NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

HEALTH CARE PLAN

Day Care Center

PROGRAM NAME: Holy Cross Headstart, Inc. - Maryland	
LICENSE NUMBER: 39491DCC	DATE HEALTH CARE PLAN SUBMITTED TO THE OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS): 8/7/23

Note:

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

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

Table of Contents

Section 1: Child Health and Immunizations

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

☒ **Well children**

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

- The child has symptoms of a minor childhood illness that does not represent a significant risk of serious infection to other children.
- The child does not feel well enough to participate comfortably in the usual activities of the program but is able to participate with minor modifications, such as more rest time.
- The care of the child does not interfere with the care or supervision of the other children.

☐ **Moderately ill children** who require the services of a health care professional but have been approved for inclusion by a health care provider to participate in the program. A child who meets any of the following criteria is defined as "moderately ill":

- The child's health status requires a level of care and attention that cannot be accommodated in a child day care setting without the specialized services of a health professional.
- The care of the child interferes with the care of the other children and the child must be removed from the normal routine of the child care program and put in a separate designated area in the program, but has been evaluated and approved for inclusion by a health care provider to participate in the program.

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

Key criteria for exclusion of children who are ill

- The child is too ill to participate in program activities.
- The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- An acute change in behavior – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing or having a quickly spreading rash;
- Fever:
  - Temperature above 101°F [38.3°C] orally, or 100°F [37.8°C] or higher taken axillary (armpit) or measured by an equivalent method **<u>AND</u>** accompanied by behavior change or other signs and symptoms *(e.g., sore throat, rash, vomiting, diarrhea, breathing difficulty or cough).*
  - Under six-months of age: Unexplained temperature above 100°F [37.8°C] axillary (armpit) or 101°F [38.3°C] rectally (caregivers are prohibited from taking a child's temperature rectally) should be medically evaluated.
  - Under two-months of age: Any fever should get urgent medical attention.

(exclusion criteria continued next page)

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

(exclusion criteria continued from previous page)

- Diarrhea:
  - Diapered children whose stool is not contained in the diaper or if the stool frequency exceeds two or more stools above normal for the child. ⅄
  - Toilet-trained children if the diarrhea is causing soiled pants or clothing. ⅄
  - Blood or mucous in the stools not explained by dietary change, medication, or hard stools. ⅄
  - Confirmed medical diagnosis of salmonella, E. coli or Shigella infection, until cleared by the child's health care provider to return to the program. ⅄
- Vomiting more than two times in the previous 24-hours unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated. ⅄
- Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness. ⅄
- Mouth sores with drooling unless the child's health care provider states that the child is not infectious. ⅄
- Active tuberculosis, until the child's primary care provider or local health department states child is on appropriate treatment and can return. ⅄
- Streptococcal pharyngitis *(strep throat or other streptococcal infection)*, until 24-hours after treatment has started. ⅄
- Head lice, until after the first treatment *(note: exclusion is not necessary before the end of the program day)*. ⅄
- Scabies, until treatment has been given. ⅄
- Chickenpox (varicella), until all lesions have dried or crusted *(usually six-days after onset of rash)*. ⅄
- Rubella, until six-days after rash appears. ⅄
- Pertussis, until five-days of appropriate antibiotic treatment. ⅄
- Mumps, until five-days after onset of parotid gland swelling. ⅄
- Measles, until four-days after onset of rash. ⅄
- Hepatitis A virus infection, until the child is approved by the health care provider to return to the program. ⅄
- Any child determined by local health department to be contributing to the transmission of illness during an outbreak. ⅄
- Impetigo until treatment has been started. ⅄

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

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

Insert After Pg 4

CARE OF ILL OR INJURED CHILDREN

HSPPS §1302.47(b)(7)(iii)

Daily Health Checks

HSPPS §1302.42(c)(2)

On daily arrival at the program site, the child's Teacher/Case Manager will talk with the family member and child, observe each child for signs of illness/ injury that could affect the child's ability to participate in the day's activities and document the information. The Teacher/Case Manager may update the information documentation if the status of the child changes during the day. (***See Health Care Plan-Instructions for Doing a Daily Health Check***)

Criteria for Excluding Children Who Are Ill or Injured

- Ability to Participate: The child's condition prevents the child from participating comfortably in activities that the facility routinely offers for well children.
- Need for More Care: The condition requires more care than Teachers/Case Managers can provide without compromising the needs of the other children in the group.
- Risk to Others: Keeping the child in care poses an increased risk to the child or other children or adults with whom the child comes in contact.

The Center Director/ Health Coordinator or Center Director's Delegate decides about inclusion/exclusion, considering what is known about the illness or injury. The decision is informed by what the family and the child's caregivers share about the child's condition, current references, and findings of the daily health check procedure if the child is brought to the facility ill or injured or becomes ill or injured while in attendance. If there are any questions about whether to send a child home, contact the Health Coordinator (or another available coordinator) for further guidance.

Location of Children Who Are Being Excluded for Illness While Waiting for Pickup: A child with a potentially contagious illness that requires that the child be sent home from child care will receive care in a location where the child can be separated from other children by at least 6 feet until the child leaves the facility. The location will avoid exposure of people not previously in close contact with the child and be where the child's needs can be met under close supervision. If unable to reach child's EMD contacts, a home visit may be necessary.

Documentation: Whenever an abnormal health finding is noted, all facts must be documented by the Teacher/Case Manager (CM) (with times) in the child's record in the data base. Whenever a child is sent home due to illness, this must be documented in the data base attendance. Document exactly what happened and what actions were taken. Share this information with parent.

Standard Precautions will be practiced at all times.

EMERGENCY – 911

Call Emergency Medical Services (EMS) Immediately – *Then* notify parent - Document

You believe the child's life is at risk or there is a risk of permanent injury
The child is acting strangely, much less alert, confused, lethargic, or much more withdrawn than usual
The child has difficulty breathing or is unable to speak; rapid, noisy breathing (barking, gurgling or crowing sounds, severe wheezing); labored breathing (takes so much effort that child cannot talk, cry, drink, or play) *(Follow IHCP if one is in place)*
The child's skin or lips look blue, purple, or gray.
The child has rhythmic jerking of arms and legs and loss of consciousness (seizure) (*Follow IHCP if not first seizure*)
The child is unconscious
The child is less and less responsive
The child has any of the following after a head injury: loss of consciousness; decrease in level of alertness or difficult to awaken; confusion; unequal pupils (black centers in eyes are different sizes); dent in skull; not moving neck normally (protect neck from any movement); difficulty walking; weakness; continuous clear drainage from the nose or ears.
The child has increasing or severe pain anywhere.
The child has a cut or burn that is large or deep or will not stop bleeding.
Injury caused by high speed (e.g. auto accident), great height (e.g. twice the child's height) or blow from hard object (e.g. golf club)
Possible broken bones, especially if the child shows symptoms of shock or the body part cannot be adequately splinted or otherwise immobilized for transport by parent
The child is vomiting blood.
Repeated forceful (projectile) vomiting after eating in an infant under four months of age
The child has a severe stiff neck, headache, and fever*.
The child is significantly dehydrated (e.g., sunken eyes, lethargic, not making tears, not urinating).
Multiple children are affected by injury or serious illness at the same time.
Hives (a rash that looks like welts) that appear quickly, especially if hives involve face, lips, tongue, and/or neck
When in doubt about whether to call EMS, make the call!
After you have called EMS, call the child's parent.

Standard Precautions will be practiced at all times.

Fever* is defined as a temperature above 100.0°F [38°C] orally or touchless, or 99.0°F [37.3°C] or higher taken axillary (armpit) or measured by an equivalent method.

In the event of serious incident/injury, transportation to hospital or reportable illness (see OCFS statement "Clarification of the Terms Serious Incident, Serious Injury, Serious Condition, Communicable Disease and When to Obtain Emergency Medical Care" in Health Policy and Procedure Manual), Center Director must notify (1) Executive Director, (2) Program Manager, (3) Health Coordinator and (4) Office of Child and Family Services (OCFS).

Medical Statements and Immunizations

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

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

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

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

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

☒ Written notice
☐ Verbally

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

Section 2: Children with Special Health Care Needs

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

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

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

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

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

Additional documentation or instruction may be provided.

Explain here: Emergency Plan of Actionand Health Case Conference in place of (OCFS-LDSS-7006)

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

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

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

Additional documentation or instruction may be provided.

Explain here:

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

after 5

Holy Cross Head Start Inc.

150 Maryland Street
Buffalo, New York 14201
Telephone: (716) 852-8373 Fax: (716) 854-7046

Center Name: _____ Center Phone: _____ Center Fax: _____

IMMUNIZATION AGREEMENT

I have been advised by the Head Start Program that my child is missing one or more of the **New York State** required **Day Care** immunizations for this program year.

I understand and agree that I must bring my child up to date to be in compliance with Public Health Law (PHL) section 2164. If my child does not receive required immunization and/or have this agreement form signed by his/or her doctor within **14 days**, my child will be excluded from school and placed on our agency waiting list until the appropriate immunizations are completed and there is an opening to re-enroll my child. Please contact your child's Health Care Provider to make an appointment to obtain the missing immunizations or records.

Child's Name: _____ DOB _____

Immunization(s) needed:	Immunization Due Date:	Date Administered:	Provider Initials:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: _____

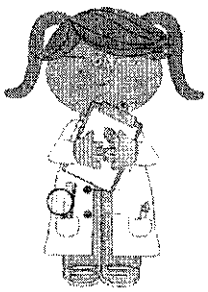
_____

_____

Parent
Signature: _____ Date: _____

Case Manager
Signature: _____ Date: _____

Health Care
Provider Signature: _____ Date: _____



Revised March 2023

Insert after pg 6

Individual Health Care Plan/Emergency Plan of Action/Referral Form

HSPPS §1302.46(a)

When a child has an allergy or history of Anaphylaxis, a special health care need, developmental or behavioral concern, or a disability, the parent must inform the facility staff about this condition or concern and work with the child's specialist or health care professional to complete an Individual Health Care Plan/ Emergency plan of action and/or individual allergy and anaphylaxis plan for that child. The parent will have the child's health care professional provide the Health Coordinator with details and if it is an allergy the health professional must complete the Individual Allergy and anaphylaxis plan

To comply with the federal Health Insurance Portability and Accountability Act of 1996 regulations, the child's health care professional may require that the parent sign a separate form giving permission to release confidential information to the childcare program. Such consent will be required if the program requires clarification from the child's health care professional of any health concerns staff members have about the child. If the program needs such information, the Case Manager will ask the parent to authorize release of information to and from providers of special services for the child to enable coordination among all services involved with the child (if one is not signed already).

REFERRAL FOR SERVICES/INDIVIDUAL PLAN

Child's Name: _____ DOB _____
Parent's Name (s): _____
Address: _____
Phone: _____ Teacher: _____
Center: _____ Room : _____

Concern/reason for Referral: _____

What Has Been Done to Address This Issue: _____

Who is this referral for: (circle / underline and / or highlight)

Mental Health Health Nutrition Disability Education Social Services Other

What Follow UP Is Requested At This Time Please circle all that apply:

Observation of child Contact Parent / Family Member

Referral for Services Consult With Staff FYI Only

Other: _____

Case Manager Signature: _____ Date: _____

Teaching Staff Signature(s): _____
Date: _____

Date Center Director notified and initialed _____

Revised 3/2023

Health Referral Follow – Up/Individual Health Plan

Child's Name_____
(Last name, First name)

☐ Hearing - Refer
☐ Vision – Refer

☐ Monitor child in classroom for: _____
_____

☐ Report any changes to parent

☐ Track asthma related absences

☐ Call parent if: _____
_____

☐ Link child/family with a resource: _____
_____
Name of Resource/Website_____

☐ Oral Health educational information sent home.

☐ Asthma "Rules of Two" educational information sent home.

☐ Obtain a release of information to: _____
_____
_____

☐ Obtain documented outcome from MD regarding:
☐ Vision Status
☐ Hearing Status
☐ Other_____
_____
_____

Comments / specific steps taken to solve the problem (s) / concern(s):

_____
_____
_____

Health Coordinator Initials_____
CM Initials_____

revised 3/2023

Entered into data base
Date:_____
Initials:_____

HEALTH CASE CONFERENCE FORM

DATE: _____ CENTER:: _____
CLASSROOM: _____ TEACHER:__ _____

Child's Name_____ Date of Birth: _____

Family/Parent's Name(s):_____

Participants and Title/Agency (please sign)

_____ _____

_____ _____

_____ _____

Reason for Conference: check one

- ☐ Initial Case Conference
- ☐ First Parent/Teacher Conference
- ☐ Transition
- ☐ Action Plan Meeting
- ☐ Other

Updates (when applicable):_____

Discussion: _____

Recommendations/Person(s) Responsible: _____

Revised March 2023

EMERGENCY PLAN OF ACTION

SCHOOL YEAR 2023-2024

NAME: **DOB:**

DX:

Action:

Restrictions:

ALWAYS CALL PARENT.

EMERGENCY PHONE NUMBERS:

Medical Doctor's Number:

Staff Signatures: _____

_____

_____

_____

_____

_____

Parent Signature: _____

_____

Health Coordinator _____

Date_____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN

Instructions:

- This form is to be completed for any child with a known allergy.
- The child care program must work with the parent(s)/guardian(s) and the child's health care provider to develop written instructions outlining what the child is allergic to and the prevention strategies and steps that must be taken if the child is exposed to a known allergen or is showing symptoms of exposure.
- This plan must be reviewed upon admission, annually thereafter, and anytime there are staff or volunteer changes, and/or anytime information regarding the child's allergy or treatment changes. This document must be attached to the child's Individual Health Care Plan.
- Add additional sheets if additional documentation or instruction is necessary.

Child's Name: Date of Plan: / /

Date of Birth: / / Current Weight: lbs.

Asthma: ☐ Yes (higher risk for reaction) ☐ No

My child is reactive to the following allergens:

Allergen:	**Type of Exposure:** *(i.e., air/skin contact/ingestion, etc.)*:	**Symptoms include but are not limited to:** *(check all that apply)*
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)

If my child was LIKELY exposed to an allergen, for ANY symptoms:
☐ give epinephrine immediately

If my child was DEFINITELY exposed to an allergen, even if no symptoms are present:
☐ give epinephrine immediately

Date of Plan: / /

THE FOLLOWING STEPS WILL BE TAKEN IF THE CHILD EXHIBITS SYMPTOMS **including, but not limited to:**

- **Inject epinephrine immediately and note the time when the first dose is given.**
- **Call 911/local rescue squad** (Advise 911 the child is in anaphylaxis and may need epinephrine when emergency responders arrive).
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or the child is vomiting, allow them to sit up or lie on their side.
- If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given in consultation with 911/emergency medical technicians.
- Alert the child's parents/guardians and emergency contacts.
- After the needs of the child and all others in care have been met, immediately notify the office.

