



George E. Pataki
Governor

NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
52 WASHINGTON STREET
RENSSELAER, NY 12144

John A. Johnson
Commissioner

Administrative Directive

Transmittal:	05-OCFS-ADM-01
To:	Local District Commissioners
Issuing Division/Office:	Division of Development and Prevention Services
Date:	January 12, 2005
Subject:	Administration of Medication by Legally-Exempt Child Care Providers: Revised Health and Safety Requirements for Legally-Exempt Family, In-Home and Group Child Care
Suggested Distribution:	Directors of Temporary Assistance and Services; Low Income Child Care Staff; Temporary Assistance Staff
Contact Person(s):	Ann Haller, phone (518) 408-0759, E-mail: Ann.Haller@dfa.state.ny.us
Attachments:	<ul style="list-style-type: none"> A. Model Letter to Parent/Caretaker: Administration of Medication by Legally-Exempt Provider B. OCFS/LDSS-7007, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care C. LDSS-4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (revised 11/04) D. LDSS-4700, Enrollment Form for Provider of Legally-Exempt Group Child Care (revised 11/04) E. OCFS/LDSS-7000, Health Care Plan for the Administration of Medication for Legally-Exempt Provider F. OCFS/LDSS-7001, Instructions for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider G. Model Letter to Legally-Exempt Child Care Provider H. OCFS/LDSS-7008, Provider Handout-Administration of Medication by Legally-Exempt Child Care Provider I. Guidelines for Review of Enrollment Forms for Provider of Legally-Exempt Child Care: Administration Of Medication J. Medication Administration Training Grant Application K. OCFS/LDSS-7002, Written Medication Consent Form L. OCFS/LDSS-7003, Verbal Medication Consent Form and Log of Administration M. OCFS/LDSS-7004, Log of Administration N. OCFS/LDSS-7005, Medication Error Report Form O. OCFS/LDSS-7006, Individual Health Care Plan for a Child with Special Health Care Needs
Attachments Available On – Line:	Yes

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 OCFS LCM 11		415.4 (f)(7)(iv)(z); 418-1.11; 413.2	Chapter 253 of the Law of 2003; Chapter 20 of the Laws of 2004; Education Law: Title 8, Article 139, Section 6908		

I. Purpose

The purpose of this Administrative Directive (ADM) is to inform social services districts of changes in child care policy due to the proposed administration of medication regulations that will become effective on January 31, 2005. Changes to the regulations were made based on Chapter 253 of the Laws of 2003 as amended by Chapter 20 of the Laws of 2004. In collaboration with several of the local districts, the Office of Children and Family Services (OCFS) developed a method and tools to incorporate the new regulations into the process for enrolling legally-exempt child care providers. Local districts may view the applicable regulations at the OCFS' intranet site, using the following link: http://www.ocfs.state.ny.us/main/beccs/med_regs.asp.

II. Background

Under the Nurse Practice Act of 1972, which regulates the profession of nursing in New York State (NYS), the administration of medication is considered part of the practice of nursing. As a general rule, only a nurse or other medical professional may administer medication. There are some exemptions to this requirement which are set forth in NYS Educational Law, Title 8, Article 139, section 6908, which allow for the care of the sick, disabled or injured to be provided by individuals who are not licensed to administer medication but are exempted based on their relationship to the child, family or household. These exempted individuals include:

- A parent, step-parent, legal guardian, legal custodian;
- A member of the child's household;
- A "person employed primarily in a domestic capacity," such as a child care provider employed by the parent to provide child care in the child's home;
- A person who is related to the parent or step-parent of the child within the 3rd degree of consanguinity.

In that the State Education regulations regarding these exempt categories do not define age as a factor, we are also silent on the matter of age for those who are included in one of these exempt categories. It remains the responsibility of the parent/caretaker to make appropriate judgments regarding the competency of the chosen caregiver in regards to all aspects of child care provision.

Recent changes in OCFS regulation have provided a legal mechanism for the administration of medication, other than topical ointment, sunscreen, and topically applied insect repellent, to children in legally-exempt child care. Effective January 31, 2005, legally-exempt child care providers who meet the training, certification and authorization requirements of OCFS and who are in compliance with all regulations concerning the administration of medication may legally administer medication to subsidized children in their care. These recently promulgated OCFS regulations, found in Title 18 of the New York Code of Rules and Regulations (NYCRR), Parts 413 through 418, provide clarity regarding the circumstances under which regulated child care providers may administer medication and define the parameters under which legally-exempt child care providers may administer medications beyond topical ointments, sunscreen and topically applied insect repellent. The sections pertaining to the administration

of medication in the legally-exempt setting are: 415.4(f)(7)(iv)(z), 418-1.11, and 413.2(q), (ak), (al) and (am). This ADM addresses the impact of these regulations on legally-exempt child care providers.

Under the revised OCFS regulations, legally-exempt child care providers who are *certified* in medication administration training, cardio-pulmonary resuscitation and first aid; and *authorized* by OCFS under a health care plan approved by a qualified health care consultant may administer medication when such providers are:

- Operating in compliance with NYS regulations;
- Authorized by the child's parent, step-parent, legal guardian, or legal custodian to administer medication;
- Following appropriate instructions for administration of the medication; and
- Administering medication to a subsidized child.

To receive OCFS authorization to administer medication, a child care provider must be at least 18 years of age and literate in the language in which the parental/caretaker's permissions and health care provider's instructions will be given.

Any child care provider who is not authorized under NYS Law, or included under an exemption stated in NYS Law, may not administer medication other than over-the-counter topical ointments, sunscreen, and topically applied insect repellent. Examples of medication such providers may not administer include, but are not limited to: Tylenol®; Ritalin®; ear, eye or nose drops; insulin; and antibiotics. If a child care provider does not meet the OCFS requirements prior to January 31, 2005, that provider may still become authorized to administer medication, at any time after that date, upon meeting the requirements.

A. Program Implications

As part of the local district implementation plan, local districts must:

- Have procedures in place by January 31, 2005, to review and approve the revised legally-exempt enrollment forms according to the guidelines issued by OCFS;
- Notify all current recipients of child care assistance who have a child in legally-exempt care of the upcoming changes as soon as possible by sending them the model parent/caretaker letter and mandatory attachments, including the administration of medication section of the enrollment form for completion;
- Review the completed Administration of Medication section of the enrollment form and any accompanying documentation on or before January 31, 2005, for all current recipients of child care assistance who have a child in legally-exempt care and whose legally-exempt providers will be administering medication on or after January 31, 2005;
- Begin using the revised enrollment forms, which address the administration of medication, for all new legally-exempt enrollees, on or before January 31, 2005;
- Require completion of the revised enrollment form at the next case action or six-month recertification, whichever is sooner, for all legally-exempt providers who are not included above; and
- For new enrollees, include the model parent/caretaker letter or a local equivalent in all enrollment packets; and include the Health Care Plan for the Administration of Medication for Legally-Exempt Provider, its instructions, and other forms for the administration of medication as attachments to the enrollment packet when the provider intends to administer medication under OCFS authorization.

III. Required Action

A. Notification

Social services districts must notify current recipients of child care assistance of the upcoming changes as soon as possible. OCFS has prepared a Model Letter to Parent/Caretaker, Attachment A, to assist parents/caretakers in preparing for the regulatory changes. The local district should adapt the model letter to include the name and phone number of the local contacts, including the applicable Child Care Resource and Referral (CCRR) agency. A complete listing of CCRRs statewide is available through the OCFS intranet and Internet. It can be reached through the following link:

<http://www.ocfs.state.ny.us/main/beccs/referralagencys.asp>.

As an alternative, the local district may prepare its own letter. In this event, the content of the district's letter to the parent/caretaker must include the bulleted information and enclosures listed below:

- ❖ Since 1972, NYS law has restricted the right to administer medication other than over-the-counter topical ointment, sunscreen and topically applied insect repellent to specific authorized medical professionals. An exemption to this law permits some individuals to administer medication to the sick, disabled or injured. For example, parents/caretakers can administer medication to their children. Members of the child's household, in-home caregivers and relatives within the 3rd degree of consanguinity to the parent are permitted to administer medication to children in their care.
- ❖ Recent statutory amendments have created the possibility for legally-exempt child care providers to become qualified to legally administer medication other than over-the-counter topical ointment, sunscreen and topically applied insect repellent to subsidized children in their care. As of January 31, 2005, legally-exempt providers who successfully complete the required training and authorization process through OCFS will be permitted to administer medication to children in subsidized care. The enclosed handout, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care, explains the process a provider must complete to become authorized. Please share this handout with your child care provider.
- ❖ A legally-exempt child care provider who is *not* legally permitted to administer medication may only administer over-the-counter topical ointments, sunscreen and topically applied insect repellent. A legally-exempt provider is *legally permitted* to administer medication, other than over-the-counter topical ointments, sunscreen and topically applied insect repellent, *if* the provider is one of the exempt persons described above *or* if the provider has been authorized through OCFS to administer medication to children in a legally-exempt child care setting.
- ❖ **By January 31, 2005, all legally-exempt child care providers who will administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to subsidized children must establish their qualifications by completing and submitting to the local district the new Administration of Medication Section of the enrollment form, either LDSS-4699, Section IV, or LDSS-4700, Section V, as appropriate, and any required documentation indicated on the form.** The Administration of Medication Section of the enrollment form is included as an enclosure with this letter.
- ❖ As of January 31, 2005, a child care subsidy must not be issued for any child care provided by a provider who administers medication beyond his or her legal authority to do so.

The district must include the following two enclosures with the Parent/Caretaker Letter:

- ❖ The handout, OCFS/LDSS-7007, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care, Attachment B. It is recommended that the local district modify this to include specific resource numbers for the local CCRR, the local Chapter of the American Red Cross and/or other relevant resource.
- ❖ The appropriate revised enrollment form, LDSS-4699 or LDSS-4700, Attachments C and D, OR the new Administration of Medication Section of the appropriate enrollment form.

OCFS recommends that districts encourage parents/caretakers to evaluate how these changes will impact their particular situations before the actual implementation date of these regulations. Recipients of child care assistance should discuss the upcoming changes with their providers. The parent/caretaker letter and Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care will help parents/caretakers to do both of these tasks. Some parents/caretakers will find that their legally-exempt child care providers are not qualified to legally meet the medication needs of their child. Providers may choose to become authorized to administer medications by completing the OCFS requirements, or they may choose not to administer medications beyond topical ointments, sunscreen and topically applied insect repellent. Parents/caretakers must evaluate the medication needs of their child, reevaluate the qualifications of their child care provider to legally meet those needs, and devise a plan to make sure that the medication needs of their child are met.

Parents/caretakers whose legally-exempt providers will administer medication other than topical ointments, sunscreen and topically applied insect repellent to their child after January 31, 2005, must complete the Administration of Medication section of the enrollment form with their provider and submit it to their local district for review.

Providers who are not legally permitted to administer medications other than over-the-counter topical ointments, sunscreen and topically applied insect repellent and who choose to become authorized to administer medication, should allow themselves sufficient time to complete the process prior to January 31, 2005. CCRRs are available to assist parents/caretakers and providers with information and assistance in completing these requirements. To obtain OCFS authorization to administer medications, providers must complete the required training in three areas, obtained a health care consultant and have a complete, approved OCFS/LDSS-7000, Health Care Plan for the Administration of Medication for Legally-Exempt Provider, Attachment E. Detailed instructions are available to assist providers in the completion of the plan (see Attachment F). The provider must submit a copy of the approval page of the Health Care Plan for the Administration of Medication for Legally-Exempt Provider to the district along with the revised enrollment form which shows the provider will be administering medication.

Local districts may opt to inform enrolled child care providers of the regulatory changes that affect provider eligibility. Districts that choose to notify providers directly may use the attached Model Letter to Legally-Exempt Child Care Provider, Attachment G, modified to include local contact numbers for their CCRR and child care worker. The following two handouts provide additional information to assist providers in understanding the changes, and may accompany a letter to child care providers:

- OCFS/LDSS-7007, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care, Attachment B.
- OCFS/LDSS-7008, Provider Handout-Administration of Medication by Legally-Exempt Child Care Provider, Attachment H.

B. Enrollment forms

The LDSS-4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care and LDSS-4700, Enrollment Form for Provider of Legally-Exempt Group Child Care, have been revised to address requirements for the administration of medication by legally-exempt providers and are included as Attachments C and D, respectively.

On or before the implementation date of January 31, 2005, local districts must begin using the revised enrollment forms that address the administration of medication for new enrollees. Currently enrolled providers who will not be administering medications must submit a revised enrollment form at their annual re-enrollment, case recertification or the next case action, whichever comes first. All legally-exempt child care providers who *will be* administering medications other than topical ointments, sunscreen and topically applied insect repellent as of January 31, 2005, must submit the revised enrollment forms and appropriate documentation to the district prior to January 31, 2005. Currently enrolled providers who become authorized to administer medication *after* January 31, 2005 must submit an updated enrollment form and appropriate documentation showing their qualifications to administer medication at the time they wish to administer medication to children in subsidized care.

1. CHANGES TO LDSS-4699 AND LDSS-4700

The changes can be found in Section IV of LDSS-4699 and Section V of LDSS-4700. The section addresses the following:

- Whether the provider, or the provider's employee/volunteer is legally permitted to administer medication to children in the provider's care;
- The reason a provider or the provider's employee/volunteer is qualified to administer medication to a subsidized child in the provider's care and the documentation that must be submitted (if any);
- Whether the provider or the employee/volunteer will be seeking authorization to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent;
- The agreement between the parent/caretaker and provider as to who will be responsible for administering medication to the parent's/caretaker's child while in the provider's care;
- A provider certification section wherein the provider agrees that he or she and each employee and volunteer will administer medication in compliance with NYS Law; and
- A parent/caretaker certification section regarding administration of medication.

As part of the review of the enrollment form, local districts must review any required documentation specific to the qualifications of the provider or employee as indicated on the enrollment form. Refer to Attachment I, Guidelines for Review of Enrollment Forms for Provider of Legally-Exempt Care: Administration of Medication for step-by-step review instructions.

2. THE HEALTH CARE PLAN FOR THE ADMINISTRATION OF MEDICATION FOR LEGALLY-EXEMPT PROVIDER

When a child care provider wishes to administer medication to legally-exempt children in subsidized care and is *not exempt from the administration of medication regulations*, then that provider must be authorized by OCFS to administer medication through an approved Health Care Plan for the Administration of Medication for Legally-Exempt Provider. The process of becoming authorized by OCFS has several steps. The provider or the provider's employee/volunteer must meet basic literacy and age requirements in addition to training requirements in three areas: medication administration, cardio-pulmonary resuscitation, and first aid. After meeting the training requirements, the provider can develop a plan for the administration of medication and obtain approval from a qualified health care consultant. Upon approval of the plan, the provider must submit the approval page to the local district for review. The enrollment form must be updated and submitted for local district review with the approval page of the Health Care Plan for the Administration of Medication for Legally-Exempt Provider and any other required documentation.

The district reviews the approval page as part of the enrollment process. The district review process is discussed in Attachment I, Guidelines for Review of Enrollment Forms for Provider of Legally-Exempt

Care: Administration of Medication. Child care workers who would like additional information on the Health Care Plan for Administration of Medication may refer to the detailed instructions for that form.

3. OTHER CHANGES TO THE ENROLLMENT PACKAGE

Several other forms are considered necessary attachments to the enrollment packet. They will be needed only by those child care providers who obtain OCFS authorization to administer medication. Many of these were created to address the NYS regulations requiring that child care providers follow specific procedures to document the administration of medication. They are also available from CRRs. Each of the forms is described briefly below.

a) Medication Administration Training (MAT) Grant Application, Attachment J

Legally-exempt child care providers may use this form to apply for financial assistance of up to \$100 per trainee to help with the cost of attending the MAT training. The awards come in the form of a voucher that is issued to the child care provider and should be given to the MAT trainer at the time of the training. These grants are available to the extent that funding is available.

b) OCFS/LDSS-7002, Written Medication Consent Form, Attachment K

When completed, this form provides instructions from the health care provider and permissions from the parent/caretaker for the provider to administer medication.

c) OCFS/LDSS-7003, Verbal Medication Consent Form and Log of Administration, Attachment L

This form is used by the provider to document instructions and permissions for administering medication when the written form has not been received. It may be used on an emergency basis only for certain medications and only as specified by regulation.

d) OCFS/LDSS-7004, Log of Administration, Attachment M

This form is used to record the required information regarding the administration of medication. Each time a child receives medication while at the child care program, it must be recorded on the appropriate child-specific log sheet.

e) OCFS/LDSS-7005, Medication Error Report Form, Attachment N

This form is used to document errors in medication administration. It must be completed by the provider immediately after an error is made and submitted by the following business day to the regional office of the Bureau of Early Childhood Services (BECS) OCFS or, in NYC, the Bureau of Daycare at NYC Department of Health and Mental Hygiene (DOHMH). Local districts will be advised of substantiated complaints for legally-exempt providers currently enrolled in their districts. For additional information, please refer to Section C, Concerns regarding administration of medication by legally-exempt providers.

f) OCFS/LDSS-7006, The Individual Health Care Plan for a Child with Special Health Care Needs, Attachment O

When a child is identified as having special health care needs, an Individual Health Care Plan for a Child with Special Health Care Needs must be developed as a collaborative effort among the child care provider, the parent/caretaker and the child's health care provider. According to 18 NYCRR, Section 413.2 (am) "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". A child with special health care needs can also be any child whose health care provider or parent identifies the child as having special health care needs. The child-specific plan identifies the child's special health care needs and any special skills a child care provider needs to care for the child. The child care provider must obtain any additional training that is necessary to carry out the

plan. Such training could include instruction from the health care provider on how to administer medication by injection and intravenous pump, routes which are not included in MAT.

4. SUMMARY OF NEW FORMS AND HANDOUTS PERTAINING TO THE ADMINISTRATION OF MEDICATION

These forms are attachments to the enrollment packet and must be provided as indicated below.

The following form must be given to all parents/caretakers who are seeking child care with the enrollment informational packet.

- Model Letter to Parent/Caretaker, Attachment A, or the local equivalent. This informs parents/caretakers about the administration of medication requirements.

The following forms are necessary for those providers who may wish to become authorized to administer medication and they must be given out upon request and when a provider indicates an interest in becoming authorized by OCFS to administer medication. CCRRs also have these forms and can provide assistance with their completion.

