

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**HEALTH CARE PLAN**  
Day Care Center

PROGRAM NAME:	
LICENSE NUMBER:	DATE HEALTH CARE PLAN SUBMITTED TO THE OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS): / /

**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.
- 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:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):	DATE: / /
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## **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:

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

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](https://health.ny.gov/forms/instructions/doh-389_instructions.pdf)

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:

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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:

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:

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**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:  
*(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:

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

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

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

Staff will check the first aid kit contents and replace any expired, worn, or damaged items:

**(check all that apply)**

- After each use
- Monthly
- 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 autoinjector medication (e.g., EpiPen®, AquivVu) 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:

- 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:

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

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**Patient-Specific Epinephrine Auto-Injectors, Diphenhydramine in Combination with the Epinephrine Auto-Injector, 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-LDSS-7002** 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-LDSS-7002** 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:

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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 auto-injector 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.

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):		License #:	
Authorized Signature:	Authorized Name (please print):	Date: / /	

LICENSEE INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):	DATE: / /
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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:**

- o Medication Administration Training (MAT) certificate.
- o Cardiopulmonary Resuscitation (CPR) certificate, which covers all ages of children the program is approved to care for as listed on the program's license.
- o First aid certificate that covers all ages of children the program is approved to care for as listed on the program's license.
- OR—
- o 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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**ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATION**



**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
- Staff meetings
- Other

Explain here:

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:

LICENSEE INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):	DATE: / /
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### Appendix H: Medication Administrant

License number:	If this form is submitted to OCFS separate from the health care plan, indicate date of submission:    /    /
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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) must have first aid and CPR certificates that cover the ages of the children in care and be at least 18-years of age. Documentation of age-appropriate 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 medications, OTC medications, and non-patient-specific and/or patient-specific prescribed medications. *\*EMOA patient-specific, Stock non-patient-specific*

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMA0 Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMA0 Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMA0 Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Appendix H

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
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Renewal		/ /	/ /	/ /	/ /	/ /
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) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
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) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
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Renewal		/ /	/ /	/ /	/ /	/ /
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) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Appendix H

CCFS Number: \_\_\_\_\_

**Appendix I:  
Revisions**

Use this section to record the date and page number(s) of any revisions made to the original health care plan. When a revision (*change, addition, or deletion*) is made to the original health care plan, record the date the change was made and then write the page numbers of any pages affected by the change and submit to OCFS.

DATE OF REVISION	PAGE(S)	HCC INITIALS
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Appendix I

**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.
- By way of this form's completion and submission to OCFS, the program is requesting a waiver of the following regulation to stock non-patient-specific epinephrine auto-injector devices pursuant to New York Public Health Law Section 3000-c.
  - School-Age Child Care: 414.11(g)(7)
  - Group Family Day Care: 416.11(g)(7)
  - Family Day Care: 417.11(g)(7)
  - Day Care Center: 418-1.11(g)(7)
  - Small Day Care Center: 418-2.11(g)(7)
- The program will obtain a non-patient-specific prescription for an epinephrine auto-injector device from a health care practitioner or pharmacist who is authorized to prescribe an epinephrine auto-injector device.
- The program will obtain the following epinephrine auto-injector devices (check all that apply):
  - Adult dose (0.3 mg) for persons 66 lbs. or more.
  - Pediatric dose (0.15 mg) for persons who are 33-66 lbs.
  - Infant/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
  - Every six-months
  - Other:

Appendix J

- Specify name and title of staff responsible for inspection of units:
- 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:
- 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: \_\_\_\_\_

Facility ID Number: \_\_\_\_\_

Director or Provider Name (Print): \_\_\_\_\_

Director or Provider Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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 licensor or registrar.