

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

HEALTH CARE PLAN
Day Care Center

PROGRAM NAME:

Childcare of Brockport LCC, DBA: The Schoolhouse of Brockport

LICENSE NUMBER:

885685

DATE HEALTH CARE PLAN SUBMITTED TO THE OFFICE OF CHILDREN
AND FAMILY SERVICES (OCFS): 8/15/22**Note:**

- It is the program's responsibility to follow the health care plan and all day care regulations.
- OCFS must review and approve the health care plan as part of the licensing/registration process.
- OCFS must review and approve any changes or revisions to the health care plan before the program can implement the changes.
- A health care consultant must approve health care plans for programs that administer medications and for programs that care for infants and toddlers or moderately ill children.
- The program's health care plan will be given to parents at admission and whenever changes are made, and the health care plan will be made available to parents upon request.
- The health care plan must be on site and followed by all staff/caregivers.
- The program's anaphylaxis policy will be reviewed annually, and parents will be notified of the policy at admission and annually after that.
- If a conflict occurs between day care regulations and emergency health guidance promulgated by DOH in the interest of public health during a designated public health emergency, such emergency guidance must be followed.

LICENSEE INITIALS

NG

DATE:

8/15/22

HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):

SH

DATE:

8/16/22

Table of Contents

| Section Number | Title | Page Number |
|-------------------|--|-------------|
| Section 1 | Child Health and Immunizations | 3 |
| | Key criteria for exclusion of children who are ill | 3 |
| | Medical Statements and Immunizations | 5 |
| Section 2 | Children with Special Health Care Needs | 6 |
| Section 3 | Daily Health Checks | 7 |
| Section 4 | Staff Health Policies | 9 |
| Section 5 | Infection Control Procedures | 9 |
| Section 6 | Emergency Procedures | 10 |
| Section 7 | First Aid Kit | 11 |
| Section 8 | Program Decision on the Administration of Medication | 12 |
| Section 9 | Programs that WILL Administer Over-the Counter Topical Ointments, Lotions and Creams, Sprays, Including Sunscreen Products and Topically Applied Insect Repellent, and/or Epinephrine Auto-injectors, Diphenhydramine in Combination with the Epinephrine Auto-injector, Asthma Inhalers and Nebulizers | 13 |
| Section 10 | Confidentiality Statement | 16 |
| Section 11 | Americans with Disabilities Act (ADA) Statement | 16 |
| Section 12 | Licensee/Registrant Statement | 16 |
| Section 13 | For Program that WILL Administer Medication | 17 |
| Section 14 | Authorized Staff to Administer Medication | 17 |
| Section 15 | Forms and Documentation Related to Medication Administration | 18 |
| Section 16 | Stocking, Handling, Storing and Disposing of Medication | 20 |
| | Controlled Substances | 21 |
| | Expired Medication | 21 |
| | Medication Disposal | 21 |
| Section 17 | Medication Errors | 22 |
| Section 18 | Health Care Consultant Information and Statement | 22 |
| Section 19 | Confidentiality Statement | 24 |
| Section 20 | Americans with Disabilities Act (ADA) Statement for Programs | 24 |
| Section 21 | Licensee/Registrant Statement | 24 |
| Section 22 | Training | 25 |
| Appendix A | Instructions for Doing a Daily Health Check | 26 |
| Appendix B | Hand Washing | 27 |
| Appendix C | Diapering | 28 |
| Appendix D | Safety Precautions Related to Blood | 29 |
| Appendix E | Cleaning, Sanitizing and Disinfecting | 30 |

| | | |
|--------------------|--|-----------|
| Appendix F | Gloving | 32 |
| Appendix G | Medical Emergency | 33 |
| Appendix H | Medication Adminstrant | 34 |
| Appendix I | Revisions | 37 |
| Appendix J: | Administration of Non-Patient-Specific Epinephrine Auto-Injector Device | 38 |

Section 1: Child Health and Immunizations

The program cares for (check all that apply; at least one **MUST** be selected):

☒ **Well children**

☒ **Mildly ill children** who can participate in the routine program activities with minor accommodations. A child who meets any of the following criteria is defined as "mildly ill":

- The child has symptoms of a minor childhood illness that 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 defined as "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.

NOTE: The definitions above do not include children who are protected under the Americans with Disabilities Act (ADA). Programs must consider each child's case individually and comply with the requirements of the ADA. For children with special health care needs, see *Section 2*.

Key criteria for exclusion of children who are ill

- 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*). ▲
 - Under six-months of age: Unexplained temperature above 100°F [37.8°C] axillary (armpit) or 101°F [38.3°C] rectally (caregivers are prohibited from taking a child's temperature rectally) should be medically evaluated.
 - Under two-months of age: Any fever should get urgent medical attention. ▲

(exclusion criteria continued next page)

| | | | |
|-------------------------|------------------|--|------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
|-------------------------|------------------|--|------------------|

(exclusion criteria continued from previous page)

- 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. ⚡

⚡ Adapted from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*.

| | | | |
|-------------------------|------------------|--|------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
|-------------------------|------------------|--|------------------|

Medical Statements and Immunizations

Upon enrollment, any child, except those in kindergarten or a higher grade, in the program will provide a written statement signed by a health care provider verifying that the child is able to participate in child day care and currently appears to be free from contagious or communicable diseases. A **Child in Care Medical Statement** for each child must have been completed within the 12-months preceding the date of enrollment. Form **OCFS-LDSS-4433, Child in Care Medical Statement** may be used to meet this requirement.

The program will accept a child who has not received all required immunizations only as allowed by regulation. The program will keep documentation that each child has received the immunizations required by New York State Public Health Law unless exempt by regulation.

How often are immunization records reviewed for each age group? (check all that apply; at least one **MUST** be selected)

- ◆ six-weeks to two-years: Weekly ☒ **Monthly** Quarterly Yearly
- ◆ two-years to five-years: Weekly ☒ **Monthly** Quarterly Yearly

Parents will be notified in the following way(s) when records indicate immunizations need to be updated: (check all that apply)

- ☒ **Written notice**
- ☒ **Verbally (second notice)**

| | | | |
|-------------------------|------------------|--|------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
|-------------------------|------------------|--|------------------|

Section 2: Children with Special Health Care Needs

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

- Any child identified as a child with special health care needs will have a written Individual Health Care Plan that will provide all information needed to safely care for the child. This plan will be developed with the child's parent and health care provider.
- Any child with a known allergy will have a written Individual Allergy and Anaphylaxis Emergency Plan attached to the Individual Health Care Plan that includes clear instructions of action when an allergic reaction occurs. Additionally, upon enrollment into the child care program, the parent/guardian will complete form **OCFS-LDSS-0792, Day Care Enrollment (Blue Card)** or an approved equivalent that will include information regarding the child(s) known or suspected allergies. This documentation will be reviewed and updated at least annually or more frequently as needed.
- 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 medication or medical treatment during program hours.

The program may use (check all that apply; at least one **MUST** be selected):

☒ Form **OCFS-LDSS-7006, Individual Health Care Plan for a Child with Special Health Care Needs**

Other: *(please attach the program's plan for individualized care)*

Additional documentation or instruction may be provided.

Explain here:

The program may use (check all that apply; at least one **MUST** be selected):

☒ Form **OCFS-6029, Individual Allergy and Anaphylaxis Emergency Plan**

Other: *(please attach the program's plan for individualized care)*

Additional documentation or instruction may be provided.

Explain here:

| | | | |
|-------------------------|------------------|--|------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> : SH | DATE: 8/16/22 |
|-------------------------|------------------|--|------------------|

Section 3: Daily Health Checks

A daily health check will be done on each child when he/she arrives at the program and whenever a change in the child's behavior and/or appearance is noted. The child must be awake when the check is done, and the following procedure will be used (**check one; at least one MUST be selected**):

☒ See **Appendix A: Instructions for Daily Health Check**

Other:

Explain here:

The daily health check will be documented. Check the form you will use to meet this requirement:

Form **LDSS-4443, Child Care Attendance Sheet**

☒ Other: **see attached on our Attendance Form**

Staff will be familiar with the signs and symptoms of illness, communicable disease, and injury, as well as the exclusion criteria listed in the Health Care Plan in Section 1.

Staff and volunteers will be trained in preventing, recognizing, and responding to allergic reactions and anaphylaxis.

