Student Application Checklist

Student Name: _____________

- Enrollment Form
- Student Release Form
- Release of Info (MHA and School)
- CACFP – Income Eligibility Form (Not for Gloversville School District or Greater Amsterdam School District)
- Parent survey
- Book bag search form
- Program Policy Agreement Form
- Student Survey
- Parent Volunteer Form
- Walk Home Permission Slip (Gloversville School District & Greater Amsterdam School District Only)
- Financial Information Form (Fonda Only)
- Parent Sign Off Sheet Health Care Plan
**Mental Health Association In Fulton and Montgomery Counties, Inc.**

**ADVANTAGE AFTER-SCHOOL PROGRAM APPLICATION**

<table>
<thead>
<tr>
<th>CHILD’S FULL NAME</th>
<th>Date of Birth</th>
<th>AGE</th>
<th>Sex: Male ☐ Female ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD’S HOME ADDRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAILING ADDRESS (if different from above)</td>
<td>Home Tele</td>
<td>TEACHER</td>
<td>GRADE</td>
</tr>
<tr>
<td>Circle the days of the week your child (ren) will be attending the AASP: Mon. Tues. Wed. Thurs. Fri. Pick-Up Time</td>
<td>SCHOOL: SPECIAL ED ☐ RESOURCE ROOM ☐ AIS MATH ☐ AIS READING ☐</td>
<td>SERVICES: SPEECH ☐ COUNSELING ☐ 504 PLAN ☐ OT ☐ PT ☐</td>
<td></td>
</tr>
<tr>
<td>NAME of PERSON APPLYING FOR CHILD:</td>
<td>Parent ☐ Guardian ☐ Caretaker ☐</td>
<td>HOME TELE</td>
<td>DAY TIME TELE</td>
</tr>
<tr>
<td>ADDRESS of PERSON LISTED ABOVE (if different from child’s)</td>
<td>EMAIL ADDRESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER PARENT/GUARDIAN</td>
<td>HOME ADDRESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Arrangements regarding custody? If yes, please provide legal documents Yes or No</td>
<td>Siblings, Ages</td>
<td>PICK-UP TIME</td>
<td></td>
</tr>
<tr>
<td>Does your child have any allergies? YES ☐ NO ☐</td>
<td>If yes, what is your child allergic to?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with the Program Coordinator. DOES YOUR CHILD HAVE SPECIAL NEEDS? YES ☐ NO ☐

Medical Conditions / Diagnosis
Physical Limitations / Surgeries
Child’s Source of Medical Care / Primary Care Physician’s Name
Child’s Source of Dental Care / Dentist’s Name
Name of Medical Care Facility / Hospital

**HEALTH INSURANCE**

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>GROUP NUMBER</th>
<th>PERSON WHO CARRIES INSURANCE</th>
</tr>
</thead>
</table>

**CONTACT NAME**

<table>
<thead>
<tr>
<th>RELATIONSHIP to STUDENT</th>
<th>TELE # During Program Hours</th>
<th>OTHER TELE # (Check Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell ☐ Pager ☐ Other ☐</td>
<td>Cell ☐ Pager ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td>Cell ☐ Pager ☐ Other ☐</td>
<td>Cell ☐ Pager ☐ Other ☐</td>
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</tr>
<tr>
<td>Cell ☐ Pager ☐ Other ☐</td>
<td>Cell ☐ Pager ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td>Cell ☐ Pager ☐ Other ☐</td>
<td>Cell ☐ Pager ☐ Other ☐</td>
<td></td>
</tr>
</tbody>
</table>

**WRAP-AROUND:** Are there days during the week your child will be arriving late or leaving early due to other after school-related activities, i.e. sports or an appointment with the orthodontist? YES ☐ NO ☐ If yes, please specify days and times below AND submit a practice/game schedule.

<table>
<thead>
<tr>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
</tr>
</thead>
</table>

**AGREEMENTS:**

1) I consent to the enrollment of the child listed above & have been advised of the policies regarding medication administration, services, fees & transportation provided by AASP & Office of Children and Family Services regulations under which it operates. YES ☐ NO ☐

2) I authorize use of Wrap-Around so my child may participate in other school-related activities during AASP hours. YES ☐ NO ☐

3) I have provided information on my child’s special needs (Allergies, Diet, Disabilities, Medical information) to the provider, as may be necessary to assist the program in properly caring for my child in case of an emergency. YES ☐ NO ☐

4) In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child. YES ☐ NO ☐

5) I understand that the AASP cannot give my child any medication without written permission from a physician and that my child cannot carry any medications on his/her person during program time. YES ☐ NO ☐

6) I authorize use of Parent supplied First Aid Cream, Sunscreen, Bug Repellant, Lip Balm, Hand Lotion, Cough Drops as needed. YES ☐ NO ☐

7) I consent for my child to have his/her photo taken for use in program materials, i.e. scrapbook, video, newspaper, other. YES ☐ NO ☐

8) I understand that once the Homework Period has ended, my child will participate in other program activities. YES ☐ NO ☐

9) I agree to review and update this information whenever a change occurs or twice during the program year. YES ☐ NO ☐

**SIGNATURE of PARENT or PERSON LEGALLY RESPONSIBLE**

**DATE**

**OFFICE USE: REVIEWED BY DATE COMPLETE? YES ☐ NO ☐ IF NO, HIGHLIGHT NEEDED INFORMATION ABOVE. DATE COMPLETED STAFF**
ADVANTAGE AFTER-SCHOOL PROGRAM
STUDENT RELEASE FORM 2021 - 2022

Student Name __________________________ DOB __________________________

SECTION 1. Students will only be released from the AASP to those persons designated in writing by the parent or guardian. Please include parents below. Our full Release Policies are found in the Parent Handbook. “I authorize the Advantage ASP to release my child to the following person(s):”

1. Name __________________________ Relationship to Student __________________________
   Address __________________________ City/Town/Zip __________________________
   Day Phone __________________________ Cell Phone/Pager __________________________ Home Phone __________________________

2. Name __________________________ Relationship to Student __________________________
   Address __________________________ City/Town/Zip __________________________
   Day Phone __________________________ Cell Phone/Pager __________________________ Home Phone __________________________

3. Name __________________________ Relationship to Student __________________________
   Address __________________________ City/Town/Zip __________________________
   Day Phone __________________________ Cell Phone/Pager __________________________ Home Phone __________________________

4. Name __________________________ Relationship to Student __________________________
   Address __________________________ City/Town/Zip __________________________
   Day Phone __________________________ Cell Phone/Pager __________________________ Home Phone __________________________

5. Name __________________________ Relationship to Student __________________________
   Address __________________________ City/Town/Zip __________________________
   Day Phone __________________________ Cell Phone/Pager __________________________ Home Phone __________________________

SECTION 2. In the event that school closes early or cancels after school activities, your child must know what to do. In the space below, please share your family’s plan:

☐ Student will ride Bus # _________ to go . . . (check one below)
   ☐ Home
   ☐ Babysitter - Name & telephone: __________________________
   ☐ Relative - Name & telephone: __________________________
   ☐ Neighbor/friend - Name & telephone: __________________________
   ☐ Student will walk home.
   ☐ Other (please describe) __________________________

SECTION 3. The telephone number you provide the school district is the SAME number used to notify you of any early dismissals. Please recognize that we CANNOT PERSONALLY CONTACT EACH FAMILY in the event of an early dismissal.

