NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

HEALTH CARE PLAN

Day Care Center

PROGRAM NAME: DoodleBugs! Childrens Learning Academy: Penfield.	
LICENSE NUMBER: 348495	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 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.

3/10/26 Annual Review R. Boswell FNP-C

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
LP	3/10/26	RB	3/10/26

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	10
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 Repellant, and/or Patient-Specific 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 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 Mediation	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	23
Section 20	Americans with Disabilities Act (ADA) Statement for Programs	24
Section 21	Licensee 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	Trained Administrant	34
Appendix I	Revisions	37
Appendix J:	Administration of Non-Patient-Specific Epinephrine Auto-Injector Device	38
Appendix K:	Administration of Opioid Antagonist Nasal Spray	40

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 <u>not</u> 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 **<u>AND</u>** 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:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
UP	3/10/26	RB	3/10/26

(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:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
LP	3/10/26	RB	3/10/26

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**)

- 6 weeks to 2 years: ☐ Weekly ☒ Monthly ☐ Quarterly ☐ Yearly
- 2 years to 5 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

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
LP	3/10/26	RB	3/10/26

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: Will accept forms/plans from healthcare Providers with all necessary information

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM LP	4/29/25 3/10/26	RB RB	4/29/25 3/10/26

Section 3: Daily Health Checks

A daily health check will be done on each child when the child 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 **OCFS-LDSS-4443,** *Child Care Attendance Sheet*
- ☒ Other: *(please attach form developed by the program)* Online Softwear Application

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

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: Online Softwear Application.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
LP	3/10/26	RB	3/10/26

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: If it is felt the child is contagious to others, parents will be notified to pickup child. while awaiting pickup child will be seperated from others + moved to Directors Office to be kept comfortable + be supervised until parents arrive

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 OCFS 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:

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
LP	3/10/26	RB	3/10/26

Section 4: Staff Health Policies

The program will operate in compliance with all medical statement requirements as listed in 418-1.11(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.

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)

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM UP	4/29/25 3/10/26	RB RB	4/29/25 3/10/26

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: *(please attach form developed by the program)* Online Softwear Application

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
- ☒ Other:

Explain here: Classroom Binder + in Emergency Binder in each room at front desk.

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:

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: In medication cabinet behind front desk + small kit in each classroom emergency bag.

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

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
UP	3/10/26	RB	3/10/26

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

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

- [x] After each use
- [x] 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:

- [x] 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: Benadryl or generic equivalent
Neosporin or generic equivalent.

- [ ] 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 OCFS approved training as required by regulation before storing and administering the medication to a child*).

Explain here:

- [x] 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: Moved to classroom emergency bag if child will be away from center.

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

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
LP	3/10/26	RB	3/10/26

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 repellant.	Complete Sections 9-12 and Section 22
☒	The program WILL administer patient-specific epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers.	Complete Sections 9-12 and Section 22
☐	The program WILL administer stock epinephrine auto-injectors.	Complete Sections 16 and 22 and Appendix H and 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 Sections 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 repellant 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:

***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 - they are 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 stepparents 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**):

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

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

Section 9: Programs that WILL Administer Over-the-Counter Topical Ointments, Lotions and Creams, and Sprays, Including Sunscreen Products and Topically Applied Insect Repellant, and/or patient-specific Epinephrine Auto-injectors, Diphenhydramine in Combination with the Epinephrine Auto-injector, Asthma Inhalers and Nebulizers.

Over-the-Counter Topical Ointments, Lotions and Creams, and Sprays Including Sunscreen Products and Topically Applied Insect Repellant (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: In each classroom in cabinet or in diaper area.