Staff will keep a current knowledge of the **New York State Department of Health's list of communicable diseases (DOH-389)** accessible at: https://health.ny.gov/forms/instructions/doh-389_instructions.pdf

See attached in appendix

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 by calling 911.

Any signs of illness including allergic reactions and anaphylaxis, 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**):

☒ In each child's file

In a separate log

Other:

Explain here:

There will be a record of illness in the child's records, as well as documentation of injuries and signs of suspected abuse or maltreatment. Illnesses are documents on the back page of the Enrollment Form.

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|-------------------------|------------------|--|------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
|-------------------------|------------------|--|------------------|

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.

Explain the procedures for caring for a child who develops symptoms of illness while in care.

Explain here:

When a child develops symptoms of illness or is injured, we will separate him/her from the other children. He will rest on a cot and be continually supervised by an administrator. The parent will be immediately notified by the preferred contact method on the Enrollment Form. If the parent cannot be reached, the emergency contact (on same form) will be notified. If no one is available, we will contact the child's health care provider or call 911 without delay.

Mandated reporters who have reasonable cause to suspect a child in care is being abused or maltreated will take the following actions:

- 1) Immediately make or cause to be made an oral report to the **mandated reporter hotline (1-800-635-1522)**.
- 2) File a written report using Form **LDSS-2221A, Report of Suspected Child Abuse or Maltreatment** to the local Child Protection Services (CPS) within 48 hours of making an oral report.
- 3) After making the initial report, the reporting staff person must immediately notify the director or licensee of the center that the report was made.
- 4) The program must immediately notify the Office upon learning of a serious incident, involving a child which occurred while the child was in care at the program or was being transported by the program.
- 5) Additional procedures (if any):

Explain here:

Ensuring the Safety of Children Reported to Central Register of Child Abuse and Maltreatment: Any staff member (including the director) who is the subject of an indicated report to the Central Register of Child Abuse and Maltreatment will work in the physical presence of another staff person at all times until a decision is rendered. Following the determination of the Central Register, the director will determine (under the guidelines of OCFS) whether or not to continue employment. A written report will be kept on file within the person's employment permanent record that indicates why this individual is appropriate to be working with children.

Reporting Suspected Abuse/Maltreatment

All employees of the Schoolhouse are mandated by NYS to report any incidences of suspected abuse. An incident of suspected abuse by a parent, relative, staff person or the director will immediately be reported by phone to the Center for Abuse and Maltreatment. (1-800-635-1522) All incidences should be immediately reported to the director as well as the Center for Child Abuse and Maltreatment. OCFS will also be notified in writing. The phone numbers are posted in the Big Room. A Report of Suspected Child Abuse Form must be filled out prior to the call to the Center for Child Abuse, so that all the relevant information can be provided during the call. This form must then be forwarded upon request within 48 hours to the Center for Child Abuse and Maltreatment. All employees are required to read the OCFS Regulations in which mandated reporting is included. New staff will take mandated reporter training within the first month of employment. All staff contracts include a mandated reporter statement. The child abuse hotline number is provided in the Parent Handbook.

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|-------------------------|------------------|--|------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
|-------------------------|------------------|--|------------------|

Section 4: Staff Health Policies

The program will operate in compliance with all medical statement requirements as listed in 4181.11(b).

Any staff person or volunteer with signs and symptoms of illness that match the exclusion criteria for children listed in this health care plan will not care for children.

Staff Health

All employees are required to obtain a physical by their health care provider before beginning employment. The documentation will include a statement that the individual is both physically and mentally capable of caring for children and has no diagnosed psychiatric or emotional disorders and he/she is free from communicable diseases. A Mantoux tuberculin test must be documented within 12 months preceding the date of hire. All staff members will be trained on infection control, hand-washing procedures, blood-borne pathogens, and recognizing child abuse and maltreatment. Any staff with an undiagnosed and/or untreated infectious disease may neither care for children nor prepare food. The director/administrative staff monitors the health of the staff on a daily basis.

Section 5: Infection Control Procedures

The program will use the procedures in the attached appendices to reduce the risk of infection or attach an alternate for each area (**check all that apply; at least one MUST be selected for each category**):

- Hand washing

☒ Appendix B
Other (attach)
- Diapering

☒ Appendix C
Other (attach)
- Safety precautions related to blood and bodily fluids

☒ Appendix D
Other (attach)
- Cleaning, disinfecting, and sanitizing of equipment and toys

☒ Appendix E
Other (attach)
- Gloving

☒ Appendix F
Other (attach)

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| LICENSEE INITIALS <div style="text-align: center; font-size: 1.2em;">NG</div> | DATE: <div style="text-align: center; font-size: 1.2em;">8/15/22</div> | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): <div style="text-align: center; font-size: 1.2em;">SH</div> | DATE: <div style="text-align: center; font-size: 1.2em;">8/16/22</div> |
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Section 6: Emergency Procedures

If a child experiences a medical emergency, the program will obtain emergency medical treatment without delay by calling 911.

The director and all teachers must have knowledge of and access to children's medical records and all emergency information.

911 and the poison control telephone numbers must be conspicuously posted on or next to the program's telephone.

The program may use the following form to record emergency contact information for each child **(check one; at least one MUST be selected)**:

OCFS form: *Day Care Enrollment, OCFS-LDSS-0792 "Blue Card"*

☒ Other: **see attached enrollment form**

The program will keep current emergency contact information for each child in the following easily accessible location(s): **(check all that apply; at least one MUST be selected)**:

The emergency bag

☒ On file **on Enrollment Form and in child's files**

☒ Other: **Field Trip First Aid Bag - summer**

Explain here: **During fire drills we bring all enrollment forms with us.**

In the event of a medical emergency, the program will follow **(check one; at least one MUST be selected)**:

☒ **Medical Emergency (Appendix G)**

Other: *(Attach)*

Additional emergency procedures *(if needed)*:

Explain here:

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|-------------------------|------------------|--|------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> : SH | DATE: 8/16/22 |
|-------------------------|------------------|--|------------------|

Section 7: First Aid Kit

First aid kits will be kept out of reach of children and restocked when items are used. The program will have at least one first aid kit.

The program's first aid kit(s) will be stored in the following area(s) in the program:

Band-aids are kept in each classroom, first aid kit is stored in the kitchen and there are 3 portable first aid kits on the basement landing

(It is recommended that a kit be taken on all trips off the program site and that a kit be kept in the emergency bag for use in the event of an emergency evacuation.)

Explain here:

First Aid kits are taken on all field trips

The following are recommended items that a first aid kit should contain, but is not limited to:

- Disposable gloves, preferably vinyl
- Sterile gauze pads of various sizes
- Bandage tape
- Roller gauze
- Cold pack

List any additional items *(or substitutions for the recommended items listed above)* that will be stored in the first aid kit: **tweezers, scissors, alcohol wipes**

Staff will check the first aid kit contents and replace any expired, worn, or damaged items:
(**check all that apply**)

After each use

X Monthly on days of fire drills

Other:

Explain here:

The program will (check all that apply):

Keep the following non-child-specific, over-the-counter topical ointments, lotions, creams, and sprays in the first aid kit: (Programs must have parental permission to apply before using.)

Explain here:

Keep the following non-child-specific, over-the-counter medication in the first aid kit:

(Programs that plan to store over-the-counter medication given 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.)

Explain here:

Keep non child specific epinephrine auto-injector medication (e.g., EpiPen®, AUVI-Q) in the first aid kit:

(Programs must be approved to stock epinephrine auto-injectors and have a staff on site who has successfully completed the Office approved training as required by regulation before storing and administering the medication to a child).

Explain here: **We will administer EpiPens. Specific to the child EpiPens are labeled with the child's name. All EpiPens are kept in the office metal cabinet. We will be/are trained by Elijah's Law online training. This is required of all staff.**

Keep the following types of child-specific medication (e.g., EpiPen®, asthma inhalers) in the first aid kit: *(Programs **must** be approved to administer medication, with the exception of epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers, and have all appropriate permissions as required by regulation, before storing and administering the medication to a child.)*

Explain here: **EpiPens are labeled and kept in the office metal cabinet**

The program must check frequently to ensure these items have not expired.