Do you need to be contacted personally? ☐ YES ☐ NO

IF YES, please specify the best means to reach you:

By Phone # __________________________ By Email: __________________________

Form completed by __________________________ Date __________________________
Advantage After School Program

RELEASE OF INFORMATION
School Year 2021-2022

PLEASE NOTE: ALL * and BOLDED AREAS MUST BE FILLED IN.

*Child’s Name ____________________________  *Date of Birth ____________________________

I hereby authorize the use or disclosure of my child’s information as described below. I understand that the authorization is voluntary.

Exchange of Information between:

FFCSD Advantage After-School Program
A Program of Mental Health Association in Fulton & Montgomery Counties
307-309 Meadow Street
Johnstown, NY 12095

Fonda-Fultonville Central School District
112 Old Johnstown Road
Fonda, NY 12068

*Description of Information to be released:

School records including attendance and academic reports, including IEP, 504 Plans and other pertinent student information.

Medical Records as they pertain to the child’s involvement in the program, e.g. allergies, special accommodations, physical limitations

Other

* Purpose for this disclosure is: (Check all that apply)

Medical Condition (allergies including food, environmental, etc.)
To work towards similar goals for student
Coordination of services
Other

I understand that I may revoke this consent at any time except to the extent that action has been taken on it. It is understood that the information to be released is confidential and protected from further disclosure.

*This authorization/consent expires: (Please Specify)

End of school year 2021-2022
Upon Release of specified information
When child is withdrawn from program
Other: ____________________________

*Signature of parent/guardian ____________________________  *Printed Name of parent/guardian ____________________________  *Date ____________________________

Legal representative relationship to the recipient: ____________________________

CANCELLATION / REFUSAL TO RELEASE INFORMATION

I hereby cancel or refuse to authorize the release of information indicated above.

Signature of recipient or legal rep. ____________________________  Relationship ____________________________  Date ____________________________

Signature of witness ____________________________  Title ____________________________  Date ____________________________

Effective 9/21
Dear Parent, Guardian or CACFP Participant,

This center participates in the Child and Adult Care Food Program (CACFP) and provides healthy meals at no cost to all children and adults enrolled in the daycare center. By completing and returning the attached Income Eligibility Form, you will help your center receive money from CACFP for the meals that are served. If your household’s income is equal to or less than the amounts indicated for your household size on the chart below, the center will receive a higher rate of funding for the meals served. The Income Eligibility Form needs to be completed every year. Your center and CACFP will keep all information private.

INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2021 until June 30, 2022)

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>REDUCED-PRICE MEALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YEAR</td>
</tr>
<tr>
<td>1</td>
<td>23,828</td>
</tr>
<tr>
<td>2</td>
<td>32,227</td>
</tr>
<tr>
<td>3</td>
<td>40,626</td>
</tr>
<tr>
<td>4</td>
<td>49,025</td>
</tr>
<tr>
<td>5</td>
<td>57,424</td>
</tr>
<tr>
<td>6</td>
<td>65,823</td>
</tr>
<tr>
<td>7</td>
<td>74,222</td>
</tr>
<tr>
<td>8</td>
<td>82,621</td>
</tr>
<tr>
<td>FOR EACH ADDITIONAL FAMILY MEMBER</td>
<td>+8,399</td>
</tr>
</tbody>
</table>

This institution is an equal opportunity provider.
This institution is an equal opportunity provider.

The household is defined in Section 226.2. The income of the household is determined as follows:

Definition of Household - Household means family as defined in Section 226.2. Family means, in the case of a child, a group of related or unrelated persons living in the same household; in the case of an adult, a group of persons sharing the same living arrangements who are economically dependent on each other.

Definition of Income - Income means money other than contributions from persons not living in the household, including contributions from public or private support programs, personal savings, or other income received by the household.

<table>
<thead>
<tr>
<th>FAMILY INCOME LEVEL</th>
<th>FREE MEALS</th>
<th>FAMILY INCOME LEVEL</th>
<th>FREE MEALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>162+</td>
<td>7</td>
<td>114+</td>
<td>4</td>
</tr>
<tr>
<td>698+</td>
<td>8</td>
<td>492+</td>
<td>2</td>
</tr>
<tr>
<td>288+</td>
<td>9</td>
<td>212+</td>
<td>1</td>
</tr>
<tr>
<td>117+</td>
<td>10</td>
<td>68+</td>
<td>7</td>
</tr>
<tr>
<td>40+</td>
<td>11</td>
<td>10+</td>
<td>8</td>
</tr>
</tbody>
</table>

Income Eligibility Guidelines:

For families of four, the income eligibility guidelines are as follows:

- Income below $27,888:
  - Free meals
- Income between $27,888 and $52,888:
  - Reduced meals
- Income above $52,888:
  - Paid meals

Effective June 1, 2021 until June 30, 2022.
See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME  Fonda Fultonville AASP

Print the name of the child(ren) enrolled in this child care center

1. ___________________________  2. ___________________________  3. ___________________________

grade  grade  grade

DIRECTIONS

Complete SECTION A if anyone in your household
1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # ___________________________
TANF # ___________________________
FDPIR # ___________________________

Names of
Foster Children

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature ___________________________

Date ___________________________

FOR SPONSOR USE ONLY

CACFP Agreement # ___________________________
Total Number of Household Members
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)
Total Household Income $ ___________________________
Free ________ Reduced ________ Paid ________
Date of Determination ___________________________
Signature of Center Staff ___________________________

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature ___________________________

Print Name ___________________________

USDA is an equal opportunity provider and employer.
Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means family as defined in Section 226.2. Family means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received last month, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person’s usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write none. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as paid.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year’s Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as Free, Reduced or Paid. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income. Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.
ADVANTAGE AFTER SCHOOL PROGRAM
MIDDLE SCHOOL PARENT/GUARDIAN SURVEY

Please check appropriate box.

☐ Fonda-Fultonville Middle School

You are invited to complete this short questionnaire about the Advantage After School Program. Your responses will be kept confidential. Your feedback will help us improve our program. By completing and returning this survey, you agree to participate in this study.

Name: ____________________________ Child(ren): ____________________________

What is the most important one or two things for you that the Program provides for your child?