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: Online Softwear Application

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM LP	4/29/25 3/10/26	RB RB	4/29/25 3/10/26

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:

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 child-specific 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 repellant:

Explain here: Protective clothing will be worn + child kept in shaded area as possible.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM UP	4/29/25 3/10/26	RB RB	4/29/25 3/10/26

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* (IHP), for a Child with Special Health Care Needs must be submitted. Form **OCFS-LDSS-7006**, *Individual Health Care Plan for a Child with Special Health Care Needs*, 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 - 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:

In medication cabinet behind front desk.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM UP	4/29/25 3/10/26	RB RB	4/29/25 3/10/26

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 repellant 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 autorized 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 programs 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): Doodle Bugs! Children's Academy: Penfield.		License #: 348495
Authorized Signature:	Authorized Name (please print): Erin Mawn	Date: 4/29/25
Laura Personius		3/10/26

LICENSEE INITIALS: EM / LP	DATE: 4/29/25 / 3/10/26	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*: RB / RB	DATE: 4/29/25 / 3/10/26

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 repellant, 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 repellant, all individuals listed in the health care plan must be at least 18-years of age and have a vaild:

- 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.

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.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
UP	3/10/26	RB	3/10/26

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 logbook (MAT Binder)
- ☐ Other:

Explain here: Upon completion/discontinuation of medication all paperwork moved from binder to child's file.

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.)***

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
LP	3/10/26	RB	3/10/26

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 over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellant.)*

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, **OCFS-LDSS-7003,** *Verbal Medication Consent Form and Log of Administration*
- ☐ Other: *(please attach form developed by the program)*

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
LP	3/10/26	RB	3/10/26

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.)* Benadryl or generic equivalent
  Neosporin or generic equivalent.

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: In cabinet behind front desk labeled "Medication"

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

- ☒ In a medication-only refrigerator located: In medication cabinet behind front do
- ☐ In a food refrigerator in a separate leak-proof container that is inaccessible to children.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
UP	3/10/26	RB	3/10/26

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**):

- [x] Stored in a locked area with limited access.
- [x] 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.
- [x] 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: In Locked "bankers" zip bag + then in medication cabinet. Only accessible to MAT trained individuals.

Expired Medication

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

- [ ] Weekly
- [x] 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.***

LICENSEE INITIALS: EM	DATE: 4/29/25 3/10/26	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*: RB RB	DATE: 4/29/25 3/10/26

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 form, **OCFS-LDSS-7005**, *Medication Error Report* 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 form **OCFS-LDSS-7005**, *Medication Error Report*, 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**): Roseann Boswell, FNP-C		
Profession: (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: 331674 Exp. Date: 11/30/2026
	☐ Registered Nurse	License number: Exp. Date: / /

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 **1-800-732-5207** *(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.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM UP	4/29/25 3/10/26	RB RB	4/29/25 3/10/26

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*)*.

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	HCC Signature
4 29 25	Roseann Boswell FNP-C
3/10 26	Roseann Boswell FNP-C
/ /	
/ /	

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

Health Care Consultant Signature:	Roseann Boswell, FNP-C
Health Care Consultant Name *(please print)*:	Roseann Boswell, FNP-C
Date: 4 29 25	3/10/26 Roseann Boswell FNP-C

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.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM	4/29/25	RB	4/29/25
LP	3/10/26	RB	3/10/26

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 their 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 their 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.

Day Care Program's Name *(please print)*: Doodle Bugs! Children's Academy: Penfield		License #: 348495
Authorized Signature:	Authorized Name *(please print)*: Erin Mawn	Date: 4/29/25
*	Laura Personius	3/10/26

LICENSEE INITIALS: EM	DATE: 4/29/25	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*: RB	DATE: 4/29/25
UP	3/10/26	RB	3/10/26

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**):

- [X] Orientation upon hire
- [X] Staff meetings
- [X] Scheduled professional development. Anaphylaxis Training Video on ECETP site

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**):

- [X] Posting in program
- [ ] Staff meetings
- [X] Other

Explain here: List of all children with allergies in center is posted in each classroom + in Kitchen area.

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**):

- [X] File review
- [X] Staff meetings
- [X] Other

Explain here: In Training Tracker + In Parent Lounge Binder.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
EM UP	4/29/25 3/10/26	RB RB	4/29/25 3/10/26

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 the 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. **OCFS-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.

