s hands, using soap and water at a sink if you can. If the child is too heavy to hold for hand washing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child’s hands. Take the child back to the child care area. 10. Clean and disinfect the diapering area:  * Dispose of the table liner into the covered or lidded can. * Clean any visible soil from the changing table. * Spray or wipe the table so the entire surface is wet with an Environmental Protection Agency (EPA)-registered product, following label directions for disinfecting diapering surfaces. * Leave the product on the surface for the amount of time required on the label, then wipe the surface or allow it to air dry.   11) Wash hands thoroughly. |

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| **APPENDIX E – SAFETY PRECAUTIONS RELATED TO BLOOD** |
| All staff will follow standard precautions when handling blood or blood-contaminated body fluids. These are:   * 1. Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood or blood-contaminated body fluids.   2. Staff are to be careful not to get any of the blood or blood-contaminated body fluids in their eyes, nose, mouth, or any open sores.   3. Clean and disinfect any surfaces, such as countertops and floors, onto which blood has been spilled.   4. Discard blood-contaminated material and gloves in a plastic bag that has been securely sealed. Clothes contaminated with blood must be returned to the parent at the end of the day.   5. Wash hands using the proper hand washing procedures.   **In an emergency, a child’s well-being takes priority. A bleeding child will not be denied care even if gloves are not immediately available.** |

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| **APPENDIX F – CLEANING, SANITIZING AND DISINFECTING PROCEDURE** |
| **Equipment, toys, and objects used or touched by children will be cleaned, and sanitized or disinfected, as follows:**   1. Equipment that is frequently used or touched by children on a daily basis must be cleaned and then sanitized or disinfected, using an EPA-registered product, when soiled and at least once weekly. 2. Carpets contaminated with blood or bodily fluids must be spot-cleaned. 3. Diapering surfaces must be disinfected after each use, with an EPA-registered product, following label directions for disinfecting diapering surfaces. 4. Countertops, tables and food preparation surfaces *(including cutting boards)* must be cleaned and sanitized before and after food preparation and eating. 5. Potty chairs must be emptied and rinsed *after each use*, and cleaned and then sanitized or disinfected *daily* with a disinfectant with an EPA-registered product, following label directions for that purpose. If more than one child in the program uses the potty chair, the chair must be emptied, rinsed, cleaned and sanitized or disinfected with an EPA‑registered product *after each use.* Potty chairs must not be washed out in a hand washing sink, unless that sink is cleaned, then disinfected after such use. 6. Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap, and towels accessible to the children. 7. All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and then sanitized or disinfected, using an EPA-registered product, following label directions for that purpose, as needed to protect the health of children.   Thermometers and toys mouthed by children must be washed and disinfected using an EPA‑registered product following label directions for that purpose before use by another child. |
| |  | | --- | | **Sanitizing and Disinfecting Solutions**  Unscented chlorine bleach is the most commonly used sanitizing and disinfecting agent, because it is affordable and easy to get. The State Sanitary Code measures sanitizing or disinfecting solution in “parts per million,” but programs can make the correct strength sanitizing or disinfecting solution *(without having to buy special equipment)* by reading the label on the bleach container and using common household measurements.  **Read the Label**  Sodium hypochlorite is the active ingredient in chlorine bleach. Different brands of bleach may have different amounts of this ingredient: *the measurements shown in this appendix are for bleach containing 6 percent to 8.25 percent sodium hypochlorite*. The only way to know how much sodium hypochlorite is in the bleach is by reading the label. Always read the bleach bottle to determine its concentration before buying it. If the concentration is not listed, you should not buy that product.  **Use Common Household Measurements**  Using bleach that contains 6 percent to 8.25 percent sodium hypochlorite, programs need to make two standard recommended bleach solutions for spraying nonporous or hard surfaces and a separate solution for soaking toys that have been mouthed by children. Each spray bottle should be labeled with its respective mixture and purpose. Keep it out of children’s reach. The measurements for each type of sanitizing or disinfecting solution are specified on the next page. | |

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**SPRAY BLEACH SOLUTION #1 (for food contact surfaces)**

Staff will use the following procedures for cleaning and sanitizing nonporous hard surfaces such as tables, countertops and high chair trays:

* + - 1. Wash the surface with soap and water.
      2. Rinse until clear.
      3. Spray the surface with a solution of ***½* teaspoon of bleach to 1 quart of water** until it glistens.
      4. Let sit for two minutes.
      5. Wipe with a paper towel or let air-dry.

**SPRAY BLEACH SOLUTION #2 (for diapering surfaces or surfaces that have been contaminated by blood or bodily fluids)**

Staff will use the following procedures for cleaning and disinfecting diapering surfaces or surfaces that have been contaminated by blood or bodily fluids:

1. Put on gloves.
2. Wash the surface with soap and water.
3. Rinse in running water until the water runs clear.
4. Spray the surface with a solution of **1 tablespoon of bleach to 1 quart of water** until it glistens
5. Let sit for two minutes.
6. Wipe with a paper towel or let air-dry.
7. Dispose of contaminated cleaning supplies in a plastic bag and secure.
8. Remove gloves and dispose of them in a plastic-lined receptacle.
9. Wash hands thoroughly with soap under running water.

**SOAKING BLEACH SOLUTION (for sanitizing toys that have been mouthed)**

Staff will use the following procedure to clean and sanitize toys that have been mouthed by children:

* + - 1. Wash the toys in warm soapy water, using a scrub brush to clean crevices and hard-to-reach places.
      2. Rinse in running water until water runs clear.
      3. Place toys in soaking solution of **1 teaspoon of bleach to 1 gallon of water**.
      4. Soak for five minutes.
      5. Rinse with cool water.
      6. Let toys air-dry.