MEDICATION/DOSES

- Epinephrine brand or generic:
- Epinephrine dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

ADMINISTRATION AND SAFETY INFORMATION FOR EPINEPHRINE AUTO-INJECTORS

When administering an epinephrine auto-injector follow these guidelines:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than the mid-outer thigh. If a staff member is accidentally injected, they should seek medical attention at the nearest emergency room.
- If administering an auto-injector to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

STORAGE OF EPINEPHRINE AUTO-INJECTORS

- All medication will be kept in its original labeled container.
- Medication must be kept in a clean area that is inaccessible to children.
- All staff must have an awareness of where the child's medication is stored.
- Note any medications, such as epinephrine auto-injectors, that may be stored in a different area.
- Explain here where medication will be stored:

MAT/EMAT CERTIFIED PROGRAMS ONLY

Only staff listed in the program's Health Care Plan as medication administrant(s) can administer the following medications. Staff must be at least 18 years old and have first aid and CPR certificates that cover all ages of children in care.

- Antihistamine brand or generic:
- Antihistamine dose:
- Other (e.g., inhaler-bronchodilator if wheezing):

***Note: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

STORAGE OF INHALERS, ANTIHISTAMINES, BRONCHODILATOR

All medication will be kept in its original labeled container. Medication must be kept in a clean area that is inaccessible to children. All staff must have an awareness of where the child's medication is stored. Explain where medication will be stored. Note any medications, such as asthma inhalers, that may be stored in a different area.

Explain here:

STRATEGIES TO REDUCE THE RISK OF EXPOSURE TO ALLERGIC TRIGGERS

The following strategies will be taken by the child care program to minimize the risk of exposure to any allergens while the above-named child is in care (add additional sheets if needed):

Document plan here:

EMERGENCY CONTACTS – CALL 911	
Ambulance: ( ) -	
Child's Health Care Provider:	Phone #: ( ) -
Parent/Guardian:	Phone #: ( ) -
CHILD'S EMERGENCY CONTACTS	
Name/Relationship:	Phone#: ( ) -
Name/Relationship:	Phone#: ( ) -
Name/Relationship:	Phone#: ( ) -

Parent/Guardian Authorization Signature:	Date: / /
Physician/HCP Authorization Signature:	Date: / /
Program Authorization Signature:	Date: / /

ALLERGIES AND ANAPHYLAXIS

HSPPS §1302.47(b)(7)(vi)

Anaphylaxis prevention through screening and identification of children with allergies:

- Allergies, history of anaphylaxis and other medical conditions are identified through the "Food Allergy/Food Restrictions" form and the Physical Exam from the child's medical provider. Any discrepancies in information on these two forms must be clarified with the child's medical provider in order to put a precise anaphylaxis plan in place. If there is any question on what the child is allergic to or any diagnosis is unclear, the child cannot be in the school building until this has been clarified with the child's medical provider and all safety measures have been put in place. The school environment must be made safe in order for the child to attend. In the event there is a child with an airborne food allergy, the Head Start Administration Staff will consult and determine the safest place for the child.
- During ongoing case conferences and ongoing monitoring, each child physical form, food allergy form (muffin), Individual Health Care Plan/ Emergency Plan of Action, Individual Allergy and Anaphylaxis Emergency Plan, and Medication Consents will be reviewed to ensure that the information is consistent. If any inconsistency is noted, a follow up will be done in a timely manner
- **Individual Allergy and Anaphylaxis Emergency Plans for children known to have food or other allergies that include clear instructions of action to take when an allergic reaction occurs:**
- Any child with a known allergy will have a written Individual Allergy and Anaphylaxis Emergency Plan attached to the Individual Health Care Plan/ Emergency Plan of Action written for allergy and anaphylaxis and will include clear instructions of action when an allergic reaction occurs.
- Once a child is identified as having a diagnosis of an allergy, an individualized plan/emergency plan of action must be put in place to include how the allergen will be avoided in school, what steps to take if child is exposed or ingests an allergen, what medications can be used and when they should be used. Before the child with an allergy can attend school, the following must be completed, signed, and up to date (the originals are kept on the Red clip board in the classroom) the medication are in the locked blue medication bags, copies are in the child's binder and documented in data base):
    - Individual Allergy and Anaphylaxis Emergency Plan(original) (signed by parent, staff, medical provider) are kept on the red clipboard in the classroom.
    - Individual Health Care Plan/ Emergency plan of action(original) (signed by parent, staff (original) are on the Red clipboard in the classroom.
    - Medication Consent (one consent for each medication) (signed by parent, staff, medical provider) (originals are kept with the medication in the medication bag)
    - Medication
        - Prescriptions must be in original packaging with original pharmacy label.
        - Cannot be expired.
- All allergy medication and paperwork must be up to date and in place in the program prior to the child attending. If any forms or medication are not in place or have expired, the child cannot

be in the school building until everything is brought up to date. (See more under MEDICATION ADMINISTRATION)

Training program for child day care personnel to prevent, recognize and respond to food and other allergic reactions and anaphylaxis:

- There will be a Medication Administration Trained (MAT) staff member in the building whenever children are in the building.
- All staff will be trained annually on preventing, recognizing, and responding to allergic reactions and anaphylaxis.

Strategies to reduce risk of exposure to allergic triggers:

- Allergy/Red Clipboards
    - For children documented with health disabilities, food allergies, or medications, a red allergy/medical clipboard is placed prominently in a place of easy access in each classroom .
    - This clipboard must be kept up to date at all times.
    - This red clipboard contains information on any children in the classroom who may have food restrictions, food allergies, have an Emergency Plan of action or take any type of medication, including child's name, and any special instructions. A photo of the child is placed on the child's food allergy sheet on this clipboard.
    - The child's private information should be covered for privacy, but easily accessible to all staff caring for children.
- The Health Coordinator will review the medication paperwork as needed
    - Check expiration dates of consents, EPA, anaphylaxis plans, and medication
    - Review the information in the emergency plan, EPA, med consents so they are ready to act in the event of exposure or symptoms.

Communication plan for intake and dissemination of information among staff and volunteers regarding children with food or other allergies (including risk reduction)

- The nutrition kitchen staff will be responsible for labeling food allergies on the food carts with the child's initials and dietary restrictions. All food substitutions must be labeled as such to denote the allergy such as an allergy sticker or notation and the child's initials. The nutrition kitchen staff or substitute is responsible for communicating with the education staff the particular food substitution when the cart is delivered to the classroom. Monthly menus/newsletters will be distributed to each classroom and posted by the education staff assigned to that classroom.
- Annual notification to parents of anaphylaxis plan
    - Upon enrollment, parents will be provided with a copy of this anaphylaxis policy.
    - Mandatory Allergies and Anaphylaxis training will occur annually in August and at new staff orientation.

Section 3: Daily Health Checks

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

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

Explain here: See attached procedure

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

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

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

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

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

Children will be monitored throughout the day. Parents will be notified immediately of any change in the child's condition or if the care of the child exceeds what the program can safely provide. If necessary, the program will make arrangements with the parents for obtaining medical treatment. If a parent cannot be reached or if the child's condition warrants, emergency medical treatment will be obtained without delay by calling 911.

Any signs of illness including allergic reactions and anaphylaxis, communicable disease, injury and/or suspected abuse and maltreatment found will be documented and kept on file for each child in the following way (**check all that apply; at least one MUST be selected**):

☒ In each child's file
☐ In a separate log
☒ Other:

Explain here: Data base

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: See attached procedure for Sick Children - When to send home and when a doctor's note is needed to return

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

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

Explain here: See attached Child abuse/neglect reporting procedure

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

Insert after pg 7

Daily Health Checks

HSPPS §1302.42(c)(2)

On daily arrival at the program site, the child's Teacher/Case Manager will talk with the family member and child, observe each child for signs of illness/ injury that could affect the child's ability to participate in the day's activities and document the information. The Teacher/Case Manager may update the information documentation if the status of the child changes during the day. (***See Health Care Plan-Instructions for Doing a Daily Health Check***)

Holy Cross Head Start-Daily Attendance Sheets

DATE: _____

Health Check	Covid-19 screening	Absent	#	Child's Name	Dropped off by (Print First & Last Name)	Time	Picked up by (Print First & Last Name)	Time	Initials of staff that checked ID
			1						
			2						
			3						
			4						
			5						
			6						
			7						
			8						
			9						
			10						
			11						
			12						
			13						
			14						
			15						
			16						
			17						
			18						
			19						
			20						

Updated 8/20

CARE OF ILL OR INJURED CHILDREN

HSPPS §1302.47(b)(7)(iii)

Daily Health Checks

HSPPS §1302.42(c)(2)

On daily arrival at the program site, the child's Teacher/Case Manager will talk with the family member and child, observe each child for signs of illness/ injury that could affect the child's ability to participate in the day's activities and document the information. The Teacher/Case Manager may update the information documentation if the status of the child changes during the day. (***See Health Care Plan-Instructions for Doing a Daily Health Check***)

Criteria for Excluding Children Who Are Ill or Injured

- Ability to Participate: The child's condition prevents the child from participating comfortably in activities that the facility routinely offers for well children.
- Need for More Care: The condition requires more care than Teachers/Case Managers can provide without compromising the needs of the other children in the group.
- Risk to Others: Keeping the child in care poses an increased risk to the child or other children or adults with whom the child comes in contact.

The Center Director/ Health Coordinator or Center Director's Delegate decides about inclusion/exclusion, considering what is known about the illness or injury. The decision is informed by what the family and the child's caregivers share about the child's condition, current references, and findings of the daily health check procedure if the child is brought to the facility ill or injured or becomes ill or injured while in attendance. If there are any questions about whether to send a child home, contact the Health Coordinator (or another available coordinator) for further guidance.

Location of Children Who Are Being Excluded for Illness While Waiting for Pickup: A child with a potentially contagious illness that requires that the child be sent home from child care will receive care in a location where the child can be separated from other children by at least 6 feet until the child leaves the facility. The location will avoid exposure of people not previously in close contact with the child and be where the child's needs can be met under close supervision. If unable to reach child's EMD contacts, a home visit may be necessary.

Documentation: Whenever an abnormal health finding is noted, all facts must be documented by the Teacher/Case Manager (CM) (with times) in the child's record in the data base. Whenever a child is sent home due to illness, this must be documented in the data base attendance. Document exactly what happened and what actions were taken. Share this information with parent.

Standard Precautions will be practiced at all times.

EMERGENCY – 911

Call Emergency Medical Services (EMS) Immediately – *Then* notify parent - Document

You believe the child's life is at risk or there is a risk of permanent injury
The child is acting strangely, much less alert, confused, lethargic, or much more withdrawn than usual
The child has difficulty breathing or is unable to speak; rapid, noisy breathing (barking, gurgling or crowing sounds, severe wheezing); labored breathing (takes so much effort that child cannot talk, cry, drink, or play) *(Follow IHCP if one is in place)*
The child's skin or lips look blue, purple, or gray.
The child has rhythmic jerking of arms and legs and loss of consciousness (seizure) (*Follow IHCP if not first seizure*)
The child is unconscious
The child is less and less responsive
The child has any of the following after a head injury: loss of consciousness; decrease in level of alertness or difficult to awaken; confusion; unequal pupils (black centers in eyes are different sizes); dent in skull; not moving neck normally (protect neck from any movement); difficulty walking; weakness; continuous clear drainage from the nose or ears.
The child has increasing or severe pain anywhere.
The child has a cut or burn that is large or deep or will not stop bleeding.
Injury caused by high speed (e.g. auto accident), great height (e.g. twice the child's height) or blow from hard object (e.g. golf club)
Possible broken bones, especially if the child shows symptoms of shock or the body part cannot be adequately splinted or otherwise immobilized for transport by parent
The child is vomiting blood.
Repeated forceful (projectile) vomiting after eating in an infant under four months of age
The child has a severe stiff neck, headache, and fever*.
The child is significantly dehydrated (e.g., sunken eyes, lethargic, not making tears, not urinating).
Multiple children are affected by injury or serious illness at the same time.
Hives (a rash that looks like welts) that appear quickly, especially if hives involve face, lips, tongue, and/or neck
When in doubt about whether to call EMS, make the call!
After you have called EMS, call the child's parent.

Standard Precautions will be practiced at all times.

Fever* is defined as a temperature above 100.0°F [38°C] orally or touchless, or 99.0°F [37.3°C] or higher taken axillary (armpit) or measured by an equivalent method.

In the event of serious incident/injury, transportation to hospital or reportable illness (see OCFS statement "Clarification of the Terms Serious Incident, Serious Injury, Serious Condition, Communicable Disease and When to Obtain Emergency Medical Care" in Health Policy and Procedure Manual), Center Director must notify (1) Executive Director, (2) Program Manager, (3) Health Coordinator and (4) Office of Child and Family Services (OCFS).

Get Medical Attention Within One Hour

Notify parent for pick-up - document

Severe cough; child gets red or blue in the face, makes high pitched, croupy, or whooping sound after coughing
Fever* in any age child who looks more than mildly ill
Fever* in a child younger than 2 months (8 weeks)
A quickly spreading purple or red rash
A large volume of blood in stools
A cut that may require stitches
Any medical condition specifically outlined in a child's care plan requiring parental notification
Child has any of the following after a head injury: Severe headache or crying; can't remember what happened; nausea and or vomiting; change in behavior; sleeping, irritability, or no energy; neck pain (but moving normally); large swelling (<1 inch)
Child is hurt, complaining of pain, bleeding, swelling, limping, has a lack of movement of a body part

Standard Precautions will be practiced at all times.

Fever* is defined as a temperature above 100.0°F [38°C] orally or touchless, or 99.0°F [37.3°C] or higher taken axillary (armpit) or measured by an equivalent method.

In the event of serious incident/injury, transportation to hospital or reportable illness (see OCFS statement "Clarification of the Terms Serious Incident, Serious Injury, Serious Condition, Communicable Disease and When to Obtain Emergency Medical Care" in Health Policy and Procedure Manual), Center Director must notify (1) Executive Director, (2) Program Manager, (3) Health Coordinator, and (4) Office of Child and Family Services (OCFS).

Holy Cross Head Start: Returning to School After Illness or Injury

IF CHILD DIAGNOSED WITH:	DOCTOR'S NOTE NEEDED TO RETURN	KEEP CHILD HOME UNTIL:
Asthma or Reactive Airway Disease (RAD)	Yes	Documentation on rescue medications and/or Individual Health Care Plan may also be required. A handheld rescue inhaler with spacer is recommended for use in school.
Chickenpox	No	Children can return without a doctor's note when all the lesions have dried or crusted (usually takes about 6 days after onset of rash).
Common Cold or Flu Symptoms	No	Doctor's note is not necessary. Child can attend school as long as they feel well enough to attend, and does not have a fever* *without* fever-reducing medicines. (24 hours the earliest – not same day).
Conjunctivitis (Pink Eye)	Yes	Child should have received antibiotic treatment (24 hours for bacterial conjunctivitis) and until there is no discharge from the eyes.
COVID-19	Yes	Doctor's note that no Covid restrictions or the ECDOH quarantine note has been completed and is fever free for 24 hours without fever reducing medication per ECDOH/CDC
Diarrhea (loose or watery stools 3 or more times in a day, not just once)	No	Doctor's note is not necessary. Child can return to school when diarrhea has stopped (24 hours at the earliest – not same day).
Diphtheria	Yes	When Doctor clears child to return
Emergency Room Visit	Yes	Documentation stating if any restrictions/ an Individual Health Care Plan may also be required.
Fever*	No	Child can return when fever free for 24 hours, as long as they feel well enough to attend, and do not have a fever* *without* fever-reducing medicines.
Fifth's Disease (Slapped Cheek)	Yes	When Doctor clears child to return
Fractured bone/casts/stitches /staples/glue	Yes	Doctor's note needed detailing restrictions. Individual Health Care Plan must be complete.
Hand, Foot and Mouth Disease (Coxsackie Virus)	Yes	Doctor's note needed and can attend school if he/she feels well enough to participate.
Hepatitis (A, B or C)	Yes	When Doctor clears child to return
Hospitalization, Surgery, Prolonged Absence due to a Medical Condition	Yes	Documentation on any special care required, rescue medications, and/or Individual Health Care Plan may also be required.