☐ To gain skills for school success
☐ Safe afterschool location
☐ Socialization with peers
☐ Development of personal responsibility and accountability skills
☐ Nutritious meal or snack
☐ To have something to do after school
☐ Other: ________________________________________________________

What is the biggest challenge for school/after school success that your child is facing this year?

______________________________________________________________________

______________________________________________________________________

How can the After School Program help? __________________________________________

______________________________________________________________________

What will/has your child enjoy(ed) in the After School Program? Check mark all that apply.

☐ Socializing with peers ☐ Baking or Cooking
☐ Physical Activities ☐ Science Experiments
☐ Board Games ☐ Arts and Crafts
☐ Computers ☐ Other ideas: __________________________________________
☐ Swimming

Are there ways that you could help with Program?

☐ Help youth with homework ☐ Share a hobby
☐ Assist staff with activities/presentations ☐ Other: ________________________
☐ Be a participant during Career Week

Any other Comments/ideas/suggestions: ____________________________________

______________________________________________________________________
ADVANTAGE AFTER SCHOOL PROGRAM
MIDDLE SCHOOL PARENT/GUARDIAN SURVEY

The Advantage After School Program is designed to help children be more successful in school. Sometimes children have challenges in their lives that make school success difficult. Please provide us with your thoughts about how we could help your child be more successful.

What kinds of challenges do children who you know (in this community) face that make success in school difficult?

☐ Difficulty with reading
☐ Difficulty with math and science
☐ Physical health issues
☐ Mental health issues
☐ Other ______________________
☐ Family stress
☐ Need positive adult role models
☐ Better relationships with teachers
☐ Ways to improve behavior
☐ Other ______________________

What kinds of programs and services do you think would help your children have a greater success in school? (Check all that apply.)

☐ Reading Improvement Programs
☐ Math and Science Programs
☐ Health & Nutrition Services
☐ Mental Health Services
☐ Life Skills programs for students
☐ Behavior Management programs for students
☐ Opportunities for parents and teachers to work together for student success
☐ Family support services
☐ Mentoring programs
☐ Programs to help parents help their children
☐ Other ______________________

Would you be willing to talk in a discussion group about student needs? ☐ Yes ☐ No

Would you be willing to work with us to develop programs and services to ensure student success?
☐ Yes ☐ No ☐ I can’t now, but in the future

How can we contact you?

Name: ____________________________  Tele: ___________________  Email: __________________
Dear Parent or Guardian:

As a part of our effort to provide excellent programs for young people, we have found that, at times, our program participants have not utilized our homework time during program as successfully as we would like them to do. We also know from many of you that the completion of homework during program time is a key priority for you. Therefore, we believe there will be times that we may need to enter a youth's book bag to determine what, if any, homework has been assigned to your child and whether or not, the homework was completed during the school day.

As always, we want to give parents the opportunity to exclude their child(ren) from this programming procedure that addresses student academics, behavior, attitudes and skills. Therefore, we are sending this notice home to inform you of new policy and to give you the opportunity to let us know if you do not want your child(ren) to participate in it. We believe that the entering of a youth's book bag to determine homework assignments will help in our ongoing efforts to improve the academic success for your children. Therefore, we want to encourage you to allow your child to participate. Please let us know by completing the form on the next page and returning it to your child's program staff no later than the first day that they begin program. If you have any questions about this new procedure, please feel free to call our Operations Manager at 518-762-5332 ext. 101. Thank you for your cooperation.

Sincerely,

Janine Dykeman
Executive Director
Advantage/Empire After School Programs' Parental Permission Form
Book Bag Searches

2021-2022 School Year

PERMISSION FORM

Please Sign and Return to the Program Staff No Later than the First Day of Program for your child(ren).

☐ I DO WANT MY CHILD(REN)

☐ I DO NOT want my child(ren),

__________________________________________, to participate in the Book Bag Homework Search.

Parent(s)/Guardian(s)

Signature(s):________________________________________

Print Name:________________________________________

Today's Date:______________________________________
Please check appropriate box.

☐ Fonda-Fultonville Middle School

Name: ________________________________ Grade Level: _____________

We need your help! We want to create an after school program that is exciting and useful for you. Please answer the following questions to tell us about your opinions and ideas for after school activities.

Please check the sentence that best describes your feelings about attending an after school program at our school.

☐ I already participate in after school activities.
☐ I would definitely be interested in going to an after school program at our school.
☐ I have other responsibilities after school and could not go to an after school program at our school.
☐ I would not be interested in going to an after school program at our school.

What kinds of activities would you like to do after school? Feel free to add your own ideas. (check up to four activities.)

☐ Chess
☐ Community service
☐ Computer club
☐ Homework help or tutoring
☐ Photography
☐ Poetry writing
☐ Peer counseling/conflict resolution
☐ Program newspaper
☐ Science experiments
☐ Aerobic exercise
☐ Basketball
☐ Martial arts
☐ Soccer
☐ Softball/baseball
☐ Volleyball
☐ Yoga
☐ Arts and crafts
☐ Card and board games
☐ Cooking
☐ Dance
☐ Drama
☐ Music
☐ Woodworking
☐ Other: _____________

What are some ways you would like to get involved in the after school program? (check all that apply.)

☐ Deciding what programs to offer
☐ Planning after school activities
☐ Being a club officer
☐ Advertising the after school program
☐ Your idea: _____________
☐ I am not interested in getting involved.

Were you a student at this school last year (2018-2019)?

☐ Yes ☐ No

Did you come to this after school program last year (2018-2019)?

☐ Yes ☐ No

If yes, what was your favorite thing? ________________________________

If yes, what was your least favorite thing? ________________________________

Compared to other places where you spend time, how safe do you feel when you are at the program?

☐ a lot safer ☐ a little safer ☐ just as safe ☐ a little less safe ☐ a lot less safe
How do you feel about each of the following statements? For each statement, please check whether you agree a lot, agree a little, disagree a little, disagree a lot or have no opinion.

<table>
<thead>
<tr>
<th></th>
<th>Agree A Lot</th>
<th>Agree A Little</th>
<th>Disagree A little</th>
<th>Disagree A Lot</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think I’m a good student.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have good study skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I want to come to school every day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel safe at home and school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have an adult(s) in my life that I can talk to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What are the biggest challenges you feel you face currently? (check all that apply)

- Difficulty with reading
- Difficulty with math and science
- Physical health issues
- Mental health issues, e.g. depressed, cutting yourself
- Problems with peers, e.g. bullying, peer pressure
- Family stress
- Not enough to eat at home
- Other: ____________________________________
Advantage After-School Programs

Parent Handbook
2021 - 2022

Program Locations
Fonda- Fultonville Elementary School
Fonda-Fultonville Middle School
Kingsborough Elementary School
Park Terrace Elementary School

A program administered by
The Mental Health Association in Fulton & Montgomery Counties, Inc.
This handbook contains the POLICIES AND PROCEDURES of the ADVANTAGE AFTER-SCHOOL PROGRAM.