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|--------------------------------|-------------------------|---|-------------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> : SH | DATE: 8/16/22 |
|--------------------------------|-------------------------|---|-------------------------|

Section 8: Program Decision on the Administration of Medication

The program has made the following decision regarding the administration of medication **(check all that apply; at least one MUST be selected)**:

The program **WILL** administer over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent. *
(Complete Sections 9-12, 22)

- X** The program **WILL** administer epinephrine patient-specific auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers. *
(Complete Sections 9-12, 22)
- X** The program **WILL** administer stock non-patient-specific epinephrine auto-injectors.
(Complete Section 16, Appendix J.)

The program **WILL** administer medications that require the program to have this health care plan approved by a health care consultant as described in Sections 13 and 14. * (Complete Sections 9 and 13-22)

If the program will not administer medication (other than over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent and/or epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers), explain how the needs of the child will be met if the child is taking medication that requires administration during program hours.

Explain here: **A person who is a relative, at least 18 years of age (with the exception of the child's parents), who is within the third degree of consanguinity of the parents or step-parents of the child will administer medication and the director/ administrator will witness and document such in the child's records on Form 7004.**

***Parent/Relative Administration**

A person who is a relative, at least 18 years of age (with the exception of the child's parents), who is within the third degree of consanguinity of the parents or step parents of the child, even if the person is an employee or volunteer of the program, may administer medication to the child he/she is related to while the child is attending the program, even though the program is not approved to administer medication.

A relative within the third degree of consanguinity of the parents or step parents of the child includes: the grandparents of the child; the great-grandparents of the child; the great-great-grandparents of the child; the aunts and uncles of the child, including the spouses of the aunts and uncles; the great-aunts and great-uncles of the child, including the spouses of the great-aunts and great-uncles; the siblings of the child; and the first cousins of the child, including the spouses of the first cousins.

If medication is given to a child by a parent or a relative within the third degree of consanguinity of the parents or step parents of the child during program hours, the dose and time of medication administration must be documented and may be documented in the following manner **(check one; at least one MUST be selected)**:

- X** OCFS form: **Log of Medication Administration, OCFS-LDSS-7004**

Other: (please attach form developed by the program)

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|-------------------------|------------------|--|------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
|-------------------------|------------------|--|------------------|

Section 9: Programs that WILL Administer Over-the-Counter Topical Ointments, Lotions and Creams, and Sprays, Including Sunscreen Products and Topically Applied Insect Repellent, and/or Epinephrine Autoinjectors, Diphenhydramine in Combination with the Epinephrine Autoinjector, Asthma Inhalers and Nebulizers.

Over-the-Counter Topical Ointments, Lotions and Creams, and Sprays Including Sunscreen Products and Topically Applied Insect Repellent (TO/S/R)

The program will have parent permission to apply any TO/S/R.

Any over the counter 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.

All over the counter TO/S/R will be kept in its original container. All child specific TO/S/R will be labeled with the child's first and last names.

TO/S/R will be kept in a clean area that is inaccessible to children.

Explain where these will be stored:

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 in a garbage container that is not accessible to children.

All over the counter 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**):

OCFS form ***Log of Medication Administration, OCFS-LDSS-7004***

On a child-specific log (*please attach form developed by the program*)

Other:

Explain here:

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|-------------------------|------------------|--|------------------|
| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
|-------------------------|------------------|--|------------------|

All observable side effects will be documented. Parents will be notified immediately of any observed side effects. If necessary, emergency medical services will be called.

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:

Explain here:

Summer Safety : outdoor times are adjusted to avoid the heat and sun in the middle of the day.

All classes go outdoors first thing in the morning and play later in the day on playgrounds that are shaded from the sun.

A daily Sunscreen Station is available for PARENTS TO APPLY SUNSCREEN

in the morning. Application of sunscreen is at the discretion of the parent and is not mandatory.

Coppertone Sport, SPF 50 is provided on a daily basis.

Parent permission will be obtained before any non-child specific over the counter TO/S/R will be applied. Parents will be made aware that the TO/S/R being applied is not child-specific and may be used by multiple children.

The program will adhere to the following infection control guidelines whenever using non childspecific TO/S/R:

- Hands will be washed before and after applying the TO/S/R.
- Care will be taken to remove the TO/S/R from the bottle or tube without touching the dispenser.
- An adequate amount of TO/S/R will be obtained so it is not necessary to get more once the staff has started to apply the TO/S/R *(if additional TO/S/R must be dispensed after applying it to a child's skin, hands will be washed before touching the dispenser)*.
- Gloves will be worn when needed.
- TO/S/R that may be contaminated will be discarded in a safe manner.

It is the program's obligation to protect the children in care from injury. Part of this obligation includes the application of TO/S/R according to parent permission.

Describe the program's procedure for protecting children in the absence of parental permission to apply TO/S/R, such as sunscreen or insect repellent:

Explain here:

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
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Patient-Specific Epinephrine Auto-Injectors, Diphenhydramine in Combination with the Epinephrine AutoInjector, Asthma Inhalers and Nebulizers.

Staff **NOT** authorized to administer medications may administer emergency care through the use of patient-specific epinephrine auto-injector devices, diphenhydramine when prescribed for use in combination with the epinephrine auto-injector, asthma inhalers or nebulizers, 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.

In addition, the program will obtain the following:

- A written **Individual Health Care Plan for a Child with Special Health Care Needs, OCFS-LDSS-7006** must be submitted to meet this requirement. **(See Section 2: Children with Special Health Care Needs.)**
- Form **OCFS-6029, Individual Allergy and Anaphylaxis Emergency Plan** for children with a known allergy, and the information on the child's **OCFS-LDSS-0792, Day Care Enrollment (Blue Card)**.
- An order from the child's health care provider to administer the emergency medication including a prescription for the medication. The OCFS **Medication Consent Form (Child Day Care Program), OCFS-LDSS7002** may be used to meet this requirement.
- Written permission from the parent to administer the emergency medication as prescribed by the child's health care provider. The OCFS **Medication Consent Form (Child Day Care Program), OCFS-LDSS7002** may be used to meet the requirement.
- Instruction on the use and administration of the emergency medication that has been provided by the child's parent, child's health care professional or a health care consultant.

Additionally:

- Staff who have been instructed on the use of the epinephrine auto-injector, diphenhydramine, asthma medication or nebulizer must be present during all hours the child with the potential emergency condition is in care and must be listed on the child's Individual Health Care Plan.
- The staff administering the epinephrine 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 administration of medication and labeling of the epinephrine auto-injector, asthma inhaler and asthma nebulizer must be in compliance with all appropriate regulations.

Explain where these will be stored:

Storage is in the Office in the metal cabinet.

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
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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 a patient-specific 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, and written parental consent, and completes an Individual Health Care Plan for the child.

The Individual Health Care Plan, parental consent and health care provider or licensed prescriber consent documenting permission for a school-age child to carry an inhaler or patient-specific epinephrine autoinjector must be maintained on file by the program.

Sections 10-12 must be completed ONLY if the program plans to administer over the counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent and/or patient specific epinephrine auto injector, diphenhydramine in combination with the patient specific epinephrine auto injector, asthma inhalers and nebulizers, and NOT administer any other medication.

Section 10: 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.

Section 11: 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.

Section 12: Licensee Statement

It is the program's responsibility to follow the health care plan and all day care regulations.

OCFS must review and approve the health care plan as part of the licensing process. OCFS must review and approve any changes or revisions to the health care plan before the program can implement the changes.

The program's health care plan will be given to parents at admission and whenever changes are made, and the health care plan will be made available to the parents upon request.

Schoolhouse Health Care Policies are contained in the Parent Handbook and a new handbook is issued with any updates to the health care policy.

The program's anaphylaxis policy will be reviewed annually, and parents will be notified of the policy at admission and annually after that.

Day Care Program's Name (please print): **Childcare of Brockport LLC, DBA: The Schoolhouse of Brockport**
License #: **885685**

Authorized Signature:
Date: **8/15/22**

Authorized Name (please print): **Nicole Gudselak**

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
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Only complete Sections 13-22 if the program will administer medication.

Section 13: For Programs that WILL Administer Medication

The program will administer prescription and non-prescription medication by all routes covered in the Medication Administration Training (MAT) course (*oral, topical, eye, ear, and inhaled medications, medicated patches, and epinephrine via a patient-specific epinephrine auto-injector device*).