IF CHILD DIAGNOSED WITH:	DOCTOR'S NOTE NEEDED TO RETURN	KEEP CHILD HOME UNTIL:
Impetigo	Yes	Twenty-four hours after the start of antibiotic treatment.
Influenza Diagnosis	Yes	When Doctor clears child to return
Lice (Head Lice)	No	Child can return when they are lice/nit-free.
Measles	Yes	Four days after onset of rash
Meningitis	Yes	Child can return when the Health Department indicates that it is safe.
Molluscum Contagiosum	No	Does not require exclusion or covering of lesions.
MRSA	Yes	When Doctor clears child to return
Mumps	Yes	Five days past onset of parotid gland swelling.
Pertussis	Yes	After 5 days of appropriate antibiotic treatment.
Pinworms	Yes	After treatment has been started.
Pneumonia	Yes	When Doctor clears child to return
Ringworm (tinea corporis)	Yes	After treatment has been started.
Roseola	Yes	Child can attend when they feel well enough to participate and do not have a fever* *without* fever-reducing medicines.
Rubella (German Measles)	Yes	Doctor's note needed to return six days after rash appears.
RSV (Respiratory Syncytial Virus)	Yes	When Doctor clears child to return
Severe Acute Respiratory Syndrome (SARS)	Yes	When Doctor clears child to return
Scabies	Yes	After treatment is completed.
Scarlet Fever	Yes	Twenty-four hours after antibiotic treatment has started.
Streptococcal pharyngitis (strep throat)	Yes	Twenty-four hours after treatment has started.
Sutures/Staples/Glue	Yes	Doctor's note needed detailing restrictions. Individual Health Care Plan must be complete.
Tuberculosis	Yes	Doctor's note or documentation from Health Department needed to return.
Unidentified Rash	Yes	When Doctor clears child to return
Vomiting	No	Child can return when no longer vomiting (24 hours at the earliest – not same day).

5/2023 ** ALL TEMPORARY COVID PROCEDURES SUPERSEDES THIS LIST. HCHS ONLY SERVICES WELL CHILDREN PER THE HEALTH CARE PLAN

LicePolicy

HSPPS §1302.47(b)(7)(iii)

Head Start has a Nit and Lice-Free Policy.

- The classroom Case Manager or Teacher if needed will do head checks routinely, a minimum of three times per school year. (If staff member is not yet familiar with how to check for lice, the Center Director or Case Manager will assist.) The first head checks are done as part of our 45-day screening process. The second head checks are done after children return from winter recess and after returning from spring break, this to be done within the first week of return. Additional head checks will be done as necessary. All lice checks and results are documented in the case notes in the data base.
- How to check for head lice:
    - Checking a child for head lice should only take 1-2 minutes. Adult lice are about the size of a sesame seed and are tan or brown-gray in color.
    - Head lice can move quickly and will avoid light. Take child to sit in a well-lit area.
    - Wear gloves or clean your hands in between children, part ½" sections of hair as needed, starting at the nape and behind the ears, moving up, section by section.
    - Nits attach firmly to hair follicles within one fourth of an inch from the scalp. Anything farther away from the scalp is not a viable nit.
    - Live head lice and nits (eggs and shells) may be visible to the naked eye at the back of child's neck and/or behind their ears (warmer areas).
    - If you have any questions, contact your Health Coordinator.
- When lice and/or nits are found or reported found, the procedure is as follows:
    - The teaching staff will notify the Case Manager. The Case Manager will take the child to a private environment and do a thorough head check. If lice/nits are found, all the children in the classroom need to be privately checked, along with all children who may have been exposed (e.g.: shared gym or cafeteria time). If staff finds any nits/lice, the parent will be called to pick the child up from the program. A child, who is found to have nits/lice, also needs to be rechecked in seven (7) to ten (10) days to ensure there is no re-infestation. All lice checks and results are documented in data base.
    - Classroom staff must vacuum all carpeted areas after sessions when there is an outbreak of nits and/or lice. Dress-up clothes and any items that cannot be washed will be put in a sealed plastic bag for two (2) weeks.
    - The Case Manager will document all positive lice/nit cases including all follow-up and education done with the family in data base case notes. If the child continues to have lice/nits after 2 rechecks, the Case Manager will notify the Health Coordinator. Absences related to lice/nits are to be tracked under "excused." A home visit consisting of the Case Manager and Health Coordinator may be warranted if the Health Coordinator deems it necessary.
    - When a parent comes to pick up the child they will be educated on prevention, detection, and treatment of head lice.

- The child will be readmitted into the classroom after they have been reexamined by the Case Manager and determined to be nit and lice free. **A doctor's note is not necessary or valid when determining if a child is nit and lice free.** The Case Manager or Health Coordinator will make the determination.
- To further address prevention, all families in the school will receive a Lice Health Alert.

Insert After pg 8

HOLY CROSS HEAD START
CPS PROCESS

Staff member is given knowledge of CPS information/situation.

Staff member completes the LDSS2221-A form before a call is made. When the call is made, write the CALL ID# and the name of the person with whom you spoke, in the top right corner of the form next to the "X".

Staff member makes the call to the **HOTLINE: 800-635-1522.**

Staff member verbally informs the Center Director, Classroom Teacher, and Case Manager that a CPS call was made, regardless if the call is accepted or not.

If the call is accepted, the staff member will send an email to the Center Director, Case Manager, Classroom Teacher, Social Services Coordinator, Mental Health Coordinator, Director of Center Operations and CC it to the Executive Director. In your email, note: Date, Time, Call ID Number, the name of the person with whom you spoke from the hotline and that the call was accepted. Staff member will send a paper copy of the LDSSS2221-A form to the Center Director and the SS Coordinator. The report form should be placed in a sealed envelope marked "CONFIDENTIAL".

If the call was accepted, the original LDSS2221-A form should be mailed to:

Erie County Child Protection Services
Appletree Business Park
2875 Union Road
Suite 356
Cheektowaga, NY 14227

If the call is not accepted, staff member will send the original LDSSS2221-A form to the SS Coordinator and write "call not accepted" on the form.

Staff member who made the CPS call will document in a case note in the agency's database that a call was made and the reason for the call, including the CALL ID#, the name of the person with whom they spoke on the hotline and whether the call was accepted or not.

Note: IF THERE ARE ANY CASES OF ALLEGED SEXUAL ABUSE, THE STAFF MEMBER SHOULD IMMEDIATELY CALL THE LOCAL POLICE PRECINCT, INFORM THE CENTER DIRECTOR AND THEN CALL THE CPS HOTLINE.

Erie County CPS will send the staff member an email or letter stating whether the report was "Founded" or "Unfounded". You must forward that letter to the Social Services Coordinator. You MUST NOT keep the letter/email of findings in your possession.

5/25/2023

Section 4: Staff Health Policies

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

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

Section 5: Infection Control Procedures

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

- Hand washing
  - ☐ Appendix B ☒ Other (attach)
- Diapering
  - ☐ Appendix C ☒ Other (attach)
- Safety precautions related to blood and bodily fluids
  - ☐ Appendix D ☒ Other (attach)
- Cleaning, disinfecting, and sanitizing of equipment and toys
  - ☐ Appendix E ☒ Other (attach)
- Gloving
  - ☐ Appendix F ☒ Other (attach)

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

Section 6: Emergency Procedures

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

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

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

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

- ☐ OCFS form: *Day Care Enrollment,* ***OCFS-LDSS-0792*** (Blue Card)
- ☒ Other: *(please attach form developed by the program)*

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: hild's central file located in the Case Managers office

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: See attached procedures

Section 7: First Aid Kit

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

The program's first aid kit(s) will be stored in the following area(s) in the program:
(It is recommended that a kit be taken on all trips off the program site and that a kit be kept in the emergency bag for use in the event of an emergency evacuation.)

Explain here: In teachers travel bag, stored out of reach of children

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

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

Insert after pg 9

INFECTION CONTROL PROCEDURES

HSPPS §1302.47 (b)(4)(i)(A); (b)(6); (b)(7)(iii)

Standard Precautions

Standard precautions is an approach to treat all human body fluids as if they were infectious for pathogens.

It is the responsibility of all staff, parents, and volunteers to be familiar with the procedures for sanitation and infection control and to practice these measures, to reduce the incidence of transmission of disease. Only Head Start/Early Head Start staff is to clean up blood and bodily fluid spills. Volunteers shall not perform this task. The coordinator who oversees the volunteer is responsible to orient the person to his/her defined roles and duties.

The BEST way to reduce disease risk is to follow recommended hand washing procedures for staff, volunteers and children.

Be proactive by advising students, families, and staff to:

Stay home when you are sick. If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness. Avoid close contact with people who are sick.

Avoid touching your eyes, nose, or mouth. Germs spread this way.

Cover coughs and sneezes. Use a tissue to cover coughs and sneezes, then dispose of the tissue and immediately wash hands before touching anything. When a tissue is not available, cough or sneeze into your elbow.

Clean and disinfect surfaces or objects. Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill.

Washing, Feeding, or Holding a Child

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Childcare providers should wash their hands, neck, and anywhere touched by a child's secretions.

Childcare providers should change the child's clothes if secretions are on the child's clothes. Contaminated clothes should be placed in a plastic bag or washed in a washing machine.

toddlers, and their providers should have multiple changes of clothes on hand in the childcare center.

Hand Hygiene

- Hand Hygiene Signs:
    - Signs are posted at each handwashing station with times when hand hygiene is required and steps to follow.
    - Signs are posted at each handwashing station on safe handwashing technique.
- All staff, volunteers, children, and visitors must perform proper handwashing whenever hands are dirty and at the following times:
    - **On**
        - Arrival for the day
        - When coming in from outdoors
    - **Before and After**
        - Preparing, eating, and handling food or beverages or feeding a child
        - Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, scrapes) may be encountered
        - Playing, wading, or swimming in water that is used by more than one person
    - **After**
        - Diapering, using the toilet, or helping a child use the toilet
        - Handling body fluids (e.g., urine, feces, mucus, blood, vomit); wiping noses, mouths, and sores; changing bandages; handling mouthed toys; checking the need for a diaper change by touching the inside of the diaper or touching any clothing contaminated by stool, urine, or body fluids
        - Removing gloves
        - Cleaning or handling garbage
        - Handling animals or cleaning up animal waste or habitats
        - Playing in sand or other sensory table materials, on wooden play structures, or outdoors
- **Method for Hand Washing at a Sink:**
    - Turn on water to a comfortable temperature (60°F–110°F).
    - Wet hands with water and apply liquid (not antibacterial) soap.
    - With hands out of the water, lather all skin surfaces and nails with soap and water. Try to achieve the minimum recommended lathering time of 20 seconds. (Sing or say twice

"Happy Birthday to You"; "Twinkle, Twinkle, Little Star"; or a jingle of comparable length such as, "Wash, wash, wash your hands; play this handy game; scrub and rub; rub and scrub; germs go down the drain" sung twice to the tune of "Row, Row, Row Your Boat"). Include between fingers, under and around nail beds, backs of hands, and any jewelry.

- Rinse hands well under running water with fingers down so water flows from wrist to fingertips.
- Leave the water running while drying hands with a disposable paper towel, a single-use or individually labeled single-person cloth towel, or a drying device approved by local health authorities. Drying devices are used only in situations in which faucet taps turn of automatically so that the user doesn't touch the faucet once hands have been washed.
- Use a towel to turn of the faucet and, if inside a toilet room with a closed door, to open the door. Discard the towel in a lined trash container, place a single-use towel in a laundry hamper, or hang an individually labeled cloth towel to dry.

- **Alternate Hand Wash for Children Unable to Stand or Be Held at a Sink:**
  - If a child cannot stand at a sink and is too heavy to hold for hand washing at the sink, the teacher/caregiver may use this method. *It is less satisfactory than hand washing at a sink.*
    - Use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child's hands.
    - Wipe the child's hands with a paper towel wet with clear water.
    - Dry the child's hands with a fresh paper towel.
- **Hand Sanitizers:**
  - When water for handwashing is not available, the use of alcohol- based hand sanitizers or non-alcohol-based hand sanitizers is an acceptable alternative until hands can be washed with soap and water for children older than 24 months and for adults on hands that are not visibly soiled.
  - Acceptable Conditions for Use of Hand Sanitizers:
    - Alcohol-based hand sanitizers are those with 60% to 95% alcohol.
    - If alcohol-based hand sanitizers are not available, hand sanitizers that do not contain alcohol may also be useful for killing germs on hands.
    - Any visible soil must be removed by hand washing or a wet wipe before applying the sanitizer.

- To avoid ingestion, contact with eyes and mucous membranes, and inhalation of fumes, alcohol-based hand sanitizer dispensers are not accessible to children younger than 6 years.
- Use of hand sanitizers requires 1:1 supervision by an adult to dispense and making sure that the chemical is used according to the directions on the product label. Children over 2 years old may use hand sanitizers with close teacher/caregiver supervision.
- Users should pay special attention to the time the skin must stay wet with the hand sanitizer before being allowed to air-dry.

- **Procedure for Using a Hand Sanitizer:**
  - Dispense the amount recommended by the manufacturer of the alcohol-based sanitizer.
  - Rub hands together, distributing sanitizer to all hand and finger surfaces and keeping hand surfaces wet for the time specified on the product label.
  - Allow hands to air-dry

- If a child is coughing or sneezing when they arrive, tell them to cover their mouth when coughing or sneezing and to wash afterward. If staff wipes a child's nose, tissue should be thrown away and staff must wash their hands.

Gloving

See Health Care Plan Appendix F

- **Gloves:**
  - Disposable gloves will be available for staff/volunteers at all sites and should be used as follows:
  - When assisting with tooth brushing.
  - When diapering a child or handling clothing soiled with urine or feces.
  - When exposed to bodily fluids such as blood (nose bleeds, severe cuts, etc.), vomit, urine, or when such exposure can be expected.
- **Donning Gloves:**
  - Wash hands.
  - Put on a clean pair of gloves. Do not reuse gloves.
- **Removal and Disposal:**
  - Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only.
  - Ball up the first glove in the palm of the other gloved hand.

- Use the non-gloved hand to strip the other glove off. Insert a finger underneath the glove at the wrist and push the glove up and over the glove in the palm. The inside surface of your glove and your ungloved hand are considered clean. Be careful to touch clean surfaces to clean surfaces only. Do not touch the outside of the glove with your ungloved hand.
- Drop the dirty gloves into a plastic-lined trash receptacle.
- Wash hands.