PLEASE KEEP THIS BOOKLET TO REFER TO WHILE YOUR CHILD ATTENDS THE PROGRAM.

Funding is provided by the New York State Office of Children and Family Services for a period of five years. There is no cost to parents/families. ($10 per child/month Fonda-Fultonville)

This program is a result of the active partnership of the Gloversville or Fonda-Fultonville School District and the Mental Health Association in Fulton & Montgomery Counties, with support from other community organizations.

The Advantage After-School program supports the development of youth programs designed to offer educational, interpersonal, and recreational activities to school age youth in safe and accessible places during non-school hours.

Mounting evidence shows that how children occupy their time during non-school hours is directly related to their ability to achieve in school and contribute to society. The critical hours from 3pm to 8pm are when the majority of crimes are committed by or against youth. These are also the hours where youth are most likely to engage in risky behaviors without adult supervision.

MISSION STATEMENT

The Advantage After-School Programs presents a safe, nurturing environment where children have opportunities to participate in activities that enhance and extend academic experiences while providing for positive social and emotional growth and development.

The parents, community members and school district takes ownership in the program and are involved in helping children make better life choices, enhance personal strengths and overcome weaknesses.

The participating school districts and Mental Health Association in Fulton & Montgomery Counties will work in conjunction and cooperation to meet the goals and objectives set forth by the Advantage After-School Grant and the school districts in which the program is offered.
ENROLLMENT POLICY

All students in the appropriate program grades are eligible to attend once enrolled by the parent/guardian. Participants are enrolled in the program on a first come first serve basis. Students attending 4-5 days per week are preferred. You will be notified as to when your child may start attending. A waiting list will be instituted when needed.

CUSTODY AND VISITATION

Certified copies of any court orders or divorce decrees provided by the custodial parent, which restricts a parent’s ability to seek release of his/her child, should be submitted to the School Liaison or Program Coordinator. Should a parent come to program and request to see his/her child, we cannot prohibit the action unless we have these papers. Therefore, it is imperative that we have the information immediately upon its dispensation.

HOURS

The Advantage After-School Program is a 3 hour program that is open Monday – Friday, directly following the normal school day dismissal time.

The program will NOT operate on early dismissal days, vacation days, snow days, and days of emergency school closings. If program is cancelled on a full session school day due to weather or some other reason, your child will be sent to the location written on the student release form.

If your child will not attend program on a given day, please notify us in advance by sending a note or email or call the school or AASP office.

EMERGENCY SCHOOL CLOSINGS

When after-school activities are cancelled by the school district (for example, due to inclement weather) the AASP will NOT be held. Families must have a back-up plan that students can initiate if program is cancelled unexpectedly. Students need to know the family’s plan in advance.

PLEASE BE AWARE that the telephone number you provide the school district for emergency calls is the SAME number used to notify you of any early dismissals. Therefore, if the number you provide the school will not reach you during the day time, YOU MUST PROVIDE the AASP ANOTHER WAY to notify you.
Youth are not allowed to have MP3 players, cell phones, cameras, video games or other electronic items in the After-School Program. The above will be confiscated and sent home with parents.

Any item from home, including toys, stuffed animals, trading cards and sports equipment are to be kept in the child’s backpack and not used during program hours.

The After-School Program is not responsible for any child’s personal equipment or other items.

**PROGRAM ACTIVITIES**

**USDA Meal**
Participants will receive a healthy and nutritious snack/meal daily. In most cases, this will occur shortly after the beginning of program. All food choices are in compliance with the Child and Adult Food Care Program (CACFP) and focus on good nutrition to combat childhood obesity. Our full meal preparation agency is Kingsboro Catering. (Gloversville programs only)

After attendance and meal time, participants will be engaged in the following activities:

**Homework/Tutoring Assistance**
Staff members work with youth to help complete assignments and strengthen academic skills. Participants are responsible for bringing homework and if applicable, their homework agenda to the After-School Program as they will not be allowed in classrooms to obtain homework after the academic day dismissal. Therefore, it is the youth’s responsibility to come to program prepared with all belongings. If the child does not complete their homework in the allotted time, it is expected that they will finish it at home, so that they may participate in the other activities that the program offers. All homework completed at program should be submitted to the appropriate teacher(s) by the youth on the next school day or when it is due.

**Recreation**
Participants have the opportunity to participate in organized physical activities, to learn large and small motor skills, and good sportsmanship.

**Sneakers are required for students to participate in exercise.**

**Enrichment**
Participants in the After-School Program may attend a variety of enrichment classes or clubs such as arts & crafts, STEM, international club, cooking club, computer, youth planning council, photography club, group exercises, and other programs based on student interests.
Service Learning Projects
When children feel a part of the community, they become more connected to family and friends, and develop a positive outlook for the future. Participants have the opportunity to take part in various service projects – projects that help members of their school and local community and, at the same time, expand the children’s view of the world.

Workshops
Several community agencies offer workshops and presentations to the students that inspire students to make positive choices and to develop high goals of themselves. Topics address boundaries, emotional and mental wellness, abstinence from tobacco, drugs, and alcohol, safety, goal setting, good decisions, and a yearly Career Exploration Week.

Aquatic Activities
If the program your child(ren) attends, offers swimming, a written, signed permission slip will be required prior to the start of this activity.

FIRE AND SHELTER IN PLACE DRILLS

Each month fire drills are conducted during different times and with different egress strategies at the after school program to ensure all children and youth know the various exit routes of the building(s) in the event of a real fire.

Shelter in Place is a response to an emergency that creates a situation in which it is safer to remain in the building/afterschool program rather than to evacuate. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. Some situations that might require sheltering in place are: severe weather conditions; a public disturbance that escalated to violent acts; a chemical or biological spill; or rabid animal sighting.

Parents/guardians will be notified in advance of when a Shelter in Place drill is scheduled.

ATTENDANCE POLICY

It is expected that a child who is enrolled in the program will attend every day they attend school unless ill or excused for special circumstances. The program will set a reasonable time (3 weeks) for regular attendance to resume before an enrollee is placed on inactive enrollment and not counted as a part of the program’s list of enrollees. An enrollee who is on inactive enrollment can be given preference to resume regular enrollment in the program when slots become available for new enrollees.

Daily attendance is taken when your child comes to the Advantage After-School Program. Please notify the program coordinator if your child will be absent. This is important so that all children who are scheduled to attend are accounted for.
If a child is scheduled to attend but does not arrive, we will look for the child within the school building, including communication with the school office and transportation department, and outdoor school property. However, if we do not find him/her, then we will:

1. Contact parent(s) and if unavailable, then
2. Contact the persons whose names you provided us on the emergency data section of the enrollment form.
3. Lastly, if your child is not found, we will contact the local law enforcement agency and report your child as missing. We will do this so we can make certain your child is out of danger.