- OCFS/LDSS-7007, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care, Attachment B.
- OCFS/LDSS-7000, Health Care Plan for the Administration of Medication for Legally-Exempt Provider, Attachment E.
- OCFS/LDSS-7001, Instructions for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider, Attachment F.
- Medication Administration Training Grant Application, Attachment J.

The following two handouts are intended for child care providers. The district may choose whether to hand these out:

- Model Letter to Legally-Exempt Child Care Providers, Attachment G.
- OCFS/LDSS-7008, Provider Handout-Administration of Medication by Legally-Exempt Child Care Provider, Attachment H.

The following forms are used by child care providers who administer medication. CCRRs also have these forms and can provide assistance with their completion.

- Medication Administration Training Grant Application, Attachment J
- OCFS/LDSS-7002, Written Medication Consent Form, Attachment K.
- OCFS/LDSS-7003, Verbal Medication Consent Form and Log of Administration, Attachment L.
- OCFS/LDSS-7004, Log of Administration, Attachment M.
- OCFS/LDSS-7005, Medication Error Report Form, Attachment N.
- OCFS/LDSS-7006, Individual Health Care Plan for a Child with Special Health Care Needs, Attachment O.

C. Concerns regarding administration of medication by legally-exempt providers

When a district is aware of problems occurring with the administration of medication by a legally-exempt provider, the district must report it to the appropriate regional office of the Bureau of Early Childhood Services (BECS) OCFS or, in New York City (NYC), the Bureau of Day Care of the NYC DOHMH. The contact information for each office responsible for investigating complaints is available at the following internet site: <http://www.ocfs.state.ny.us/main/beans/regionaloffices.asp> and is included for local district reference in the Guidelines for Review of Enrollment Forms for Provider of Legally-Exempt Care, Attachment I. Situations which must be reported include, but are not limited to:

- When a provider makes any error administering the medication,
- When a provider is not properly disposing of syringes or unused medication, or
- When a provider is administering medication beyond his or her legal authority.

Reports will be investigated and tracked as day care complaints. Local districts will be advised by the appropriate regional office or, in NYC, the DOHMH of substantiated complaints for legally-exempt

providers currently enrolled in their district, in the same manner that they currently receive substantiated complaint information for regulated providers.

Providers are informed of their responsibility to report their own medication administration errors during the Medication Administration Training (MAT) and also in the certification section of the health care plan.

D. Monitoring

At the current time we have not imposed a specific monitoring or inspection process. As with other legally-exempt regulations, it is incumbent upon the district to develop a monitoring strategy. Districts may expand current strategies to encompass the health and safety issues related to the administration of medication. Districts may wish to consider the Governor's proposal for enhancing safety standards of legally-exempt care which includes an inspection component.

E. Compliance matters and the issuance of child care subsidy payment

If OCFS or the district determines that a legally-exempt provider is unwilling or unable to operate in compliance with the regulations regarding administration of medications, or if OCFS has taken an enforcement action against a provider based on a failure by the provider or employee to comply with the requirements for administration of medication, OCFS or the district may require retraining OR may prohibit the provider or employee from being involved with the administration of medication. A provider who is not compliant with the regulations is not an eligible provider and the costs of such care cannot be paid for with funds from the New York State Child Care Block Grant.

IV. Americans with Disabilities Act Impact

The Office will be seeking guidance from the United States Department of Justice regarding the application and enforcement of the Americans with Disabilities Act, based on the United States Department of Justice enforcement actions and federal and state court decisions, as it relates to the New York State law that authorizes day care providers to administer medications in New York State.

V. Other

A. Access to forms

Local districts may access the forms through the OCFS intranet site, <http://sdsnet5/ocfs>.

B. Assistance for legally-exempt child care providers who wish to become authorized to administer medication

OCFS has been working with CRRs and the State University of New York (SUNY) to develop the support and structure necessary for child care providers to obtain authorization to administer medication.

CRRs are the primary informational resource available to child care providers. We recommend that the districts direct child care providers to their local CRR for assistance in completing the multi-step process of obtaining authorization to administer medication. They are available to answer questions on the process of becoming authorized to administer medication, refer child care providers to programs that provide the specific training needed to meet OCFS requirements, help child care providers complete their health care plan and help child care providers find qualified health care consultants at a reduced cost. All of the forms needed by a provider to become authorized to administer medication or to document the administration of medication are available in hard copy from the CRRs.

SUNY developed and maintains the Medication Administration Training (MAT) program for child care providers. A provider can go to SUNY's website, www.tsg.suny.edu, and do an online search to find a certified MAT trainer in his or her area. This and additional information can be obtained by calling

SUNY at 1-866-665-5537, or by E-mail at: mat@tsg.suny.edu. SUNY's website also posts the forms that child care care providers need to administer medication.

VI. System Implications

None

Larry G. Brown s/s

Issued By:

Name: Larry G. Brown

Title: Deputy Commissioner

Division/Office: Development and Prevention Services

Model Letter to Parent/Caretaker-Administration of Medication by Legally-Exempt Providers

DATE

Dear Parent/Caretaker:

I am writing to inform you of the New York State (NYS) laws and policies regarding who may legally administer medication to children in legally-exempt child care, and what you can do to make sure that your child's medication needs are met while in child care.

- ❖ Since 1972, NYS law has restricted the right to administer medication other than over-the-counter topical ointment, sunscreen and topically applied insect repellent to specific authorized medical professionals. An exemption to this law permits some individuals to administer medication to the sick, disabled or injured. For example, parents/caretakers can administer medication to their children. Members of the child's household, in-home caregivers and relatives within the 3rd degree of consanguinity to the parent are permitted to administer medication to children in their care.
- ❖ Recent statutory amendments have created the possibility for legally-exempt child care providers to become qualified to legally administer medication other than over-the-counter topical ointment, sunscreen and topically applied insect repellent to subsidized children in their care. As of January 31, 2005, legally-exempt providers who successfully complete the required training and authorization process through OCFS will be permitted to administer medication to children in subsidized care. The enclosed handout, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care, explains the process a provider must complete to become authorized. Please share this handout with your child care provider.
- ❖ A legally-exempt child care provider who is *not* legally permitted to administer medication may only administer over-the-counter topical ointments, sunscreen and topically applied insect repellent. A legally-exempt provider is *legally permitted* to administer medication, other than over-the-counter topical ointments, sunscreen and topically applied insect repellent, *if* the provider is one of the exempt persons described above *or* if the provider has been authorized through OCFS to administer medication to children in a legally-exempt child care setting.
- ❖ **By January 31, 2005, all legally-exempt child care providers who will administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to subsidized children must establish their qualifications by completing and submitting to the local district the new Administration of Medication Section of the enrollment form, either LDSS-4699, Section IV, or LDSS-4700, Section V, as appropriate, and any required documentation indicated on the form.** The Administration of Medication Section of the enrollment form is included as an enclosure with this letter.
- ❖ As of January 31, 2005, a child care subsidy must not be issued for any child care provided by a legally-exempt provider who administers medication beyond his or her legal authority to do so.

What do these regulations mean for parents/caretakers and legally-exempt child care providers?

The regulations mean that many legally-exempt child care providers are barred from giving many commonly used medications to children while the children are in their child care program

Model Letter to Parent/Caretaker-Administration of Medication by Legally-Exempt Providers

unless the provider becomes authorized by OCFS to administer medication. Medication is “a substance used to treat disease or sickness,” and it *includes both prescription and non-prescription (over-the-counter) substances*. Examples of commonly used medication that *may not be administered* unless the legally-exempt provider is *legally permitted* to administer medication include, but are not limited to:

- Tylenol®
- Ritalin®
- Oragel ®
- insulin
- inhalers
- EpiPen®
- antibiotics
- ear, eye or nose drops

A child care provider who is *not* legally permitted to administer medication may administer *only* the following kinds of medication:

- over-the-counter topical ointments (such as diaper ointment),
- sunscreen, and
- topically applied insect repellent.

A provider who is not legally permitted to administer medication may not give medication to children in care, even in an emergency!

Who is legally permitted or authorized to administer medication to children in legally-exempt child care?

The following groups of individuals are permitted to administer medication to children in legally-exempt child care.

- ❖ Trained medical professionals including physicians, physician’s assistants, registered nurses and nurse practitioners who are currently licensed by the NYS Department of Education.
- ❖ Individuals who are exempt from the administration of medication regulations based on their relationship to the child, family or household, such as:
 - The parent, step-parent, legal custodian, or legal guardian of a child,
 - A member of the child’s household,
 - A child care provider employed by the parent to provide child care in the child’s home or,
 - Relatives who are related within the 3rd degree of consanguinity to the child’s parent or step-parent such as: the grandparent, great-grandparent, great-great-grandparent, aunt/uncle (or spouse), great aunt/great uncle (or spouse), brother/sister or first cousin (or spouse) of the child.
- ❖ Legally-exempt child care providers who are trained and authorized by OCFS to administer medication under a Health Care Plan approved by a qualified health care consultant may administer medication when such providers are:
 - operating in compliance with NYS regulations, 18 NYCRR 415.4 (f)(7)(iv)(z);
 - have been authorized by the child’s parent, step-parent, legal guardian, or legal custodian to administer medication;
 - administering medication to a subsidized child;

To receive OCFS authorization to administer medication, a child care providers must be 18 years or older and literate in the language in which the parental permissions and health care providers’ instructions will be written and spoken in.

Model Letter to Parent/Caretaker-Administration of Medication by Legally-Exempt Providers**What can parents do to prepare?**

When planning for your child's health care needs while in a child care setting, please ask yourself the following questions:

- ❖ What are my child's medication needs (prescription and non-prescription) during the time my child is in the child care program?
- ❖ Does my child have any special health care needs? If yes, is there an individual child's health care plan in place for my child care provider to follow?
- ❖ Is my current child care provider legally permitted to administer all medication my child needs or may need? If yes, then you and your provider must complete and submit the enclosed Administration of Medication Section of the enrollment form.
- ❖ If my current provider is not legally permitted to administer necessary medication to my child, will he or she complete the OCFS requirements to become authorized to administer medication?
- ❖ What will I do to make sure my child's medication needs are met during the times that my child care provider cannot meet them?
- ❖ If my child's medication needs change suddenly due to sickness or emergency, how will my child's needs be taken care of?
- ❖ Do I need to find another child care provider so that my child's medication needs will be met?

Parents should discuss their child's medication needs with the provider and develop a plan to meet the child's needs. A provider who is not exempt from the regulations may choose not to administer any medication other than over-the-counter topical ointments, sunscreen and insect repellent, *or* he or she may choose to participate in special training, meet additional requirements and become authorized by OCFS to administer medication.

Additionally, to care for any child who has special health care needs, a provider will have to develop and follow an individual child's health care plan that has been prepared in consultation with the child's health care provider.

What must a legally-exempt child care provider who is already *legally permitted* to administer medication do?

A child care provider who is legally permitted to administer medication must work with the parent to complete and submit the *Administration of Medications Section* of the revised enrollment form, LDSS-4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care, or LDSS-4700, Enrollment Form for Provider of Legally-Exempt Group Child Care. **This must be completed and submitted to the local Department of Social Services (DSS) on or before January 31, 2005.** If the provider does not have the Administration of Medication section of the revised enrollment form, it may be obtained by calling your local DSS worker.

What must a legally-exempt child care provider do to become *authorized by OCFS* to administer medication?

If your provider is not currently permitted or authorized to administer medication through OCFS, but would like to become authorized, he or she should begin the process as soon as possible. As

Model Letter to Parent/Caretaker-Administration of Medication by Legally-Exempt Providers

part of this process, the provider will participate in training, develop a Health Care Plan for the Administration of Medication, and obtain a health care consultant to review the health care plan and the child care program. When all of the certification and authorization requirements are met, the provider and parent must complete and submit an updated enrollment form (or the Administration of Medication section), a copy of the approval page of the health care plan, and all other required documentation.

The process of becoming authorized to administer medication is explained in the handout, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care, which is included with this letter. The Administration of Medication section of the enrollment form is also included. Please give both of these things to your child care provider. Your child care provider should call your local Child Care Resource and Referral (CCRR) agency if he or she needs any help with this process.

Remember, until your provider is legally permitted to administer medication, you will need to have a plan for your child to legally receive any necessary medication.

Can a parent choose to use a legally-exempt provider who is not *legally permitted* to administer medication other than over-the-counter topical ointment, sunscreen and topically applied insect repellent?

Yes, such providers are still *eligible*, as long as they do not administer any medication. However, the parent must make sure that his/her child's needs can be met while at a child care program that does not administer medication. If the child has medication needs that the provider cannot meet, then the parent must put a plan in place that is adequate to meet the child's needs. When selecting a provider, especially one who is not legally permitted to administer medication (other than over-the-counter topical ointments, sunscreen and topically applied insect repellent), a parent should always discuss how sickness and emergency situations will be handled. For example, if your legally-exempt provider is not permitted to administer medication (other than over-the-counter topical ointments, sunscreen and topically applied insect repellent) and your child develops a fever, then your provider *cannot* give your child Tylenol®. Parents must make a plan for how this type of situation will be handled.

If you have any questions regarding this letter, call **Worker's Name** at **worker's phone number**. For additional information on the requirements to administer medication to children in care call your local CCRR, **local CCRR name** at _____.

Sincerely,

ENC.

Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care

Administration of Medication Section of the Enrollment Form

Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care

To be allowed to give out medication to children in child care, you must meet the New York State (NYS) requirements. You can start working on these things now. Your local Child Care Resource and Referral Agency (CCRR) can help you with this process. Ask your Department of Social Services (DSS) for the phone number of your local CCRR.

1. APPLY FOR FINANCIAL AID. (Optional)

You can ask your CCRR for help or you can complete and submit the Medication Administration Training grant application on your own. To request an application, call the State University of New York (SUNY) at Albany at (866) 665-5537, or you can find it on the SUNY website: <http://tsg.suny.edu/mtgrant.htm>. Once the application is processed, an award letter will be mailed to you.

2. COMPLETE THE 3 TYPES OF REQUIRED TRAINING.

Your CCRR can help you sign up for these 3 trainings, or you can do it yourself.

- MEDICATION ADMINISTRATION TRAINING (MAT) AND COMPETENCY TESTS. Find a MAT trainer in your area. (Visit the web at <http://tsg.suny.edu>, or call SUNY at 1 (866) 665-5537.) Attend MAT and present the award letter received from the MAT grant to the training organization as payment toward the cost of training. (Award letter is valid for 120 days.)
- CARDIO-PULMONARY RESUSCITATION (CPR) that covers the ages of the children being cared for. Call your local chapter of the American Red Cross to sign up.
- FIRST AID. Call your local chapter of the American Red Cross to sign up.

3. COMPLETE A HEALTH CARE PLAN FOR ADMINISTRATION OF MEDICATION.

Your CCRR can give you the Health Care Plan for Administration of Medication for Legally-Exempt Provider and help you complete it. Or, you can ask your DSS for a Health Care Plan for Administration of Medication for Legally-Exempt Provider and complete it on your own.

4. OBTAIN A HEALTH CARE CONSULTANT WHO WILL APPROVE YOUR PLAN.

You can ask your CCRR to help you find a health care consultant, or you can find one on your own. Your CCRR may be able to help you find health care consultant services at a reduced rate. The health care consultant is a physician, physician assistant, nurse practitioner, or registered nurse who will help you by:

- Helping you adjust your health care plan when necessary.
- Approving your plan after you have met the training requirements and after determining your Health Care Plan for Administration of Medication meets all requirements of NYS Office of Children and Family Services.
- Making visits to your place of child care at least once every 2 years and when necessary.

5. SUBMIT YOUR PAPERWORK TO YOUR DSS.

You must submit to the DSS:

- A copy of your plan's approval page, and
- The "Administration of Medication" section of the enrollment form that shows you will be giving medication to children in your care.

**ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT
FAMILY CHILD CARE AND LEGALLY-EXEMPT IN-HOME CHILD CARE**

Parent/Caretaker's Name: _____	Case Number: _____
Address: _____	
Telephone: (____) _____	Social Security Number*(Not required, please see below): _____ - _____ - _____

Provider's Name: _____	Date Of Birth**: _____ / _____ / _____
Address Where Care Is Given: _____	
Provider's Address (If Different): _____	
Telephone: (____) _____	Social Security Number: _____ - _____ - _____
<p>* The parent/caretaker may, but does not have to list his/her social security number. You cannot be required to disclose your social security number as a condition of eligibility for child care services. If provided, your social security number will be used to assist in identifying your child care file. It may also be used by federal, State and local agencies to prevent duplication of services and fraud, and for federal reporting.</p> <p>** If the provider is less than 18 years old, the <u>Employment of Minors Form</u> must be completed.</p>	

I. PROVIDER'S STATUS

Provider: Check all statements and answers that apply:

1. ___ I provide care in the child's home (Provider and parent/caretaker must also complete and submit the Agreement For Legally-Exempt In-Home Child Care.)
2. ___ I provide care in my own home or another person's home. (Also check box A, B or C below, whichever applies.)
 - A I am either the grandparent, great-grandparent, great-great-grandparent, aunt/uncle, great aunt/great uncle, brother/sister or first cousin of all the children in care; OR
 - B I care for no more than 2 children (not counting my own children or any children older than 13 years); OR
 - C I care for 3 or more children. However, I never have more than 2 children in care at the same time for more than three hours a day.
3. ___ I provide care other than choices #1 or #2 above. (Attach an explanation).
4. ___ I am on temporary assistance, medical assistance, or food stamps. My case # is: _____

How much is the provider charging for each child?

	Child's Name	Date of Birth	Amount Charged (per hour/day/week)
A)	_____	_____	_____
B)	_____	_____	_____
C)	_____	_____	_____

I agree that the amount I am charging the parent/caretaker signing this form is NOT MORE THAN the amount I am charging for other children of the same age and similar care.

Who will supply meals and snacks? Meals and snacks may be supplied either by the parent/caretaker or by the provider. Check the box that states what you have agreed to. If you want information about how you can get money to help pay for meals and snacks, call the Child and Adult Care Food Program at 1 (800) 942-3858.

- The provider will supply snacks and meals.
- The parent/caretaker will supply snacks and meals.
- Other – Explain: _____

II. HOME SAFETY CHECKLIST

Provider and parent/caretaker complete this section together.