The program will administer medication in accordance with the OCFS child day care regulations. Only a staff person who has completed the appropriate training or has appropriate licensure and is listed as a medication administrant in this health care plan will be permitted to administer medication in the program, with the exception of over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent, and/or emergency medications— *patient-specific* epinephrine auto-injectors, diphenhydramine when prescribed in combination with the epinephrine auto-injector, asthma inhalers and nebulizers.

Section 14: Authorized Staff to Administer Medication

Appendix H (following the instructions in **Section 14** must be completed if the program plans to administer medication).

Any individual listed in **Appendix H** as a medication administrant is approved to administer medication using the following routes: topical, oral, inhaled, eye and ear, medicated patches and using a patient-specific epinephrine auto-injector device.

If a child in the program requires medication rectally, vaginally, by injection or by another route not listed above, the program will only administer such medication in accordance with the child care regulations.

Any individual listed in **Appendix H**, as trained to administer non-child specific, stock epinephrine auto-injector can only dispense this medication if they meet the additional training requirements outlined in **Appendix J**.

To be approved to administer medication, other than over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent, all individuals listed in the health care plan must be at least 18-years of age and have a valid:

- Medication Administration Training (MAT) certificate.
- Cardiopulmonary Resuscitation (CPR) certificate, which covers all ages of children the program is approved to care for as listed on the program's license.
- First aid certificate that covers all ages of children the program is approved to care for as listed on the program's license.

—OR—

- Exemption from the training requirements as per regulation.

The individual(s) listed in the health care plan as medication administrant(s) may only administer medication when the medication labels, inserts, instructions, and all related materials are written in the language(s) in which the medication administrant(s) is literate.

All medication administrant(s) will match the "Five Rights" (child, medication, route, dose, and time) in accordance with regulations and best practice standards whenever administering medication.

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (<i>if applicable</i>): SH | DATE: 8/16/22 |
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Section 15: Forms and Documentation Related to Medication Administration

All medication consents and medication logs will be kept in the following location:

Child's file

Medication log book

Other:

Explain here:

Medication consent form (**check all that apply; at least one MUST be selected**):

The program will accept permission and instructions to administer medication. The OCFS form **Medication Consent Form (Child Day Care Program)**, **OCFS-LDSS-7002** may be used to meet this requirement.

Permission and instructions NOT received on the OCFS form will be accepted on a health care provider's document on the condition that the required medication-related information is complete.

Other: *(please attach form developed by the program)*

Medication consent forms for ongoing medication must be renewed as required by regulation. How often will you review written medication permissions and instructions to verify they are current and have not expired?

Explain here:

All medication administered to a child during program hours will be documented.

The program uses the following form to document the administration of medication during program hours (**check one; at least one MUST be selected**):

OCFS form **Log of Medication Administration**, **OCFS-LDSS-7004**

Other *(please attach form developed by the program)*

All observable side effects will be documented. Parents will be notified immediately of any observed side effects. If necessary, emergency medical services will be called.

The program will document whenever medication is not given as scheduled. The date, time, and reason for this will be documented. Parents will be notified immediately. If the failure to give medication as scheduled is a medication error, the program will follow all policies and procedures related to medication errors. (**See Section 17: Medication Errors.**)

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> : SH | DATE: 8/16/22 |
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Verbal Permissions and Instructions

The program's policy regarding the acceptance of verbal permission and instructions when a parent is not able to provide the program with written permission and instructions is as follows (**check one; at least one MUST be selected**):

The program **WILL NOT** accept verbal permission or instructions. All permission and instructions must be received in writing.

The program **WILL** accept verbal permission from the parent and verbal instructions from the health care provider only to the extent permitted by OCFS regulation.
(Only those individuals approved in the health care plan to administer medication will accept verbal permission and instructions for all medication except overthecounter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent.)

If the program **WILL** accept verbal permissions and verbal instructions, the program will document the verbal permission and instructions received and the administration of the medication. The following form may be used to meet this requirement (**check one; at least one MUST be selected**):

OCFS form **Verbal Medication Consent Form and Log of Administration, OCFS LDSS7003**

Other: *(please attach form developed by the program)*

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
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Section 16: Stocking, Handling, Storing and Disposing of Medication

All child-specific medication must be properly labeled with the child's first and last name and be accompanied by the necessary parent permission and, when applicable, health care provider instructions in accordance with OCFS regulations before it will be accepted from the parent.

Non-child-specific, over-the-counter medication (**check one; at least one MUST be selected**):

Will not be stocked at the program.

Will be stocked at the program.

(The procedure for stocking this medication must comply with regulation.)

Non-child-specific epinephrine auto-injector medication (**check one; at least one MUST be selected.**)

Will not be stocked at the program

Will be stocked at the program (the procedure for stocking this medication must comply with regulation)

All medication will be kept in its original labeled container.

Medication must be kept in a clean area that is inaccessible to children. Explain where medication will be stored. Note any medications, such as epinephrine auto-injectors or asthma inhalers, that may be stored in a different area.

Explain here:

Medication requiring refrigeration will be stored (**check all that apply; at least one MUST be selected**):

In a medication-only refrigerator located:

In a food refrigerator in a separate leak-proof container that is inaccessible to children.

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
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Controlled Substances

All medications with a pharmacy label identifying the contents as a controlled substance are regulated by the federal Drug Enforcement Agency. These medications will be **(check all that apply; at least one MUST be selected)**:

Stored in a locked area with limited access.

Counted when receiving a prescription bottle from a parent or guardian.

Counted each day if more than one person has access to the area where they are stored.

Counted before being given back to the parent for disposal.

Other:

Explain here:

Explain where controlled substances will be stored and who will have access to these medications:

Explain here:

Expired Medication

The program will check for expired medication **(check one; at least one MUST be selected)**:

Weekly

Monthly

Other:

Explain here:

Medication Disposal

All leftover or expired medication will be given back to the child's parent for disposal. Medication not picked up by the parent may be disposed of in a safe manner. Stock medication will be disposed of in a safe manner. Stock epinephrine auto-injector devices will be disposed of as outlined in ***Appendix J***.

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
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Section 17: Medication Errors: COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER ANY MEDICATION

The parent must be notified immediately and OCFS must be notified within 24-hours of any medication administration errors. Notification to OCFS must be reported on form **OCFS-LDSS-7005, Medication Error Report** provided by OCFS or on an approved equivalent. The program will maintain confidentiality of all children involved.

When any medication error occurs, the program:

- May encourage the child's parent to contact the child's health care provider when the error occurs.
- Will notify OCFS as soon as possible, but no later than 24-hours of any medication error.
- Will complete the OCFS form **Medication Error Report, OCFS-LDSS-7005** or approved equivalent, to report all medication errors that occur in the program. If more than one child is involved in the error, the program will complete the **Medication Error Report Form, OCFS-LDSS-7005** for each child involved.

In addition, the program will notify these additional people (e.g., the program's Health Care Consultant). If no additional notifications, put NA in this section.

List here:

Section 18: Health Care Consultant Information and Statement

Section 18 must be completed by the Health Care Consultant (HCC) if the program will administer any medication and/or for programs offering care to infants and toddlers or moderately ill children.

HCC Information:

Name of HCC (Please print clearly): Sarah E. Hyatt

Profession: Registered Nurse

(An HCC must have a valid NYS license to practice as a physician, physician assistant, nurse practitioner or registered nurse.) (Check all that apply; at least one **MUST** be selected):

Physician License number:

Exp. Date: / /

Physician Assistant License number:

Exp. Date: / /

Nurse Practitioner License number:

Exp. Date: / /

✓ Registered Nurse License number: 565015-01

Exp. Date: 11/30/2022

As the program's Health Care Consultant, I will:

- Review and approve the program's health care plan. My approval of the health care plan indicates that the policies and procedures described herein are safe and appropriate for the care of the categories of children in the program.
- Notify the program if I revoke my approval of the health care plan. If I choose to do so, I may also notify the New York State Office of Children and Family Services (OCFS) of this revocation at **18007325207** (or, in New York City, I may contact the local borough office for that program) or send written notification to OCFS.
- Notify the program immediately if I am unable to continue as the HCC of record.