**PICK UP POLICY**

Parents are required to pick up their children before the designated closing time of Program. For your child’s safety, it is required that you enter the school building to sign out your child. After-School Program staff will notify your child/ren of your arrival. Program staff will not release your child to anyone who is not on your authorized list. Persons may be added and removed as the parent/guardian deems necessary. However, this can only be done in writing. Phone calls are not accepted.

Always be on time to pick up your child from the After-School Program. If you are going to be late on account of an emergency, you must notify the program coordinator. If your child has not been picked up by closing time, our staff will try to contact you and/or anyone listed on the registration form. If no one can be reached, local authorities will be contacted. Therefore, it is extremely important to have up-to-date, accurate information for you or anyone listed as a contact on the student release form.

No student will leave the program unsupervised (i.e. to walk home) without prior written notification from parents or legal guardian stating that it is acceptable for this student to leave the program without supervision. (This only applies to Gloversville Advantage After School Programs).

Any youth who is not picked up by a parent or person listed on the Registration Form by closing time is considered late. Parents/guardians will incur a late fee of $50.00 for every 15 minute period, or fraction thereof, a child remains at program beyond closing time. This fee is used to pay the staff members who must remain with the youth and are due within one week of the late pick-up date on the Statement of Late Pick-Up Fee form.

**SCHOOL BUS POLICY**

Youth who receive transportation from the school district will need a note from their caregiver stating that the child is to come to the after school program, rather than take the bus. Also, it is important that the Student Release Form is current and accurate so in case the school closes early your child is aware of his/her transportation route to home, e.g. bus; pick-up; walking.
PARENT INVOLVEMENT

Parent and guardian involvement is strongly encouraged at the After-School Program.

You are welcome to visit at any time and encouraged to become a regular volunteer. Volunteers are needed to plan and chaperone special events, to provide enrichment activities, and to offer assistance to staff members. Please contact the Program Coordinator if you are able to volunteer in the After-School Program.

BEHAVIOR EXPECTATIONS AND MANAGEMENT

WE EXPECT YOUTH WILL LEARN TO:

➤ Identify and recognize other options available to the student at the time of the incident
➤ Assume self-control
➤ Accept personal responsibility and
➤ Make amends as necessary.

WHAT ARE THE CONSEQUENCES FOR MISCONDUCT?
When a child’s behavior causes concern, a staff member will speak with the youth and consequences will be determined by the Site Supervisor and/or Program Coordinator. Consequences for any behavior that causes concern range from:
1). Separation from the group for a brief period of time,
2). Separation from the group for the remainder of the day, and
3). Program suspension from one to five days.

Following several serious incidents, the youth may be discharged from program for the remainder of the school semester. The participant may return the following semester with a clean slate if prior approval is granted from the Program Coordinator.

At the AASP, there is a ZERO TOLERANCE for the behaviors listed below. These will not be tolerated and may result in the immediate discharge from program for the remainder of the school year:

• **Assault** – Physically hitting or injuring others.
• **Unsafe Behavior** – Any serious, intentional incident that could cause physical injury to others.
• **Larceny** – stealing from any person, school, organization or business.
• **Use or possession of drugs, alcohol, tobacco, matches, lighters, firearm, BB gun, or other weapon.**
HEALTH INFORMATION

Illness Policy
If an After-School Program participant becomes ill, a parent or authorized person will be called to pick up the child.

Emergency/Health Information
Parents are asked to provide emergency information on the After-School Program Registration Form. Information needed includes home and work phone numbers, names and phone numbers of your family physicians, information regarding medication needs, and your child’s medical history. It is important that the After-School Program has this information and that it is current at all times.

Please notify the Program Coordinator of any changes in health needs or contact information.

Independent Toileting
Children must be able to self toilet as well as be able to communicate with staff in a timely manner regarding their needs to use the bathroom facilities.

Medications
The After-School Program has staff certified to administer medications. If your child needs medication during program hours please make the necessary arrangements with the Program Coordinator.

First Aid/Accidents
If a child is slightly injured while attending the Advantage After-School Program, First Aid will be administered and an Incident Report will be filed. Site staff is trained in First Aid. The parent/guardian will be notified that day when they come to pick up their child of the injury.

Serious Injury
If a child is seriously injured or has a medical emergency while attending the Advantage After-School Program, emergency services will be called and the child will be transported to the hospital. Every effort will be made to contact the parent/guardian or emergency contact person listed on the child’s registration form. The emergency information you have provided will be taken to the hospital.

The parent authorizing treatment will be that parent signing the Advantage After-School Program Enrollment Form. That person will be the responsible party for the child receiving treatment regarding payment of all treatment costs associated with the injury.

It is vital that the emergency information regarding your child be kept current.
WHO ARE THE STAFF MEMBERS?

Program Aides, Assistants and Supervisors work directly with the students; they model and encourage appropriate behaviors in a positive, constructive environment. **Program Assistants** plan and implement activities suitable for the children’s abilities and learning styles while providing direction and oversight to Program Aides. They work in collaboration with the **Site Supervisor** who supervises students and oversees the staff and daily activities.

The **School Liaison** works with parents to facilitate a stronger relationship between the school and the family. At times, a sizeable group of parents are waiting at the Parent Table – please be PATIENT so that you may receive staff’s full attention.

All staff report to the **Program Coordinator**, who is responsible for all aspects of the daily functioning of the program. The Program Coordinator reports to the MHA Community Services Director of the Mental Health Association in Fulton & Montgomery Counties.

WHO DO I CONTACT IF I HAVE QUESTIONS?

Questions regarding your child’s activities or behaviors may be discussed in person with staff who directly works with your child or the Program Site Supervisor. Additionally, you may contact the Program Coordinator. The Program Coordinator or designated person in charge is at the program every day. The MHA Community Services Director can be reached at 518-762-5332. Additionally, if you have concerns or complaints that you feel have not been properly addressed the OCFS Division of Child Care Services has a toll-free complaint line (800)732-5207. The website is [ocfs.ny.gov](http://ocfs.ny.gov), and Part 414 School-Age Child Care Regulations can be located on this website.

MANDATED REPORTING OF CHILD ABUSE AND NEGLECT

All childcare providers are mandated reporters of suspected child abuse and neglect in New York State. The Advantage After-School Program will report any reasonable suspicion of abuse or neglect of a child participating in our program to the New York State Central Registry.

If you suspect a child is being abused or maltreated in New York State, call the Statewide Central Register of Child Abuse and Neglect at 1-800-342-3720. The Child Abuse Hotline is open 24 hours a day; every day of the year. Information is attached to this handbook regarding recognizing and reporting child abuse and neglect.