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

Diapering

- Changing Location:
  - Diapering and changing of soiled clothing are done only in an area designated for these activities.
  - The changing procedure is posted in the changing area and followed for all changes done in this facility by staff or family members.
  - Surfaces in the designated areas are kept clean, waterproof, and free of cracks, tears, and crevices.
  - Food handling is not permitted in areas designated for changing.
  - All cleaning items are labeled appropriately and stored off the diapering surface and out of reach of children.
- Changing Procedure
  - Get Organized
    - Before bringing the child to the changing area, perform hand hygiene if hands were soiled by checking inside a child's diaper.
    - Cover the changing surface with disposable sheet/blue pad. (The pad should extend from the child's shoulders to beyond the child's feet.)
    - Remove the following items from containers and place them away from the child's reach, on a part of the changing area that is likely to stay clean during the change:
      - Unused diaper, clean clothes
      - Wipes
      - A plastic bag for any soiled clothes or cloth diapers
      - Disposable gloves

- Make sure the disinfecting solution to be used after the change is available to the adult doing the change but inaccessible to any child. ii.

- Prepare the Child for the Change
  - Bring the child to the changing surface, keeping soiled clothing away from the adult and off any surfaces that cannot be easily cleaned and disinfected after the change.
  - Keep a hand on the child at all times.
  - Undress the child. If the child's feet cannot be kept from touching soiled clothing or skin, remove the child's shoes and socks. Remove bottom outer clothing and any other soiled clothing. If the child is able, have the child hold unsoiled upper-body clothing up away from the soiled area of the body.
  - Put any soiled clothing in the plastic bag.
- Remove Soiled Diaper/Underclothing and Clean Child's Skin
  - Unfasten and check the diaper/underclothing. If the child was wearing a disposable diaper or training garment that has pull-apart sides, leave it where soiled wipes can be put in it or put the soiled diaper or training garment and each wipe immediately into the plastic-lined, hands-free covered can.
  - Clean the child's skin that was in contact with urine or feces.
  - Lift child's legs and clean bottom from front to back. Use fresh wipe each time.
  - Keep a hand on the child. Put the soiled wipes into the soiled diaper/training pants and fold the soiled surface of the diaper/training pants inward. Then put these into a plastic-lined, hands-free, lidded container. Alternately, dispose of each of these items individually when done with them. Articles that get laundered at home go into a tightly sealed plastic bag, avoiding squeezing or touching soiled surfaces.
  - If the disposable sheet or blue pad is soiled, use a corner of the pad to fold the clean side of the paper back under the child's bottom.
  - The adult removes the disposable gloves by pinching the soiled surface of the first glove with the other hand, holding the soiled glove in the palm of the still-gloved hand. Then the adult puts a bare finger into the inside of the cuff of the second glove, pulling it off and over the glove in the palm of the glove so soiled surfaces are contained inside the second glove. Dispose of the gloves as done for the wipes.
  - Use a separate clean wipe to clean the child's hands (that may have strayed into soiled areas) and another fresh wipe to clean the adult's hands. (This is the end of the soiled part of the procedure).

- Prepare to Put on Clean Clothing:
    - All contaminated materials should be in the hands-free, lidded, plastic-lined covered container. Hands have been wiped; the soiled area of the disposable sheet or blue pad is folded on itself, so a clean surface is ready for the clean steps that follow.
    - Dress the Child: Put on clean diaper or underclothes and dress the child.
    - Slide a fresh diaper under the child or fresh underclothing on the child's ankles.
    - If applicable- Use a facial or toilet tissue or wear a clean, disposable glove to apply any necessary diaper cream for which the facility has a signed doctors note and consent from the parent giving parental request and permission to use it. Discard the tissue or glove in a plastic-lined, hands-free covered can. r Fasten the diaper or pull up the fresh underclothing and finish dressing the child. Older children may help put their clean clothes on with coaching from the teacher/caregiver. For this clean part of the change, do not stand the child on the diapering surface to avoid contaminating the bottom of the child's shoes, which then spread contamination around the room.
- Wash the Child's Hands Before Returning the Child to a Supervised Area
    - Use soap and warm water, between 60°F and 120°F, at a sink to wash the child's hands.
    - Use a disposable wipe to clean the child's hands only if the child cannot be held or is unable to stand at the sink.
    - Help the child leave the changing area and go to supervised play
- Clean and Disinfect Changing Surfaces
    - Put the disposable changing sheet/blue pad in a plastic-lined, hands-free covered can.
    - If clothing was soiled, securely tie the plastic bag used to store and send it home.
    - If changing surfaces are visibly soiled, use paper towels to wash surfaces with detergent and water, then rinse with water.
    - Wet the entire changing surface with a disinfectant as a spray or poured solution. Use the EPA-registered disinfectant that is specified in the school's Health Care Plan, according to the product label. Note the required contact time and whether the EPA-registered product requires rinsing with water after the required contact time.
- Finish Up

- Perform hand hygiene by washing hands at a sink or using alcohol-based hand sanitizer.
- Dry off the changing surface if it does not dry by itself before the next change.

Cleaning, Disinfecting, and Sanitizing

HSPPS § §1302.47 (b)(2)(i)

Cleaning means removing visible soil.

Sanitizing means reducing the number of germs that can cause disease to a level generally accepted as safe by public health authorities.

Disinfecting means nearly, but not completely, eliminating germs that can cause disease.

Surfaces such as tabletops, chairs, cots, toys, low shelves, and doorknobs will be disinfected on a regular basis. A bleach and water solution (per Health Care Plan) in a labeled spray bottle with clear instructions will be used. Tabletops and chairs will be cleaned with this solution by the classroom staff at the beginning and end of each day before and after each meal. Other surfaces will be cleaned on a regular basis as needed.

- Equipment, toys, and objects used or touched by children will be cleaned and sanitized as follows:
  - Equipment that is frequently used or touched by children on a daily basis must be cleaned and disinfected when soiled and per cleaning schedule
  -
  - Carpets contaminated with body fluids must be spot cleaned.
  - Diapering surfaces must be disinfected after each child.
  - Countertops, tables, and food preparation surfaces (including cutting boards) must be cleaned and disinfected before and after food preparation and eating.
  - Potty chairs must be emptied and disinfected after each use. They must not be washed out in a hand washing sink, unless that sink is washed and disinfected after such use.
  - Toilet facilities must be kept clean at all times and must be supplied with toilet paper, soap, and disposable towel accessible to the children.
  - Any surface which comes in contact with body fluids must be disinfected immediately.
  - Thermometers and toys mouthed by children must be soaked in a disinfectant before use by another child.
- Staff will use the following procedures for cleaning and sanitizing non-porous hard surfaces such as tables, countertops, and diapering surfaces:
  - Wash the surface with soap and water.

- Rinse until clear.
- Spray the surface with the one tablespoon bleach to one quart of water solution until it glistens.
- Let sit for 2 minutes.
- Wipe with a paper towel or let air-dry.

- Staff will use the following procedure to clean and disinfect toys that have been mouthed by children:
  - Wash the toys in warm soapy water, using a scrub brush to clean crevices and hard to reach places.
  - Rinse in running water until water runs clear.
  - Place toys in soaking solution (per Health Care Plan).
  - Soak for 5 minutes.
  - Rinse with cool water.
  - Let toys air-dry.
- As a life-skills learning activity, children may help with cleaning routines for areas they use that are not expected to involve children touching body fluids of others. They may use water and paper towels to clean but no cleaning products.
- Children must not be nearby, and the area must be well ventilated if anyone is using volatile or potentially hazardous cleaning products.
- Always follow the instructions on cleaning products. Disinfectant sprays are intended for use on hard, non-porous surfaces. Disinfectant sprays are not intended for use on humans or animals. Do not use disinfectant sprays or wipes on your skin because they may cause skin and eye irritation. Do not inject, inhale, or ingest disinfectant sprays or household cleaners. Doing so is dangerous and may cause serious harm or death. If ingested, call poison control or a medical professional immediately.

Exposure to Blood and Other Infectious Materials

HSPPS §1302.47 (b)(4)(i)(A); (b)(6); (b)(7)(iii)

- **Risk Reduction**
  - Exposure to Cuts or Sores: Open cuts or sores on children or staff members are kept covered. If it is not possible to cover open cuts or sores, exclusion may be required until healing occurs.
  - Disposable gloves must be available and worn whenever there is a possibility for contact with blood or blood-contaminated body fluids.

- Standard Precautions to Avoid Exposure to Body Fluids: Staff members follow Standard Precautions developed by the CDC, adapted for childcare. These are consistent with Universal Precautions required by OSHA related to prevention of blood-borne infections. Adaptation of Standard Precautions for childcare requires use of gloves only if blood or blood-containing or infectious body fluids might contact hands or splash into the mouth, eyes, or nose. Gowns and masks are not required unless blood might spray into the mouth, nose, or eyes. Surfaces that might come in contact with infectious body fluids must be disposable or able to be disinfected.
- Spills of Body Fluids: All surfaces, such as countertops and floors, onto which spills of vomit, urine and feces, blood, and injury and tissue discharges are cleaned and disinfected.
- Disposal of Contaminated Materials: Contaminated materials are disposed of in a plastic bag with a secure tie or closure (i.e., gloves, paper towels, or other materials used to wipe up body fluids).
- Contaminated Articles That Can Be Used Again: Reusable rugs and other fabric articles are laundered. Brushes, brooms, dustpans, and mops used to clean up body fluids are washed with detergent, rinsed, and soaked in a disinfecting solution according to instructions on the product label. Items such as mop heads and reusable rags are washed with hot water and detergent in the washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach in an area ventilated to the outside.
- Soiled Clothing: Clothing items soiled with body fluids are put into a closed plastic bag and sent home with the child's parent or, if adult clothing, sent home for the staff member to launder. A full change of clothing, including shoes, is kept in the facility for children in care as well as for staff members.
- Hand Hygiene After Handling Contaminated Materials: Hands are always washed after handling soiled laundry or equipment and after removing gloves.

- **Response to Exposure to Body Fluids:** Whenever a staff member comes into physical contact with any body fluids, the exposed area is washed immediately with soap and warm water, rinsed, and dried with paper towels. When a staff person comes into contact with blood (e.g., staff member provides first aid for a child who is bleeding) or is exposed to blood (e.g., blood from one person enters the cut or mucous membrane of another person), the staff person should inform Human Resources immediately. If blood splashes into the mouth, nose, or eyes, these surfaces should be rinsed for at least 15 minutes with water. The procedure thereafter follows guidance obtained by contacting Human Resources.
- ECMC/Infection Disease: 716-898-3628

After pg 19

Emergency Contact Information

REMIND PARENTS THAT THE MINIMUM AGE OF A PERSON TO PICK UP IS 16 AND THAT EVERYONE WHO PICKS UP MUST HAVE VALID PHOTO ID

Child's Name: _____ DOB: _____

First Name: _____ Last Name: _____

DOB: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Relation to Child: _____

First Name: _____ Last Name: _____

DOB: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Relation to Child: _____

First Name: _____ Last Name: _____

DOB: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Relation to Child: _____

Emergency Contact Information

REMIND PARENTS THAT THE MINIMUM AGE OF A PERSON TO PICK UP IS 16 AND THAT EVERYONE WHO PICKS UP MUST HAVE VALID PHOTO ID

First Name: _____ Last Name: _____

DOB: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Relation to Child: _____

First Name: _____ Last Name: _____

DOB: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Relation to Child: _____

First Name: _____ Last Name: _____

DOB: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Relation to Child: _____

Parent Signature: _____ Date: _____

EMERGENCY PREPAREDNESS

HSPPS §1302.41(b) §1302.47(b)(7)

- Updating and Verifying Emergency Contact and Health Information
    - Emergency contact and health information is kept up to date by the Case Manager and verified with parent signature at least every 6 months.
    - This information includes work addresses and emergency phone numbers or other means of rapid contact for parents and two alternate emergency contacts, contact information for the child's primary health care professional, and health information relevant to care in an emergency.
- Allergy/Medical clip boards
    - For children documented with health disabilities, food allergies, or medications, a red Allergy/Medical clipboard is placed prominently in a place of easy access in each classroom and cafeteria.
    - This red clipboard must be kept up to date at all times.
    - This red clipboard contains information on any children in the classroom who may have food restrictions, food allergies or take any type of medication, including child's name, and any special instructions. There is a photo on the child on the Child's food allergy form.
    - The child's private information should be covered for privacy, but easily accessible to all staff caring for children.

- Every classroom will have a standardized First Aid Kit accessible to staff but out of reach to children.
    - This is checked monthly during the school year by the classroom staff or Case Manager to ensure it is fully stocked. It is the classroom staff's responsibility to notify the Case Manager or Health Coordinator if supplies are needed sooner.
    - Medications and medication paperwork with EPA's is kept in the classroom's inside the teacher's travel (unless medication requires refrigeration) out of reach of children. This information is checked by the Health Coordinator for any upcoming expirations of documentation or medication.
    - Emergency medication is kept in a blue locked medication bag, inside the teacher's travel bag near the first aid kit. This bag can also be cut (with scissors in the first aid kit) open if necessary in an emergency situation. The teachers travel bag is where the child is in care or carried by the teacher/staff who is supervising the child

- First Aid Kits always accompany the class (i.e. to the gym, field trips, walks, playground, etc.) whenever the class leaves the classroom.
- At the end of the school year, the Case Manager is to obtain the first aid kit from the 10-month classrooms, restock it and give it to their teacher when they return (before the first day of class). The original Check lists get turned in to the Health Coordinator.
- For the kitchens that have first aid kits, it is the kitchen staff's responsibility to notify the Health Coordinator if supplies are needed.

- CPR/First Aid Training
  - Adult/Pediatric CPR and First Aid training will be available to staff, at least annually and is mandatory for MAT training.
  - Staff members involved in providing direct care will be trained and certified in Cardio-Pulmonary Resuscitation (CPR) for adults, child and infant and in standard and pediatric first aid. Both certificates are valid for two years.
  - Staff member is given original copy of CPR/First Aid cards and copy of cards will be kept on file by the Center Director. A Data Entry report will be submitted with the Health Care Plan.

Emergency Evacuation supplies and Emergency Preparedness Supplies

New York State Child Day Care Regulations (June 1, 2020) 418-1.5 Safety (b)(7): Each program must have on site a variety of supplies including food, water, first aid and other safety equipment to allow for the protection of the health and safety of children in the event parents are unable to pick up children due to a local disaster. The plan must take into account a child's needs for an overnight stay. Food supplies must be non-perishable and of sufficient quantity for all children for an overnight stay. Programs that serve food daily and have a food supply stored on site for their daily operation or are co-located at a site with a cafeteria, pantry or eatery of some kind are not required to store emergency food or water supplies if they can show that they have access to and permission to use those foods in a declared emergency.

Each center has the following equipment available:

- All phones and intercoms are able to call 911
- Emergency Radio
- Crank Radio
- Food
- Water
- First Aid Kits
- Flashlights
- Safety Plan and Disaster plan
- All classroom doors are number

In Event of Evacuation Each Classroom Brings:

- Copies of all contact lists - For families and staff, include the name, phone number, and e-mail as well as information for someone to contact.
- Teacher's travel bag containing First Aid Kit, medication paperwork and Medications
- Teachers will bring the Classroom Binder (contains children's contact information)

In the Center:

- Charged cell phone
- One gallon of water for every four children and staff
- Disposable cups
- Nonperishable food items like soft granola bars, cereal, cheese and crackers, cans of fruit and special infant items (bottles, nipples, formula, and cereal) – should be nut free in case of allergies (check expiration dates – if nearing expiration, rotate with nutrition as needed.) **
- Extra supplies of critical medication such as insulin, epi-pens etc. or children and staff
- Comfort and safety items such as toilet tissue

Each Child Should Have:

- A change of seasonably appropriate clothing
- A blanket
- Extra diapers (one day supply as space allows)

** ***These items are added by the Center Director and rotated as needed.***

Emergency Medical/Dental Procedures

HSPPS §1302.47(b)(7)

In an emergency, please refer to the posted Medical Emergency Plan

Any trained staff member is obligated to render First Aid and/or CPR to a child if needed. In the event of an emergency, immediate action must be taken. When a child's life is in danger, the first person on the scene should be prepared to use the knowledge and skills necessary to prevent, recognize and provide basic care for injuries and sudden illnesses until advanced medical personnel arrive and take over. However, emergency care is not authorized beyond proper First Aid and/or CPR.