In addition, as the program's Health Care Consultant, I will:

- Verify that all staff authorized to administer medication have the necessary professional credentials or have successfully completed all required trainings as per the NYS OCFS day care regulations (MAT, age-appropriate CPR and first aid training, emergency medication, Epinephrine Auto-Injector).

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
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Other:

Explain here:

Health Care Consultant Review of Health Care Plan

For programs offering administration of medication, the program's Health Care Consultant (HCC) must visit the program at least once a year. For programs offering care to infants and toddlers or moderately ill children that are not otherwise administering medication, the program's HCC must visit the program at least once every two years. This visit will include:

- A review of the health care policies and procedures.
- A review of documentation and practice.
- An evaluation of the program's ongoing compliance with the Health Care Plan (HCP) and policies.

HCP review date

8/16/22

HCC Signature

Sarah E. Hyatt

/ /

/ /

/ /

I approve this Health Care Plan as written as of the date indicated below my signature:

Health Care Consultant Signature: Sarah E. Hyatt

Health Care Consultant Name (please print): Sarah Hyatt

Date: 8/16/22

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
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Section 19: 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 will 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.

Section 20: Americans with Disabilities Act (ADA) Statement for Programs

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 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.

Section 21: Licensee Statement

It is the program's responsibility to follow the health care plan and all day care regulations.

The program's health care plan will be given to parents at admission and whenever changes are made, and the health care plan will be made available to parents upon request.

The program's anaphylaxis policy will be reviewed annually, and parents will be notified of it at admission and annually after that.

As provided for in Section 18, the program will have a Health Care Consultant (HCC) of record who will review and approve the policies and procedures described in this health care plan as appropriate for providing safe care for children. The HCC will have a valid NYS license to practice as a physician, physician assistant, nurse practitioner or registered nurse.

The program will notify the HCC and OCFS of all new staff approved to administer medication and have the health care consultant review and approve his/her certificates before the individual is allowed to administer medication to any child in day care.

The program will notify OCFS immediately if the health care plan is revoked for any reason by the Health Care Consultant.

A program authorized to administer medication, which has had the authorization to administer medication revoked, or otherwise loses the ability to administer medication, must advise the parent of every child in care before the next day the program operates that the program no longer has the ability to administer medication.

The Health Care Consultant and OCFS must review and approve the health care plan as part of the licensing process. The program must document in **Appendix I** and notify OCFS of any change in the HCC of record. If the HCC terminates his/her relationship with the program, the program must notify OCFS and will have 60-days to obtain a new HCC. The new HCC must also review and approve the Health Care Plan. If the program does not obtain approval of the Health Care Plan by the new HCC within 60-days, the program will no longer be able to administer medication.

The HCC and OCFS must review and approve any changes or revisions to the health care plan before the program can implement the changes, including additions or changes to individuals listed in the health care plan as medication administrant(s). The program will notify the HCC and OCFS to changes in medication administrant credentials and the termination of medication administrant(s) at the program including MAT, emergency medications and stock epinephrine auto-injectors.

Once the Health Care Consultant and OCFS approve the health care plan, the program will notify parents of the health care plan.

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| Day Care Program's Name (please print): Childcare of Brockport LLC, DBA: The Schoolhouse of Brockport | | License #: 885685 |
| Authorized Signature: | Authorized Name (please print): Nicole Gudsela | Date: 8 / 15 / 22 |

Section 22: Training

All child day care personnel must be trained in the program's Health Care Plan and policies including a training program for child day care personnel in screening and identification of children with allergies, how to prevent, recognize and respond to food and other allergic reactions and anaphylaxis, strategies to reduce risk of exposure to allergic triggers, how the program will handle anaphylaxis episodes.

Staff/volunteers will be trained in the following method(s) **(check all that apply; at least one MUST be selected)**:

☒ Orientation upon hire

☐ Staff meetings

☒ Scheduled professional development.

Communication plan for intake and dissemination of information among staff and volunteers regarding children with food or other allergies (including risk reduction) will include **(check all that apply; at least one MUST be selected)**:

☒ Posting in program **in each classroom**

☒ Staff meetings

☒ Other

Explain here: **Each food item that is not safe for a specific child is labeled by the admin/kitchen staff. Staff will take the Elijah's Law online training. A building wide list of allergies is posted in each classroom.**

The program will routinely monitor to ensure new staff/volunteers are receiving the training outlined above in the following manner **(check all that apply; at least one MUST be selected)**:

☒ File review

☐ Staff meetings

☒ Other

Explain here:

All training is documented on individual training logs. See attached in appendix.

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| LICENSEE INITIALS NG | DATE: 8/15/22 | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): SH | DATE: 8/16/22 |
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Appendix A:**Instructions for Doing a Daily Health Check**

A daily health check occurs when the child arrives at the program and whenever a change in child's behavior and/or appearance is noted. The child must be awake so an accurate assessment can be done. 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
3. 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?
4. Any evidence of illness or injury since the child was last participating in child care?
5. Any indications of suspected child abuse or maltreatment?

Document that the daily health check has been completed. **LDSS-4443, Child Care Attendance Sheet** may be used 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**.

Appendix B:

Hand Washing

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.

Appendix C:

Diapering

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/her 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 time required on the label, then wipe the surface or allow it to air dry.
- 11) Wash hands thoroughly.

Appendix D:
Safety Precautions Related to Blood

All staff will follow standard precautions when handling blood or blood-contaminated body fluids. These are:

- a) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood or blood-contaminated body fluids.
- b) 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.
- c) Clean and disinfect any surfaces, such as countertops and floors, onto which blood has been spilled.
- d) 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.
- e) 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.

Appendix E:
Cleaning, Sanitizing and Disinfecting

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 daily 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 labels direction 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 direction 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 always be kept clean, 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 labels direction for that purpose, as needed to protect the health of children.
8. Thermometers and toys mouthed by children must be washed and disinfected using an EPA-registered product following labels direction for that purpose before use by another child.

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 highchair 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: **½ teaspoon 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.**

Appendix F:**Gloving****DONNING**

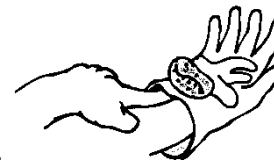
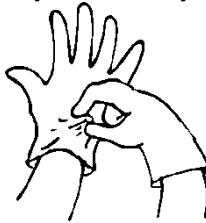
Wash hands.



Put on a clean pair of gloves. Do not reuse gloves.

REMOVAL and DISPOSAL

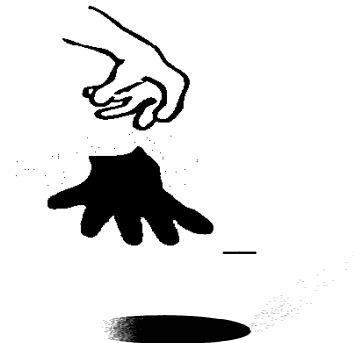
Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only.



Ball up the first glove in the palm of the other gloved hand. 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.*



Drop the dirty gloves into a plastic-lined trash receptacle.



Wash hands.

Glove use does not replace hand washing. Staff must always wash their hands after removing and disposing of medical gloves.

Appendix G:
Medical Emergency

- Remain calm. Reassure the child (victim) and the other children at the scene.
- If the area is unsafe, move to a safe location.
- Follow first aid and/or CPR protocols.
- Call for emergency medical services/911. 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.
- 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 others in care have been met, immediately notify OCFS 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://health.ny.gov/forms/instructions/doh-389_instructions.pdf*) or transportation to a hospital, of a child that occurred while the child was in care at the program or was being transported by a caregiver.

Appendix H: Trained Administrant

License number:

If this form is submitted to OCFS separate from the

health care plan, indicate date of submission: / /

A copy of this form can be sent separately to OCFS if the program's health care plan has already been approved and the only change to the plan is the addition or removal of a medication administrant or an update to information for a current medication administrant. With any medication administrant addition, removal or change, program's health care consultant and OCFS must be notified.