A copy of the OCFS school–age program regulations, along with the names, addresses and phone numbers of people with administration authority is available for your viewing at the desk of the School Liaison.
Child Abuse and Neglect

Reporting and Recognizing

Questions often asked

By friends, neighbors and relatives

Neglect

And the child abuse

What if I see a child being mistreated in a public place?

Support group

What can I do if I think a child is neglected or abused?

To report suspected child abuse or neglect, call the New York Statewide Child Abuse Hotline: 1-800-342-3720

In English and Spanish (1-800-342-3720), the hotline is available 24 hours a day.

For information about child abuse and neglect

How can I find out more about

Don't give the parent any legal advice or make undue promises.
Do I have to give my name if I do, from cell or criminal history?

If you make a report in good faith, you are immune to any means that may include.

What if there is a child, not your own, in your care, and you have reason to believe that the child is abused or neglected?

Should I be certain? What if I report?

Why should I make a report if I suspect child abuse or neglect?

What is child abuse? How do I recognize it if I suspect child abuse or neglect?
ADVANTAGE AFTER SCHOOL PROGRAM

Program Policies Agreement 2021-2022

Advantage After School Program Site Location: __________________________

Student’s Name (please print) _______________________________ Grade ___

Student’s Name (please print) _______________________________ Grade ___

Student’s Name (please print) _______________________________ Grade ___

PARENT / GUARDIAN:

➢ I have received the 2021-2022 AASP Parent Handbook and agree to familiarize myself with its policies and procedures. Yes □ No □

➢ I understand that I am responsible to follow the policies and procedures described within the AASP Parent Handbook. Yes □ No □

➢ I agree to speak with my child/children concerning the described behavior expectations and consequences. Yes □ No □

Parent/Guardian Signature _______________________________ Date ____________

Parent/Guardian Signature _______________________________ Date ____________

A PROGRAM OF THE
Mental Health Association in Fulton & Montgomery Counties, Inc.
307-309 Meadow Street, Johnstown, NY 12095
TEL (518) 762-5332 - FAX (518) 762-6823
www.mentalhealthassociation.org
Executive Director: Janine Dykeman
PARENT VOLUNTEER FORM

☐ Fonda-Fultonville Elementary School  ☐ Park Terrace Elementary School
☐ Fonda-Fultonville Middle School  ☐ Kingsborough Elementary School

Would you like to volunteer at our After School Program?

Parent volunteers are extremely valuable components of the educational process. Acting as a parent volunteer is a great way to find out what goes on in your child’s after school program and to help support your program and school. Because of the tremendous impact that parent volunteers can have on students, we believe that all parent volunteers should possess the following personal characteristics:

› You must like and enjoy working with children.
› You must feel that being a parent volunteer is an important position, worthy of your time and effort.
› You must be willing to work with many different students in a variety of situations.
› You must be able to accept the responsibility that goes along with your position.
› You must be of good and reliable character.

If you are interested in being a parent volunteer, please fill out the remainder of this form and return it to the After School Program Coordinator.

__________________________________________  _______________  _______________________________________
Your Name                                                           Phone                                  E-Mail

Your child(ren)’s Name(s): ______________________________________  Grade: _____
                                                                                          ______
                                                                                          ______
                                                                                          ______

1. In which activities would you like to volunteer?

☐ Homework Help  ☐ Tutoring
☐ Family Nights / Special Events
☐ Other ____________________________________________________________

2. Which areas of knowledge or expertise would you be willing to offer to the program?

☐ Computer skills  ☐ Reading
☐ Other ____________________________________________________________
☐ My hobby _______________________________________________________
☐ My career _______________________________________________________
☐ My cultural heritage _____________________________________________

11
3. When are you available to volunteer in the program?

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*Thank you for sharing your time with our After School Program.*
ADVANTAGE AFTER-SCHOOL PROGRAM
FINANCIAL INFORMATION FORM 2021 – 2022

Parent/Guardian Name(s):______________________________

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<th>Child(ren) Name(s):</th>
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The **monthly fee** is **$10 per child.** Will this fee present a financial hardship for your family?

**YES** ☐  **NO** ☐

If **YES**, what amount could you pay per child, per month, if any? If you cannot pay any fee, that will not impact your child(ren)’s opportunity to enroll in the after-school program.

__________________________________________

Thank you, and all information will be kept strictly confidential.
ADVANTAGE/EMPIRE AFTER SCHOOL PROGRAM

Advantage/Empire After School Program Site Location: ____________________________

Student’s Name (please print) ___________________________ Grade ____________

Student’s Name (please print) ___________________________ Grade ____________

Student’s Name (please print) ___________________________ Grade ____________

PARENT/GUARDIAN:

I have received the 2021-2022 Health Care Plan and agree to familiarize myself with its policies and procedures. YES □ NO □

Parent/Guardian Signature ______________________________ Date ______________

Parent/Guardian Signature ______________________________ Date ______________

A PROGRAM OF THE

Mental Health Association in Fulton & Montgomery Counties, Inc.

307-309 Meadow Street, Johnstown, NY 12095

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www.mentalhealthassociation.org

Executive Director: Janine Dykeman
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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Section 1: Child Health and Immunizations

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

- ☑ Well children
- ☑ Mildly ill children who can participate in the routine program activities with minor accommodations. A child who meets any of the following criteria is defined as "mildly ill":
  - The child has symptoms of a minor childhood illness that does not represent a significant risk of serious infection to other children.
  - The child does not feel well enough to participate comfortably in the usual activities of the program but is able to participate with minor modifications, such as more rest time.
  - The care of the child does not interfere with the care or supervision of the other children.
- □ Moderately ill children who require the services of a health care professional but have been approved for inclusion by a health care provider to participate in the program. A child who meets any of the following criteria is defined as "moderately ill":
  - The child’s health status requires a level of care and attention that cannot be accommodated in a child day care setting without the specialized services of a health professional.
  - The care of the child interferes with the care of the other children and the child must be removed from the normal routine of the child care program and put in a separate designated area in the program, but has been evaluated and approved for inclusion by a health care provider to participate in the program.