Sanitizing and Disinfecting Solutions

Unscented chlorine bleach is the most commonly used sanitizing and disinfecting agent because it is affordable and easy to get. The State Sanitary Code measures sanitizing or disinfecting solution in "parts per million," but programs can make the correct strength sanitizing or disinfecting solution *(without having to buy special equipment)* by reading the label on the bleach container and using common household measurements.

Read the Label

Sodium hypochlorite is the active ingredient in chlorine bleach. Different brands of bleach may have different amounts of this ingredient: *the measurements shown in this appendix are for bleach containing 6 percent to 8.25 percent sodium hypochlorite*. The only way to know how much sodium hypochlorite is in the bleach is by reading the label. Always read the bleach bottle to determine its concentration before buying it. If the concentration is not listed, you should not buy that product.

Use Common Household Measurements

Using bleach that contains 6 percent to 8.25 percent sodium hypochlorite, programs need to make two standard recommended bleach solutions for spraying nonporous or hard surfaces and a separate solution for soaking toys that have been mouthed by children. Each spray bottle should be labeled with its respective mixture and purpose. Keep it out of children's reach. The measurements for each type of sanitizing or disinfecting solution are specified on the next page.

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.

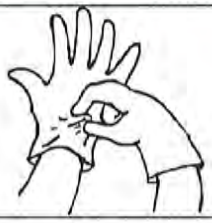
- Spray solution #1: **½ teaspoon of bleach to 1 quart of water.**
- Spray solution #2: **1 tablespoon of bleach to 1 quart of water.**
- Soaking solution: **1 teaspoon of bleach to 1 gallon of water.**

Appendix E

Appendix F:

Gloving

DONNING	
1. Wash hands.	
2. Put on a clean pair of gloves. Do not reuse gloves.	

REMOVAL and DISPOSAL	
1. Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only.	
2. Ball up the first glove in the palm of the other gloved hand.	
3. 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.*	
4. Drop the dirty gloves into a plastic-lined trash receptacle.	
5. Wash hands.	

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

Appendix F

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: / /
34 8495	

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) must have first aid and CPR certificates that cover the ages of the children in care. 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 patient-specific medications, and non-patient-specific and/or patient-specific prescribed medications. **EMAO patient-specific, **Stock** non-patient-specific.*

Name: Erin Mawn	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	Removed		3/10/26	/ /	/ /
Language	English	11/12/27	2/21/26	2/21/26		
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 4/29/25				

Name: Kara Frank	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	4/21/26	4/29/27	4/29/27	/ /	/ /
Language	English					
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 4/29/25				

Name: Nicole Safford	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	5/22/27	5/1/26	5/1/26	/ /	/ /
Language	English					
Renewal		/ /	3/10/27	3/10/27	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 4/29/25				

Name: Michaela Kastler	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	11 20 27	9 25 27	9 25 27	/ /	/ /
Language	English					
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 4 29 25				

Name: Robyn Motsay	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	11 12 26	2 21 26	2 21 26	/ /	/ /
Language	English					
Renewal		/ /	2 4 28	2 4 28	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 4 29 25				

Name: Katie Deil-Klotz	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	Removed	3/	3/ 26	/ /	/ /
Language	English RB	3 20 28	4 29 27	4 29 27		
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name: Laura Personius	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	10 19 28	9 22 27	9 22 27	/ /	/ /
Language	English					
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 3 10 26				

Appendix H

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	**License Exp date**	**CPR Exp date**	**HCC Initials**	**Date**
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	**License Exp date**	**CPR Exp date**	**HCC Initials**	**Date**
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	**License Exp date**	**CPR Exp date**	**HCC Initials**	**Date**
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	**License Exp date**	**CPR Exp date**	**HCC Initials**	**Date**
Original	Add				
Language		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /

Appendix H

Name: Melissa Kosinsky	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	1/18/27	9/25/26	9/25/26	/ /	/ /
Language	English					
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 3/10/26				