All staff listed as Medication Administrant(s) (MAT) or administering patient-specific emergency medication must have first aid and CPR certificates that cover the ages of the children in care. Documentation of ageappropriate first aid and CPR certificates will be kept on site and is available upon request. Use the chart below to identify staff trained to administer emergency patient-specific medications, and non-patient-specific and/or patient-specific prescribed medications. ***EMAO patient-specific, Stock non-patient-specific.**

Name:

A=Add

R=Remove

C=Change

MAT Exp date

CPR Exp date

First Aid Exp date

EMAO Date

(Emergency Medication Administration Overview)

Patient-specific*Stock Date**

Epinephrine

Auto-injector

***Non-patient-specific**

Original

Add

/ /

/ /

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Language

Renewal

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Renewal

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HCC Initials:

Date: / /

Name:

A=Add

R=Remove

C=Change

MAT Exp date

CPR Exp date

First Aid Exp date

EMAO Date

(Emergency Medication Administration Overview)

Patient-specific*Stock Date**

Epinephrine

Auto-injector

***Non-patient-specific**

Original

Add

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Language

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HCC Initials:

Date: / /

Name:

A=Add

R=Remove

Name:

A=Add

R=Remove

C=Change

MAT Exp date

CPR Exp date

First Aid Exp date

EMAO Date

(Emergency Medication Administration Overview)

Patient-specific*Stock Date**

Epinephrine

Auto-injector

**Non-patient-specific*

Original

Add

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Language

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HCC Initials:

Date: / /

Name:

A=Add

R=Remove

C=Change

MAT Exp date

CPR Exp date

First Aid Exp date

EMAO Date

(Emergency Medication Administration Overview)

Patient-specific*Stock Date**

Epinephrine

Auto-injector

**Non-patient-specific*

Original

Add

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HCC Initials:

Date: / /

Name:

A=Add

R=Remove

C=Change

MAT Exp date

CPR Exp date

First Aid Exp date

EMAO Date

(Emergency Medication Administration Overview)

Patient-specific*Stock Date**

Epinephrine

Auto-injector

**Non-patient-specific*

Original

Add

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Language

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Renewal

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HCC Initials:

Date: / /

The following individual(s) has a professional license or certificate that exempts him/her from the training requirements to administer medication. Copies of the individual(s)' credentials are attached and will be sent to OCFS.

Name: License/Certificate
 (check one): EMT-CC EMT-I EMT-P LPN RN
 NP PA MD DO

A=Add

R=Remove

C=Change

Exp date
InitialsLicense Exp date
HCC
Date CPR

| | | | | | | | | | | |
|----------|--|--|--|--|-----|---|---|--|---|---|
| Original | | | | | Add | / | / | | / | / |
| | | | | | | / | / | | | |
| Language | | | | | | | | | | |
| Renewal | | | | | | / | / | | / | / |
| | | | | | | / | / | | | |
| Renewal | | | | | | / | / | | / | / |
| | | | | | | / | / | | | |
| Renewal | | | | | | / | / | | / | / |
| | | | | | | / | / | | | |

Name: License/Certificate
 (check one): EMT-CC EMT-I EMT-P LPN RN
 NP PA MD DO

A=Add

R=Remove

C=Change

Exp date
InitialsLicense Exp date
HCC
Date CPR

| | | | | | | | | | | |
|----------|--|--|--|--|-----|---|---|--|---|---|
| Original | | | | | Add | / | / | | / | / |
| | | | | | | / | / | | | |
| Language | | | | | | | | | | |
| Renewal | | | | | | / | / | | / | / |
| | | | | | | / | / | | | |
| Renewal | | | | | | / | / | | / | / |
| | | | | | | / | / | | | |
| Renewal | | | | | | / | / | | / | / |
| | | | | | | / | / | | | |

Name: License/Certificate
 (check one): EMT-CC EMT-I EMT-P LPN RN
 NP PA MD DO

A=Add

R=Remove

C=Change

Exp date
InitialsLicense Exp date
HCC
Date CPR

| | | | | | | | | | | |
|----------|--|--|--|--|-----|---|---|--|---|---|
| Original | | | | | Add | / | / | | / | / |
| | | | | | | / | / | | | |
| Language | | | | | | | | | | |
| Renewal | | | | | | / | / | | / | / |
| | | | | | | / | / | | | |
| Renewal | | | | | | / | / | | / | / |
| | | | | | | / | / | | | |

Appendix J:**Administration of Non-Patient-Specific Epinephrine Auto-injector device**

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 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.
- Each designated employee or caregiver will be recorded on **Appendix H** and updated as needed.
- The program will obtain a non-patient-specific prescription for an epinephrine autoinjector 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.
 - X** Infant/Toddler dose (0.1 mg) for persons who are 16.5-33 lbs.
- For children weighing less than 16.5 lbs., the program will **NOT** administer epinephrine auto-injector and will call 911.
- The program will check the expiration dates of the epinephrine auto-injector devices and dispose of units before each expires. How often will the program check the expiration date of these units?
 - Every three-months
 - X** Every six-months
 - Other:

- Specify name and title of staff responsible for inspection of units:
- **Nikki Gudselak, Director & Lindsey Rozzi, Admin Coordinator**
- The program will dispose of expired epinephrine auto-injectors 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 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
- Specify location where devices will be kept: **The metal storage cabinet in the Office**
- 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.
- **A Log of Medication Administration, OCFS-LDSS-7004** will be completed after the administration of the epinephrine auto-injector device to any day care child.
- If 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

Program Name: **The Schoolhouse For Brockport**

Facility ID Number: **885685**

Director or Provider Name (Print): **Nicole Gudselak**

Director or Provider Signature:

Date: **8/15/2022**

Once completed, keep this 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 Regional Office/ Borough Office licensur or registrar.

Schoolhouse Attendance/Daily Health Care Check

(pg. 8)

| IN | HC | CV | Buglet Village | OUT | drop off | pick up |
|----|----|----|----------------|-----|----------|---------|
| | | | Carter 1 | | | |
| | | | Lily 1 | | | |
| | | | Elijah 2 | | | |
| | | | Leo P 2 | | | |
| | | | Will D 2 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| IN | HC | CV | GB Buglets | OUT | drop off | pick up |
|----|----|----|------------|-----|----------|---------|
| | | | Cate 2 | | | |
| | | | | | | |
| | | | Jacob S 3 | | | |
| | | | Josie 3 | | | |
| — | | | Leona 3 | — | | |
| | | | Nico 3 | | | |
| | | | Olivia 3 | | | |
| | | | Tru 3 | | | |
| | | | Weston 3 | | | |
| | | | Benjamin 3 | | | |
| | | | | | | |

| IN | HC | CV | Critters | OUT | drop off | pick up |
|----|----|----|-------------|-----|----------|---------|
| | | | Mason O 4 | | | |
| — | | | Aeden 5 | — | | |
| | | | Aria 5 | | | |
| | | | Audrey 5 | | | |
| — | | | Carmella 5 | — | | |
| | | | Connor V 5 | | | |
| | | | Emelyn 5 | | | |
| | | | Erica 5 | | | |
| | | | Grace 5 | | | |
| | | | Helen 5 | | | |
| | | | Issac 5 | | | |
| | | | John 5 | | | |
| — | | | Liam E 5 | — | | |
| | | | Miles 5 | | | |
| | | | Nicholas 5 | | | |
| | | | Paige 5 | | | |
| | | | Sabastian 5 | | | |
| | | | Sam 5 | | | |
| | | | Samantha 5 | | | |
| | | | Sophia 5 | | | |
| | | | Tobias 5 | | | |
| | | | Zachary 5 | | | |
| | | | | | | |

| IN | HC | CV | Jr - K's | OUT | drop off | pick up |
|----|----|----|------------|-----|----------|---------|
| | | | Anthony 5 | | | |
| | | | Carina 5 | | | |
| | | | Connor H 5 | | | |
| | | | Gemma 5 | | | |
| | | | Leo 5 | | | |
| | | | Jackson 6 | | | |
| | | | Kolton 6 | | | |
| | | | Molly 6 | | | |
| | | | Remy 6 | | | |
| | | | Mason M 6 | | | |
| | | | | | | |

| IN | HC | CV | Bugs | OUT | drop off | pick up |
|----|----|----|-------------|-----|----------|---------|
| | | | Cecilia C 3 | | | |
| | | | Finnick 3 | | | |
| | | | Logan | | | |
| | | | Alexandra 4 | | | |
| | | | Bailey 4 | | | |
| | | | Dominik 4 | | | |
| | | | Jack 4 | | | |
| | | | Jaxson 4 | | | |
| | | | Jocelyn 4 | | | |
| | | | Luke 4 | | | |
| | | | Oliver 4 | | | |
| | | | Theo 4 | | | |
| | | | | | | |

| IN | HC | CV | Juniors | OUT | drop off | pick up |
|----|----|----|---------------|-----|----------|---------|
| | | | Ace 6 | | | |
| | | | Ellie 6 | | | |
| | | | Makenzie 6 | | | |
| | | | Violet 6 | | | |
| | | | Ben O 7 | | | |
| | | | Cecilia 7 | | | |
| | | | Jacob W 7 | | | |
| | | | Liam C 7 | | | |
| | | | Michaelina 7 | | | |
| | | | Robbie 7 | | | |
| | | | Thomas 7 | | | |
| | | | Ben M 8 | | | |
| | | | Jacob O 8 | | | |
| | | | Joey 8 | | | |
| | | | Shauna 8 | | | |
| | | | Sylvie 8 | | | |
| | | | Will O 8 | | | |
| | | | Christopher 9 | | | |
| | | | Hunter 10 | | | |
| | | | Noah 10 | | | |
| | | | | | | |

HC - Health Check

- Healthy Child
/ COVID-19 Screening

* Health Concern - documented in
child's records

(see last page of clipboard for instructions
on doing a Daily Health Check)

Notes

*No Aeden until August 2

| | B. Village | B. Landing | Hollow | Meadow | Creek | Junction |
|-----|------------|------------|--------|--------|-------|----------|
| am | | | | | | |
| nap | | | | | | |
| pm | | | | | | |

Friday, July 2, 2021

Schoolhouse Accident Report

The Schoolhouse

of Brockport

1375 Transit Way
Brockport, New York 14420
585-637-8500

Accident Report

Name of Child _____ Age _____

Date of Incident _____ Place of Incident _____

Time of Incident _____ Type of Incident _____

Staff Present _____ Number of Children Present _____

Describe Incident in Detail _____

Injuries to Child _____

Immediate care provided by staff _____

Was immediate medical care provided ? _____ describe _____

provided by _____

Parents notified ? _____

Name _____ time & date of call _____

Name _____ time & date of call _____

Signed by person filling out report _____

Parent signature _____

**** PARENTS: Please give the Schoolhouse a copy of the report from the doctor/hospital indicating injuries as well as follow-up care.**

-Any serious injury is reported to NYS Office of Children And Family Services 585-238-8531.-

OCFS-LDSS-2221A Child Abuse Report

(pg. 9)

LDSS-2221A (Rev. 09/2016) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

| | | | |
|-------------|----------|--------------|--------------------|
| REPORT DATE | | CASE ID | CALL ID |
| TIME : | AM PM | LOCAL CASE # | LOCAL DIST./AGENCY |

| SUBJECTS OF REPORT | | | | | | | | | | |
|--|-----------|------------|---------|---------------|---------------------------|--------------|---|--------------|--------------|---------------|
| List all children in household, adults responsible and alleged subjects. Line # | Last name | First name | Aliases | Sex (m, f) | Birthday or Age mo/day | Race code | Ethnicity (Ck only if hispanic/latino) | Relati on | Role code | Lang. code |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |

MORE

| | |
|--|---------------------------|
| List addresses and telephone numbers (using line numbers from above) | (Area code) Telephone No. |
| | |
| | |
| | |

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

| | | |
|---|--------------------------------|----------------------------------|
| DOA/fatality | Poisoning/noxious substances | Swelling/dislocation/sprains |
| Fractures | Choking/twisting/shaking | Educational neglect |
| Internal injuries (e.g., subdural hematoma) | Lack of medical care | Emotional neglect |
| Lacerations/bruises/welts | Malnutrition/failure to thrive | Inadequate food/clothing/shelter |
| Burns/scalding | Sexual abuse | Lack of supervision |
| Excessive corporal punishment | Inadequate guardianship | Abandonment |
| Child's drug/alcohol use | Other (specify) | Parent's drug/alcohol misuse |

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

MO
DAY
YR

Time : AM PM

Additional sheet attached with more explanation.

The Mandated Reporter Requests Finding of Investigation

YES NO

| CONFIDENTIAL | | SOURCE(S) OF REPORT | | CONFIDENTIAL | |
|--------------------|-----------------------|---------------------|-----------------------|--------------|--|
| NAME | (Area Code) TELEPHONE | NAME | (Area Code) TELEPHONE | | |
| ADDRESS | | ADDRESS | | | |
| AGENCY/INSTITUTION | | AGENCY/INSTITUTION | | | |
| RELATIONSHIP | | | | | |

Schoolhouse Enrollment Form

(pg. 11)

SCHOOLHOUSE ENROLLMENT FORM



Child's Name _____

Date of Birth _____

Address _____

Child's Gender: male female not-specified

(circle one)

4-Digit Family Security Code _____

(parent chosen for entry into the building)

Mother's Name _____

Father's Name _____

Contact Phone _____

Contact Phone _____

E-mail Address _____

E-mail Address _____

Employer _____

Employer _____

Address (if different than child's) _____

Address (if different than child's) _____

Person/s Responsible for Payment _____

Preferred method of contact during the day _____

Milk or Water to drink at lunch time _____

Dietary Needs _____

Emergency Contact Person (after parents) _____ Phone _____

Emergency Contact Address _____

Circle below to indicate if your child has any special needs/services:

None

Early Intervention/Special Education

Occupational Therapy

Speech/Language

Physical Therapy

Allergy Alert:

- details attached to medical statement -

- CONSENT FORM -

AUTHORIZED ESCORTS: My child may be picked up by the following people **anytime**. I will try to notify the staff prior to my child's departure.

Name _____ Address _____

Name _____ Address _____

_____ **initial** **EMERGENCY TREATMENT CONSENT:** In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians necessary for the proper health and well being of my child. The staff may call my child's physician if I cannot be reached. The Schoolhouse can arrange for ambulatory transportation in case of an emergency.

_____ **initial** **PUBLICATIONS:** I give my consent for my child's photograph to be used for **Facebook** publications by the Schoolhouse.

_____ **initial** **NAP ARRANGEMENTS:** I understand that all children (other than school-age) rest on cots in classrooms for a set period of time. Pillows and blankets are supplied by parents. Rest time is supervised by Schoolhouse staff.

_____ **initial** **PARENT CONFERENCE:** As the parent/guardian, I am entitled to a parent teacher conference, upon request.

_____ **initial** **POLICIES:** I have read the Parent Handbook and information sheets and agree to the terms and policies within.

_____ **initial** **TRIAL PERIOD:** If, during or after the first month, my child has trouble interacting with others on a regular basis, exhibits disruptive/aggressive behaviors, or his/her needs are not being met, I understand that it is in the interest of my child to be removed from care. The Schoolhouse reserves the right to ask me to make other childcare arrangements and terminate my contract.

_____ **initial** **SCHOOLHOUSE POLICIES: I am aware that:** My child is required to be at the Schoolhouse by 8:30 am. Tuition payments are due on Friday at the end of the week of care. Payment is required for each week my child is enrolled including sick days, vacation time, snow days, and holidays. There will be a \$5 per week late charge, imposed for checks that are received past Friday. Fees are tuition-based during the Sept-June school year. The summer session begins the week following the close of school in June. Fees for the previous session must be paid in full, prior to the start of the next session. A \$3 lunch fee will be charged when my child forgets lunch on Wednesday. The Schoolhouse closes at 6:00pm. In the event of an emergency, the time past 6:00pm is charged at \$5 per occurrence. If my payment is more than one week late, my child will not be allowed to attend until my full balance and late fees are paid. Unpaid fees will be submitted to a collection agency and I will be responsible for all associated fees. Written notice is required to discontinue the use of the Schoolhouse's programs and I must complete payment for a full week.