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

Key criteria for exclusion of children who are ill:

- The child is too ill to participate in program activities.
- The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children; ▲
- An acute change in behavior – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash; ▲
- Fever:
  - Temperature above 101° F [38.3° C] orally, or 100° F [37.8° C] or higher taken axillary (armpit) or measured by an equivalent method, AND accompanied by behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea, breathing difficulty, or cough). ▲

(exclusion criteria continued on next page)
(exclusion criteria continued from previous page)

- Diarrhea:
  - 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 the 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.
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: Form OCFS-6029 will also be attached to each group clipboard that is used each day that there is program. The clipboards contain the attendance sheet, activity sheet and now the OCFS form 6029.
Section 3: Daily Health Checks

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

☐ See Appendix A: Instructions for Daily Health Check
☒ Other:

Explain here: Student Sign In/Sign out Sheets

The Daily Health Check will be documented in the following manner:

☐ OCFS form LDSS-4443, Child Care Attendance Sheet
☒ Other: (please attach form developed by the program)

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

Staff will keep a current knowledge of the New York State Department of Health’s list of communicable diseases (DOH-389), accessible at: 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 to obtain 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, 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: Any report to the NYS Child abuse hotline documentation will be kept separate from the rest of the child’s file and will be maintained and locked in the Program Coordinator’s office.
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: The program has a policy that all immunizations must be documented by a licensed health care provider or licensed school personnel and kept current under the guidelines of NYSDOH. All children must have an annual physical exam. When a child becomes ill at program, he/she will be isolated from the group. If a child develops symptoms that indicates the onset of an illness, such as vomiting, diarrhea, fever, difficulty breathing, severe coughing, untreated skin condition, or head lice, then the child will be required to leave the program. The parent will be contacted immediately. If a child is to be sent home he/she must be picked up within one hour of contact, unless otherwise approved by the Program Coordinator.

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: Each staff member will be responsible for their given number of students each day at program. Each staff will do a visual assessment of each child as well as to have a conversation with the child to hear the child’s own assessment of how his/her day at school was, how they are doing/feeling etc. There will be an established communication system between the Program Coordinator and school nurse, so that staff is informed of any child's visit to the nurse's office that day. Also, all staff will have completed the mandated reporter training for child abuse & neglect. When a staff person is completing a hot line call & the necessary documentation, the Program Coordinator will then notify the Community Programs Director/Executive Director of the Mental Health Association. This is outlined in the policies & procedures of the agency.
Section 4: Staff Health Policies
The program will operate in compliance with all medical statement requirements as listed in 414.11(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)

- 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)
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 Registration, OCFS-LDSS-0792, “Blue Card”
☒ Other: (please attach form developed by the program)

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:

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: 2020-2021 Enrollment Form
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: All First Aid Kits will be kept in the Program Coordinator’s office when not being used.

The following are recommended items for a first aid kit, but is not limited to:
  o Disposable gloves, preferably vinyl
  o Sterile gauze pads of various sizes
  o Bandage tape
  o Roller gauze
  o Cold pack

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

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

☐ After each use
☒ Monthly
☒ Other:

Explain here: The Program Coordinator will check the First Aid Kits on a monthly basis to ensure they are fully stocked, and if anything is used out of the kit, replace item next day.
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®, AquiVu) in the first aid kit: *(Programs must be approved to stock epinephrine auto-injectors, and have a staff on site who has successfully completed the Office approved training as required by regulation before storing and administering the medication to a child.)*

Explain here: After staff receive the OCFS approved autoinjector training.

☒ 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.

---

| LICENSEE INITIALS: | DATE: / | HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): | DATE: / |
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, 22.)

☒ The program WILL administer epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers. *(Complete Sections 9-12, 22.)

☐ The program WILL administer stock non-patient-specific epinephrine auto-injectors. *(Complete Appendix J.)

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

If the program will not administer medication (other than over-the-counter topical ointments, lotions and creams, and 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: We will utilize a separate log of the medication/administer form, that the parent/guardian/relative will complete and a MAT certified staff will witness.

*Parent/Relative Administration

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

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

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

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

☐ Other: (please attach form developed by the program)
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 Epinephrine Auto-injectors, Diphenhydramine in Combination with the Epinephrine Auto-injector, Asthma Inhalers and Nebulizers.

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

The program will have parent permission to apply any over the counter 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 here where these will be stored:

All leftover or expired TO/S/R will be given back to the child’s parent for disposal. TO/S/R not picked up by the parent may be disposed of in a garbage container that is not accessible to children.

All over the counter TO/S/R applied to a child during program hours will be documented and maintained in the following way (check all that apply; at least one MUST be selected):

   ☑  OCFS form: Log of Medication Administration, OCFS-LDSS-7004
   ☐  On a child-specific log (please attach form developed by the program)
   ☐  Other: Explain here:
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):

- [x] Apply over the counter TO/S/R that 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 employee has started to apply the TO/S/R. (If additional TO/S/R must be dispensed after applying it to a child's skin, hands will be washed before touching the dispenser.)
- Gloves will be worn when needed.
- TO/S/R that may be contaminated will be discarded in a safe manner.

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

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

Explain here:
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:
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.

<table>
<thead>
<tr>
<th>Day Care Program's Name (please print):</th>
<th>Registration #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Signature:</td>
<td>Authorized Name (please print):</td>
</tr>
</tbody>
</table>

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

Section 13: For Programs that WILL Administer Medication

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

The program will administer medication in accordance with the OCFS child day care regulations. Only a staff person who has completed the appropriate training or has appropriate licensure and is listed as a medication administrant in this health care plan will be permitted to administer medication in the program, with the exception of over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellant, and/or emergency medications -- 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 epinephrine 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 is restricted to dispensing this medication unless meeting additional training requirements.

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 valid:

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

—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.
Section 15. Forms and Documentation Related to Medication Administration

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

☐ Child's file
☒ Medication log book
☐ Other:
  Explain here:

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

☒ The program will accept permission and instructions to administer medication. The OCFS form Medication Consent Form (Child Day Care Programs), 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: Monthly

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

The program may use 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.)*

**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):*

- [x] 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 repellent.)*

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

- [ ] OCFS form **Verbal Medication Consent Form and Log of Administration, OCFS-LDSS-7003**
- [ ] Other: *(please attach form developed by the program)*
Section 16: Stocking, Handling, Storing and Disposing of Medication

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

Non-child-specific, over-the-counter medication (check one; at least one MUST be selected):
- [ ] Will not be stocked at the program.
- [ ] Will be stocked at the program.
  (The procedure for stocking this medication must comply with regulation.)

Non-child specific epinephrine auto-injector medication: (check one; at least one MUST be selected):
- [ ] Will not be stocked at the program.
- [ ] Will be stocked at the program.
  (The procedure for stocking this medication must comply with regulation).

All medication will be kept in its original labeled container.

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

   Explain here: In the Program Coordinators office file cabinet

Medication requiring refrigeration will be stored (check all that apply; at least one MUST be selected):
- [ ] In a medication-only refrigerator located: ______________________________
- [ ] In a food refrigerator in a separate leak-proof container that is inaccessible to children.
Controlled Substances
All medications with a pharmacy label identifying the contents as a controlled substance are regulated by the Federal Drug Enforcement Agency. These medications will be (check all that apply; at least one MUST be selected):
- Stored in a locked area with limited access.
- Counted when receiving a prescription bottle from a parent or guardian.
- Counted each day if more than one person has access to the area where they are stored.
- Counted before being given back to the parent for disposal.
- Other:

Explain here:

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

Explain here: Controlled substances will be stored in a locked file cabinet that only the Program Coordinator has access to.