The following information is provided as a quick reference to help you make decisions in a stressful emergency. This information is by no means intended to substitute for adequate first aid training. Staff should maintain current certification in CPR and First Aid for infants and children.

- Remain calm and reassuring to the child (victim) and other children at the scene. All accidents should be handled quietly and calmly: a panicked child is likely to create problems during treatment and may cause further trauma.
- As a rule, do not move a severely injured or ill child. However, if the area is unsafe, move the child to a safe area.
- The next available staff person calls for emergency services, when necessary. At no time should an ill or injured child be left unattended.
- Parent or another emergency contact must always be contacted immediately after an incident. A parent should be told the extent of illness or injury, the child's present condition, and that care is being given and will continue until the parent reaches the agreed upon destination and assumes responsibility for further care of the child.
- If the child is unresponsive, has an open airway, and is breathing, clear immediate surroundings to prevent injury.
- Seizure/convulsion symptoms: If the child exhibits seizure symptoms (such as uncontrollable jerking movements of the arms and legs, loss of consciousness or awareness), remove any objects from immediate surroundings and turn the child to their side (recovery position) to prevent choking.
    - Make sure the child is safe from objects that could cause injury.
    - Be sure to protect their head.
    - Do not put anything in the child's mouth.
    - Loosen any tight clothing.
    - Start rescue breathing if the child is blue or not breathing.
- Dental: In the event of an accident or injury to the tongue, lips, cheeks, or teeth, check for bleeding.
    - If the child is bleeding:
        - Stop bleeding by applying pressure to the area.
        - Wash the affected area with clean water.
        - Apply ice wrapped in a clean cloth, for swelling.

- If a tooth is knocked out, fractured, chipped, broken or loose:
    - Staff should calm child.
    - If injury is dirty, clean gently.
    - Place cold compress on the face, over the injured area, to limit swelling.
    - Immediately take child to a dentist for treatment.
    - Wrap the tooth in a wet compress, or place in a cup of milk, or paper towel, take child to the dentist.
- If teeth are loosened in an accident:
    - Gently rinse out child's mouth
    - Do not attempt to move teeth or jaw.
    - Take the child to the dentist immediately
- If a tooth is knocked into the gums:
    - Do not attempt to free or pull the tooth.
    - Gently rinse out child's mouth
    - Take the child to the dentist immediately
- If injury to the tongue, cheek, or lips occurs:
    - Apply direct pressure to the bleeding area with a clean cloth.
    - If swelling is present, apply a cold compress.
    - If bleeding continues, go to a hospital emergency room.

- If accidental poisoning is suspected, also contact the National Poison Control Hotline at 1-800-222-1222.
    - Report the present condition of the child, as well as pertinent information about what occurred prior to the incident
    - Wait for the other party to hang up first, in order to make sure you have given all the necessary information.
    - Follow any instructions given by the emergency operator.
- One staff person (Teacher, Case Manager , or other available staff) accompanies the child in the ambulance, when the person to whom the child is authorized to be released is unavailable, while maintaining child-teacher ratios, carrying a copy of child's Emergency Medical/Dental Pick-Up Persons form (EMD) containing parental authorization for treatment and pertinent health information (i.e., child's medical and or physical condition, immunizations, allergy to certain medications or foods, or refusal of treatment due to religious beliefs). (The Case Manager / Teacher/ or other designated available staff will deliver these documents to the hospital if this was not sent with child and accompanying staff via ambulance.)
- Person observing emergency event completes Accident/Incident Reports immediately after the incident and gives to their Supervisor who will submit report as soon as possible and within 24 hours, to the Center Director who will notify the Executive Director and OCFS immediately of a serious illness or injury (See Health Care Plan for clarification on serious illness or injury). A staff member or parent volunteer will complete a Child Accident/Incident Form or a Staff Incident Report (for employees/adults). If the accident or injury requires a

visit to the physician or hospital, documentation from the medical provider must be submitted in order to return.

- For staff to quickly access emergency contact information, 911 and Poison Control telephone numbers are posted at recognized location such as each phone station in the center.
- Up-to-date family contact information and authorization for emergency for each child is readily available and located in each classroom
- The Head Start document which contains this information is called the Emergency Medical/Dental (EMD) form.
    - The EMD form should contain the following information:
    - Names and telephone number (both home and work) of parents
    - Name, address, and phone numbers of contacts to whom the child can be released
    - Name, address, and phone numbers of child's usual source of medical and dental care.
    - Child's health insurance information – including name, ID number, and subscriber's name.
    - Special conditions, disabilities, allergies, or medical information such as immunizations.
    - Parents written signed consent.
- In the event of an accident or injury during a field trip, emergency/medical dental personnel from the area will be summoned and Head Start will follow the same procedure for contacting parents and completing the accident report.
- Emergency telephone numbers will be posted by each telephone in the center.

Render First Aid:

- Wound Care: If there is a scrape or cut, wash it off with soap and water. Then apply pressure with sterile gauze for 10 minutes to stop any bleeding.
- Cold Therapy: Apply a cold pack or ice bag wrapped in a wet cloth to any swelling for 20 minutes to reduce big lumps ("goose eggs") and also, to reduce pain. Repeat in 1 hour, then as needed
- Observation: Observe the child closely during the first 2 hours following the injury. If the child displays no signs or symptoms allow the child to nap if he/she wants to, but keep him/her nearby.
    - Awaken the child after 2 hours of sleeping to check the ability to walk and talk.
    - If necessary recommend to the parent to at least call the child's doctor.
- Complete an incident report: follow incident report procedure

Accidental Poisoning

HSPPS § §1302.47(b)(4)(i)

In the event of accidental poisoning:

- Identify Substance
    - Is substance toxic? (If not known, call Poison Control)
    - What amount was taken?
    - When was it taken?
- Call the **Poison Control Center** Immediately: **1-800-222-1222. Always call the Poison Control Center immediately and follow their directions.**
    - Give child's age and approximate weight.
    - What was taken (have container handy for reference).
    - Amount that was taken.
    - How long ago?
    - How is child acting now?
    - Has anything been done so far?
- Follow directions given by staff at Poison Control Center.
- Follow Accident/Emergency Procedures including notification of parent and documentation of incident by staff.
- Complete an incident report immediately.

After pg 10

First Aid Kits

HSPPS §1302.47(b)(1)(vi)

- Location of First Aid Kits: A fully stocked first aid kit is located in every classroom and stays with the class wherever they go (e.g., cafeteria, playground, field trips). The kits inside the teacher's travel bags and accessible to all staff but not to children.
    - If travel bags are needed, contact the center Director.
- First Aid Inventory
    - The classroom staff / case manager restocks first aid kits after each use and checks the contents monthly for missing or expired items. Supplies can be obtained from the Case Manager's office or Health Coordinator.
    - FIRST AID BAG CONTENTS
        - Band Aids (various sizes)
        - Gauze(varies sizes)
        - Disposable Gloves (2 pair)
        - Cold Packs (2)
        - Roller gauze (1 -1 inch and 1 – 2 inch)
        - Oval eye pads (4)
        - Sling with safety pin
        - First aid booklet/paper/pencil
        - Bandage tape
        - Bulb syringe
        - Tweezers
        - Face mask(with a zip lock bag)
        - Scissors
        - CPR mouth guard
        - Bodily fluid clean-up kit
        - Hand Sanitizer(1)
        - Inventory Checklist (checked after each use and monthly)
- First Aid Kits for Trips: Teachers/staff take an appropriately supplied first aid kit on trips (walking or vehicular) to and from the facility and playground.

- Extra Supply Items kept in Case Manager office. These supplies will be kept in a place accessible to staff along with the Health Care Plan.
    - Extra items for refilling First Aid Kits
    - Bandage Tape (First Aid Tape)
    - Eye Bandage
    - Face Mask
    - Micro Shield (CPR)
    - Gauze Pads (sterile)
    - Rolled gauze
    - Tweezers
    - Touch less thermometer
    - Triangular Bandage/Safety Pin
    - Disposable Gloves
    - Band Aids
    - Spill Kit

HOLY CROSS HEAD START, INC.
150 MARYLAND STREET
BUFFALO, NEW YORK 14201

CENTER _____
CLASSROOM _____
SCHOOL YEAR _____

FIRST AID KIT CHECKLIST

(TO BE CHECKED MONTHLY AND INITIALED BY HEALTH ASST.)

	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE
4 OVAL EYE PADS										
1 1" KLING ROLLER GAUZE										
1 2" KLING ROLLER GAUZE										
SUPPLIES OF BAND-AIDS										
SLING WITH SAFETY PIN										
FIRST AID BOOKLET										
1/2" TAPE										
SUPPLIES OF STERILE GAUZE PADS										
3 0Z BULB SYRINGE										
PLASTIC CUP (eye wash/wound care)										
2 KWIK KOLD PACKS										
SCISSORS										
TWEEZERS										
2 PAIR OF LATEX GLOVES										
BODILY FLUID CLEAN-UP KIT										
CPR MOUTH GUARD										
PENCIL & NOTEPAD										
FACIAL MASK										
KIT CHECKED BY (INITIALS)										

Revised 3/23

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

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: see attached

The program will **(check all that apply):**

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

Explain here:

☐ Keep the following non-child-specific, over-the-counter medication in the first aid kit:
*(Programs that plan to store over-the-counter medication given by any route other than topical **must** be approved to administer medication and have all appropriate permissions as required by regulation before administering the medication to a child.)*

Explain here:

☐ Keep non child specific epinephrine auto-injector medication (e.g., EpiPen®, AUVI-Q) in the first aid kit:
(Programs must be approved to stock epinephrine auto-injectors and have a staff on site who has successfully completed the Office approved training as required by regulation before storing and administering the medication to a child).

Explain here:

☒ 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: All medications are kept in a cloth locked mediction bag along with the first aid kits inside the teachers travel bag which is kept out of reach of children

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

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 patient-specific 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 Section 16, Appendix J.)***

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

If the program will *not* administer medication *(other than over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect 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: N/A

***Parent/Relative Administration**

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

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

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

- ☐ OCFS form: *Log of Medication Administration,* ***OCFS-LDSS-7004***
- ☒ Other: *(please attach form developed by the program)*

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

After pg 12.

MEDICATION LOG

CHILD'S NAME_____ MEDICATION_____
Date of Birth_____
The following list has been verified
_____MEDICATION IS IN THE ORIGINAL CONTAINER
_____CHILD'S CORRECT NAME
The following list verifies the Medication container matches the Administration of Medication Form
_____MEDICATION NAME
_____RECOMMENDED DOSE
_____DOSAGE TIMES/INTERVALS
_____ROUTE OF ADMINISTRATION
_____NEEDED EQUIPMENT SPECIFIED ACCOMPANIES MEDICATION
_____PRESCRIBERS NAME
MEDICATION EXPIRATION DATE IS _____
ADMINISTRATION OF MEDICATION FORM IS COMPLETELY FILLED OUT
DESIGNATED LOCATION WHERE MEDICATION AND KEY WILL BE STORED (BE SPECIFIC)_____

Health Coordinator Signature Verifying the above information _____
CHANGES OR UPDATES TO THE ABOVE INFORMATION

INITIAL_____ (FORWARD COPIES WITH UPDATES/CHANGES)

Date Given	Dose	Time	Side Effects Noted	Parent Notified of Side Effects	PRN medication note symptoms exhibited	Parent Notified PRN Med. Given	Administered by (Full Signature)
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	

Complete for medication not given when child was scheduled for medication and present in the program
Medication Errors – Notify Parent and Notify OCFS in writing

Date Not Given	Description of reason why medication was not given		
		Yes No	
		Yes No	
		Yes No	

Date Given	Dose	Time	Side Effects Noted	Parent Notified of Side Effects	PRN medication note symptoms exhibited	Parent Notified PRN Med. Given	Administered by (Full Signature)
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	

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

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

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

Any over the counter TO/S/R will be applied in accordance with the package directions for use. If the parent's instructions do not match the package directions, the program will obtain health care provider or authorized prescriber instructions before applying the TO/S/R.

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

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

Explain where these will be stored: N/A

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: N/A

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

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

The program will **(check all that apply):**

- ☐ Apply over the counter TO/S/R, which parents supply for their child.
- ☐ Keep a supply of stock over the counter TO/S/R to be available for use on children whose parents have given consent. These include the following:

Explain here: N/A

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

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

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

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

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

Explain here: Children without sunscreen will be protected from the sun by minimizing exposure to the sun by; wearing hats, wearing t-shirts, using shade shelter, avoiding direct sunlight. Children without bug repellent will be protected with long sleeve shirts and long pants and avoiding areas of known insects.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

Patient-Specific Epinephrine Auto-Injectors, Diphenhydramine in Combination with the Epinephrine Auto-Injector, Asthma Inhalers and Nebulizers.

Staff **NOT** authorized to administer medications may administer emergency care through the use of patient-specific epinephrine auto-injector devices, diphenhydramine when prescribed for use in combination with the epinephrine auto-injector, asthma inhalers or nebulizers, when necessary to prevent or treat anaphylaxis or breathing difficulty for an individual child, when the parent and the child's health care provider have indicated such treatment is appropriate.

In addition, the program will obtain the following:

- A written *Individual Health Care Plan for a Child with Special Health Care Needs,* ***OCFS-LDSS-7006*** **must be submitted to meet this requirement.** ***(See Section 2:*** *Children with Special Health Care Needs.)*
- Form ***OCFS-6029***, *Individual Allergy and Anaphylaxis Emergency Plan* for children with a known allergy, and the information on the child's ***OCFS-LDSS-0792***, *Day Care Enrollment* (Blue Card).
- An order from the child's health care provider to administer the emergency medication including a prescription for the medication. The OCFS *Medication Consent Form (Child Day Care Program),* ***OCFS-LDSS-7002*** may be used to meet this requirement.
- Written permission from the parent to administer the emergency medication as prescribed by the child's health care provider. The OCFS *Medication Consent Form (Child Day Care Program),* ***OCFS-LDSS-7002*** may be used to meet the requirement.
- Instruction on the use and administration of the emergency medication that has been provided by the child's parent, child's health care professional or a health care consultant.

Additionally:

- Staff who have been instructed on the use of the epinephrine auto-injector, diphenhydramine, asthma medication or nebulizer must be present during all hours the child with the potential emergency condition is in care and must be listed on the child's Individual Health Care Plan.
- The staff administering the epinephrine auto-injector, diphenhydramine, asthma medication or nebulizer must be at least 18-years old, unless the administrant is the parent of the child.
- Staff must immediately contact 911 after administering epinephrine.
- If an inhaler or nebulizer for asthma is administered, staff must call 911 if the child's breathing does not return to normal after its use.
- Storage, documentation of administration of medication and labeling of the epinephrine auto-injector, asthma inhaler and asthma nebulizer must be in compliance with all appropriate regulations.