Name: Justin Miles	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	6/13/28	3/10/28	3/10/28	/ /	/ /
Language	English					
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 3/10/26				

Name: Ryan DeLaFranier	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	12/error RB	11/7/26	11/7/26	/ /	/ /
Language	English					
Renewal		12/31/29	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 3/10/26				

Name: Brynne Reid	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	3/25/29	3/10/28	3/10/28	/ /	/ /
Language	English					
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	RB	Date: 3/10/26				

Appendix H

CCFS Number: 348495

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
4/29/25	New HCP completed +	
/ /	allergy policy review	RB
/ /		
3/10/26	Annual Review + Approval	RB
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

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.
- 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 non-patient specific epinephrine auto-injector devices (check all that apply):
  - ☐ Infants and Toddlers (generally up to age 3) = 0.1mg dose (16.5lbs to 33lbs)
  - ☐ Child (generally ages 3yrs - 8yrs) = 0.15mg dose (33lbs to 66lbs)
  - ☐ Older Child/Adult (generally persons over 8yrs of age) = 0.30mg dose (over 66lbs)
- 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 non-patient specific 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:

- 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.

Appendix J

4/29/25
Discussed + Declined at this time

Appendix K:
ADMINISTRATION OF OPIOID ANTAGONIST NASAL SPRAY

The program is requesting a waiver of the following regulations to obtain, stock, and administer over the counter and/or non-patient-specific opioid antagonist nasal spray, as permitted pursuant to New York Public Health Law Section 3309.

☐ Day Care Center: 418-1.11(c)(1), (d)(1), (f)(1)(i), (f)(7), (g)(7), and (c)(2)(vii)(c)

☐ Small Day Care Center: 418-2.11(c)(1), (d)(1), (f)(1)(i), (f)(7), (g)(7,) and (c)(2)(vii)(c)

This waiver is necessary for the program to obtain, stock, and administer over the counter and/or non-patient specific opioid antagonist nasal spray, without approval of a health care consultant, to prevent overdose deaths.

By submitting this waiver, the program demonstrates the intent to obtain, stock, and administer over the counter and/or non-patient-specific opioid antagonists nasal spray, without approval of a health care consultant, to a person the administrant reasonably believes to be experiencing an opioid overdose.

Program Requirements

- The program must designate at least one person on staff through this appendix before stocking opioid antagonist nasal spray.
- The designated staff must complete at least one of the overdose reversal training courses offered by New York State or New York City resources before stocking opioid antagonist nasal spray.
- The program must maintain verification that each designated employee has successfully completed the required training. This documentation must be kept on-site and available to OCFS or its representatives.
- The program will follow all OCFS regulations for stocking the medication and will immediately notify the parent and OCFS upon administration.
- The program must call 911 immediately and request an ambulance when the opioid antagonist is administered. Emergency personnel must be advised that an opioid antagonist has been used.
- The program must report any use of an opioid antagonist at the child care program to OCFS. Additionally, if opioid antagonist nasal spray is administered to a child experiencing symptoms of an opioid overdose, the program will immediately report the administration of the medication to the parent of the child and OCFS (Regional or Borough office). The following information must be reported:
  - Location of the incident
  - Date and time opioid antagonist were administered
  - Name, age, and gender of the child (to OCFS only)
  - Name of ambulance service transporting person
  - Name of the hospital to which person was transported
  - A ***Log of Medication Administration,*** **OCFS-LDSS-7004** must be completed after the administration of the medication.

Name and Date of Training Program	Name of trained staff member
	4/29/25
	Discussed +
	Declined at
	this time

R. Boswell FNP-C

Appendix K

The program is attesting that the designated staff has successfully completed the training listed above by signing and submitting this appendix.

Program Name:	
Facility ID Number:	
Director or Provider Name (Print):	
Director or Provider Signature:	
Date:	/ /

Once approved, keep this form on site as part of the health care plan, share with parents, any health care consultant associated with the program, and send a signed copy to your Regional/ Borough Office.

Appendix K