A. THE PROVIDER MEETS THESE REQUIREMENTS BEFORE CARING FOR CHILDREN:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The provider and all children have two separate & remote ways to leave the building in an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Rooms for children are well-heated, well-lighted and well-ventilated. |
| <input type="checkbox"/> | <input type="checkbox"/> | The home is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters). If there are unsafe areas, sturdy barriers are in place around the unsafe areas that keep children from getting to them. |
| <input type="checkbox"/> | <input type="checkbox"/> | If child care is provided above the first floor, there are barriers or locks on the windows so children can not fall out. |
| <input type="checkbox"/> | <input type="checkbox"/> | The water supply is safe. There are working toilets. There is hot and cold running water all the time. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider, all volunteers who are likely to have regular contact with the children and all employees are physically able to provide child care and are free of any communicable disease. Additionally, all persons living in the home (other than the child's own home) are also free of any communicable diseases. |
| <input type="checkbox"/> | <input type="checkbox"/> | The home is free of any dangerous or unsafe conditions that could hurt a child. This includes: <ul style="list-style-type: none">▪ Knives and other sharp objects are out of the reach of children.▪ Small rugs, runners, and electrical cords are held in place so a child won't trip.▪ Electrical cords do not run under furniture or rugs and are out of the reach of small children.▪ Extension cords are not overloaded.▪ Any guns and other firearms are unloaded and stored in a locked drawer or cabinet and the key is kept in a safe place.▪ Cords to window blinds and shades are out of the reach of children.▪ Hot liquids are out of the reach of children.▪ Small items that a child could choke on are out of the children's reach. |
| <input type="checkbox"/> | <input type="checkbox"/> | All matches, lighters, medicines/drugs, cleaning materials, detergents, aerosol spray cans and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with children, where food is prepared, or otherwise be a danger to the children. All of these materials are stored safely away from the children. |
| <input type="checkbox"/> | <input type="checkbox"/> | Each child will receive meals and snacks according to what the parent/caretaker and the provider have agreed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Milk, formula and any food that goes bad if left out will be kept refrigerated. |
| <input type="checkbox"/> | <input type="checkbox"/> | If the provider cares for infants, formula, breast milk and other food items for infants will not be heated in a microwave oven. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider will always allow the custodial parent/caretaker or caretaker to have access to his/her child in care, to the home while the child is in care, and to any written records concerning the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider will hold evacuation drills at least once a month with the children so they will know what to do in an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider has a working telephone OR can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local police or sheriff's department, poison control center and ambulance service are posted near the phone and are easy to see. |
| <input type="checkbox"/> | <input type="checkbox"/> | If a child in care is under 5 years old, protective caps, covers or permanently installed safety devices are used on all electrical outlets that the child could reach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Paint and plaster are in good repair so that there is no danger of children putting paint or plaster chips in their mouths or of it getting into food. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is at least one operating smoke detector on each floor of the home. The provider will check regularly to make sure all detectors work. |
| <input type="checkbox"/> | <input type="checkbox"/> | The home has a portable first aid kit that is easy to get to in an emergency and is kept in a clean container away from children. It is stocked to treat common childhood injuries and problems. The provider will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used. |
| <input type="checkbox"/> | <input type="checkbox"/> | The parent/caretaker has given the provider signed proof from a doctor or other health care provider that: the child has received all of the immunizations appropriate for the child's age; OR that one or more of the immunizations would harm the child's health; OR the child's parent/caretaker provides a statement saying that the child has not been immunized due to the parent/caretaker's religious beliefs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Stairs, railings, porches and balconies are in good repair. |

B. THE PROVIDER AGREES TO THE FOLLOWING CONDITIONS:

The provider WILL NEVER use corporal punishment or let others use corporal punishment while children are in care. Corporal punishment means doing things directly to a child’s body to punish them such as: spanking; biting; shaking; slapping; twisting or squeezing; making the child do physical exercises beyond what is normal; forcing the child to stay still for long periods of time; making the child stay in positions that hurt the child or are bizarre; bathing the child in unusually hot or cold water; and forcing the child to eat or have in the child's mouth soap, foods, hot spices or foreign substances.

The provider WILL NEVER use or be under the influence of alcohol or drugs while children are in care and will make sure that children being cared for do not have contact with people using drugs or alcohol.

The provider WILL NOT smoke or allow smoking in indoor areas or other enclosed areas, such as cars or other vehicles, when children are present.

The provider WILL NEVER leave children alone or in the care of other people.

By signing the home safety checklist, the parent/caretaker and provider agree that they have inspected the home and that all statements on the form are true and accurate.

Provider Name (Print) _____ Provider Signature/Date _____

Parent/Caretaker Name (Print) _____ Parent/Caretaker Signature/Date _____

III. CRIMINAL HISTORY CERTIFICATIONS

To be completed by provider.

I certify to the best of my knowledge and belief that I (Choose one):

have been convicted of a crime in New York State or any other place.

have not been convicted of a crime in New York State or any other place.

I certify to the best of my knowledge and belief that any person helping me to care for children (Choose one):

has been convicted of a crime in New York State or any other place.

has not been convicted of a crime in New York State or any other place.

If care is provided in a home other than the child’s own home, I certify to the best of my knowledge and belief that any person living in the home who is 18 years of age or older (Choose one):

has been convicted of a crime in New York State or any other place.

has not been convicted of a crime in New York State or any other place.

I certify that I have asked each person living in the home (other than the child’s own home) who is age 18 or over, each volunteer who is likely to have regular contact with children in care, and each employee if he or she has been convicted of a crime.

If I, or any other person listed below has been convicted of a crime, I or that other person will provide true and accurate information in writing to the parent/caretaker(s) of the children I will be caring for and to the Department of Social Services concerning the crime(s), the date(s) of such convictions and any other relevant information.

I understand that I am not eligible to provide child care if I, or any other person listed below, has been convicted of a felony or misdemeanor against children.

I understand that I am not eligible to provide child care if I, or any such other person listed below, has been convicted of a violent or other serious crime unless extenuating circumstances relating to the conviction(s) exist.

I understand that I may request that the Department of Social Services review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the Department of Social Services.

List all individuals that will be helping to care for the children and, if care is provided in a home other than the child’s own home, list all household members 18 or older.

Individuals caring for children: _____

Household members: _____

By signing this form the provider agrees that all statements are true and accurate.

Provider Name (Print) _____ Provider Signature/Date _____

IV. ADMINISTRATION OF MEDICATION

NYS Law restricts the right to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to specific medical professionals who are authorized by NYS to administer medication. Some individuals are exempt from this requirement based on their relationship to the child, family or household, and are permitted to administer medications, including:

- The child's parent/caretaker, step-parent, legal custodian, legal guardian, or member of the child's household,
- A child care provider employed by the parent/caretaker to provide child care in the child's home,
- Family members who are related within the 3rd degree of consanguinity to the child's parent or step-parent, and
- Effective January 31, 2005, child care providers who are trained and authorized by the Office of Children and Family Services (OCFS), under a Health Care Plan for Administration of Medication, approved by a qualified health care consultant, may administer medication when such providers are:
 - operating in compliance with the NYS regulations,
 - authorized by the child's parent/caretaker, step-parent, legal guardian, or legal custodian to administer medication, and
 - administering medication to subsidized children in care.

To receive OCFS authorization to administer medication, a child care provider must be at least 18 years of age and literate in the language in which the parental permissions and health care provider's instructions will be given.

Any person who is not authorized by NYS Law, or not exempt from this legal requirement, may only administer over-the-counter topical ointments, sunscreen and topical insect repellent. Examples of medication such providers may not administer include, but are not limited to: Tylenol®; Ritalin®; insulin; antibiotics; and ear, eye or nose drops.

A. QUALIFICATIONS FOR ADMINISTRATION OF MEDICATION

Provider must complete.

1. **Is the provider legally permitted to administer medication to subsidized children when authorized by a parent/caretaker, legal guardian, or legal custodian?**

Yes.

No. You are not authorized or permitted to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to the children in your care.

2. **Is an employee or volunteer of the program legally permitted to administer medication to subsidized children when authorized by a parent/caretaker, legal guardian, or legal custodian?**

Yes. Give employee's or volunteer's name: _____.

No. Your employee/volunteer is not authorized or permitted to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to the children in your care.

3. **Give the reason that allows the provider and/or the employee/volunteer to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to subsidized children in the program. Answer this question only if you answered "Yes" to question 1 or 2.**

Check the box(es) below that show the reason(s) that the provider or the employee/volunteer named above is allowed to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to subsidized children in the program. If there is a different answer or reason for different children, the provider must check all answers that apply.

The provider must attach the documentation required for each answer, as indicated.

A) I am permitted to give medication because I am employed by the parent/caretaker to provide child care in the child's home. I am *not* required to have a Health Care Plan for Administration of Medication.

B) I am permitted to give medication to the children for whom I am the grandparent, great-grandparent, great-great-grandparent, aunt/uncle (or spouse), great aunt/great uncle (or spouse), brother/sister or first cousin (or spouse). I am *not* required to have a Health Care Plan for Administration of Medication.

C) I have a valid professional health care license as a physician, physician assistant, registered nurse or nurse practitioner that authorizes me to administer medication. I am *not* required to have a Health Care Plan for Administration of Medication.

I have attached a copy of my current medical license.

- D) My employee/volunteer has a valid professional health care license as a physician, physician assistant, registered nurse, or nurse practitioner that authorizes him/her to administer medication. I am required to have a Health Care Plan for Administration of Medication.

I have attached a copy of the approval page of my Health Care Plan for Administration of Medication, and a copy of my employee/volunteer's current medical license.

- E) I have, or my employee/volunteer has, a valid professional license as a practical nurse or certification as an advanced emergency medical technician that allows me, or my employee/volunteer, to administer medication. I am required to have a Health Care Plan for Administration of Medication.

I have attached a copy of my or my employee/volunteer's current medical license or certification, and a copy of the approval page of the Health Care Plan for Administration of Medication.

- F) I have, or my employee/volunteer has, met the training requirements of OCFS regulations, 18 NYCRR Part 415.4 (f)(7)(iv)(z). I am required to have a Health Care Plan for Administration of Medication.

I have attached a copy of the approval page of the Health Care Plan for Administration of Medication.

B. INTENT TO SEEK AUTHORIZATION TO ADMINISTER MEDICATION TO SUBSIDIZED DAY CARE CHILDREN

Providers who are not permitted to administer medications and who do not have an employee/volunteer permitted to administer medication must answer this.

Will the provider be seeking authorization to administer medication to children in subsidized care? (Choose one).

- Yes.** I want to learn how to start the process. *Ask the Department of Social Services representative or, in New York City, the Human Resources Administration (HRA) or Administration for Children's Services (ACS) representative, for the following form: Obtaining Authorization to Administer Medication to Children in Legally-Exempt Care.*
- No.** I will not be seeking authorization to administer medication at this time.

C. PARENT/CARETAKER AND PROVIDER AGREEMENT FOR ADMINISTRATION OF MEDICATION

Parent/caretaker must complete.

Who will be responsible for administering medication to your child(ren) in the provider's care? (Check all that apply).

- The child care provider or qualified employee/volunteer named previously will administer medication to the child.
- The legally-exempt child care provider or employee/volunteer will not administer medication. Instead, the parent/caretaker will administer medication or choose a person who is permitted under NYS Education Law to administer medication. This may include a member of the child's household or certain relatives. The relatives who may be authorized include: the child's grandparent, great-grandparent, great-great-grandparent, aunt/uncle (and spouse), great aunt/great uncle (and spouse), brother/sister or first cousin (and spouse). The parent/caretaker will inform the provider in writing when he or she has chosen a person to give medication to his or her child.

D. PROVIDER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION

All providers must read and sign.

I will administer medication in compliance with NYS law and only to the extent that I am permitted by NYS law to do so.

If I have employees, I will make sure that each of my employees administers medication in compliance with NYS law and only to the extent permitted by NYS law.

If I have volunteers, I will make sure that each of my volunteers administers medication in compliance with NYS law and only to the extent permitted by NYS law.

By signing this, I agree that the all statements on this form are true and accurate.

Provider Signature

Date

E. PARENT/CARETAKER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION

Parent/caretaker must review and sign the certification below.

I certify that all statements on this form are true and accurate.

I understand that it is **my responsibility** to make sure my child(ren) receives any necessary medication. I understand that if I choose a child care provider who is not able to meet all of my child(ren)'s health care needs, I am responsible for making additional arrangements to meet the child(ren)'s needs. I will make all necessary arrangements prior to placing my child in the provider's care.

My provider has informed me whether he or she (or his/her employee/volunteer) is legally permitted to administer medication. I have read the Qualifications for Administration of Medication, Section IV A, of this enrollment form, and I understand whether or not my provider or his/her employee/volunteer is legally permitted to give medication to my child(ren).

My child care provider and I have discussed who will administer medication to my child(ren) while the child(ren) is in the provider's care. Our agreement regarding who will be responsible for administering medication to my child(ren) is indicated on this form in Section IV C.

I understand that I may administer medication to my child, or that I may authorize another person that is legally permitted to administer medication to my child. I may authorize a member of my child's household or certain relatives of the child to administer medication. The relatives who may be authorized include: the child's grandparent, great-grandparent, great-great-grandparent, aunt/uncle (and spouse), great aunt/great uncle (and spouse), brother/sister or first cousin (and spouse).

Parent/Caretaker Signature

Date

V. HISTORY OF COURT-ORDERED ARTICLE 10 REMOVAL OF A CHILD

Provider must complete.

A. PROVIDER HISTORY

1. I certify that (*choose one*):

I *have never* had a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act (FCA). (*Go to section B.*)

I *have* had a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.

2. Date(s) removal(s) occurred: _____

3. As a result of the FCA Article 10 hearing, was there a judicial finding of abuse or neglect?

Yes, there was a judicial finding of abuse or neglect. (*Indicate type of finding below.*)

Neglect Abuse, severe or repeated Abuse

No, there was no judicial finding of abuse or neglect. (*Indicate reason below.*)

petition was withdrawn Article 10 petition was not filed with the court

case was dismissed Other, *explain*: _____

4. Length of time that the child(ren) were removed from the home (*choose one*):

3 days or less more than 3 days and as many as 60 days more than 60 days but less than 15 months 15 months or longer

5. *Provider must attach a written description of what led to the removal and the underlying reasons for the removal.*

B. PROVIDER CERTIFICATION REGARDING HISTORY OF ARTICLE 10 REMOVAL

The provider must complete this certification.

By signing this form, I agree that I have provided true and accurate information regarding any history of an Article 10 removal of a child in my care.

Signature of Provider

Date

VI. HISTORY OF TERMINATION OF PARENTAL RIGHTS

Provider must complete.

A. PROVIDER HISTORY

- 1. I certify and attest that *(Choose one)*:
 - I have never had my parental rights terminated. *(Proceed to Part B.)*
 - I have had my parental rights terminated.
- 2. My parental rights were terminated based on: *(Check reason below)*:
 - Abandonment Mental illness Permanent neglect
 - Mental retardation Severe or repeated abuse Other, _____
- 3. *Provider must attach a written description of what led to the termination of parental rights and the underlying reasons for the termination of parental rights.*

B. PROVIDER CERTIFICATION REGARDING HISTORY OF TERMINATION OF PARENTAL RIGHTS

The provider must sign this certification.

By signing this form, I agree that I have provided true and accurate information regarding any history of a termination of my parental rights.

Signature of Provider

Date

VII. HISTORY OF SUSPENSION, REVOCATION OR DENIAL OF A LICENSE OR REGISTRATION TO OPERATE A CHILD DAY CARE PROGRAM

(CHILD DAY CARE includes: day care centers, family day care homes, group family day care homes, small day care centers and/or school age child care programs.)

Provider must complete.

A. PROVIDER HISTORY

- 1. I certify and attest *(Choose all that apply)*:
 - I have applied for an *initial* license or registration to operate a child day care program, and been denied.
 - I have applied for a *renewal* of a license or registration to operate a child day care program and been denied.
 - I have applied for an initial or renewed license or registration to operate a child day care program and I *have never been denied* an application for or a renewal of a license or registration to operate a child day care program.
 - I have never applied for a license or registration to operate a child day care program. *(Go to Part B.)*
- 2. I certify and attest that *(Choose one)*:
 - I have never had a license or registration to operate a child day care program revoked or suspended. *(Go to Part B.)*
 - I have had a license or registration to operate a child day care program revoked or suspended.
- 3. If you have ever had a license or registration revoked, suspended or denied, give the name and location of the child day care program(s) for which this action occurred _____.
- 4. *Provider must attach a written description of what led to the denial, revocation or suspension of the license or registration to operate a child day care program, and the reasons this occurred.*

B. PROVIDER CERTIFICATION REGARDING LICENSING/REGISTRATION HISTORY

By signing this form, I agree that I have provided true and accurate information regarding my history of denial, revocation or suspension of a license or registration to operate a child day care program.

Signature of Provider

Date

VIII. PARENT/CARETAKER AND PROVIDER CERTIFICATIONS

A. PROVIDER CERTIFICATIONS

I will notify the Department of Social Services immediately if the hours of care, number of children in my care, or any information provided on the enrollment form or attachments changes.

I agree to collect the family share (fee) if instructed to do so by the Department of Social Services. I will immediately notify the Department of Social Services if the parent/caretaker fails to pay the required family share. I agree to provide accurate attendance records as required by the Department of Social Services.

I understand that representatives of the Department of Social Services and the State of New York may visit my child care program to confirm that the information on my enrollment form and/or on attendance forms is true and accurate and that child care services are being provided as listed on those forms. I agree to allow representatives of the Department of Social Services and the State of New York access to all areas where child care is provided for a child receiving a child care subsidy. I understand that if I do not allow such access, then I will be considered an ineligible provider. Any child care that I provide to a child receiving a child care subsidy while I am deemed an ineligible provider by the Department of Social Services will not be reimbursed by the Department of Social Services.

I understand that I may not be eligible to provide child care if I have a history of an Article 10 (child protective) removal of a child by court order, termination of parental rights, or denial, revocation and/or suspension of a license or registration to operate a child day care program. I understand that I may request that the Department of Social Services review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all information, documents or references required by the Department of Social Services.

B. PARENT/CARETAKER CERTIFICATIONS

I understand that my provider may not be eligible to provide child care if he or she has a history of an Article 10 (child protective) removal of a child by court order, termination of parental rights, or denial, revocation and/or suspension of a license or registration to operate a child day care program. I understand that I may request that the Department of Social Services review any extenuating circumstances to determine if an exception could be made to allow my provider to provide child care. If I request an exception, the provider must provide all information, documents or references required by the Department of Social Services.