  Explain where these will be stored: In a cloth locked medication bag inside the teachers travel bag with a first aid kit equipped with sissors

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable):*	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

School-Age Children Exemptions for Carrying and Administering Medication

When a program has agreed to administer an inhaler to a child with asthma or other diagnosed respiratory condition, or a patient-specific epinephrine auto-injector for anaphylaxis, a school-age child may carry and use these devices during day care hours if the program secures written permission of such use of a duly authorized health care provider or licensed prescriber, and written parental consent, and completes an Individual Health Care Plan for the child.

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

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

Section 10: Confidentiality Statement

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

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

Section 11: Americans with Disabilities Act (ADA) Statement

The program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in the program now or in the future is identified as havin 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 makin a fundamental alteration to the program and the child will need regular or emergency medication, the program will follow the steps required to have the program approved to administer medication.

Section 12: Licensee Statement

It is the programs responsibility to follow the health care plan and all day care regulations.

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

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

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

Day Care Program's Name (please print): Holy Cross Head Start, Inc.		License #: 39491
Authorized Signature:	Authorized Name (please print): Katharine Robinson	Date: 8 / 7 / 23

LICENSEE INITIALS: KR	DATE: 8 / 7 / 23	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*: CM	DATE: 8 / 7 / 23

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— *patient-specific* epinephrine auto-injectors, diphenhydramine when prescribed in combination with the epinephrine auto-injector, asthma inhalers and nebulizers.

Section 14: Authorized Staff to Administer Medication

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

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

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

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

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

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

  —OR—
- Exemption from the training requirements as per regulation.

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

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

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable):*	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

Section 15: Forms and Documentation Related to Medication Administration

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

- ☐ Child's file
- ☐ Medication logbook
- ☒ Other:

Explain here: Original is with the medication in the child's individual locked medication bag and copies are in the children's central file.

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

- ☒ The program will accept permission and instructions to administer medication. The OCFS form *Medication Consent Form (Child Day Care Program),* ***OCFS-LDSS-7002*** may be used to meet this requirement.
- ☐ Permission and instructions NOT received on the OCFS form will be accepted on a health care provider's document on the condition that the required medication-related information is complete.
- ☒ Other: *(please attach form developed by the program)*

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

Explain here: list of medication consent expiration dates is reviewed monthly

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

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

- ☐ OCFS form *Log of Medication Administration,* ***OCFS-LDSS-7004***
- ☒ Other *(please attach form developed by the program)*

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

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

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

After pg 18

Holy Cross Head Start Inc.

150 Maryland Street
Buffalo, New York 14201
Telephone: (716) 875-1506 Fax: (716) 875-1567
Health Coordinator ext.417

ALL Information needs to be completed as per New York State Department of Social Services Day Care Regulations. **Thank You.**

Child's Name_____ **DOB**_____

Name of Medication (list only one medication per form)_____

Reason for Medication/Diagnosis_____

Route of Administration_____

Dosage/Amount to be Given_____

Time(s) to be Administered (for non PRN Medication)_____

For PRN Medications only – Symptoms under which Medication should be given:

**_____

Refrigeration Required YES □ NO □

Special Instructions_____

Circumstance, if any, under which medication must not to be administered_____
_____

Possible Side Effects _____

Signs of Toxicity _____

Action if Side Effects or Toxicity occurs _____

Duration of Administration (up to 6 months)_____
Date to be discontinued (up to 6 months) _____

I the undersigned give Holy Cross Head Start Staff permission to administer the above medication according to the stated instructions.

Licensed Prescribers Name /Title and Signature _____

License # _____ **Facility ID #** _____ **Date** _____

Affiliation Name_____ **Phone #**_____

MEDICATION LOG

CHILD'S NAME_____ MEDICATION_____
Date of Birth_____
The following list has been verified
_____MEDICATION IS IN THE ORIGINAL CONTAINER
_____CHILD'S CORRECT NAME
The following list verifies the Medication container matches the Administration of Medication Form
_____MEDICATION NAME
_____RECOMMENDED DOSE
_____DOSAGE TIMES/INTERVALS
_____ROUTE OF ADMINISTRATION
_____NEEDED EQUIPMENT SPECIFIED ACCOMPANIES MEDICATION
_____PRESCRIBERS NAME
MEDICATION EXPIRATION DATE IS _____
ADMINISTRATION OF MEDICATION FORM IS COMPLETELY FILLED OUT
DESIGNATED LOCATION WHERE MEDICATION AND KEY WILL BE STORED (BE SPECIFIC)_____

Health Coordinator Signature Verifying the above information_____
CHANGES OR UPDATES TO THE ABOVE INFORMATION_____

INITIAL_____ (FORWARD COPIES WITH UPDATES/CHANGES)

Date Given	Dose	Time	Side Effects Noted	Parent Notified of Side Effects	PRN medication note symptoms exhibited	Parent Notified PRN Med. Given	Administered by (Full Signature)
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	

Complete for medication not given when child was scheduled for medication and present in the program
Medication Errors -- Notify Parent and Notify OCFS in writing

Date Not Given	Description of reason why medication was not given		
		Yes No	
		Yes No	
		Yes No	

Date Given	Dose	Time	Side Effects Noted	Parent Notified of Side Effects	PRN medication note symptoms exhibited	Parent Notified PRN Med. Given	Administered by (Full Signature)
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	
				Yes No		Yes No	

Parental Consent for Medication Administration

Renewal date for medication on site _____ (No longer than six months)

I, the under signed give my permission to Holy Cross Head Start - _____
(Site)

MAT certified staff to administer the prescribed medication_____
(Name of Medication)

to _____, as per her/his medical
(Child's Name)

Provider's instruction while in program. I have provided the program with documentation from the medical provider and I understand the reason and conditions under which the administration of medication would occur.

_____ _____
(Parent's signature) Date

_____ _____
(Staff's signature) Date

_____ _____
(Staff's signature) Date

_____ _____
(Staff's signature) Date

Medication Discontinuation Authorization

I, _____ request that _____
(Parent/guardian) (Name of Medication)

be discontinued effective _____
(Date)

Parent signature_____ Date_____

Revised 3/2023

Holy Cross Head Start, Inc
150 Maryland Street, Buffalo, NY 14201
Telephone (716)875-1506 Fax: 716-875-1567

Medication Policy

Child's Name _____ **DOB** _____

A procedure for medication administration allows a child who may need medication(s) and/or specialized health care needs at school to receive the full benefit of both their health and education.

The Holy Cross Head Start Program will ***only*** administer medication to children with written approval from the parent and a written order from a Health Care Provider. This written order form the Health Care Provider must be for a specific child enrolled in the program and must include the specific health condition, name of medication, side effects, dosage, and time-frame to be taken. All medications must be in original container from pharmacy. Then, the entire plan for medication must be approved by our Health Care Consultant before administering medication.

Medication administration at Head Start will be limited to situations where an agreement to give medicine outside cannot be made.

Parent(s)/Guardian(s) ***do not send medication to school in your child's book bag***. No medication will be administered until you have completed this entire process by contacting your Family Partner for instructions, submitting the Health Care Provider's written order(s), and completed the necessary paperwork.

The medication administration policy was explained to me and I received a copy of this notice on: _____

Parent(s)/Guardian(s) Signature(s) & Date: _____

Center: _____

Respectfully,
Head Start Staff

Revised 3/23

Verbal Permissions and Instructions

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

- ☒ The program **WILL NOT** accept verbal permission or instructions. All permission and instructions must be received in writing.
- ☐ The program **WILL** accept verbal permission from the parent and verbal instructions from the health care provider only to the extent permitted by OCFS regulation. *(Only those individuals approved in the health care plan to administer medication will accept verbal permission and instructions for all medication except over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellant.)*

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

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

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

Section 16: Stocking, Handling, Storing and Disposing of Medication

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

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

- ☒ **Will not** be stocked at the program.
- ☐ **Will** be stocked at the program. *(The procedure for stocking this medication must comply with regulation.)*

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

- ☒ Will not be stocked at the program
- ☐ Will be stocked at the program (the procedure for stocking this medication must comply with regulation).

All medication will be kept in its original labeled container.

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

Explain here: All medication will be stored in a child specific cloth locked medication bag. The medication bag is stored with the teacher's travel bag and first aid kit and is kept out of reach of children.

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

- ☒ In a medication-only refrigerator located: Case managers office
- ☐ In a food refrigerator in a separate leak-proof container that is inaccessible to children.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

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: In a locked medication bag out of reach of children. MAT trained staff for that specific child. Health Coordinator and Health Consultant

Expired Medication

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

- ☐ Weekly
- ☒ Monthly
- ☐ Other:

Explain here:

Medication Disposal

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

Section 17: Medication Errors: COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER ANY MEDICATION

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

When any medication error occurs, the program:

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

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

List here: Health Coordinator, Health Consultant, Center Director, Executive Director

Section 18: Health Care Consultant Information and Statement

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

HCC Information:

Name of HCC **(Please print clearly):** Crystal Murno, MSN, RN		
Profession: (An HCC must have a valid NYS license to practice as a physician, physician assistant, nurse practitioner or registered nurse.) **Check all that apply; at least one MUST be selected:**	☐ Physician	License number: Exp. Date: / /
	☐ Physician Assistant	License number: Exp. Date: / /
	☐ Nurse Practitioner	License number: Exp. Date: / /
	☒ Registered Nurse	License number: 668051-1 Exp. Date: 8 / 31 / 2024

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

- Review and approve the program's health care plan. My approval of the health care plan indicates that the policies and procedures described herein are safe and appropriate for the care of the categories of children in the program.
- Notify the program if I revoke my approval of the health care plan. If I choose to do so, I may also notify the New York State Office of Children and Family Services (OCFS) of this revocation at **1-800-732-5207** *(or, in New York City, I may contact the local borough office for that program)* or send written notification to OCFS.
- Notify the program immediately if I am unable to continue as the HCC of record.

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

After pg 28

Medication Administration

HSPPS §1302.47 (b)(4)(i)(C); (b)(7)(iv)

See Health Care Plan for details of Medication Administration

The following procedure will be used in administering prescription medication to Holy Cross Head Start children during school hours. Over the counter medication will not be given. **All** medication needs to be ordered by a physician. If a child has a medication that is NOT for an allergy and is a prescribed medication(s) by a HCP but the Parent/Guardian does not want the child to receive the medication(s) during school hours, including emergency medications that are not for allergies, then a Declination for Medication Administration During School Hours form must be completed.

The Healthcare Consultant will oversee medication administration and only MAT certified staff will administer, handle, and store a child's medication.

The certified staff is responsible to give the medication according to the Day Care regulations; the Health Consultant will review each protocol. MAT handout pertaining to that medication will be kept with the medication for use as a reference.

The Process is as follows:

If a parent states their child will need medication during school hours, the Case Manager will instruct the parent(s) to call the Health Coordinator and will have the parent sign a Release of Information, if one is not signed already. The Health Coordinator will review the Medication Procedure with the parent(s) and make arrangements, with the parent, to get the Medication Administration form completed by the child's medical provider. The Case Manager and Health Coordinator will assist the parent through the process as needed.

The parent then needs to bring in the medication with the label that matches the medication administration form completed by the doctor and meet with the Health Coordinator, the child's Teacher, Teacher Assistant, and Case Manager to review and sign the following forms:

1. **Written Consent Form / Administration of Prescription Medication**
2. **Parental Consent for Medication Administration Form**
3. **Medication Log**
4. **Individual Health Care Plan / Emergency Plan of Action**

The original forms are to be kept with the medication. A copy of the written Consent Form and EPA will be kept in the child's central file under Health tab and with the Health Coordinator. The Medication Log will only be signed if the Written Consent Form/Administration of prescription Medication form match the medication label.

It is the parent's responsibility to call the Case Manager if there are any changes regarding a child's medication (route, dose, time and/or method of administration). The Case Manager needs to call the Health Coordinator immediately if the parent reports changes. If all MAT staff

that has signed is off site or absent, the parent needs to be called to administer the medication. If a child needs medication due to an emergency situation, refer to the medical emergency posting.

If a Parent requests a medication to be discontinued, the parent needs to sign the Medication Discontinuation Authorization portion of the consent form. This is not required to be signed if the medication expires or at the end of the school year.

When a medication or medication parental consent is discontinued or expired, a parent needs to come directly to the center to pick up the medication and the original medication forms will be placed in the child's file. This needs to be done within 2 weeks. If parent does not comply call the Health Coordinator. The Health Coordinator will advise staff of the next step in the process and will vary according to the site location and site needs. The parent does have the option to begin the medication process again.

Once a medication has been administered, classroom staff and the Case Manager all need to be aware that the child has received medication and the child needs to continue to be assessed once a medication has been given.

- If a child refuses to take a prescribed medication, is too ill or unable to take a medication, this needs to be documented in the "Log of Administration" by the staff person attempting to give the medication and the parent needs to be contacted.

- Staff needs to be attuned to any behavioral changes, side effects and/or toxicity that the child may experience, these would need to be documented and the parent needs to be contacted.

- If side effects related to the medication escalate to a crisis situation, refer to the Medical Emergency Plan posted in each office and classroom. Call 911 if necessary.

- If medication is to be given on an as needed (PRN) basis, the parent will be contacted each day the medication was given. Document this contact in the case notes and on the Medication Log.

- Medication Administration Form needs to be renewed on every medication every six months.

Each medication and any dispensing equipment must be kept together and labeled with the child's name and needs to be under lock and key at all times. Portable bags that lock are available.

- The original Written Consent and Log of Administration Form medication forms will be kept with medication. Copies will be kept in the child's file and another copy forwarded to the Health Coordinator.

- Additional information sheets about the medication may also be included in the labeled bag where the medication is kept.

- Medication is to be taken on all field trips, walks and trips to the playground.

It is the responsibility of the MAT trained staff/ Health Coordinator or agency designee to monitor the current status of the Medication Consent Forms and all Medication expiration dates. Parents/Guardian will be notified prior to Medication Consent expiration and or Medication Expiration. The notification is to be documented in the data base case notes.

Under unique circumstances if a child's asthma has been exacerbated around the time of a field trip, or the child is going on a field trip that may trigger their asthma (i.e.: farm) the teacher would notify the parent/guardian and encourage the parent/guardian to accompany the child.

- Medications may need to be kept in different locations due to the layout of the site or other unique circumstances of a situation; therefore, each situation will be assessed individually. The location of where the medication will be kept is to be documented on the Medication Log. The "Five Rights Sign" will be located where the medications are kept. If the location needs to be changed the new location needs to be documented and the old location should be crossed out with one line drawn through it. This is done by the Health Consultant / Health Coordinator only.

- All medications will be kept under lock and key. Refrigerators and lock boxes are available if needed specifically for the use of storing medication and may be kept in a food refrigerator in a leak proof container separated from food and inaccessible to child. The temperature of the refrigerator is checked daily if the frig contain medication. The key will always be kept with the locked bag. Staff medication will be locked where ever they lock up their personal belongings and separate from the children's medication.