When sanitizing or disinfecting equipment, toys, and solid surfaces the program will use:  
*(Check all that apply; at least one MUST be selected.)*

EPA-registered product approved for sanitizing and disinfecting, following manufacturer instructions for mixing and application

Bleach solution made fresh each day

* Spray solution #1: **½teaspoon of bleach to 1 quart of water.**
* Spray solution #2: **1 tablespoon of bleach to 1 quart of water.**
* Soaking solution: **1 teaspoon of bleach to 1 gallon of water.**

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| **APPENDIX G – GLOVING PROCEDURE** |
| |  |  | | --- | --- | | **DONNING** | | | 1. Wash hands. |  | | 1. Put on a clean pair of gloves. Do not reuse gloves. | | **REMOVAL and DISPOSAL** | | | 1. Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only. |  | | 1. Ball up the first glove in the palm of the other gloved hand. |  | | 1. Use the non-gloved hand to strip the other glove off. Insert a finger underneath the glove at the wrist and push the glove up and over the glove in the palm. The inside surface of your glove and your ungloved hand are considered clean. Be careful to touch clean surfaces to clean surfaces only. *Do not touch the outside of the glove with your ungloved hand.* |  | | 1. Drop the dirty gloves into a plastic-lined trash receptacle. | \_\_ | | 1. Wash hands. |  |   **Glove use does not replace hand washing. Staff** **must always wash their hands after removing and disposing of medical gloves.** |

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| **APPENDIX H – PROCEDURES FOR PROGRAMS THAT WILL ADMINISTER STOCK NON‑PATIENT‑SPECIFIC EPINEPHRINE AUTO-INJECTORS** |
| The program will purchase, acquire, possess and use non-patient-specific epinephrine auto‑injector devices for emergency treatment of a person appearing to experience anaphylactic symptoms.  **The program agrees to the following**:   * The program will designate one or more employee(s) or caregiver(s) who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the non-patient-specific epinephrine auto-injector devices acquired by the program. The designated employee(s) or caregiver(s) may not use a non-patient-specific epinephrine auto-injector device on behalf of the program until he or she has successfully completed a training course in the use of epinephrine auto-injector devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity, or individual approved by DOH, or is directed in a specific instance to use an epinephrine auto‑injector device by a health care practitioner who is authorized to administer drugs, and who is acting within the scope of his or her practice. The required training must include: (i) how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; (ii) recommended dosage for adults and children; (iii) standards and procedures for the storage and administration of an epinephrine auto‑injector devices; and (iv) emergency follow-up procedures. * Verification that each designated employee or caregiver has successfully completed the required training will be kept on-site and available to OCFS or its representatives. * By way of this form’s completion and submission to OCFS, the program is requesting a waiver of regulation 415.4(f)(7)(v)(z) in order to stock non-patient-specific epinephrine auto‑injector devices pursuant to New York Public Health Law Section 3000-c. * The program will obtain a non-patient-specific prescription for an epinephrine auto-injector device from a health care practitioner or pharmacist who is authorized to prescribe an epinephrine auto-injector device. * The program will obtain the following epinephrine auto-injector devices. (*Check all that apply*):   + Adult dose (0.3 mg) for persons 66 lbs. or more.   + Pediatric dose (0.15 mg) for persons who are 33-66 lbs.   + Infant dose (0.1 mg) for persons who are 16.5-33 lbs. * For children weighing less than 16.5 lbs., or for whom the program does not stock the appropriate dose, the program will **NOT** administer epinephrine auto‑injector devices, but will call 911. * The program will check the expiration dates of the epinephrine auto-injector devices and dispose of units before each expires. The program will check the expiration date of these units:   Every three months  Every six months  Other:   * The program will dispose of expired epinephrine auto-injector devices at:   A licensed pharmacy, health care facility, or a health care practitioner’s office.  Other:   * The program understands that it must store the epinephrine auto-injector device in accordance with all of the following:   + In its protective plastic carrying tube in which it was supplied (*original container*)   + In a place that is easily accessed in an emergency   + In a place inaccessible to children   + At room temperature between 68 and 77 degrees   + Out of direct sunlight   + In a clean area   + Store separately from child specific medication |

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| * Stock medication labels must have the following information on the label or in the package insert:   + Name of the medication   + Reasons for use   + Directions for use, including route of administration   + Dosage instructions   + Possible side effects and/or adverse reactions, warnings or conditions under which it is inadvisable to administer the medication, and expiration date * The program will call 911 immediately and request an ambulance after the designated employee or caregiver administers the epinephrine auto-injector device. * Form **OCFS‑LDSS‑7004,** *Log of Medication Administration* will be completed after the administration of the epinephrine auto-injector device to any child in care. * In the event that an epinephrine auto-injector device is administered to a child experiencing anaphylaxis, the program will report the incident immediately to the parent of the child and OCFS (Regional or Borough office). The following information should be reported:   + Name of the epinephrine auto-injector device   + Location of the incident   + Date and time epinephrine auto-injector device was administered   + Name, age and gender of the child (to OCFS only)   + Number and dose of the epinephrine auto-injector administered   + Name of ambulance service transporting child   + Name of the hospital to which child was transported   Keep this completed form on-site as part of the health care plan, share with any health care consultant associated with the program, and send a signed copy to your Enrollment Agency. |