ENROLLMENT STATUS: preschool: 4 full days 5 full days **school age:** mornings only afternoons only before & after school inactive (days/weeks off)
(circle one)

Signature _____

start date _____

Communicable Disease Report

NEW YORK STATE DEPARTMENT OF HEALTH

Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10,2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

| | | | | |
|--|---|--|--|--|
| Anaplasmosis | Cryptosporidiosis | Pregnant hepatitis B carrier | Monkeypox | Staphylococcal enterotoxin B poisoning² |
| Amebiasis | Cyclosporiasis | Herpes infection, infants aged 60 days or younger | Mumps | Streptococcal infection (invasive disease) ⁵ |
| Animal bites for which rabies prophylaxis is given¹ | Diphtheria | Hospital associated infections (as defined in section 2.2 10NYCRR) | Pertussis | Group A beta-hemolytic strep |
| Anthrax² | E.coli O157:H7 infection ⁴ | Influenza, laboratory-confirmed | Plague² | Group B strep |
| Arboviral infection³ | Ehrlichiosis | Legionellosis | Poliomyelitis | Streptococcus pneumoniae |
| Babesiosis | Encephalitis | Listeriosis | Psittacosis | Syphilis, specify stage⁷ |
| Botulism² | Foodborne Illness (invasive disease) | Lyme disease | Q Fever² | Tetanus |
| Brucellosis² | Giardiasis | Lymphogranuloma venereum | Rabies¹ | Toxic shock syndrome |
| Campylobacteriosis | Glanders² | Malaria | Rocky Mountain spotted fever | Transmissible spongiform encephalopathies ⁸ (TSE) |
| Chancroid | Gonococcal infection | Measles | Rubella (including congenital rubella syndrome) | Trichinosis |
| Chlamydia trachomatis infection | Haemophilus influenzae ⁵ | Melioidosis² | Salmonellosis | Tuberculosis current disease (specify site) |
| Cholera | Hantavirus disease | Meningitis | Shigatoxin-producing E.coli ⁴ (STEC) | Tularemia² |
| Coronavirus (severe or novel) 2019 Novel Coronavirus (COVID-19) | Hemolytic uremic syndrome | Aseptic or viral | Shigellosis ⁴ | Typhoid |
| Severe Acute Respiratory Syndrome (SARS) | Hepatitis A | Haemophilus | Smallpox² | Vaccinia disease⁹ |
| Middle East Respiratory Syndrome (SARS) | Hepatitis A in a food handler | Meningococcal | Staphylococcus aureus ⁶ (due to strains showing reduced susceptibility or resistance to vancomycin) | Vibriosis ⁶ |
| | Hepatitis B (specify acute or chronic) | Other (specify type) | | Viral hemorrhagic fever² |
| | Hepatitis C (specify acute or chronic) | Meningococcemia | | Yersiniosis |

WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person _____
 Name _____
 Address _____
 Phone _____ Fax _____

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- Phone diseases in bold type,
- Mail case report, DOH-389, for all other diseases.
- In New York City use form PD-16.

SPECIAL NOTES

- Diseases listed in **bold type** warrant prompt action and should be reported **immediately** to local health departments by phone following by submission of the confidential case report form (DOH-389). In NYC use case report form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS are reportable on form DOH-4189 which may be obtained by contacting:**
 Division of Epidemiology, Evaluation and Research
 P.O. Box 2073, ESP Station
 Albany, NY 12220-2073
 (518) 474-4284
 In NYC: New York City Department of Health and Mental Hygiene
 For HIV/AIDS reporting, call:
 (212) 442-3388

1. Local health department must be notified prior to initiating rabies prophylaxis.
2. Diseases that are possible indicators of bioterrorism.
3. Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
4. Positive shigatoxin test results should be reported as presumptive evidence of disease.
5. Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
6. Proposed addition to list.
7. Any non-treponemal test $\geq 1:16$ or any positive prenatal or delivery test regardless of titer or any primary or secondary stage disease, should be reported by phone; all others may be reported by mail.
8. Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
9. Persons with vaccinia infection due to contact transmission and persons with the following complications from vaccination; eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinal encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

ADDITIONAL INFORMATION

For more information on disease reporting, call your local health department or the New York State Department of Health Bureau of Communicable Disease Control at (518) 473-4439 or (866) 881-2809 after hours. In New York City, 1 (866) NYC-DOH1. To obtain reporting forms (DOH-389), call (518) 474-0548.

PLEASE POST THIS CONSPICUOUSLY

Staff Training Log

(pg. 26)

| | Name | works | hire | 50.5 | 0 |
|--------------------------|---|---|---|---------|-----------|
| DATE | TITLE | TYPE | SPONSOR OF TRAINING | # HOURS | completed |
| <input type="checkbox"/> | (1) Principles of Childhood Development | | | | |
| | Focusing on the developmental stages of the age groups for which the program provides care. | | | | |
| | Managing Challenging Behavior: Birth-18 mths | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | Professional Development Program Rockefeller College University at Albany | 1.5 | |
| | Managing Challenging Behavior: 18-36 mths | | | 1.5 | |
| | Early Intervention | | | 1.5 | |
| | Supporting Language Development: Birth to 5 | | | 2.5 | |
| <input type="checkbox"/> | (2) Nutrition and Health Needs of Children | | | | |
| | Obesity Prevention | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | Professional Development Program Rockefeller College University at Albany | 2 | |
| | Infant Brain Development | | | 1 | |
| | Identifying and Responding to Anaphylaxis: Elijah's Law | | | 1 | |
| | CPR & First Aid Training | online training & practical class | American Safety & Health Institute | 6 | |
| <input type="checkbox"/> | (3) Child Care Program Development | | | | |
| | Keeping Children Safe: Lead Poisoning | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | Professional Development Program Rockefeller College University at Albany | 1.5 | |
| | School Age Child Care | | | 1.5 | |
| | Implicit Bias in Early Childhood | | | 1.5 | |
| | Anti-bias Education in Early Childhood | | | 1.5 | |
| <input type="checkbox"/> | (4) Safety and Security Procedures | | | | |
| | Preventing Sudden Infant Death Syndrome | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | Professional Development Program Rockefeller College University at Albany | 1 | |
| | Supervision of Children | | | 1.5 | |
| | Family Engagement | | | 1.5 | |
| | Media Use and Safety with Children | | | 1.5 | |
| <input type="checkbox"/> | (5) Business Record Maintenance and Management | | | | |
| | Mandated Reporter | https://www.hslcnys.org/hslc/ | Professional Development Program Rockefeller College University at Albany | 2 | |
| | Organize Your Records | Self Instruction Course | Training Unlimited | 2 | |
| | Intro to the NYS Child Day Care Regulations | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | Professional Development Program Rockefeller College University at Albany | 1 | |
| | Information and Resources to Promote a Successful Program | | | 2 | |
| | Child Care Requirements and Resources for Legally Exempt Providers | | | 1.5 | |
| <input type="checkbox"/> | (6) Child Abuse and Maltreatment Identification and Prevention | | | | |
| | Brain Injuries & Abusive Head Trauma (AHT) | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | Professional Development Program Rockefeller College University at Albany | 2 | |
| <input type="checkbox"/> | (7) Statutes and Regulations Pertaining to Child Day Care | | | | |
| | Transportation | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | Professional Development Program Rockefeller College University at Albany | 2 | |
| | Emergency Preparedness | | | 1.5 | |
| | What to Expect When Inspected | | | 1.5 | |
| | What Is Legally Exempt Child Care? | | | 1 | |
| <input type="checkbox"/> | (8) Statutes and Regulations Pertaining to Child Abuse and Maltreatment | | | | |
| | Expulsion and Suspension Prevention Strategies | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | Professional Development Program Rockefeller College University at Albany | 1.5 | |
| <input type="checkbox"/> | (10) Adverse childhood experiences, | | | | |
| | Focusing on understanding trauma and on nurturing resiliency. | | | | |
| | ACEs and Trauma-Informed Practice developed by the CUNY School of Professional Studies | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | Professional Development Program Rockefeller College University at Albany | 0.5 | |
| <input type="checkbox"/> | (9) Shaken Baby Syndrome | | | | |
| | Foundations in Health and Safety | https://www.ecetp.pdp.albany.edu Click 'LEARN' & 'Go to the e-Learning catalog & get started' | OCFS, Albany | 5 | |

Training Tips

Take Foundations in Health and Safety & Mandated Reporter Training **FIRST**. Please take at least 1 course in EVERY AREA.

If you want to get ahead and do more that's fine.

You are required to submit 2 hours of training on the first Friday of every month until you reach 30 hours.

Email completed certificates to schoolhousebrockport@gmail.com

X _____
 I certify that I have completed 30 hours of training