- **Controlled substances** will be kept in locked medication bag as well as a locked cabinet. Only staff that has signed consent for these medications will have access.

- A medication error would need to be reported to the Health Coordinator who will notify the Health Consultant immediately. The staff that administered the medication would fill out the administration of Medication Special Incident Report and contact the parent/guardian immediately. In the absence of the Health Coordinator, another supervisor would be notified. All medication errors will be reported to the Executive Director immediately. The Office of Children and Family Services will be notified within one business day.

- A medication error is classified as a Serious Incident and the procedure for Serious Incidents must be followed (see OCFS statement "Clarification of the Terms Serious Incident, Serious Injury, Serious Condition, Communicable Disease and When to Obtain Emergency Medical Care" in this manual). The principal must immediately notify: (1) Executive Vice President and Chief of Education, (2) Operations Manager, (3) Health Manager, (4) Health Consultant, and (5) Office of Child and Family Services (OCFS). All medication errors will also be reported to the Executive Director immediately. The Office of Children and Family Services will be notified within one business day. (Refer to ***Health Care Plan, Section 17***)

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: cmurno@crystalmurnocchc.com 716-239-9500

Explain here: I will visit minimally once every year and be available by phone or email for any consultation required to update the HCP or MAT staff as well as to answer any questions in regards to child health related concerns

Health Care Consultant Review of Health Care Plan

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

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

HCP review date	HCC Signature
8 / 7 / 23	Crystal R. Murno MSN, RN
/ /	
/ /	
/ /	

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

Health Care Consultant Signature: Crystal R. Murno MSN, RN
Health Care Consultant Name *(please print)*: Crystal Murno, MSN, RN
Date: 8 / 7 / 23

Section 19: Confidentiality Statement

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

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

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

The program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in the program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, the program will assess the ability of the program to meet the needs of the child without making a fundamental alteration to the program and the child will need regular or emergency medication, the program will follow the steps required to have the program approved to administer medication.

Section 21: Licensee Statement

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

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

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

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

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

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

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

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

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

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

Day Care Program's Name *(please print)*: Holy Cross Headstart, Inc. - Maryland		License #: 39491
Authorized Signature: Katharine Robinson	Authorized Name *(please print)*: Katharine Robinson	Date: 8 / 7 / 23

The University of the State of New York
Education Department
Office of the Professions

REGISTRATION CERTIFICATE

Do not accept a copy of this certificate

License Number: 668051-01

Certificate Number: 1424329

MURNO CRYSTAL RAE
104 SHEFFIELD AVE
BUFFALO NY 14220-1942

is registered to practice in New York State through 08/31/2024 as a(n)
REGISTERED PROFESSIONAL NURSE

LICENSEE/REGISTRANT

Suzanne Sullivan

EXECUTIVE SECRETARY

INTERIM COMMISSIONER OF EDUCATION

Sarah A. Benson

DEPUTY COMMISSIONER
FOR THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.

After 44
23

Section 22: Training

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

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

☒ Orientation upon hire
☒ Staff meetings
☒ Scheduled professional development.

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

☒ Posting in program
☒ Staff meetings
☐ Other

Explain here:

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

☒ File review
☒ Staff meetings
☐ Other

Explain here:

LICENSEE INITIALS:	DATE:	HEALTH CARE CONSULTANT (HCC) INITIALS *(if applicable)*:	DATE:
KR	8 / 7 / 23	CM	8 / 7 / 23

Appendix A:

Instructions for Doing a Daily Health Check

A daily health check occurs when the child arrives at the program and whenever a change in the child's behavior and/or appearance is noted. The child must be awake so an accurate assessment can be done. Check the following while at the child's level so you can interact with the child when talking with the parent:

1. Child's behavior: is it typical or atypical for time of day and circumstances?
2. Child's appearance:
   - Skin: pale, flushed, rash *(Feel the child's skin by touching affectionately.)*
   - Eyes, nose, and mouth: note color; are they dry or is there discharge? Is child rubbing eye, nose, or mouth?
   - Hair *(In a lice outbreak, look for nits within ¼" of the scalp.)*
   - Breathing: normal or different; cough
3. Check with the parent:
   - How did the child seem to feel or act at home?
   - Sleeping normally?
   - Eating/drinking normally? When was the last time child ate or drank?
   - Any unusual events?
   - Bowels and urine normal? When was the last time child used toilet or was changed?
   - Has the child received any medication or treatment?
4. Any evidence of illness or injury since the child was last participating in child care?
5. Any indications of suspected child abuse or maltreatment?

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

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

Appendix B:

Hand Washing

Staff and volunteers must thoroughly wash their hands with soap and running water:

- At the beginning of each day.
- Before and after the administration of medications.
- When they are dirty.
- After toileting or assisting children with toileting.
- After changing a diaper.
- Before and after food handling or eating.
- After handling pets or other animals.
- After contact with any bodily secretion or fluid.
- After coming in from outdoors.

Staff and volunteers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water:

- When they are dirty.
- After toileting.
- Before and after food handling or eating.
- After handling pets or other animals.
- After contact with any bodily secretion or fluid.
- After coming in from outdoors.

All staff, volunteers and children will wash their hands using the following steps:

1) Moisten hands with water and apply liquid soap.
2) Rub hands with soap and water for at least 30 seconds – remember to include between fingers, under and around fingernails, backs of hands, and scrub any jewelry.
3) Rinse hands well under running water with fingers down so water flows from wrist to fingertips.
4) Leave the water running.
5) Dry hands with a disposable paper towel or approved drying device.
6) Use a towel to turn off the faucet and, if inside a toilet room with a closed door, use the towel to open the door.
7) Discard the towel in an appropriate receptacle.
8) Apply hand lotion, if needed.

When soap and running water is not available and hands are visibly soiled, individual wipes may be used in combination with hand sanitizer. The use of hand sanitizers on children under the age of 2-years is prohibited.

Appendix C:

Diapering

Diapering will be done only in the selected diapering area. Food handling is not permitted in diapering areas.

Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices. All containers of skin creams and cleaning items are labeled appropriately and stored off the diapering surface and out of reach of children.

Diapers will be changed using the following steps:

1) Collect all supplies but keep everything off the diapering surface except the items you will use during the diapering process. Prepare a sheet of non-absorbent paper that will cover the diaper changing surface from the child's chest to the child's feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves, and a plastic bag for any soiled clothes.
2) Wash hands and put on gloves. Avoid contact with soiled items. Items that come in contact with items soiled with stool or urine will have to be cleaned and sanitized. Carry the baby to the changing table, keeping soiled clothing from touching the staff member's or volunteer's clothing. Bag soiled clothes and, later, securely tie the plastic bag to send the clothes home.
3) Unfasten the diaper but leave the soiled diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and later report any skin problems.
4) Remove the soiled diaper. Fold the diaper over and secure it with the tabs. Put it into a lined, covered, or lidded can and then into an outdoor receptacle or one out of reach of children. If reusable diapers are being used, put the diaper into the plastic-lined covered or lidded can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper.
5) Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, then fold the disposable paper over on itself from the end under the child's feet so that a clean paper surface is now under the child.
6) Remove your gloves and put them directly into the covered or lidded can.
7) Slide a clean diaper under the baby. If skin products are used, put on gloves, and apply product. Dispose of gloves properly. Fasten the diaper.
8) Dress the baby before removing him/her from the diapering surface.
9) Clean the baby's hands, using soap and water at a sink if you can. If the child is too heavy to hold for hand washing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child's hands. Take the child back to the child care area.
10) Clean and disinfect the diapering area:
    - Dispose of the table liner into the covered or lidded can.
    - Clean any visible soil from the changing table.
    - Spray or wipe the table so the entire surface is wet with an Environmental Protection Agency (EPA)-registered product, following label directions for disinfecting diapering surfaces.
    - Leave the product on the surface for time required on the label, then wipe the surface or allow it to air dry.
11) Wash hands thoroughly.

Appendix D:

Safety Precautions Related to Blood

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

These are:

a) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood or blood-contaminated body fluids.

b) Staff are to be careful not to get any of the blood or blood-contaminated body fluids in their eyes, nose, mouth, or any open sores.

c) Clean and disinfect any surfaces, such as countertops and floors, onto which blood has been spilled.

d) Discard blood-contaminated material and gloves in a plastic bag that has been securely sealed. Clothes contaminated with blood must be returned to the parent at the end of the day.

e) Wash hands using the proper hand washing procedures.

In an emergency, a child's well-being takes priority. A bleeding child will not be denied care even if gloves are not immediately available.

Appendix E:

Cleaning, Sanitizing and Disinfecting

Equipment, toys, and objects used or touched by children will be cleaned and sanitized or disinfected, as follows:

1. Equipment that is frequently used or touched by children daily must be cleaned and then sanitized or disinfected, using an EPA-registered product, when soiled and at least once weekly.
2. Carpets contaminated with blood or bodily fluids must be spot cleaned.
3. Diapering surfaces must be disinfected after each use, with an EPA-registered product following labels direction for disinfecting diapering surfaces.
4. Countertops, tables, and food preparation surfaces *(including cutting boards)* must be cleaned and sanitized before and after food preparation and eating.
5. Potty chairs must be emptied and rinsed *after each use* and cleaned and then sanitized or disinfected *daily* with a disinfectant with an EPA-registered product following label direction for that purpose. If more than one child in the program uses the potty chair, the chair must be emptied, rinsed, cleaned, and sanitized or disinfected with an EPA-registered product *after each use*. Potty chairs must not be washed out in a hand washing sink, unless that sink is cleaned, then disinfected after such use.
6. Toilet facilities must always be kept clean, and must be supplied with toilet paper, soap and towels accessible to the children.
7. All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and then sanitized or disinfected, using an EPA-registered product following labels direction for that purpose, as needed to protect the health of children.
8. Thermometers and toys mouthed by children must be washed and disinfected using an EPA-registered product following labels direction for that purpose before use by another child.

Sanitizing and Disinfecting Solutions

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

Read the Label

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

Use Common Household Measurements

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

SPRAY BLEACH SOLUTION #1 (for food contact surfaces)

Staff will use the following procedures for cleaning and sanitizing nonporous hard surfaces such as tables, countertops, and highchair trays:

1. Wash the surface with soap and water.
2. Rinse until clear.
3. Spray the surface with a solution of ½ **teaspoon of bleach to 1 quart of water** until it glistens.
4. Let sit for two minutes.
5. Wipe with a paper towel or let air-dry.

SPRAY BLEACH SOLUTION #2 (for diapering surfaces or surfaces that have been contaminated by blood or bodily fluids)

Staff will use the following procedures for cleaning and disinfecting diapering surfaces or surfaces that have been contaminated by blood or bodily fluids:

1. Put on gloves.
2. Wash the surface with soap and water.
3. Rinse in running water until the water runs clear.
4. Spray the surface with a solution of **1 tablespoon of bleach to 1 quart of water** until it glistens.
5. Let sit for two minutes.
6. Wipe with a paper towel or let air-dry.
7. Dispose of contaminated cleaning supplies in a plastic bag and secure.
8. Remove gloves and dispose of them in a plastic-lined receptacle.
9. Wash hands thoroughly with soap under running water.

SOAKING BLEACH SOLUTION (for sanitizing toys that have been mouthed)

Staff will use the following procedure to clean and sanitize toys that have been mouthed by children:

1. Wash the toys in warm soapy water, using a scrub brush to clean crevices and hard-to-reach places.
2. Rinse in running water until water runs clear.
3. Place toys in soaking solution of **1 teaspoon of bleach to 1 gallon of water**.
4. Soak for five minutes.
5. Rinse with cool water.
6. Let toys air-dry.

When sanitizing or disinfecting equipment, toys and solid surfaces, the program will use **(check all that apply; at least one MUST be selected):**

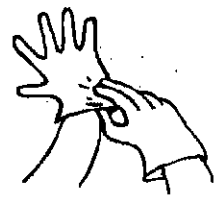
☒ EPA-registered product approved for sanitizing and disinfecting, following manufacturer instructions for mixing and application

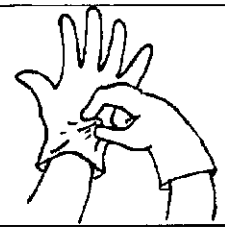
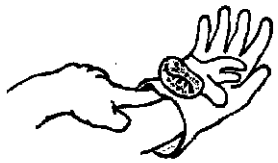
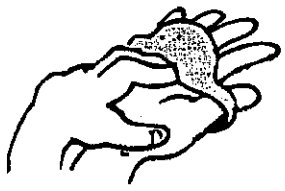
☒ Bleach solution made fresh each day

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

Appendix F:

Gloving

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

REMOVAL and DISPOSAL	
1. Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only.	
2. Ball up the first glove in the palm of the other gloved hand.	
3. Use the non-gloved hand to strip the other glove off. Insert a finger underneath the glove at the wrist and push the glove up and over the glove in the palm. The inside surface of your glove and your ungloved hand are considered clean. Be careful to touch clean surfaces to clean surfaces only. *Do not touch the outside of the glove with your ungloved hand.*	
4. Drop the dirty gloves into a plastic-lined trash receptacle.	
5. Wash hands.	

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

Appendix G:

Medical Emergency

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

CCFS Number: 39491DCC

Appendix I: Revisions

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

DATE OF REVISION	PAGE(S)	HCC INITIALS
8 / 7 / 23	Review and approve HCP	CM
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

Appendix I

Appendix J:

Administration of Non-Patient-Specific Epinephrine Auto-injector device

☐ The program will purchase, acquire, possess, and use non-patient-specific epinephrine auto-injector devices for emergency treatment of a person appearing to experience anaphylactic symptoms.