I understand that the Department of Social Services may not be able to pay a provider when:

- The provider, any volunteer who is likely to have regular contact with my children, any employee, or person living in the home (other than the child's home) age 18 years or older has been convicted of a crime; or
- The provider has a history of an Article 10 (child protective) removal of a child by court order; termination of parental rights, or denial, revocation and/or suspension of a license or registration to operate a child day care program.

If the Department of Social Services determines that payment cannot be made to the provider when any of the above events have occurred, I have the right and responsibility to decide whether I want to use this provider. If I choose to continue using such a provider, I am responsible to pay for the child care myself. I understand that I have the right to select another provider.

I will notify the Department of Social Services if the hours that I need child care or other circumstances related to my need or eligibility for child care change. I agree to pay my family share (fee), if any, as directed by the Department of Social Services.

I certify that I have selected this provider to care for my child(ren). I understand that it is my responsibility to monitor the quality of care furnished to my child(ren).

C. PARENT/CARETAKER AND PROVIDER CERTIFICATIONS

We state that to the best of our knowledge and belief all statements made on this form and any attachments are accurate and true. We understand that providing false information may result in the termination of payments and legal action by the Department of Social Services.

We state that the parent/caretaker has specifically asked the provider if the provider, volunteers who are likely to have regular contact with children in care, employees, and if care is provided in the provider's home, persons living in the home age 18 years or over, have been the subject of an indicated report of child abuse or maltreatment. The provider has asked volunteers who are likely to have regular contact with children in care, employees, and if care is provided in the provider's home persons living in the home age 18 years or over, if they have been the subject of an indicated report of child abuse or maltreatment. The provider has given the parent/caretaker true and accurate information in writing regarding any indications of child abuse or maltreatment. The parent/caretaker has considered the information given on child abuse and maltreatment indications and is selecting this provider. The parent/caretaker understands he or she has the right to select another provider.

We state that we completed the Home Safety Checklist together. We understand that payment cannot be made until items marked "No" on the Home Safety Checklist have been corrected. We agree to notify and provide documentation to the Department of Social Services when any item on the Checklist has been corrected or changed.

By signing this form, the parent/caretaker and provider agree to all of the requirements listed above.

Parent/Caretaker Signature and Date _____

Provider Signature and Date _____

ATTACHMENT D

LDSS-4700 (11/04)

Date (*District Use*) _____

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

Parent/Caretaker's Name: _____	Case Number: _____
Address: _____	
Telephone: (____) _____	Social Security Number* (<i>Not required, please see below</i>): _____ - _____ - _____

Provider's Name: _____	Date Of Birth**: _____ / _____ / _____
Address Where Care Is Given: _____	
Provider's Address (<i>If Different</i>): _____	
Telephone: (____) _____	Social Security Number: _____ - _____ - _____
<p>* The parent/caretaker may, but does not have to list his/her social security number. You cannot be required to disclose your social security number as a condition of eligibility for child care services. If provided, your social security number will be used to assist in identifying your child care file. It may also be used by federal, State and local agencies to prevent duplication of services and fraud, and for federal reporting.</p> <p>** If the provider is less than 18 years old, the <u>Employment of Minors Form</u> must be completed.</p>	

I. How much is the provider charging for each child (in this case)?

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Amount Charged (per hour/day/week)</u>
---------------------	----------------------	---

A) _____

B) _____

C) _____

I agree that the amount I am charging the parent/caretaker signing this form is NOT MORE THAN the amount I am charging for other children of the same age and similar care.

Who will supply meals and snacks?

Meals and snacks may be supplied either by the parent/caretaker or by the provider. *Check the box that states what you have agreed to.* If you want information about how your child care program can get money to help pay for meals and snacks, call the Child and Adult Care Food Program at 1 (800) 942-3858.

The provider will supply snacks and meals.

The parent/caretaker will supply snacks and meals.

Other - Explain: _____

II. TYPE OF PROGRAM

Provider: Check the statement that describes your program:

___1. This program is a nursery school, pre-kindergarten or day care program for children three years of age or older or a program for school-age children conducted during non-school hours, **operated by a public school district** that is providing elementary or secondary education or both in accordance with the compulsory education requirements of the NYS Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

___2. This program is a nursery school that is **voluntarily registered with the NYS Education Department** and operated in accordance with Part 125 of its regulations. **Attach a copy of your registration.**

___3. This program is a summer day camp operated in accordance with Subpart 7-2 of the State Sanitary Code. **Attach a copy of your permit from the NYS Department of Health to operate a summer day camp.**

___4. This program is a day care center, family day care home or other child care program **located on federal or tribal property** and operated in compliance with applicable federal or tribal laws and regulations.

___5. This is a nursery school, pre-kindergarten or day care program for children three years of age or older or a program for school-aged children conducted during non-school hours, **operated by a private school or academy** which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the NYS Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

___6. This program is a nursery school or program for preschool-aged children **operated by a nonprofit agency or organization or a private proprietary agency** which is not voluntarily registered with NYS Education Department and which provides services to children for three or less hours per day.

___7. This is a school age program that cares for not more than six children.

___8. None of the above statements describe this program. If this is your answer, you may need to be licensed or registered. Until you are licensed or registered or can provide documentation that you are legally-exempt from licensing and registering requirements, the Department of Social Services cannot pay you to provide child care. For information about licensing, contact the Bureau of Early Childhood Services at 1-800-732-5207.

*If your program meets the definition found in **statements 1, 2, 3, or 4** above, proceed to **Section IV, Criminal History Certifications**. You do not need to complete the following sections:*

- **Section III, Facility Safety Checklist;**
- **Section V, Administration of Medication,**
- **Section VI, History of Court Ordered Article 10 Removal of a Child**
- **Section VII, History of Termination of Parental Rights**
- **Section VIII, History Of A Suspension, Revocation or Denial of a License or Registration to Operate a Child Day Care Program.**

*If your program meets the definition found in **statements 5, 6, 7 or 8**, then you must complete all sections in this enrollment form.*

All providers must complete Section IX, Parent/Caretaker and Provider Certifications.

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

III. FACILITY SAFETY CHECKLIST

(Provider and parent/caretaker should complete this together)

A. THE PROVIDER MEETS THESE REQUIREMENTS BEFORE CARING FOR CHILDREN:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The provider and all children have two separate & remote ways to leave the building in an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Rooms for children are well-heated, well-lighted and well-ventilated. |
| <input type="checkbox"/> | <input type="checkbox"/> | The facility is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters). If there are unsafe areas, sturdy barriers are in place around the unsafe areas that keep children from getting to them. |
| <input type="checkbox"/> | <input type="checkbox"/> | If child care is provided above the first floor, there are barriers or locks on the windows so children can not fall out. |
| <input type="checkbox"/> | <input type="checkbox"/> | The water supply is safe. There are working toilets. There is hot and cold running water all the time. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider, each volunteer who is likely to have regular contact with the children and each employee are physically able to provide child care and are free of any communicable disease. |
| <input type="checkbox"/> | <input type="checkbox"/> | The facility is free of any dangerous or unsafe conditions that could hurt a child. This includes: <ul style="list-style-type: none">• Knives and other sharp objects are out of the reach of children.• Small rugs, runners, and electrical cords are held in place so a child won't trip.• Electrical cords do not run under furniture or rugs and are out of the reach of small children.• Extension cords are not overloaded.• Any guns and other firearms are unloaded and stored in a locked drawer or cabinet and the key is kept in a safe place.• Cords to window blinds and shades are out of the reach of children.• Hot liquids are out of the reach of children.• Small items that a child could choke on are out of the children's reach. |
| <input type="checkbox"/> | <input type="checkbox"/> | All matches, lighters, medicines/drugs, cleaning materials, detergents, aerosol spray cans and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with children, where food is prepared, or otherwise be a danger to the children. All of these materials are stored safely away from the children. |
| <input type="checkbox"/> | <input type="checkbox"/> | Each child will receive meals and snacks according to what the parent/caretaker and the provider have agreed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Milk, formula and any food that goes bad if left out will be kept refrigerated. |
| <input type="checkbox"/> | <input type="checkbox"/> | If the provider cares for infants, formula, breast milk and other food items for infants will not be heated in a microwave oven. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider will always allow the custodial parent/caretaker or caretaker to have access to his/her children in care, to the facility while the child is in care, and to any written records concerning the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider will hold evacuation drills at least once a month with the children so they will know what to do in an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider has a working telephone OR can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local police or sheriff's department, poison control center and ambulance service are posted near the phone and are easy to see. |

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

Yes No

If a child in care is under 5 years old, protective caps, covers or permanently installed safety devices are used on all electrical outlets that children could reach.

Paint and plaster are in good repair so that there is no danger of children putting paint or plaster chips in their mouths or of it getting into food.

There is at least one operating smoke detector on each floor of the facility. The provider will check regularly to make sure all detectors work.

The facility has a portable first aid kit that is easy to get to in an emergency and is kept in a clean container away from children. It is stocked to treat common childhood injuries and problems. The provider will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used.

The parent/caretaker has given the provider signed proof from a doctor or other health care provider that: the child has received all of the immunizations they should have for the child's age; OR that one or more of the immunizations would harm the child's health; OR the child's parent/caretaker provides a statement saying that the child has not been immunized due to the parent/caretaker's religious beliefs.

Stairs, railings, porches and balconies are in good repair.

B. THE PROVIDER AGREES TO THE FOLLOWING CONDITIONS:

The provider WILL NEVER use corporal punishment or let others use corporal punishment while children are in care. Corporal punishment means doing things directly to a child's body to punish them such as: spanking; biting; shaking; slapping; twisting or squeezing; making the child do physical exercises beyond what is normal; forcing the child to stay still for long periods of time; making the child stay in positions that hurt the child or are bizarre; bathing the child in unusually hot or cold water; and forcing the child to eat or have in the child's mouth soap, foods, hot spices or foreign substances.

The provider WILL NEVER use or be under the influence of alcohol or drugs while children are in care and will make sure that children that being cared for do not have contact with people using drugs or alcohol.

The provider WILL NOT smoke or allow smoking in in-door areas or in other enclosed areas, such as in cars or other vehicles, when children are present.

The provider, volunteers, and employees WILL NEVER leave children alone or in the care of other people.

BY SIGNING THE FACILITY SAFETY CHECKLIST, THE PARENT/CARETAKER AND PROVIDER AGREE THAT THEY HAVE INSPECTED THE FACILITY AND THAT ALL STATEMENTS ON THE FORM ARE TRUE AND ACCURATE.

Provider Name (Print) _____ Provider Signature/Date _____

Parent/Caretaker Name (Print) _____ Parent/Caretaker Signature/Date _____

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

IV. CRIMINAL HISTORY CERTIFICATIONS:

To be completed by provider

A. PROVIDER HISTORY

I certify to the best of my knowledge and belief that I (Choose one):

- have** been convicted of a crime in New York State or any other place.
- have not** been convicted of a crime in New York State or any other place.

B. OTHER CAREGIVER (EMPLOYEE AND VOLUNTEER) HISTORY

I certify to the best of my knowledge and belief that **any VOLUNTEER**, who is likely to have regular contact with children in care, and **any EMPLOYEE** (Choose one):

- has** been convicted of a crime in New York State or any other place.
- has not** been convicted of a crime in New York State or any other place.

C. CERTIFICATION

I certify that I have asked each volunteer, who is likely to have regular contact with children in care, and I have asked each employee, if he or she has been convicted of a crime.

If I, or any other person listed below has been convicted of a crime, I or that other person will provide true and accurate information in writing to the parent/caretaker(s) of the children I will be caring for and to the Department of Social Services concerning the crime(s), the date(s) of such convictions and any other relevant information.

I understand that I am not eligible to provide child care if I, or any other person listed below, has been convicted of a felony or misdemeanor against children.

I understand that I am not eligible to provide child care if I, or any such other person listed below, has been convicted of a violent or other serious crime unless extenuating circumstances relating to the conviction(s) exist.

I understand that I may request that the Department of Social Services review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the Department of Social Services.

List all employees, and all volunteers who are likely to have regular contact with children in care.

BY SIGNING THIS FORM THE PROVIDER AGREES THAT ALL STATEMENTS ARE TRUE AND ACCURATE.

Provider Name (Print) _____ Provider Signature/Date _____

*If your program is program type 1, 2, 3, or 4 as defined in Section II, proceed to **Section IX, Parent/Caretaker and Provider Certifications.***

V. ADMINISTRATION OF MEDICATION

NYS Law restricts the right to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to specific medical professionals who are authorized by NYS to administer medication. Some individuals are exempt from this requirement based on their relationship to the child, family or household, and are permitted to administer medications, including:

- The child’s parent, step-parent, legal custodian, legal guardian, or a member of the child’s household,
- A child care provider employed by the parent/caretaker to provide child care in the child’s home,
- Family members who are related within the 3rd degree of consanguinity to the child’s parent or step-parent, and
- Effective January 31, 2005, child care providers who are trained and authorized by the Office of Children and Family Services (OCFS), under a Health Care Plan for Administration of Medication, approved by a qualified health care consultant, may administer medication when such providers are:
 - ▲ operating in compliance with the NYS regulations,
 - ▲ authorized by the child’s parent/caretaker, step-parent, legal guardian, or legal custodian to administer medication, and
 - ▲ administering medication to subsidized children in care.

To receive OCFS authorization to administer medication, a child care provider must be at least 18 years of age and literate in the language in which the parental permissions and health care provider’s instructions will be given.

Any person who is not authorized by NYS Law, or not exempt from this legal requirement, may only administer over-the-counter topical ointments, sunscreen and topical insect repellent. Examples of medication such providers may not administer include, but are not limited to: Tylenol®; Ritalin®; insulin; antibiotics; and ear, eye or nose drops.

A. QUALIFICATIONS TO ADMINISTER MEDICATION

Provider must complete.

1. Is the provider legally permitted to administer medication to subsidized children when authorized by a parent/caretaker, legal guardian, or legal custodian?

- Yes.**
- No.** You are not authorized or permitted to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to the children in your care.

2. Is an employee or volunteer of the program legally permitted to administer medication to subsidized children when authorized by a parent/caretaker, legal guardian, or legal custodian?

- Yes.** Give employee/volunteer’s name: _____.
- No.** Your employee/volunteer(s) is not authorized or permitted to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to the children in your care.

3. Give the reason that allows the provider and/or the employee/volunteer to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to subsidized children in the program. Answer this question only if you answered “Yes” to question 1 or 2.

Check the box(es) below that show the reason(s) that the provider or the employee/volunteer named above is allowed to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to subsidized children in the program. If there is a different answer or reason for different children, the provider must check all answers that apply.

The provider must attach the documentation required for each answer, as indicated.

- A) I have a valid professional health care license as a physician, physician assistant, registered nurse or nurse practitioner that authorizes me to administer medication. I am *not* required to have a Health Care Plan for Administration of Medication.**

I have attached a copy of my current medical license.

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

- B) My employee/volunteer has a valid professional health care license as a physician, physician assistant, registered nurse, or nurse practitioner that authorizes him/her to administer medication. I am required to have a Health Care Plan for Administration of Medication.

I have attached a copy of the approval page of my Health Care Plan for Administration of Medication, and a copy of my employee/volunteer's current medical license.

- C) I have, or my employee/volunteer has, a valid professional license as a practical nurse or certification as an advanced emergency medical technician that allows me, or my employee/volunteer, to administer medication. I am required to have a Health Care Plan for Administration of Medication.

I have attached a copy of my or my employee's/volunteer's current medical license or certification, and a copy of the approval page of the Health Care Plan for Administration of Medication.

- D) I have, or my employee/volunteer has, met the training requirements of OCFS regulations, 18 NYCRR Part 415.4 (f)(7)(iv)(z). I am required to have a Health Care Plan for Administration of Medication.

I have attached a copy of the approval page of the Health Care Plan for Administration of Medication.

B. INTENT TO SEEK AUTHORIZATION TO ADMINISTER MEDICATION TO SUBSIDIZED DAY CARE CHILDREN

Providers who are not permitted to administer medications must answer this.

Will the provider be seeking authorization to administer medication to subsidized day care children? (Choose one).

- Yes. I want to learn how to start the process. Ask the Department of Social Services representative, or in New York City, the Human Resource Administration (HRA) or Administration for Children's Services (ACS) representative, for the following form: Obtaining Authorization to Administer Medication to Children in Legally-Exempt Care.
No. I will not be seeking authorization to administer medication at this time.

C. PARENT/CARETAKER AND PROVIDER AGREEMENT FOR ADMINISTRATION OF MEDICATION

Parent/caretaker must complete this section.

Who will be responsible for administering medication to your child(ren) in the provider's care? (Check all that apply).

- The child care provider or qualified employee/volunteer named previously will administer medication to the child.
The legally-exempt child care provider or employee/volunteer will not administer medication. Instead, the parent/caretaker will administer medication or choose a person who is permitted under NYS Education Law to administer medication. This may include a member of the child's household or certain relatives. The relatives who may be authorized include: the child's grandparent, great-grandparent, great-great-grandparent, aunt/uncle (and spouse), great aunt/great uncle (and spouse), brother/sister or first cousin (and spouse). The parent/caretaker will inform the provider in writing when he or she has chosen a person to give medication to his or her child.

D. PROVIDER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION

Provider must complete this section.

I will administer medication in compliance with NYS law and only to the extent that I am permitted by NYS law to do so.

If I have employees, I will make sure that each of my employees administers medication in compliance with NYS law and only to the extent permitted by NYS law.

If I have volunteers, I will make sure that each of my volunteers administers medication in compliance with NYS law and only to the extent permitted by NYS law.

By signing this, I agree that the all statements on this form are true and accurate.

Provider Signature

Date

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

E. PARENT/CARETAKER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION

I certify that all statements on this form are true and accurate.

I understand that it is my responsibility to make sure my child(ren) receive(s) any necessary medication. I understand that if I choose a child care provider who is not able to meet all of my child(ren)'s health care needs, I am responsible for making additional arrangements to meet the child(ren)'s needs. I will make all necessary arrangements prior to placing my child in the provider's care.