Expired Medication
The program will check for expired medication (check one; at least one MUST be selected):
- Weekly
- Monthly
- Other:

Explain here: Given back to parents

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 or as outlined in Appendix J.
Section 17: Medication Errors

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

When any medication error occurs, the program:

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

HCC Information:

<table>
<thead>
<tr>
<th>Name of HCC (Please print clearly):</th>
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<tbody>
<tr>
<td>Professional:</td>
</tr>
<tr>
<td>(An HCC must have a valid NYS license to practice as a physician, physician assistant, nurse practitioner or registered nurse.) <strong>Check all that apply; at least one MUST be selected:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Profession</th>
<th>License number:</th>
<th>Exp. Date:</th>
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<tbody>
<tr>
<td>□ Physician</td>
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<tr>
<td>□ Physician Assistant</td>
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<tr>
<td>□ Nurse Practitioner</td>
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<tr>
<td>□ Registered Nurse</td>
<td>License number:</td>
<td>Exp. Date:</td>
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ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATIONS

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<thead>
<tr>
<th>LICENSEE INITIALS:</th>
<th>DATE:</th>
<th>HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):</th>
<th>DATE:</th>
</tr>
</thead>
</table>
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 health care consultant of record.

In addition, as the program’s health care consultant, I will:

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

Other:

Explain here:

**Health Care Consultant Review of Health Care Plan**

For programs offering administration of medication, and for programs offering care to moderately ill children. The program’s health care consultant (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.

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

Health Care Consultant Signature:  

Health Care Consultant Name (please print):  

Date:  / /


**Section 19: Confidentiality Statement**

Information about any child in the program is confidential and will not be given to anyone except OCFS, its designees or other persons authorized by law.

Health information about any child in the program will be given to the social services district upon request if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

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

The program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in the program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, the program will assess the ability of the program to meet the needs of the child. 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 21: Registrant 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 the policy at admission and annually after that.

If required by regulation, the program will have a Health Care Consultant (HCC) of record who will annually 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 HCC annually review and approve his/her certificates before the individual is allowed to administer medication to any child in day care.

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

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 HCC and OCFS must review and approve the health care plan as part of the registration process. The program must document in Appendix I and notify OCFS of any change in the HCC of record. If the HCC terminates his/her relationship with the program, the program must notify OCFS and will have 60-days to obtain a new HCC. The new HCC must also review and approve the Health Care Plan annually. 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 administ rant(s). The program will notify the HCC and OCFS to changes in medication administ rant credentials and the termination of medication administ rant(s) at the program, including MAT, emergency medication and stock epinephrine auto-injectors.

Once the HCC and OCFS approve the health care plan, the program will notify parents of the health care plan.

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<td>220496</td>
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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: A list of students with allergies in each group are kept on the clipboards in the staff’s possession in each group.

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: Orientation packet under additional OCFS training requirements and we will watch the OCFS video at our August All Day Staff Training.
Appendix A:

Instructions for Doing a Daily Health Check

A daily health check occurs when he/she arrives at the program and whenever a change in a 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 the child ate or drank?
   - Any unusual events?
   - Bowels and urine normal? When was the last time the child used the toilet or was changed?
   - Has the child received any medication or treatment?

4. Any evidence of illness or injury since the child was last participating in child care?

5. Any indications of suspected child abuse or maltreatment?

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

Any signs of illness, communicable disease, injury and/or suspected abuse and maltreatment found will be documented and kept on file for each child in accordance with **Section 3: Daily Health Checks**.
Appendix B:
Hand Washing

Staff and volunteers must thoroughly wash their hands with soap and running water:
- At the beginning of each day.
- Before and after the administration of medications.
- When they are dirty.
- After toileting or assisting children with toileting.
- 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 finger tips.
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.
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 on a daily basis must be cleaned and then sanitized or disinfected, using an Environmental Protection Agency (EPA)-registered product, when soiled and at least once weekly.
2. Carpets contaminated with blood or bodily fluids must be spot cleaned.
3. Countertops, tables and food preparation surfaces (including cutting boards) must be cleaned and sanitized before and after food preparation and eating.
4. Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap and towels accessible to the children.
5. All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and then sanitized or disinfected, using an EPA-registered product following label direction for that purpose, as needed to protect the health of children.
6. Thermometers and toys mouthed by children must be washed and disinfected using an EPA-registered product following label 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.

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
  o Spray solution #1: ½ teaspoon of bleach to 1 quart of water
  o Spray solution #2: 1 tablespoon of bleach to 1 quart of water.
  o Soaking solution: 1 teaspoon of bleach to 1 gallon of water.
## Appendix F:
### Gloving

### DONNING

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<td>1.</td>
<td>Wash hands.</td>
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<td>2.</td>
<td>Put on a clean pair of gloves. Do not reuse gloves.</td>
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### REMOVAL and DISPOSAL

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<td>1.</td>
<td>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.</td>
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<td>2.</td>
<td>Ball up the first glove in the palm of the other gloved hand.</td>
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<td>3.</td>
<td>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. <strong>Do not touch the outside of the glove with your ungloved hand.</strong></td>
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<td>4.</td>
<td>Drop the dirty gloves into a plastic-lined trash receptacle.</td>
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<td>5.</td>
<td>Wash hands.</td>
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Glove use does not replace hand washing. Staff must always wash their hands after removing and disposing of medical gloves.
Appendix G:
Medical Emergency

- Remain calm. Reassure the child (victim) and the other children at the scene.
- If the area is unsafe, move to a safe location.
- Follow first aid and/or CPR protocols.
- Call for emergency medical services/911. Give all the important information slowly and clearly. To make sure that you have given all the necessary information, wait for the other party to hang up first. If an accidental poisoning is suspected, contact the National Poison Control Hotline at 1-800-222-1222 for help.
- Follow instructions given by the emergency operator.
- Send emergency contact information and permission to obtain emergency care when the child is transported for emergency care.
- Notify parent of the emergency as soon as possible. If the parent can’t be reached, notify the child’s emergency contact person.
- After the needs of the child and all others in care have been met, immediately notify OCFS if the emergency involved death, serious incident, serious injury, serious condition, communicable illness (as per the New York State Department of Health list [DOH-389] accessible at health.ny.gov/forms/instructions/doh-389_instructions.pdf) or transportation to a hospital, of a child which occurred while the child was in care at the program or was being transported by a caregiver.
Appendix H: Medication Administant

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<th>Stock Epiinephrine Auto-injector</th>
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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.
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**APPENDIX H ✿ ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATION**
The following individual(s) has a professional license or certificate that exempts him/her from the training requirements to administer medication. Copies of each individual's credentials are attached and will be sent to the Office.

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<thead>
<tr>
<th>Name</th>
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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 affected by the change and submit to OCFS.

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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:
- 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 advisable 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 licensor or registrar.