The program agrees to the following:

- The program will designate one or more employee(s) or caregiver(s) who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the non-patient-specific epinephrine auto-injector devices acquired by the program. The designated employee(s) or caregiver(s) may not use a non-patient-specific epinephrine auto-injector device on behalf of the program until he or she has successfully completed a training course in the use of epinephrine auto-injector devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity, or individual approved by DOH, or is directed in a specific instance to use an epinephrine auto-injector device by a health care practitioner who is authorized to administer drugs and who is acting within the scope of his or her practice. The required training must include: (i) how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; (ii) recommended dosage for adults and children; (iii) standards and procedures for the storage and administration of epinephrine auto-injector devices; and (iv) emergency follow-up procedures.
- Verification that each designated employee or caregiver has successfully completed the required training will be kept on-site and available to OCFS or its representatives.
- Each designated employee or caregiver will be recorded on ***Appendix H*** and updated as needed.
- The program will obtain a non-patient-specific prescription for an epinephrine auto-injector device from a health care practitioner or pharmacist who is authorized to prescribe an epinephrine auto-injector device.
- The program will obtain the following epinephrine auto-injector devices (check all that apply):
  - ☐ Infants and Toddlers (generally up to age 3) = 0.1mg dose (16.5lbs to 33lbs)
  - ☐ Child (generally ages 3yrs - 8yrs) = 0.15mg dose (33lbs to 66lbs)
  - ☐ Older Child/Adult (generally persons over 8yrs of age) = 0.30mg dose (over 66lbs)
- For children weighing less than 16.5 lbs., the program will **NOT** administer epinephrine auto-injector and will call 911.
- The program will check the expiration dates of the epinephrine auto-injector devices and dispose of units before each expires. How often will the program check the expiration date of these units?
  - ☐ Every three-months
  - ☐ Every six-months
  - ☐ Other:

- Specify name and title of staff responsible for inspection of units:
- The program will dispose of expired epinephrine auto-injectors at:
  - ☐ A licensed pharmacy, health care facility or a health care practitioner's office.
  - ☐ Other:
- The program understands that it must store the epinephrine auto-injector device in accordance with all the following:
  - In its protective plastic carrying tube in which it was supplied (original container)
  - In a place that is easily accessed in an emergency
  - In a place inaccessible to children
  - At room temperature between 68° and 77° degrees
  - Out of direct sunlight
  - In a clean area
  - Store separately from child-specific medication
- Specify location where devices will be kept:
- Stock medication labels must have the following information on the label or in the package insert:
  - Name of the medication
  - Reasons for use
  - Directions for use, including route of administration
  - Dosage instructions
  - Possible side effects and/or adverse reactions, warnings, or conditions under which it is inadvisable to administer the medication, and expiration date
- The program will call 911 immediately and request an ambulance after the designated employee or caregiver administers the epinephrine auto-injector device.
- A *Log of Medication Administration,* ***OCFS-LDSS-7004*** will be completed after the administration of the epinephrine auto-injector device to any day care child.
- If an epinephrine auto-injector device is administered to a child experiencing anaphylaxis, the program will report the incident immediately to the parent of the child and OCFS (Regional or Borough office). The following information should be reported:
  - Name of the epinephrine auto-injector device
  - Location of the incident
  - Date and time epinephrine auto-injector device was administered
  - Name, age, and gender of the child (to OCFS only)
  - Number and dose of the epinephrine auto-injector administered
  - Name of ambulance service transporting child
  - Name of the hospital to which child was transported

Program Name: _____

Facility ID Number: _____

Director or Provider Name (Print): _____

Director or Provider Signature: _____

Date: __/__/_____

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

Appendix J

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Holy Cross Head Start's Mitigation Pandemic Plan & Procedures updated 9/18/2023

***These procedures were written with consideration of evidence based policies and recommendations from CDC, ECDOH, OCFS, Holy Cross Head Start HSAC and Holy Cross Head Start Health Consultant

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Table of Contents

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Procedure for Staff Reporting to Work

- Masks are no longer required to be worn at this time, but will be available if staff request them.
- Staff are encouraged to wash their hands with soap and water upon entering their classroom. Staff are responsible to monitor themselves for any communicable disease symptoms. If staff display any symptoms, please alert your supervisor immediately.
- Hand washing must be done before and after meals, after using restroom, whenever they are soiled, after returning to classroom from either outside or the gym.
- Cleaning checklist for the classroom will take place at the end of every day. There will be a copy of the checklist posted for staff to reference .
- classroom staff will be responsible for sanitizing common areas as needed and at the end of each day. (bathrooms, playground, gym equipment)
- Staff covid vaccination status will be tracked for knowledge for quarantine and isolation purposes if there was a positive case/ exposure.

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

What the teachers should expect during drop off times/how to manage

- Parent and child will put child's backpack in child's cubby. Parents with their child will wait in the hallway outside of their classroom following social distancing whenever possible.
- Parents will be encouraged to sanitize their hands and then sign the child in on the attendance sheet.
- Parents are encouraged to remain in the hallway and not enter the classroom unless absolutely necessary.
- Teacher will take child's temperature-if child's temperature is 100 degrees or higher the child will not be permitted to enter the classroom and the parent and child will leave the building and are instructed to contact their health care provider for assessment and testing. The teaching staff must document what symptoms the child is exhibiting on the back of the attendance form and must be entered into a data base case note. Notify the Center Director and Case Manager.
- The teacher will then take the child into the classroom and ask the child to wash their hands.

Pick up time

- Parents will wait in the hallway outside of their classroom following social distancing whenever possible
- Parents will be encouraged to sanitize their hands and then sign the child out on the attendance sheet.
- The teaching staff will bring the child to the parent in the hallway.
- Parents are encouraged to remain in the hallway and not enter the classroom unless absolutely necessary.

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

When dropping off your child at school please do the following:

- Parent and child will put child's backpack in child's cubby. Parents are encouraged to wait with their child outside the classroom following social distances whenever possible.
- When it is their turn, the parent will be encouraged to sanitize their hands and then sign in on the attendance sheet.
- Teacher will take child's temperature-if child's temperature is 100 degrees or higher the child is then not permitted to enter the classroom and the parent and child must leave the building and are instructed to contact their health care provider for assessment and testing.
- The teacher will then take the child into the classroom and ask the child to wash their hands. Parents are encouraged to remain in the hallway and not enter the classroom unless absolutely necessary.

When picking your child up from school please do the following:

- Parents will wait in the hallway outside of their child's classroom and following social distancing whenever possible.
- When it is their turn, the parent will be encouraged to sanitize their hands and then sign the child out on the attendance sheet.
- The teaching staff will bring the child to the parent in the hallway.
- Parents are encouraged to remain in the hallway and not enter the classroom unless absolutely necessary.

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Procedure for Meal Time

- The tables must be washed and sanitized before meals.
- The kitchen staff will deliver food to the classrooms. ·Box of disposable gloves for food serving only will be and will remain on the classroom cart for use if needed.
- The teachers will follow family style meal service with the children.
- Teachers and children will set the tables for meals.
- Teachers will demonstrate the portion size that a child should put on their plate.
- Food is passed in small containers for children to serve their own plates.
- The children and teaching staff must wash their hands before coming to the table for the meals.
- The children will clean up after themselves.
- The tables must be washed and sanitized after meals.

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Procedure for using children bathrooms

- Bleach bottles must be filled every morning and brought back to the kitchen at the end of every day.
- It is encouraged that only one classroom uses the bathroom at a time.
- Toilets must be disinfected between each use.
- Once every child in a given classroom has used the bathroom, clean the area as needed with the bleach bottle solution.
- At the end of the day, clean the bathroom by following the bathroom cleaning reminders list.

Procedure for Bathroom cleaning reminder list

- A copy for reference will be hung in bathroom and followed daily.

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Nap Time Procedure

- Teaching staff/children must place their mats blue side up.
- Children should rest head to toe when possible.
- Children can bring their own blankets from home. Children should carry their own blanket to and from the rest mat.
- After rest time, the teaching staff will sanitize the rest mat daily. The mat is then folded red side out and placed back in its appropriate spot.
- Children's blankets will be sent home periodically for cleaning.

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

updated 4/18/23

Procedure for Sick Children

***All Mitigation procedures are subject to change due to the ever evolving COVID circumstances and recommendations from Erie County Department of Health. ***

Daily Health checks will be completed before the child enters a classroom. If a child or parent has a temperature of 100 degrees or more, they are sent home with instructions to contact their doctor. The teaching staff must document what symptoms the child is exhibiting on the back of the attendance form and must be entered into a data base case note. Notify your Case Manager and Center Director. The Center Director will contact Chris Tedesco if necessary. Chris will contact the Health Department for further instructions if needed. The child can return to school when they are symptom free and 24 hours fever free without the use of fever reducing medications. Follow the "returning to School after illness" list A doctor's note/ Health Department Quarantine form may be required to return to school depending on the diagnosis.

If a child begins to develop symptoms during the school day, the parent or guardian will be notified to pick up the child from school with instructions to contact their doctor. The child will be removed from the classroom and will be isolated in a designated location. The teaching staff must document what symptoms the child is exhibiting in a data base case note. Notify your Case Manager and Center Director. The Center Director will contact Chris Tedesco if needed. Chris will contact the Health Department for further instructions if needed. The child can return to school when they are symptom free and 24 hours fever free without the use of fever reducing medications. A doctor's note/ Health Department quarantine form may be required to return to school depending on the diagnosis. The classroom staff are required to clean and disinfect the areas and items used by the sick person.

For positive COVID-19 results the child needs to be symptom free and 24 hours have passed since recovery defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms and at least 10 days have passed since symptoms first appeared. The teaching staff will notify their CD, who will contact Chris Tedesco. Chris will contact the Health Department for further instructions if needed. A doctor's note/ Health Department quarantine form will be required to return to school. All staff and children in the positive child/staff's classroom will need to monitor themselves for symptoms and wear a mask for 10 days. If remain symptom free no further action will be required.

For positive COVID-19 result in a household member living with enrolled child, the child must be monitored for symptoms for 10 days. The teaching staff will notify their CD, who will contact Chris Tedesco. Chris will contact the Health Department for further instructions if needed. The child can remain at school if they are symptom free and will be encouraged to wear a mask for

Updated 9/18/23

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

10 days. If child becomes Covid positive they will be excluded from the classroom and then we will follow above mentioned procedure. A doctor's note/Health Department quarantine form will be required to return to school.

For any COVID related questions or issues involving parents or children, please contact Chris Tedesco for guidance. She will then notify the Health Department if needed.

Please note that any child who is on quarantine/isolation cannot come into any building to drop off their doctor note. They must send the doctor's note electronically either through email ctedesco@holycrossheadstart.org, fax (716-875-1567) or text (716-984-7177) to Chris prior to returning to school.

pages

updated 9/18/23

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

COVID Mitigation Procedures for Holy Cross Head Start Employees

All procedures are subject to change due to the ever evolving COVID circumstances and recommendations from Erie County Department of Health.

If an employee calls into work stating that they have COVID-19/communicable disease symptoms they will be told to stay home. Their Center Director will be notified who will then tell Chris Tedesco. Chris will notify the Health Department for further instructions if needed.

If an employee develops COVID-19 symptoms /communicable disease at work, they will be sent home. The employee will notify their Center Director who will then notify Chris Tedesco if needed. Chris will call the Health Department for further instructions if needed.

If an unvaccinated employee is exposed to a COVID-19 positive person and is ***not*** exhibiting symptoms, they must wear a tight fitting mask and monitor themselves for symptoms for 10 days. The Center Director must be notified who will then notify Chris Tedesco to contact the Health Department for further instructions if needed.

If an unvaccinated employee is exposed to a COVID-19 positive person and ***is*** exhibiting symptoms, the employee must quarantine and take a COVID-19 test immediately. The employee can return to work with a doctor's note when the quarantine period has been completed or the Health Department Quarantine form and are symptom free for 24 hours. The Center Director must be notified who will then notify Chris Tedesco to contact the Health Department for further instructions if needed.

If a vaccinated and boosted employee is exposed to a COVID-19 positive person and they ***are not*** exhibiting symptoms, they must inform their Center Director and Chris Tedesco and monitor themselves for symptoms. No quarantine or COVID-19 test required.

If a vaccinated and boosted employee is exposed to a COVID-19 positive person and they ***are*** exhibiting symptoms, they must quarantine and take a COVID-19 test immediately. The employee can return to work when symptom free for 24 hours, quarantine period is complete and with a doctor's note/Health Department Quarantine form.

updated 4/18/23

They can remain at work as long as they are symptom free and wear a tight fitting mask for 10 days.

If a vaccinated but not boosted employee is exposed to a COVID-19 positive person and they ***are*** exhibiting symptoms, they must quarantine and take a COVID-19 test immediately. The employee can return to work when symptom free for 24 hours, quarantine period is complete and with a doctor's note/ Health Department Quarantine form.

If any employee tests positive for Covid-19, they will be required to have a doctor's note/ Health Department Isolation form to return once they have completed their isolation period and must be symptom free of at least 24 hours. Other staff /children in the classroom/office will need to monitor themselves for symptoms and wear a tight fitting mask for 10 dyas.

For any COVID related questions or issues involving staff, parents or children, please contact Chris Tedesco for guidance. She will then notify the Health Department and Angela if necessary. Please note that any staff member who is on quarantine/ isolation cannot come into any building to drop off their doctor note. They must send the doctor's note electronically either through email ctedesco@holycrossheadstart.org, fax (716-875-1567) or text (716-984-7177) to Chris prior to returning to work.

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Ventilation Mitigation Covid 19 Procedure

- Teaching staff will open the classroom windows to air out the classrooms before the children arrive or after they leave on a daily basis whenever possible.
- Children will have out door time whenever possible to encourage open air ventilation.
- Classrooms with air conditioners will have the filters cleaned on a regular basis.
- For those classrooms with air purifiers, the air purifiers will be run at minimum during nap time and as much as possible if there is a communicable disease outbreak in the classroom.

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Tooth brushing procedure

Performance Standard 1302.43

Staff must promote effective dental hygiene among children in conjunction with meals.

1. Case Manager or Teachers will demonstrate proper tooth brushing techniques with the children in the classroom. Children with disabilities will be supported with any needed adaptions.
2. Teachers will label the soft- bristled toothbrushes with children's names. Each child will also receive a toothbrush to be sent home.
3. Toothbrushes will be replaced every 3 to 4 months or after illness.
4. Tooth brushing will be done as a group activity with everyone sitting at the table after breakfast.
5. Children will get a small clean paper cup, a paper towel and their individual labeled tooth brush.
6. A pea size amount of toothpaste will be placed on the inside rim of the cup by the adult.
7. Children will use their toothbrush to pick up the toothpaste.
8. The class will brush their teeth together for two minutes using a two-minute timer or adults can sing a tooth brushing song for two minutes. Remind the children to brush all their teeth, sides and tongue.
9. Adults should brush their teeth with the children to set an example and to reinforce the importance of good oral hygiene. When two minutes are up, have the children spit any extra toothpaste into their cups, wipe their mouths and throw the cups and paper towels away. Do not allow the children to play with their toothbrushes.
10. The children will not rinse. The fluoride is best kept on the teeth.
11. An adult will be at the sink to assist with rinsing the toothbrushes out insuring that no two tooth brushes touch. If the adult touches the bristles of the child's toothbrush, they will change their gloves.
12. Toothbrushes are stores in a toothbrush holder so they stay clean and open to circulating air, and so bristles do not touch any surface or any other toothbrushes.
13. Sanitize sink after brushing/rinsing the tooth brushes.
14. Toothbrushes **cannot be stored in the bathroom.**

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Visitors/Staff Sign-in Sheet

Please Print

Date	Name	Time In	Company	Phone #	Rm. #	Time Out

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Staffroom Cleaning Reminders

Be sure to clean/sanitize the following areas at the end of every day or when they are soiled.

Sinks/faucets

Door handles

Telephone

Refrigerators

Microwave

Tables

Chairs

Light switches

Food carts

Coffee maker

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Classroom Cleaning Reminders

Be sure to clean/sanitize the following areas at the end of every day or when they are soiled.

Sinks/faucets

Door handles

Telephone

Sanitizer pump

Toys

Tables

Chairs

Light switches

Computer station

Furniture

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Bathroom Cleaning Reminders

Be sure to clean/sanitize the following areas at the end of every day or when they are soiled.

Sinks/faucets

Stall door handles

Toilet paper dispensers

Soap dispensers

Paper towel dispensers

Garbage cans

Light switches

Doorknobs

Toilets * must be disinfected between each use

Holy Cross Head Start, Inc.
150 Maryland Street
Buffalo, NY 14201
Telephone 716-852-8373 Fax 716-854-7046

Kitchen Cleaning Reminders

Be sure to clean/sanitize the following areas at the end of every day or when they are soiled.

Sinks/faucets

Door handles

Telephone

Refrigerators

Freezers

Tables

Chairs

Light switches

Food carts

Stove/stove knobs

Computer