My provider has informed me whether he or she (or his/her employee/volunteer) is legally permitted to administer medication. I have read the Qualifications For Administration Of Medication, Section V A, of this enrollment form, and I understand whether or not my provider or his/her employee/volunteer is legally permitted to give medication to my child(ren).

My child care provider and I have discussed who will administer medication to my child(ren) while the child(ren) is in the provider's care. Our agreement regarding who will be responsible for administering medication to my child(ren) is indicated on this form in Section V C.

I understand that I may administer medication to my child, or that I may authorize another person that is legally permitted to administer medication to my child. I may authorize a member of my child's household or certain relatives of the child to administer medication. The relatives who may be authorized include: the child's grandparent, great-grandparent, great-great-grandparent, aunt/uncle (and spouse), great aunt/great uncle (and spouse), brother/sister or first cousin (and spouse).

Parent/Caretaker Signature _____ Date _____

VI. HISTORY OF COURT-ORDERED ARTICLE 10 REMOVAL OF A CHILD

Provider must complete.

A. PROVIDER HISTORY

- 1. I certify that (choose one):
- I have never had a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act (FCA). (Go to section B.)
- I have had a child removed from my care by court order in a proceeding under Article 10 of the Family Court Act.
2. Date(s) removal(s) occurred:
3. As a result of the FCA Article 10 hearing, was there a judicial finding of abuse or neglect?
- Yes, there was a judicial finding of abuse or neglect. (Indicate type of finding below.)
- Neglect Abuse, severe or repeated Abuse
- No, there was no judicial finding of abuse or neglect. (Indicate reason below.)
- petition was withdrawn Article 10 petition was not filed with the court
- case was dismissed Other, explain:
4. Length of time that the child(ren) were removed from the home (choose one):
- 3 days or less more than 3 days and as many as 60 days more than 60 days but less than 15 months 15 months or longer
5. Provider must attach a written description of what led to the removal and the underlying reasons for the removal.

B. PROVIDER CERTIFICATION REGARDING HISTORY OF ARTICLE 10 REMOVAL.

The provider must complete this certification.

By signing this form, I agree that I have provided true and accurate information regarding any history of an Article 10 removal of a child in my care.

Signature of Provider _____ Date _____

VII. HISTORY OF TERMINATION OF PARENTAL RIGHTS

Provider must complete.

A. PROVIDER HISTORY

- I certify and attest that *(Choose one)*:
 I have never had my parental rights terminated. *(Proceed to Part B.)*
 I have had my parental rights terminated.
- My parental rights were terminated based on: *(Check reason below)*:
 Abandonment Mental illness Permanent neglect
 Mental retardation Severe or repeated abuse Other: _____
- Provider must attach a written description of what led to the termination of parental rights and the underlying reasons for the termination of parental rights.*

B. PROVIDER CERTIFICATION REGARDING HISTORY OF TERMINATION OF PARENTAL RIGHTS

The provider must sign this certification.

By signing this form, I agree that I have provided true and accurate information regarding any history of a termination of my parental rights.

Signature of Provider

Date

VIII. HISTORY OF A SUSPENSION, REVOCATION OR DENIAL OF A LICENSE OR REGISTRATION TO OPERATE A CHILD DAY CARE PROGRAM

(CHILD DAY CARE includes: day care centers, family day care homes, group family day care homes, small day care centers and/or school age child care programs.) Provider must complete.

A. PROVIDER HISTORY

- I certify and attest *(Choose all that apply)*:
 I have applied for an initial license or registration to operate a child day care program, and been denied.
 I have applied for a renewal of a license or registration to operate a child day care program and been denied.
 I have applied for an initial or renewed license or registration to operate a child day care program and I have never been denied an application for or a renewal of a license or registration to operate a child day care program.
 I have never applied for a license or registration to operate a child day care program. *(Go to Part B.)*
- I certify and attest that *(Choose one)*:
 I have never had a license or registration to operate a child day care revoked or suspended. *(Proceed to Part B.)*
 I have had a license or registration to operate a child day care revoked or suspended.
- If you have ever had a license or registration revoked, suspended or denied, give name and location of the child day care program(s) for which this action occurred _____
_____.
- Provider must attach a written description of what led to the denial, revocation or suspension of the license or registration to operate a day care program, and the reasons this occurred.*

B. PROVIDER CERTIFICATION REGARDING LICENSING/REGISTRATION HISTORY

The provider must sign this certification.

By signing this form, I agree that I have provided true and accurate information regarding my history of denial, revocation or suspension of a license or registration to operate a child day care program.

Signature of Provider

Date

IX. PARENT/CARETAKER AND PROVIDER CERTIFICATIONS

A. PROVIDER CERTIFICATIONS

I will notify the Department of Social Services immediately if the hours of care or number of children in my care changes.

I agree to collect the family share (fee) if instructed to do so by the Department of Social Services. I will immediately notify the Department of Social Services if the parent/caretaker fails to pay the required family share. I agree to provide accurate attendance records as required by the Department of Social Services.

I understand that representatives of the Department of Social Services and the State of New York may visit my child care program to confirm that the information on my enrollment form and/or on attendance forms is true and accurate, and that child care services are being provided as listed on those forms. I agree to allow representatives of the Department of Social Services and the State of New York access to all areas where child care is provided for a child receiving a child care subsidy. I understand that if I do not allow such access, then I will be considered an ineligible provider. Any child care that I provide to a child receiving a child care subsidy while I am deemed an ineligible provider by the Department of Social Services will not be reimbursed by the Department of Social Services.

I understand that I may not be eligible to provide child care if I have a history of an Article 10 (child protective) removal of a child by court order, termination of my parental rights, or denial, revocation and/or suspension of a license or registration to operate a child day care program. I understand that I may request that the Department of Social Services review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all information, documents or references required by the Department of Social Services.

B. PARENT/CARETAKER CERTIFICATIONS

I understand that my provider may not be eligible to provide child care if he or she has a history of an Article 10 (child protective) removal of a child by court order, termination of parental rights, or denial, revocation and/or suspension of a license or registration to operate a child day care program. I understand that I may request that the Department of Social Services review any extenuating circumstances to determine if an exception could be made to allow my provider to provide child care. If I request an exception, the provider must provide all information, documents or references required by the Department of Social Services.

I understand that the Department of Social Services may not be able to pay a provider when:

- The provider, any volunteer, who is likely to have regular contact with my children, or any employee has been convicted of a crime; or
- The provider has a history of an Article 10 removal of a child by court order, termination of parental rights, or denial, revocation and/or suspension of a license or registration to operate a child day care program.

If the Department of Social Services determines that payment cannot be made to the provider when any of the above events have occurred, I have the right and responsibility to decide whether I want to use this provider. If I choose to continue using such a provider, I am responsible to pay for the child care myself. I understand that I have the right to select another provider.

I will notify the Department of Social Services if the hours that I need child care or other circumstances related to my need or eligibility for child care change. I agree to pay my family share (fee), if any, as directed by the Department of Social Services.

I certify that I have selected this provider to care for my child(ren). I understand that it is my responsibility to monitor the quality of care furnished to my child(ren).

C. PARENT/CARETAKER AND PROVIDER CERTIFICATIONS

We state that to the best of our knowledge and belief all statements made on this form and any attachments are accurate and true. We understand that providing false or inaccurate information may result in the termination of payments and legal action by the Department of Social Services.

We state that the parent/caretaker has specifically asked the provider if the provider, volunteers who are likely to have regular contact with children in care, or employees have been the subject of an indicated report of child abuse or maltreatment. The provider has asked all volunteers who are likely to have regular contact with children in care and all employees if they have been the subject of an indicated report of child abuse or maltreatment. The provider has given the parent/caretaker true and accurate information in writing regarding any indications of child abuse or maltreatment. The parent/caretaker has considered the information given on child abuse and maltreatment indications and is selecting this provider. The parent/caretaker understands he/she has the right to select another provider.

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

If the provider is required to complete the Facility Safety Checklist, we state that we have completed it together. We understand that payment cannot be made until items marked "No" on the Facility Safety Checklist have been corrected. We agree to notify and provide documentation to the Department of Social Services when any item on the Checklist has been corrected or changed.

By signing this form, the parent/caretaker and provider agree to all of the requirements listed above.

Parent/Caretaker Signature and Date _____

Provider Signature and Date _____

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

IMPORTANT! Provider, refer to the detailed instructions when completing this form.

Section I. Provider's Information

Provide the information requested below.

Provider's Name	Provider's Phone Number
Provider's Address	
Address where child care is provided, if different from above	

Section II. Provider's Policy on Administration of Medication to Children in Care

The provider understands and agrees to the following: (Check "Yes" or "No" for each statement, based on your policy and procedure.)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I tell parents/caretakers my policies and procedures for giving medicine to children when the parent/caretaker signs up and whenever the plan is changed.
<input type="checkbox"/>	<input type="checkbox"/>	I will let parents/caretakers read my <u>Health Care Plan for Administration of Medication</u> when they ask.

IIA. Qualifications Of The Person(s) Designated To Give Medication

Give the name and qualifications for the person designated to give medicine to children.

A) Name:		
B) Title:		
C) Basic Requirements: The designated person is:		
<input type="checkbox"/>	18 years or older.	
<input type="checkbox"/>	Able to read, write and speak the language that parental/caretaker's permissions and health care provider's instructions will be spoken and written in.	
D) Qualifications: (Indicate below what qualifications allow the designated person to give medicine)		
<input type="checkbox"/>	1. Certified to Give Medicine-The person designated to give medicine meets the Office of Children and Family Services (OCFS) training requirements. (Place check in front of each training that was completed and give requested dates.)	
		Certification date
		Expiration date
<input type="checkbox"/>	<input type="checkbox"/>	Cardio-pulmonary resuscitation (CPR)
<input type="checkbox"/>	<input type="checkbox"/>	First Aid
<input type="checkbox"/>	<input type="checkbox"/>	Medication Administration Training (MAT)
<input type="checkbox"/>	2. Authorized- The person designated to give medicine is a trained medical professional with a license issued by NYS Department of Education or certification issued by the New York State (NYS) Department of Health. (Provide details on the license/certification below.)	
	Type of license/certification:	
	License/certification number:	
	Expiration date:	

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

IIB. Administering Medication

The provider understands and agrees to the following: (Check "Yes" or "No" for each statement, based on your policy and procedure.)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	The qualified person may give medicine only in the following ways: <ul style="list-style-type: none"> ▪ topical ▪ oral ▪ eye ▪ ear ▪ inhaled ▪ medication patches ▪ epinephrine auto-injector devices (EpiPen®)
<input type="checkbox"/>	<input type="checkbox"/>	I will complete and follow an Individual Health Care Plan for a Child with Special Health Care Needs for any child who needs medicine which is given by any way that is not on the list.
<input type="checkbox"/>	<input type="checkbox"/>	The person designated to give medicine to children in child care will be on-site at all times. <i>If no, describe how children will receive their medicine when the designated staff person is not on-site at all times, or is absent.</i> _____ _____

IIC. Who May Administer Medication

The provider understands and agrees to the following: (Check "Yes" or "No" for each statement, based on your policy and procedure.)

YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	Only a qualified selected, staff person may give children medicine that is not an over-the-counter topical ointment, sunscreen lotion and/or topically applied insect repellent.		
<input type="checkbox"/>	<input type="checkbox"/>	Anyone who is not qualified to give medicine may <i>only</i> give over-the-counter topical ointment, sunscreen lotion and topically applied insect repellent to children in care.		
<input type="checkbox"/>	<input type="checkbox"/>	I will allow a parent/caretaker to give medicine to his/her child while in my care, if the parent/caretaker chooses to do so.		
<input type="checkbox"/>	<input type="checkbox"/>	I will allow a parent/caretaker to select an adult family member to give medicine to his or her child. The only relatives allowed to give medicine to a child in care are the child's: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • grandparent • great-grandparent • great-great-grandparent • aunt/uncle and spouses </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • great aunt/uncle and spouses • brother/sister • first cousin </td> </tr> </table>	<ul style="list-style-type: none"> • grandparent • great-grandparent • great-great-grandparent • aunt/uncle and spouses 	<ul style="list-style-type: none"> • great aunt/uncle and spouses • brother/sister • first cousin
<ul style="list-style-type: none"> • grandparent • great-grandparent • great-great-grandparent • aunt/uncle and spouses 	<ul style="list-style-type: none"> • great aunt/uncle and spouses • brother/sister • first cousin 			
<input type="checkbox"/>	<input type="checkbox"/>	I will allow a parent/caretaker to select a member of the child's household to give medicine to his or her child.		
<input type="checkbox"/>	<input type="checkbox"/>	I will allow a parent/caretaker to select a New York State licensed medical professional to give medicine to his or her child.		
<input type="checkbox"/>	<input type="checkbox"/>	The parent/caretaker must inform me in writing of any person he or she has selected to give medicine to his or her child		

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

IID. Parental/Caretaker Permission and Health Care Provider's Instructions Before Giving Out Medicine

The provider understands and agrees to the following: *(Check "Yes" or "No" for each statement, based on your policy and procedure.)*

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I will follow all OCFS rules for getting and keeping records of parental/caretaker's permission and health care provider instructions.
<input type="checkbox"/>	<input type="checkbox"/>	Before giving medicine to a child, I will have the parent's/caretaker's permission.
<input type="checkbox"/>	<input type="checkbox"/>	Before giving medicine to a child, I will get instructions from the health care provider, whenever it is required by OCFS.
<input type="checkbox"/>	<input type="checkbox"/>	I will always have either the <u>Written Medication Consent Form</u> or the <u>Verbal Medication Consent Form</u> .

Giving over-the-counter medicine when a child develops symptoms while at your program and you do not have written parental/caretaker's permission or health care provider instructions-

If you plan to give over-the-counter medicine to a child who develops symptoms and you do not have written parental/caretaker's permission or health care provider instructions, you must agree to do the following before giving the medicine.

The provider understands and agrees to the following: *(Check "Yes" or "No" for each statement, based on your policy and procedure.)*

YES	NO	
For children up to 18 months of age:		
<input type="checkbox"/>	<input type="checkbox"/>	I will get written parent/caretaker permission and health care provider instructions to administer all over-the-counter medicine, except topical ointments, sunscreen and topically applied insect repellent.
<input type="checkbox"/>	<input type="checkbox"/>	For over-the-counter topical ointments, sunscreen and topically applied insect repellent, I will get verbal parental/caretaker's permission which must match the instructions for use written on the medicine container.
For children over 18 months of age:		
<input type="checkbox"/>	<input type="checkbox"/>	For all over-the-counter medicine I will get verbal parental/caretaker's permission which must match the instructions for use written on the medicine container.
For all children:		
<input type="checkbox"/>	<input type="checkbox"/>	I will document all permission and instructions received.
<input type="checkbox"/>	<input type="checkbox"/>	When receiving verbal instructions from the health care provider I will ask that the health care provider to send written instructions to me in writing.
<input type="checkbox"/>	<input type="checkbox"/>	I will check for special instructions on the container that are age-specific.
<input type="checkbox"/>	<input type="checkbox"/>	I will follow the instructions on the container when I give the over-the-counter medicine/ointment.
<input type="checkbox"/>	<input type="checkbox"/>	I will not give the medicine on the following days unless I have the proper permission and instructions required to give medicine on an on-going basis.

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

Giving medicine when a child has symptoms upon arrival at your program, but there are no written health care provider instructions-

If you plan to give over-the-counter medicine or prescription medicine to a child when the parent/caretaker arrives at your program but does not have written health care provider instructions, you must agree to do the following before giving the medicine.

The provider understands and agrees to the following: *(Check "Yes" or "No" for each statement, based on your policy and procedure.)*

YES	NO	
For children up to 18 months of age for over-the-counter medicine:		
<input type="checkbox"/>	<input type="checkbox"/>	I will get written parent/caretaker permission and health care provider instructions to give all over-the-counter medicine, except topical ointments, sunscreen and topically applied insect repellent.
<input type="checkbox"/>	<input type="checkbox"/>	For over-the-counter topical ointments, sunscreen and topically applied insect repellent, I get written parent/caretaker permission that must match the instructions for use written on the medicine container.
For children up to 18 months of age for prescription medicine:		
<input type="checkbox"/>	<input type="checkbox"/>	I will get verbal parent/caretaker permission and health care provider instructions to administer all prescription medicine.
For children over 18 months of age for over-the-counter medicine:		
<input type="checkbox"/>	<input type="checkbox"/>	I will get verbal parent/caretaker permission, which must match the instructions for use written on the medicine container.
For children over 18 months of age for prescription medicine:		
<input type="checkbox"/>	<input type="checkbox"/>	I will get verbal parent/caretaker permission and health care provider instructions to give all prescription medicine.
For all children:		
<input type="checkbox"/>	<input type="checkbox"/>	I will document all permission and instructions received.
<input type="checkbox"/>	<input type="checkbox"/>	When receiving verbal instructions from the health care provider, I will ask that the health care provider to send written instructions to me in writing.
<input type="checkbox"/>	<input type="checkbox"/>	I will check for special instructions on the container that are age-specific.
<input type="checkbox"/>	<input type="checkbox"/>	I will follow the instructions on the container when I give the over-the-counter medicine/ointment.
<input type="checkbox"/>	<input type="checkbox"/>	I will not give the medicine on the following days unless I have the proper permission and instructions required to give medicine on an on-going basis.

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

IIE. Keeping Track of Medicine Dosages and Time

The provider understands and agrees to the following: *(Check “Yes” or “No” for each statement, based on your policy and procedure.)*

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	For each child who receives medicine while in my care, I will keep log sheets with the child’s name on them. I will do this on the <u>Log of Administration</u> form.
<input type="checkbox"/>	<input type="checkbox"/>	Each time medicine is given, the person who gives the medicine will record on the log for that child: <ul style="list-style-type: none"> ▪ the medicine given, ▪ the amount given (dosage), and ▪ the date and time it is given, and ▪ his or her signature.
<input type="checkbox"/>	<input type="checkbox"/>	If any mistake is made giving medicine, I will report it to the child’s parent/caretaker immediately. I will tell the parent/caretaker to tell the child’s health care provider.
<input type="checkbox"/>	<input type="checkbox"/>	If any mistake is made giving medicine, I will report it to OCFS by the following business day, using the <u>Medication Error Report Form</u> . <i>(Report this to the Bureau of Early Childhood Services at the OCFS Regional Office, or in New York City (NYC) to the Bureau of Day Care at the NYC Department of Health and Mental Hygiene (DOHMH). The contact information for Regional Offices and NYC DOHMH can be found in the instructions or by visiting the following internet site:</i> http://www.ocfs.state.ny.us/main/becs/regionaloffices.asp .
<input type="checkbox"/>	<input type="checkbox"/>	When a child has side effects to a medicine, I will tell the child’s parent/caretaker. I will write all side effects on the <u>Log of Administration</u> . I will report side effects to the health care provider when appropriate. I will get medical help if needed.
<input type="checkbox"/>	<input type="checkbox"/>	When I give any “as needed” medicine to a child, I will tell the child’s parent/caretaker. I will record this on the <u>Log of Administration</u> .
<input type="checkbox"/>	<input type="checkbox"/>	When the health care provider’s instructions for giving a medicine are not the same as the ones on the label, I have a way to let the person who gives medicine know this. My plan is: _____
		I know that changes can only be made to: <ul style="list-style-type: none"> • the dose amount, • the time the medicine is given, and • how often it is given.

