

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HEALTH CARE PLAN
School-Age Child Care

| | |
|----------------------|---|
| PROGRAM NAME: | |
| REGISTRATION 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 policies 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.

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| LICENSEE INITIALS: | DATE: / / | HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> : | 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):

- OCFS form: **Individual Health Care Plan for a Child with Special Health Care Needs, OCFS-LDSS-7006**
- 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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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 registrant 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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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®, Aquiviu) 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.)*

- 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 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 must be submitted.** Form **OCFS-LDSS-7006** may be used 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, 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 Programs) 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 the 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 here:

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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 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 epinephrine auto-injector, diphenhydramine in combination with the 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: Registrant 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 registration 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 policies 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 the policy at admission and annually after that.

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| Day Care Program's Name (please print): | | Registration #: | |
| Authorized Signature: | Authorized Name (please print): | Date: / / | |

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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:

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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 an epinephrine auto-injector; 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 completion and submission to OCFS, the program is requesting a waiver of the following regulation in order 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 an epinephrine auto-injector device but 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 inspecting 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 devices in accordance with all of the following:
 - In its protective plastic carrying tube in which it was supplied (original container)
 - In a place that is easily accessed in an emergency
 - In a place inaccessible to children
 - At room temperature between 68° and 77° degrees
 - Out of direct sunlight
 - In a clean area
 - Stored 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 to any day care child.
- In the event that an epinephrine auto-injector 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(s) was administered
 - Name, age and gender of the child (to OCFS only)
 - Number and dose of epinephrine auto-injector device 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 licensur or registrar.

Appendix H: Medication Administrant

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| Registration 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 in 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 child 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 | EMAO Date (Emergency Medication Administration Overview) *Patient-specific | Stock Epinephrine Auto-injector *Non-patient- specific Date |
|---------------------|-------------------------------|-----------------|-----------------|-----------------------|---|--|
| 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 | EMAO Date (Emergency Medication Administration Overview) *Patient-specific | Stock Epinephrine Auto-injector *Non-patient- specific Date |
|---------------------|-------------------------------|-----------------|-----------------|-----------------------|---|--|
| Original | Add | | | | / / | / / |
| Language | | / / | / / | / / | / / | / / |
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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) *Patient-specific | Stock Epinephrine Auto-injector *Non-patient specific Date |
|---------------------|-------------------------------|-----------------|-----------------|-----------------------|---|--|
| Original | Add | | | | / / | / / |
| Language | | / / | / / | / / | / / | / / |
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| HCC Initials | | Date / / | | | | |

APPENDIX H ♦ ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATION

Additional Staff Information (as applicable):

| 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 Epinephrine Auto-injector *Non-patient specific Date |
|---------------------|-------------------------------|-----------------|-----------------|-----------------------|---|--|
| Original | Add | | | | / / | |
| Language | | / / | / / | / / | | / / |
| 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 Epinephrine Auto-injector *Non-patient specific Date |
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| Original | Add | | | | / / | |
| Language | | / / | / / | / / | | / / |
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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) *Patient-specific | Stock Epinephrine Auto-injector *Non-patient specific Date |
|---------------------|-------------------------------|-----------------|-----------------|-----------------------|---|--|
| 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) *Patient-specific | Stock Epinephrine Auto-injector *Non-patient specific Date |
|---------------------|-------------------------------|-----------------|-----------------|-----------------------|---|--|
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APPENDIX H ♦ ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATION