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

IIF. Storage and Disposal of Medicine

The provider understands and agrees to the following: (Check “Yes” or “No” for each statement, based on your policy and procedure.)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I will keep all medicine (prescription and over-the-counter) in the original, labeled bottles. I will not give children any medicine that is not in its original bottle.
<input type="checkbox"/>	<input type="checkbox"/>	I will store <u>all medicine</u> in a clean, safe place that children cannot reach or get into. <i>Explain where you store medicine</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	When medicine needs to be refrigerated, I will keep it in a refrigerator.
<input type="checkbox"/>	<input type="checkbox"/>	When medicine is refrigerated, I will keep it separated from food by storing it in <ul style="list-style-type: none"> • a separate refrigerator used for medicine only, OR • a larger, sealed, leak-proof container in the refrigerator. <i>If no, describe how you keep medicine separate from food:</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	I will return out-of-date or leftover medicine to the parent/caretaker.
<input type="checkbox"/>	<input type="checkbox"/>	If a parent/caretaker(s) does not take the medicine, I will throw the medicine out in a way that is safe (e.g., flush it down the toilet or wash it down the sink).

IIG. Stock Medication Procedures

Complete this section **ONLY** if you wish to be permitted to keep “stock” medications (*medicine*). Stock medicines are over-the-counter (non-prescription) medicines that are used when a child gets sick unexpectedly, while in care. You may keep a supply of stock medicine for children only if your Health Care Consultant approves of your policies and procedures stated in this section.

I wish to keep a supply of “stock” medicine, and I agree to the following: (Check “Yes” or “No” for each statement, based on your policy and procedure)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I will not stock any <i>prescription</i> medicine, including EpiPens®.
<input type="checkbox"/>	<input type="checkbox"/>	I will use the procedures stated in this plan for “Storage and Disposal of Medicine” for my “stock” medicine.
<input type="checkbox"/>	<input type="checkbox"/>	I will not keep stock medication in the same place where I keep any “child-specific” medicine.
<input type="checkbox"/>	<input type="checkbox"/>	I will keep all stock medicine in the original container with the following information: <ul style="list-style-type: none"> ▪ Name of medicine, ▪ Reasons for use, ▪ Directions for how to use, ▪ Dosage instructions, ▪ Possible side effects ▪ Bad reactions or warnings, and ▪ Expiration date
<input type="checkbox"/>	<input type="checkbox"/>	When giving stock medicine, I will follow the directions on the package.

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	When I remove stock medicine from the original container to a measuring spoon or other measuring tool, I will do it in a way that will not contaminate the stock medicine.
<input type="checkbox"/>	<input type="checkbox"/>	Stock medicine is given to each child with a medicine cup, spoon or other measuring tool, which is used only for that child. I will label each measuring tool with the child's name.
<input type="checkbox"/>	<input type="checkbox"/>	I will follow all regulations related to parent/caretaker or guardian permissions and health care provider instructions.
<input type="checkbox"/>	<input type="checkbox"/>	I will give a stock medicine to a non-infant child, based on verbal permission of the parent/caretaker or guardian for one day only. I will require written permission to give stock medicine for more than one day.
<input type="checkbox"/>	<input type="checkbox"/>	For an infant child, I will only give topical stock medicine for one day based on verbal permission of the parent/caretaker or guardian. Any stock medicine, other than topical, will be given only with written permission from the parent/caretaker/guardian and written instructions from the health care provider.

III. Individual Health Care Plan for a Child

The provider understands and agrees to the following: (Check "Yes" or "No" for each statement, based on your policy and procedure.)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	When caring for a child with special health care needs, I will work with the parent/caretaker and health care provider to develop an <u>Individual Health Care Plan for a Child with Special Health Care Needs</u> .
<input type="checkbox"/>	<input type="checkbox"/>	When caring for a child whose medicine cannot be given through the approved ways (routes), I will work with the child's parent/caretaker and health care provider to develop an <u>Individual Health Care Plan for a Child with Special Health Care Needs</u> .
<input type="checkbox"/>	<input type="checkbox"/>	When I am caring for a child who is allowed to independently administer his or her own medicine, I must follow an <u>Individual Health Care Plan for a Child with Special Health Care Needs</u> . The child's plan must include: <ul style="list-style-type: none"> • how the medicine will be stored and kept out of reach of other children, • how the child will make me aware of any medicine dose that he/she takes, • how I will document each dose the child takes, • how I will recognize possible side effects, • the actions to take if any side effects occur, and • any additional training I may need to care for the child.
<input type="checkbox"/>	<input type="checkbox"/>	When caring for a child who has an individual health care plan, I will follow the written procedures in the child's plan.
<input type="checkbox"/>	<input type="checkbox"/>	When caring for a child with an individual health care plan, I will obtain any training that is needed to carry out the child's plan.

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

Section III. Emergency Procedures

Describe your procedures for obtaining emergency health care for children who need emergency care. _____

If not explained above, how will children be transported for emergency care? _____

How will any children remaining in care be supervised? _____

Section IV. First Aid Kit

You must have a well stocked first aid kit with items to treat different types of injuries, like cuts, scrapes, or bruises.

List the contents of your first aid kit.

Section V. Infection Control Procedure

Please read and sign below.

<p>I have reviewed the materials provided in the enrollment package, including those on</p> <ul style="list-style-type: none"> ▪ Hand washing procedures, ▪ Diapering procedures, ▪ Safety precautions related to blood, ▪ Proper gloving procedures, and ▪ Procedures and schedules for the sanitation of equipment, toys and objects. <p>My staff and I will follow these procedures when caring for children in my child care program.</p>	
<p>_____ Provider's Signature</p>	<p>_____ Date</p>

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

Section VI. Changes to the Health Care Plan for Administration of Medication

There are four kinds of changes to the plan: updates, renewals, amendments and revocations.

The provider understands and agrees to the following: (Check “Yes” or “No” for each statement, based on your policy and procedure.)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I will update the section for “Qualifications of the Person Designated to Administer Medications” by: <ul style="list-style-type: none"> ▪ Making sure that the person designated to give medicine attends training to renew his or her certifications in MAT, CPR and First Aid, and ▪ Adding the dates of recertification and certificate expiration for each of the three required trainings in my plan, and ▪ Keeping the original certificates of completion for each training, OR
<input type="checkbox"/>	<input type="checkbox"/>	I will show the certificates and updates to my Health Care Consultant upon request.
<input type="checkbox"/>	<input type="checkbox"/>	I will renew my <u>Health Care Plan for Administration of Medication</u> every two years, if I want to continue giving medicine at my child care program. <ul style="list-style-type: none"> ▪ I will complete a new plan including all updates and changes. ▪ I will have a health consultant visit my child care program at least once every two years. ▪ A health care consultant will review and approve the revised plan. ▪ I will submit the approval page to the local district or in NYC, the HRA or ACS.
<input type="checkbox"/>	<input type="checkbox"/>	I will amend my <u>Health Care Plan for Administration of Medication</u> when my policies and procedures for giving medicine need to change. <ul style="list-style-type: none"> ▪ I will change the <u>Health Care Plan for Administration of Medication</u>. ▪ A health care consultant will review and approve the amended plan. ▪ I will submit the new approval page to the local district, or in NYC, the Human Resources Administration (HRA) or Agency for Children Services (ACS).
<input type="checkbox"/>	<input type="checkbox"/>	If my Health Care Consultant revokes my <u>Health Care Plan for Administration of Medication</u> , I will tell the parent/caretaker of all children in my care and the local district, or in NYC, the HRA or ACS, right away.

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

Section VII. Certification and Signature of the Provider

You must read and sign the attestation below.

- I understand that I must have a Health Care Consultant visit the site of my child care program and that I must obtain the approval of a Health Care Consultant before putting this Health Care Plan for Administration of Medication into effect.
- I understand that it is my responsibility to make sure this Health Care Plan for Administration of Medication is followed once it is approved by the Health Care Consultant.
- I understand that if there is only one person designated to give medicine and that person leaves my program, I must tell parent/caretaker immediately that my child care program cannot continue to give medicine, other than over-the-counter topical ointments, sunscreen and topically applied insect repellent. I must also tell the local district.
- I understand that the approval of this plan and the authorization to give medicine applies only to children receiving child care subsidy and permits the designated person to give medicines only as part of this child care program.
- I understand that if I need to make any changes or revisions to my Health Care Plan for Administration of Medication, the Health Care Consultant must review and approve these changes. Once approved by the Health Care Consultant, I will notify parent/caretaker/guardians of the changes made to the health care plan. I will then submit the approval page from my Health Care Plan for Administration of Medication to the district.
- I understand that I must submit a copy of the approval page of my Health Care Plan for Administration of Medication to the local District or in NYC, the HRA or ACS at the following times:
 - when my plan is approved,
 - when my plan is renewed,
 - when my plan is amended,
 - upon the request of the local district, or in NYC, the HRA or ACS.
- I understand and agree that if I am caring for a child with special health care needs, I will work with the child's parent/caretaker and health care provider to make an Individual Health Care Plan for a Child with Special Health Care Needs.
- I agree to notify the child's parent/caretaker, immediately, and the regional office of the Office of Children and Family Services, or in NYC the Department of Health and Mental Hygiene, by the close of the following business day, of any errors in giving medicine.
- If my Health Care Plan for Administration of Medication is revoked for any reason I agree to immediately notify:
 - the parent/caretaker of any child in my care, AND
 - my local district OR, in NYC, the HRA or ACS, as appropriate.
- I understand that I am responsible for paying my Health Care Consultant.
- I understand that if my plan is revoked, medicine cannot be given as part of my child care program.
- I understand that the Office of Children and Family Services may prohibit a provider or employee/volunteer from giving medicine or may require retraining of a provider or employee/volunteer who has failed to comply with the requirements for administration of medication set forth in regulation (18 NYCRR, Part 415.4(f)(7)(iv)(z).

Provider's Signature _____

Date _____

Provider's Name (please print) _____

Health Care Plan for the Administration of Medication for Legally-Exempt Provider

Section VIII. Approval of the Health Care Plan for Administration of Medication

The Health Care Consultant must review and sign the attestation below.

In signing this document I understand:

- I am responsible for reviewing the policies and procedures for the administration of medication to children in this child care program who are receiving child care subsidy, as set forth in this Health Care Plan for Administration of Medication. This review process includes a site visit and the verification of staff qualifications for all staff designated to give medicine, including:
 - The review of documents that show the individuals have the necessary professional license or have completed the required training,
 - Proof that the person giving the medicine is at least 18 years of age, and
 - A determination that the person giving the medicine is literate in the language that the health care provider's instructions and the parent's/caretaker's permissions are provided.
- I have determined that this Health Care Plan for Administration of Medication meets the requirements set forth in regulation, 18 NYCRR, Part 415.4(f)(7)(iv)(z), and my signature constitutes approval of this plan.
- **I approve, or I disapprove** (*choose one*) this program's procedures for use of "stock" medication. I may call the OCFS regional office if I need additional information regarding the regulatory requirement.
- I may revoke my approval of this plan. If I do revoke my approval of the Health Care Plan for Administration of Medication, for any reason, I must notify the provider immediately. I may also notify the local district department of social services, or in NYC, HRA or ACS, of this revocation.
- I need to visit the program site at least once every two years, or more frequently if the Health Care Plan for Administration of Medication changes.
- I have a valid New York State license to practice as a physician, physicians assistant, nurse practitioner, or registered nurse.

Health Care Consultant Signature

Date signed (**Plan Approval Date**)

Health Care Consultant Name (please print)

License Number

Title

License Expiration Date

Address

Phone Number

Section IX. Local District Review

Submit a copy of this completed approval page to your local district, or in NYC to HRA or ACS.

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

Who should complete the Health Care Plan for Administration of Medication?

The Health Care Plan for Administration of Medication should be completed by those legally-exempt child care providers,

- Who want to be permitted to give medicine to children receiving subsidy, and
- Who must be authorized by the New York State (NYS) Office of Children and Family Services (OCFS) to give medicine other than topical ointments, sunscreen and topically applied insect repellent, to children receiving subsidy.

Who does not need to complete this Health Care Plan for Administration of Medication?

- Any legally-exempt provider who will not give children any medicine other than over-the-counter topical ointments, sunscreen and topically applied insect repellent,
- Any legally-exempt provider who is also a physician, physician's assistant, registered nurse or nurse practitioner.
- Legally-exempt providers who are exempt under NYS Education Law and are not required to have an approved Health Care Plan for Administration of Medication in order to give medicine to children in care, including:
 - ▲ Relatives within the 3rd degree of consanguinity, or
 - ▲ In-home providers.
- Legally-exempt group providers who are operating under the supervision of another State, Federal or local agency (for example, summer camps operated by the Department of Health.)

Who can you help complete this form?

Your local Child Care Resource and Referral (CCRR) agency can help you complete this form and help you with other things related to the administration of medication. Ask your local Department of Social Services for the CCRR's number.

HOW TO FILL OUT THE HEALTH CARE PLAN FOR ADMINISTRATION OF MEDICATION

Section I: Provider's Information

Give the information requested.

Please note, the Health Care Plan for the Administration of Medication is site (place)-specific. If you give child care at different places, then you must complete a Health Care Plan for the Administration of Medication and an enrollment form for each place.

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

Section II: Provider's Policy on Administration of Medicine to Children in Care

BACKGROUND: The Nurse Practice Act (NPA) limits the practice of “administration of medication” to certain medical professionals. There are several categories of individuals who are exempt from the NPA. These are listed in Education Law, Title 8, Article 139, Section 6908. Some persons listed in the exemption are permitted to give medication without special training, based on their relationship to the child, family or household. Others must have training and meet additional OCFS requirements. Any person who is not authorized to give medication by NYS Law, or who is not exempted from this requirement, may not give medicine other than topically applied ointments, sunscreen and topical insect repellent.

The following groups of legally-exempt child care providers are permitted to give medicine to children receiving subsidized care.

1. Medical professionals with a valid, current, NYS license in one of the following professions: physician, physician’s assistant, registered nurse or nurse practitioner may give medicine to children within the scope of their licenses.
2. Medical professionals with a valid, current NYS license in the profession of practical nurse or certification in the profession of advanced emergency medical technician may give medicine to children in a child care setting in accordance with an approved Health Care Plan for Administration of Medication.
3. Legally-exempt child care providers who are certified in medication administration training and who are authorized by OCFS, under an approved Health Care Plan for Administration of Medication.
4. Persons who are exempt from the Nurse Practice Act and who are not required to have a health care plan for administration of medication, including:
 - a. A “person employed primarily in a domestic capacity,” such as a child care provider employed by the parent/caretaker to provide child care in the child’s home;
 - b. A member of the child’s household; and
 - c. Family members who are related within the 3rd degree of consanguinity to the child’s parent or stepparent. A relative within third degree of consanguinity of a parent is defined in 18 NYCRR section 413.2 (a)(1) and includes the following:
A relative within the third degree of consanguinity of the parent or step-parent 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.

You must have policies and procedures for giving medicine that follow the OCFS regulations. Show that your policies and procedures follow OCFS regulations by answering the questions in this plan. Place a check in either the “yes” or “no” box, to show if you understand and agree with each statement.

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

You must tell parent/caretaker the policies and procedures regarding administration of medicine at the time the child is signed up and when the plan changes. You should give a copy of your Health Care Plan for the Administration of Medication to the parent/caretaker. You must let a parent/caretaker read your plan whenever a parent/caretaker asks.

Section II A: Qualifications Of The Person(s) Designated To Give Medication

OCFS regulations require that you **designate** (choose) at least one person, who is legally permitted to administer medicine, to give medicine to children in your care. This person is usually the provider, but it can be a staff member: an employee or volunteer. In this section you tell *who* you have chosen to give medicine. Then you list the person's qualifications.

IIA, Part A) Name:

Write the name of the person who you have chosen to give medicine to children in your care.

IIA, Part B) Title:

If the person chosen to give medicine has a title, write it here.

IIA, Part C) Basic Requirements:

Show that the person you have chosen meets the basic requirements by placing a check next to each requirement that is met. He or she must:

- Be at least 18 years of age,
- Be able to read, speak and understand the language that the medicine instructions and permissions are written and spoken in.

IIA, Part D) Qualifications:

The person giving medicine may have completed OCFS training requirements or may be a medical professional. Choose either 1 or 2, to show how this person is qualified to give medicine. Under each choice additional information is required.

Choice 1: Certified to Give Medicine-The person designated to give medicine meets OCFS training requirements.

Choose this if the person has completed the 3 required trainings: Cardio-pulmonary Resuscitation (CPR), First Aid and Medication Administration Training (MAT).

1. Check off the box in front of the training course to show that it has been completed.
2. Fill in the certification date for each training. This is the date the designated person completed training. It is found on the training completion certificate.
3. Fill in the expiration date for each training. This is the date that the training certificate expires. For example, the MAT certificate will expire three years after the certification date. An expired certificate is not valid.
4. Attach original certificates of training to the Health Care Plan for Administration of Medication.

Please Note: You must make sure the person giving medicine gets re-certified, in each area, before the certificates expire. You must update this part of the plan with the new information, by attaching a page. You must keep the original training certificates and re-

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

certifications for MAT, CPR and First Aid to prove the qualifications of the person designated to give medicine.

Choice 2: Authorized-The person designated to give medicine is a trained medical professional with a license issued by NYS Department of Education or certification issued by the NYS Department of Health.

Specified trained medical professionals are not required to attend the MAT, first aid or CPR trainings. Choose this option if the person chosen to give medicine has a current, professional license under NYS Education Law in the profession of:

- practical nurse,
- physician,
- physicians assistant,
- nurse practitioner, or
- registered nurse.

Also choose this option if the person has a certification from the NYS Department of Health as an advanced emergency medical technician.

The medical license/certification must be issued by NYS and must be current. The designated person *may not* administer medicine if the professional license or certification is expired.

1. Provide the requested information.
 - Type of license or certificate: This is the person's professional occupation, as found on the license.
 - License or certificate number: This is the individual's license/certificate number as is found on the license/certificate.
 - Expiration Date: This is the date that the license or certificate expires and is found on the license. If the license/certification has expired, then it is considered invalid.
2. Attach a copy of the medical license to the Health Care Plan for Administration of Medication.
3. You can confirm that a medical license is valid by contacting the NYS Education Department, Office of the Professions.

Telephone: (518) 474-3817

Internet Site: <http://www.op.nysed.gov/opsearches.htm>

Mailing Address:

New York State Education Department,
Office of Professions
State Education Building - 2nd floor
89 Washington Avenue
Albany, NY 12234

Please note: If the child care provider is the person designated to give medicine *and* is also a physician, physician's assistant, nurse practitioner or registered nurse then the provider is not required to complete the Health Care Plan for Administration of Medication. However, if the provider designates a qualified *employee* to give medicines and that *employee* is a

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

NYS licensed physician, physician's assistant, nurse practitioner, registered nurse, then the provider must have a Health Care Plan for Administration of Medication.

Section II B: Administering Medication

The person giving medicine is allowed to give medicine in only certain ways that are listed in this section. When medicine must be given in a way not included on the list, the provider must have an Individual Health Care Plan for a Child with Special Health Care Needs to follow. This is discussed in section II H.

The person designated to give medicine does not have to be on-site at all times. However, if he/she is not, then you must have a good plan in place to meet the medicine needs of each child. For example, a provider could employ a registered nurse to stop by each day and give medicine at a specific time.

Section II C: Who May Administer Medication

You must show who can give medicine to children in your program. Parents/caretakers may give medicine to their children. They may also choose a member of the child's household or a relative to give medicine to their children. The relatives who may be chosen by a parent/caretaker to give medicine are the child's:

- grandparent
- great-grandparent
- great-great-grandparent
- aunt/uncle and spouses
- great aunt/uncle and spouses
- brother/sister
- first cousin

The parent/caretaker must inform you, in writing, whenever he or she is authorizing another person to give medicine to his or her child while at your child care program.

Section II D: Parental/Caretaker's Permission and Health Care Provider's Instructions Before Giving Out Medicine

This section discusses getting parental/caretaker's permission *and* health care provider instructions *before* giving medicine. The two OCFS forms, the Written Medication Consent Form and the Verbal Medication Consent Form, must be used to record the parent's/caretaker's permission and the health care provider's instructions.

Section II E: Keeping Track of Medicine Dosages and Time

In this section, you show what information you will record about giving medicine and the child's response to medicine. You must also tell what you will do if there is a mistake or another unusual situation.

1. You must keep a separate log for *each medicine* that is being given to *each child* in the child care program. The Log of Administration must be used for this purpose.
2. The log must include the following information:
 - a. Child's name
 - b. Name of medicine
 - c. Each time a medicine is given the following must be recorded:
 - Date given

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

- Amount given (dose)
 - Who gave the medicine
 - Time the medicine was given (include AM or PM)
- d. If any “side effects” are noted, include a description of them, and how and when parent/caretaker were notified.
- e. If an “as needed” medicine is given, the designated person must record a description of the child symptoms that required the administration of medicine and state how and when parent/caretaker were notified.
3. If any medicine is given in error, you must notify the parent/caretaker immediately and advise them to notify the child’s health care provider. You must also notify the regional office of the Bureau of Early Childhood Services (BECS) Office of Children and Family Services or, in New York City, notify the Bureau of Day Care of the NYC DOHMH, by the following business day. To find the office name and address where you must submit the report, refer to **Figure 1**, Where to Send Reports of Medication Errors. Use column one to locate the county in which the child care site is located, and send the report to the office listed in column two.
4. The child care provider must have a method in place to alert the person designated to give medicine when the health care provider has changed the instructions for giving a medicine (for example, changing the amount of the dose or the frequency) *and* the label on the medicine container does not match the current instructions. You must describe your method for doing this. For example, you could attach a red dot sticker to the medicine container whenever the health care provider has issued instructions that are different from those on the container. The red dot would signal to the person designated to give medicine that the instructions have changed. The designated person would then refer to the child’s chart for the current medicine administration instructions.

Figure 1: Where to Send Reports of Medication Errors.

Contact Information for Regional Offices and NYC DOHMH	
County/District	Office/Phone/Address
Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, St. Regis, Warren, Washington	Bureau of Early Childhood Services, Albany Regional Office (518) 402-3038 155 Washington Avenue, 3rd Floor Albany, NY 12210-2329
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	Bureau of Early Childhood Services, Buffalo Regional Office (716) 847-3828 295 Main St., Room 545 Ellicott Square Building Buffalo, NY 14203
Nassau, Suffolk	Bureau of Early Childhood Services, Long Island Regional Office (631) 342-7100 Courthouse Corporate Center 320 Carleton Avenue-Suite 4000 Central Islip, NY 11722

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	Bureau of Early Childhood Services, Rochester Regional Office (585) 238-8531 259 Monroe Avenue, 3rd Floor Monroe Square Rochester, NY 14607
Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	Bureau of Early Childhood Services, Syracuse Regional Office (315) 423-1202 The Atrium Building 2 Clinton Square, 3 rd Floor Syracuse, NY 13202
Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	Bureau of Early Childhood Services, Yonkers Regional Office (914) 376-8810 525 Nepperhan Avenue, Room 205 Yonkers, NY 10703
Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)	New York City Department of Health and Mental Hygiene, Bureau of Day Care 212 676-2444 2 Lafayette Street, 22 nd Floor New York, NY 10007

Section II F: Storage and Disposal of Medicine

In this section you show your procedures for storage and disposal of medicine.

Section II G: Stock Medication Procedures

This section is to be completed only by those providers who wish to have a supply of stock medications for the program's use. Only non-prescription medicines can be stock medications. *You will only be allowed to use stock medicine if the health care consultant indicates approval of these procedures on the approval page.*

Section II H: Individual Health Care Plan for a Child

You must have and follow an Individual Health Care Plan for a Child with Special Health Care Needs for:

- A child who has special health care needs;
- A child who has special medication needs;
- Any child who needs medicine that cannot be given through the allowed "routes" listed in Section II, for example, a child who requires medication by injection; and
- Any child who independently administers his or her medication while in the care of the provider.

According to 18 NYCRR, Section 413.2 (am) "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". A child with special health care needs can also be any child whose health care provider or parent/caretaker identifies the child as having special health care needs.

To develop an Individual Health Care Plan for a Child with Special Health Care Needs you must work with the child's parent/caretaker and health care provider to:

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

- identify the child’s special health care needs,
- state how those needs will be met while the child is in your care, and
- identify skills and training that you need to meet the child’s needs while in your care.

If the plan says that you need additional skills or training, then you must obtain these skills and training to care for the child. The child’s health care provider may be able to give you the instruction you need or refer you to someone who can do this.

You can get the Individual Health Care Plan for a Child with Special Health Care Needs form from your local district, your local CCR, or, you may download it from the SUNY website, using the following link: <http://www.tsg.suny.edu/mtocfsforms.htm>.

Section III: Emergency Procedures

You must have a procedure in place to get emergency health care for children who need it. You must also make sure that the children remaining in your child care program have proper supervision while the other child is receiving emergency care. You must describe how this will be done.

Section IV: First Aid Kit

You must have a well stocked first aid kit, *and* keep it restocked as things are used up. List the items kept in the first aid kit.

Section V: Infection Control Procedure

You must read, sign and date this attestation that you have reviewed the materials provided with the enrollment packet which address how to control infections.

Section VI: Changes to the Health Care Plan for Administration of Medication

In this section, you indicate that you understand the types of changes that may occur regarding the Health Care Plan for Administration of Medication and how to address them.

There are four kinds of changes to the plan:

1. **Updates to qualifications of the person designated to give medicine-** You must make sure that the person designated to give medicine updates his or her training in the three areas before each certificate expires (or renews his or her professional certificate or medical license before it expires). When each training certificate is renewed, record the new certification date and the new expiration date on a piece of paper and attach this to your Health Care Plan for Administration of Medication. Keep the original certificates on file to show your health care consultant at the time of your plan’s renewal. If the designated person is authorized to give medicine through the NYS Department of Education or certified to give medicine through the NYS Department of Health, then you must obtain a copy of the renewed license or certificate prior to expiration of the previous license or certificate.
2. **Renewal-**The plan must be renewed within two years of your plan’s previous approval. This means your health care consultant must visit the child care site; review your policies

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

and procedures, in practice and as written in the plan; verify the qualifications of your person designated to give medicine; and approve your plan.

Submit a copy of the approval page of the renewed plan and any required documentation to your local district or in New York City, whichever agency is responsible for the cases you are providing care for: the Human Resource Administration (HRA) or the Agency for Children's Services (ACS).

3. **Amendment**-The plan must be amended when your policies and procedures change. For example, if you want to designate an additional qualified person to give medicine, you must add new information to your plan. This is done by completing an amendment to your plan. The amended plan must be reviewed and approved by the health care consultant.

Submit a copy of the approval page of your amended plan to your local district or in New York City, HRA or ACS, whichever agency is responsible for the cases you are providing care for.

4. **Revocation** means that your consultant withdraws his or her approval of your Health Care Plan for Administration of Medication. Your consultant has the authority to revoke your Health Care Plan for Administration of Medication if he/she finds that it is inadequate or is not being followed. If this happens, you must not give medication other than topical ointments, sunscreen and topically applied insect repellent and **you must immediately notify** the parents/caretakers of all children in your care **and** your local district, or in New York City, HRA or ACS of this change.

Section VII: Certification and Signature of the Provider

This section restates several key points of the Health Care Plan for Administration of Medication. You must read this section and sign the attestation at the bottom. You may request a copy of the applicable administration of medication regulations, 18 NYCRR, Part 415.4(f)(7)(iv)(z) and 18 NYCRR Part 418-1.11, by contacting the local CCRR or the Regional Office.

Section VIII: Approval of Health Care Plan for Administration of Medication

This section is completed by the your Health Care Consultant (HCC). The consultant is responsible for reviewing the plan, and approving the plan upon verification that it meets the requirements of the Office of Children and Family Services. As part of the process the HCC must make sure you have developed a safe and reasonable plan to give medicine and you have designated a qualified person to give medicine. The Health Care Consultant may also request a copy of the applicable administration of medication regulations as stated previously, under Section VII.

Your health care consultant may be any health care provider who has a current valid New York State license to practice as a physician, physician assistant, nurse practitioner, or registered nurse. If you would like help in locating a consultant, the local CCRR can help with this.

The consultant certifies that he/she has a valid professional license as a physician, physician assistant, nurse practitioner or registered nurse thereby meeting the requirements to be a health care consultant. The HCC must fill out the bottom of the certification section:

INSTRUCTIONS for Completing the Health Care Plan for the Administration of Medication for Legally-Exempt Provider

- Sign and date (**the date signed is the approval date for the plan**),
- Print his or her name, and title,
- Provide his or her professional license number with license expiration date, and
- Provide his or her address and phone number.

The professional qualifications of a health care consultant may be verified by contacting the NYS Education Department, Office of the Professions.

Telephone: (518) 474-3817

Internet Site: <http://www.op.nysed.gov/opsearches.htm>

Mailing Address: New York State Education Department, Office of Professions
State Education Building - 2nd floor
89 Washington Avenue
Albany, NY 12234

Section IX: Local District Review

Submit a copy of the approval page of the Health Care Plan for Administration of Medication to the local district, or in NYC, ACS or HRA, whichever agency is responsible for the case. If the person designated to administer medication has a professional medical license or certification which allows him or her to administer medication, you must send in a copy of the license or certification with your approval page.

Authorization to Administer Medication

When a qualified health care consultant approves the Health Care Plan for Administration of Medication, the designated person who is certified to give medicine becomes authorized to give medicine only to subsidized children and only within the framework of the Health Care Plan for Administration of Medication for children in your care.

Model Letter to Legally-Exempt Child Care Provider (Use Is OPTIONAL)

DATE

Dear legally-exempt child care provider:

This letter is to inform you of some changes in the New York State (NYS) child care subsidy regulations that govern the issuance of child care subsidy. These changes affect all child care providers in NYS.

- ❖ Since 1972, NYS law has *restricted the right to administer medication* other than over-the-counter topical ointment, sunscreen and topically applied insect repellent to specific authorized medical professionals. An exemption to this law permits some individuals to administer medication to the sick, disabled or injured. For example, parents/caretakers can administer medication to their children. In-home caregivers, members of the child's household and relatives within the 3rd degree of consanguinity of the parent are permitted to administer medication to children in their care.
- ❖ Recent statutory changes created the possibility for legally-exempt child care providers to become qualified to legally administer medication other than over-the-counter topical ointment, sunscreen and topically applied insect repellent to subsidized children in their care. As of January 31, 2005, legally-exempt providers who successfully complete the required training and authorization process through OCFS will be permitted to administer medication to children in subsidized care. The enclosed handout, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care, explains the process a provider must complete to become authorized.
- ❖ A legally-exempt child care provider who is *not* legally permitted to administer medication may only administer over-the-counter topical ointments, sunscreen and topically applied insect repellent.
- ❖ **By January 31, 2005, all legally-exempt child care providers who will administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to subsidized children must establish their qualifications by completing and submitting to the local district the new Administration of Medication Section of the enrollment form, either LDSS-4699, Section IV, or LDSS-4700, Section V, as appropriate, and any required documentation indicated on the form.**
- ❖ Any child care provider whose administration of medication practices are not in compliance with OCFS regulations on January 31, 2005, will become an ineligible provider. The Department of Social Services may not issue subsidy payment for child care that is provided by an ineligible provider. A provider who is not legally permitted or authorized to administer medication and who does not administer medications will not have a change in eligibility based on this change in regulation.

Legally-exempt providers who intend to become authorized to administer medication through the Office of Children and Family Services (OCFS) should allow themselves sufficient time to complete all of the NYS requirements. If a child care provider does not meet the OCFS requirements prior to January 31, 2005, that provider may still become authorized to administer medication, at any time after that date, upon meeting the requirements.

The attached handouts provide information about how the regulatory changes affect providers and also the basic steps for becoming authorized to administer medication:

Model Letter to Legally-Exempt Child Care Provider *(Use Is OPTIONAL)*

- Provider Handout-Administration of Medication by Legally-Exempt Child Care Provider
- Provider Handout-Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care

If you have any questions regarding this letter or would like to request a revised enrollment form call WORKER'S NAME at WORKER'S PHONE NUMBER. For additional information on obtaining authorization to administer medication to children in care, you may also call your local Child Care Resource and Referral agency, LOCAL CCRR NAME at PHONE NUMBER.

Provider Handout- Administration of Medication by Legally-Exempt Child Care Provider

BACKGROUND

The Nurse Practice Act of the New York State (NYS) Educational Law *restricts* the right to administer medication to specific authorized medical professionals who are licensed under NYS Education Law. There are some exemptions to this requirement that allow the administration of medication when caring for the sick, disabled or injured by specified persons. As of January 31, 2005, any child care provider who is not “legally allowed” to administer medication is prohibited from doing so. Any child care provider whose practices related to the administration of medication are not in compliance with regulations is an ineligible provider. The Department of Social Services (DSS) may not issue a subsidy payment for child care that is provided by an ineligible provider.

What do these regulations mean for legally-exempt child care providers?

The regulations limit the authority of child care providers to administer (give) medication to children in a child care or day care program. Medication refers to “a substance used to treat disease or sickness,” and it *includes both prescription and non-prescription (over-the-counter) substances*. A child care provider who is not legally allowed to administer medication may administer only the items:

- over-the-counter topical ointments (such as diaper ointment),
- sunscreen, and
- topically applied insect repellent.

Examples of medication that *may not be administered* by a provider who is *not legally allowed* to administer medication include, but are not limited to:

- | | | |
|------------|------------|--------------------------|
| ▪ Tylenol® | ▪ Epipen® | ▪ antibiotics |
| ▪ Ritalin® | ▪ inhalers | ▪ ear, eye or nose drops |
| ▪ Oragel® | ▪ insulin | |

A provider who is not exempt from these regulations may choose not to administer any medication other than over-the-counter topical ointments, sunscreen and insect repellent, or he or she may choose to participate in special training, meet additional requirements, and become authorized by the Office of Children and Family Services (OCFS) to administer medication.

Additionally, to care for any child who has special health care needs, a provider will have to follow an individual child’s health care plan.

Who is *allowed* to administer medication to children in legally-exempt child care?

There are three basic groups of individuals who are allowed to administer medication to children in legally-exempt child care.

1. Trained medical professionals including physicians, physicians assistants, registered nurses and nurse practitioners who are currently *licensed* by the NYS Department of Education to administer medication.

Provider Handout-

Administration of Medication by Legally-Exempt Child Care Provider

2. Individuals who are not licensed to administer medication but are *exempt* based on their relationship to the child, family or household.
 - The parent, step-parent, legal custodian, or legal guardian,
 - A member of the child's household,
 - A child care provider employed by the parent to provide child care in the child's home,
 - Family members who are related within the 3rd degree of consanguinity to the child's parent or step-parent such as, the grandparent, great-grandparent, great-great-grandparent, aunt/uncle (or spouse), great aunt/great uncle (or spouse), brother/sister or first cousin (or spouse) of the children.
3. Child care providers who are certified in the administration of medication training, Cardiopulmonary resuscitation (CPR) and First Aid, and authorized by OCFS under a Health Care Plan for Administration of Medication approved by a qualified health care consultant, may administer medication when such providers are:
 - operating in compliance with NYS regulations,
 - have been authorized by the child's parent, step-parent, legal guardian, or legal custodian to administer medication, and
 - administering medication to a subsidized child.

These child care providers must always be 18 years or older, and literate in the language that the parental/caretaker's permissions and health care providers' instructions will be written and spoken in.

What can providers do to prepare?

For each child in his/her care, a provider must determine whether the provider belongs to one of the groups of persons who are legally allowed to administer medication (see number 2, above). A provider may be *exempt* for one child, but not for another child. This depends on the provider's relationship to each specific child and the type of care that is being provided..

If the provider is not legally allowed to administer medication to a child in care, the provider must decide whether he/she will complete the OCFS requirements to be allowed to do so.

What must a legally-exempt child care provider who is already *legally allowed* to administer medication do in order to be allowed to *continue* administering medication on January 31, 2005?

A child care provider who is legally allowed to administer medication must complete and submit the *revised* enrollment form, LDSS-4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care or LDSS-4700, Enrollment Form for Provider of Legally-Exempt Group Child Care. The revised enrollment form must be submitted to the local district by January 31, 2005, to document

Provider Handout-
Administration of Medication by Legally-Exempt Child Care Provider

your status. If the provider does not have the revised enrollment form, it can be obtained by calling a DSS representative.

What must a legally-exempt child care provider do to become authorized by OCFS to administer medication?

Legally-exempt child care providers who are not currently “legally allowed” to administer medication must complete the OCFS requirements for *certification* and *authorization*. As part of this process, the provider will participate in three kinds of training: Medication Administration Training (MAT), Cardiopulmonary Resuscitation (CPR) and First Aid. The provider must also develop a Health Care Plan for Administration of Medication, and obtain a qualified health care consultant to review the child care program’s policies and approve the health care plan. The basic requirements are listed in the handout, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care, which may be obtained from your DSS worker. Providers should allow themselves sufficient time to arrange for and complete the training and other requirements. When all of these requirements are met, the provider must complete and submit an updated enrollment form, including a copy of the approval page of the health care plan to administer medication and any other required documentation.

Can a parent/caretaker choose to use a legally-exempt provider who is not *legally allowed* to administer medication other than over-the-counter topical ointment, sunscreen and topically applied insect repellent?

Yes, such providers are *eligible* providers, as long as they do not administer any medication beyond what they are legally allowed to administer. However, the parent/caretaker must make sure that his/her child’s needs can be met while at the child care program. If the child has medication needs that the provider cannot meet, then the parent/caretaker must put a plan in place that is adequate to meet the child’s needs. When selecting a provider, especially one who is not legally allowed to administer medication (other than over-the-counter topical ointment, sunscreen and topically applied insect repellent), a parent/caretaker should always discuss how sickness and emergency situations will be handled. For example, if the legally-exempt provider is not allowed to administer medication (other than over-the-counter topical ointment, sunscreen and topically applied insect repellent), and the child develops a fever, then the provider *cannot* give your child Tylenol®. Parents/caretakers must make a plan for how will this type of situation will be handled.

Any child care provider whose administration of medication practices are not in compliance with OCFS regulations on January 31, 2005, will become an ineligible provider. The Department of Social Services may not issue subsidy payment for child care that is provided by an ineligible provider. A provider who is not legally permitted or authorized to administer medication and who does not administer medications will not have a change in eligibility based on this change in regulation.

Provider Handout-
Administration of Medication by Legally-Exempt Child Care Provider

What assistance is available for legally-exempt providers who wish to become authorized to administer medication?

Child Care Resource and Referral agencies (CCRAs) are there to help you with all aspects of becoming authorized to administer medication. Your CCRA can explain the process of becoming authorized to administer medication and answer specific questions. Your CCRA can also:

- Help you find local programs that offer the specific training you need.
- Give you all the forms you need to become authorized to administer medication, and help you complete them.
- Give you the forms you will need to document parental/caretaker's permissions, doctor's instructions, the administration of medication and medication errors.
- Help you find a qualified Health Care Consultant at a reduced cost.

Ask your Department of Social Services for the name and number of your local CCRA, or you can view this information at the OCFS internet site by using the following link: <http://www.ocfs.state.ny.us/main/beccs/referralagencys.asp> .

The State University of New York (SUNY) coordinates the MAT program. Their website, www.tsg.suny.edu, has information on MAT, including how to find a MAT trainer. It also posts the forms that you will need to administer medication. You may contact SUNY at this toll-free number, 1-866-665-5537 or by Email: mat@tsg.suny.edu.

Financial assistance is available to help pay the cost of the MAT. The MAT Grant Program offers vouchers of \$100 that can be applied towards the cost of attending MAT. For legally-exempt group child care programs, a second staff person may be eligible to receive an award of \$50. Vouchers will be issued only to the extent that funds are available. For additional information on financial assistance, call the SUNY MAT grant program at 1-866-665-5537, E-mail: matgrant@tsg.suny.edu or view their website: <http://tsg.suny.edu/mtgrant.htm>.

ADMINISTRATION OF MEDICATION IN A LEGALLY-EXEMPT CHILD CARE SETTING

The Nurse Practice Act of the New York State (NYS) Education Law restricts the right to administer medication other than over-the-counter topical ointment, sunscreen and topically applied insect repellent to specific medical professionals who are authorized by NYS to administer medication. An exemption to this law permits some individuals to administer medication to the sick, disabled or injured based on their relationship to the child, family or household. These exempted individuals include:

1. the child's parent, step-parent, legal guardian, legal custodian,
2. a household member,
3. a "person employed primarily in a domestic capacity", such as a child care provider employed by the parent/caretaker to provide child care in the child's home,
4. a person who is related to the parent or step-parent of the child within the 3rd degree of consanguinity, and
5. As of January 31, 2005, legally-exempt child care providers who are trained and authorized by the Office of Children and Family Services (OCFS), under a Health Care Plan for Administration of Medication, approved by a qualified health care consultant, may administer medication when such providers are:
 - ▲ operating in compliance with the NYS regulations,
 - ▲ have been authorized by the child's parent/caretaker, step-parent, legal guardian, or legal custodian to administer medication,
 - ▲ administering medication to subsidized children,

To receive OCFS authorization to administer medication, a child care provider must be at least 18 years of age and literate in the language in which the parental/caretaker's permissions and health care provider's instructions will be given.

Any child care provider who is not authorized or licensed under NYS Law to administer medication, or exempt, may not administer medication other than over-the-counter topical ointments, sunscreen, and topically applied insect repellent. Examples of medication such providers may not administer include, but are not limited to: Tylenol®; Ritalin®; ear, eye or nose drops; insulin and antibiotics.

I. *REVIEW OF THE ADMINISTRATION OF MEDICATION SECTION OF THE ENROLLMENT FORM FOR A PROVIDER OF LEGALLY-EXEMPT CHILD CARE*

The changes pertaining to the administration of medication are found in Section IV of LDSS-4699 and Section V of LDSS-4700.

LDSS-4699, SECTION IV, ADMINISTRATION OF MEDICATION

In this section, the parent/caretaker is informed that NYS Education Law limits the practice of the administration of medication other than over-the-counter topical ointment, sunscreen and topically applied insect repellent to authorized medical professionals. It also lists persons who are exempted from this regulation. Some individuals are exempt from this requirement based on their relationship to the child, family or household, and are permitted to administer medications, including:

- The child's parent, step-parent, legal custodian, legal guardian,
- A household member,
- A child care provider employed by the parent/caretaker to provide child care in the child's home, and
- Family members who are related within the 3rd degree of consanguinity to the child's parent or step-parent.

Other legally-exempt providers will have to obtain training and complete the OCFS authorization process if they wish to administer medication to children in subsidized care.

A. QUALIFICATIONS FOR ADMINISTRATION OF MEDICATION

The provider must complete this section and state whether the provider or any employee is legally permitted to administer medication, other than over-the-counter topical ointments, sunscreen and topically applied insect repellent, to children in the provider's care. "Legally permitted" includes providers who are licensed medical professionals currently authorized under NYS Education Law to administer medication and those who are "exempt" from this requirement by NYS Education Law, Title 8, Article 139, Section 6908, as mentioned previously.

Any child care provider who is required to have an approved Health Care Plan for Administration of Medication in order to administer medication, must submit a copy of the approval page of their plan. Providers who have met the training requirements through their professional medical training are required to submit a current copy of their license or certificate. The requirements for each individual circumstance are indicated on the enrollment form in the description of the provider (or employee's) qualifications.

A. NUMBER 1: PROVIDER QUALIFICATIONS TO ADMINISTER MEDICATION

1. Is the provider legally permitted to administer medication to subsidized children when authorized by a parent/caretaker, legal guardian, or legal custodian? These 3 groups of individuals are specifically identified in the NYS Education law as those who may authorize and direct a qualified child care provider, employee or caregiver to administer medication. Although not mentioned on the enrollment form, districts should be aware that "An adult in

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whose care a child has been entrusted and who had been authorized by the parent/caretaker to consent to any health care for the child” may also authorize and direct a qualified child care provider, employee or caregiver to administer medication.

If the answer is yes, then there must be a reason identified in question number 3.

A. NUMBER 2: EMPLOYEE QUALIFICATIONS TO ADMINISTER MEDICATION

Is the employee/volunteer legally permitted to administer medication to subsidized children when authorized by a parent/caretaker? If the answer is yes, the provider must give the name of the employee or volunteer here, and give the reason in question number 3.

A. NUMBER 3: REASON WHY THE PROVIDER AND/OR EMPLOYEE IS PERMITTED TO ADMINISTER MEDICATION

Any person who answers “no” to both questions 1 and 2 should skip this question. Anyone who answers “Yes” to either question 1 or 2 must give an answer here. If both the provider and an employee/volunteer are legally permitted to give medication, a reason must be given for each.

There are six options, and the provider must check ALL that apply to the person or persons who are designated to administer medication.

Option A applies if the child care provider is employed by the parent/caretaker, providing child care in the home of the child. An in-home provider is exempt because he or she is considered to be a “person employed primarily in a domestic capacity.” He or she does not have to complete a Health Care Plan for Administration of Medication.

Option B applies if the provider is related within the third degree of consanguinity to the parent or step-parent of the child. Local districts should refer to the definition for relative within the third degree of consanguinity found in 18 NYCRR, section 413.2 (a)(1) before ruling any relative out. The definition follows:

A relative within the third degree of consanguinity of the parent or step-parent 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.

These providers are permitted to administer medication to children they are related to, as stated above, without meeting the OCFS training requirements or developing a Health Care Plan for Administration of Medication.

Option C applies if the provider is a currently licensed medical professional who is authorized to administer medication under the NYS Education Law AND who meets the definition of a Health Care Consultant. The following professionals meet both of these requirements:

- physician,
- physician’s assistant,
- nurse practitioner, and
- registered nurse.

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These providers are permitted to administer medication within the scope of their licenses. The provider must give the local district a copy of his/her current professional NYS license, which must be in one of the above professions.

The district must check the license to see if it is current and issued in one of the above professions. If the license is not current, the district should determine whether the provider has a current license, and ask for a current copy if one exists. If the provider does not produce a current medical license or other acceptable documentation to show that the license is still in effect, then the district must inform the parent/caretaker that the provider is not permitted to administer medication unless the provider meets Option F.

If there are any concerns regarding the validity of the license or the professional behavior of the health care provider, the district may contact the NYS Education Department, Office of the Professions.

Telephone: (518) 474-3817

Internet Site: <http://www.op.nysed.gov/opsearches.htm>

Mailing Address:

New York State Education Department, Office of Professions
State Education Building - 2nd floor
89 Washington Avenue
Albany, NY 12234

Option D applies if the employee is a currently licensed physician, physicians assistant, nurse practitioner, or registered nurse, authorized to administer medication under the NYS Education Law. In addition to the copy of the professional license for the employee, the provider must have a Health Care Plan For Administration Of Medication. The district must review the medical license, as described previously, and the approval page of the health care plan.

Option E applies if the provider or employee is authorized or certified to administer medication:

- under the NYS Education Law in the profession of practical nurse, or
- under the NYS Public Health Law, in the profession of advanced emergency medical technician.

When administering medication, these caregivers must adhere to both the requirements of their license or certification *and* OCFS regulations. Legally-exempt child care providers may be authorized by OCFS beginning on or after January 31, 2005. The provider must complete a Health Care Plan for Administration of Medication and have a Health Care Consultant visit the child care site, review the plan, and approve the plan.

The provider must submit to the local district a copy of the approval page of the current Health Care Plan for Administration of Medication *and* a copy of their current professional NYS license or certification in one of the above professions.

The district must check the license or certification to see if it is current and issued in one of the above professions. If the license or certification is not current, the district should determine whether the caregiver has a valid license or certification, and ask for a current copy if one exists. If the caregiver does not produce a current medical license or certification then the

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district must inform the parent/caretaker that the caregiver is not permitted to administer medications unless the provider meets Option F.

The local district must review the approval page of the Health Care Plan for Administration of Medication. For instructions refer to Part II, Health Care Plan for Administration of Medication, Review of the Approval Page.

Option F applies if the child care provider or employee is certified to administer medications and authorized by OCFS according to Title 18 NYCRR, Section 415.4 (f)(7)(iv)(z) on or after January 31, 2005. These providers must be operating under an approved Health Care Plan for Administration of Medication.

The provider must submit a copy of the approval page of the Health Care Plan for Administration of Medication to the local district, or in New York City (NYC), Agency for Children's Services (ACS) or Human Resources Administration (HRA), as applicable, for review.

The local district must review the approval page of the Health Care Plan for Administration of Medication. For instructions refer to Part II, Health Care Plan for Administration of Medication, Review of the Approval Page.

B. INTENT TO SEEK AUTHORIZATION TO ADMINISTER MEDICATION TO SUBSIDIZED DAY CARE CHILDREN

Will the provider be seeking authorization to administer medications to children in subsidized care? This question is intended to identify providers **who are not currently authorized** to administer medication but may be interested in becoming authorized. Providers should indicate whether they will be seeking OCFS authorization to administer medications. If any provider answers "yes," the local district should offer referral information to the local CCRR and other relevant service providers, as well as give the handout, Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care.

The local CCRR is the primary resource for child care providers who need help becoming authorized by OCFS to administer medication. The local district should modify the above handout to include resource numbers specific to the area for the local CCRR, the local Chapter of the Red Cross or other relevant resources. Districts may identify the local CCRR by using the following Internet link: <http://www.ocfs.state.ny.us/main/beccs/referralagencys.asp>. This web page may also be accessed by going to the OCFS Intranet site, and selecting Day Care Services in the left hand column. In the resulting web page, select Child Care Resource and Referral Agencies.

The handout Obtaining Authorization to Administer Medication to Children in Legally-Exempt Care briefly explains the process and requirements, which are summarized below.

1. Basic requirements- the provider administering medications or the qualified person designated by the provider to administer medications must:
 - Be at least 18 years of age,
 - Be literate in the language that the permissions and the medication instructions are given in.

Please note that both of these requirements must be established by the MAT trainer prior to issuing a certificate and by the health care consultant prior to approving the Health Care Plan for Administration of Medication.

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2. The provider or the employee designated by the provider to administer medications must be trained and possess a current *certification* in each of the following areas.
 - Medication Administration Training (MAT).
 - Cardio-pulmonary Resuscitation (CPR)
 - First Aid.
3. The provider must have a Health Care Plan for Administration of Medication approved by a qualified health care consultant within the past 2 years.
4. The provider must have a qualified health care consultant of record. Prior to approving the plan, the health care consultant will review the policies and procedures for the administration of medication to children in this child care program who are receiving child care subsidy, as set forth in the Health Care Plan for Administration of Medication. This review process includes a site visit and the verification of staff qualifications for all staff designated to give medicine, including: review of the documents that show the individuals have the necessary professional license or have completed the required training, review of the proof that the person giving the medicine is at least 18 years of age, and a determination that the person giving the medicine is literate in the language that the health care provider's instructions and the parent's/caretaker's permissions are provided. When the consultant determines that the Health Care Plan for Administration of Medication meets the requirements set forth in regulation, 18 NYCRR, Part 415.4(f)(7)(iv)(z), the consultant may sign and approve the plan.

A parent/caretaker or provider may need several forms and/or handouts to complete the process of becoming authorized to administer medication, and to document authorization and instructions for administering medications. The necessary forms are available through the local Child Care Resource and Referral (CCRR) agencies and the SUNY website. These forms must also be available from the local district. The list below states the forms and/or handouts related to administration of medication.

Letters and handouts that help the parent/caretaker or provider understand how the administrations of medication regulations affect them.

- Model Letter to Parent/Caretaker-Administration of Medication
- Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt
- Model Letter to Legally-Exempt Providers-Administration of Medication (*optional information*)
- Provider Handout-Administration of Medication (*optional information*)

Forms for obtaining authorization to administer medication under OCFS regulations:

- Health Care Plan for Administration of Medication for Legally-Exempt Provider
- Instructions for the Health Care Plan for Administration of Medication for Legally-Exempt Provider
- Medication Administration Training (MAT) Grant Application

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Forms needed by providers to administer medications to children:

- Written Medication Consent Form
- Log of Administration
- Verbal Medication Consent Form and Log of Administration
- Medication Error Report Form
- Individual Health Care Plan for a Child with Special Health Care Needs

C. PARENT/CARETAKER AND PROVIDER’S AGREEMENT ON ADMINISTRATION OF MEDICATION

The parent/caretaker must indicate whether the parent/caretaker **or** the child care provider is responsible for meeting the medication needs of the child while the child is in the care of the provider.

The first option applies if: The provider or a qualified person designated by the provider will administer medication to the child. The provider or qualified person designated by the provider must meet the qualifications discussed in section IV A, Qualifications For Administration of Medication.

The second option applies if: The parent/caretaker will administer the medication personally or will designate a person, other than the provider or the provider’s qualified employee or volunteer, who is legally permitted by law to do so. A parent/caretaker may authorize a qualified medical professional or an exempt person as stated in Title 8, Article 139, Section 6908 of the NYS Education Law, such as a member of the child’s household or a relative, to administer medication to the child. The relatives who may be authorized include: the child’s grandparent, great-grandparent, great-great-grandparent, aunt/uncle (and spouse), great aunt/great uncle (and spouse), brother/sister or first cousin (and spouse). The parent/caretaker must inform the provider, in writing, of any person authorized to give a child medication.

It is possible that the parent/caretaker and child care provider will share the responsibility. In that event, it is their mutual responsibility to make sure that they plan adequately to meet the child’s needs. They should indicate on the enrollment form that they will share the responsibility.

D. PROVIDER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION

All providers must read and sign this. The provider attests that he or she, and any employees and volunteers, will administer medication only to the extent permitted by law. The provider also attests to the truth and accuracy of the answers given.

E. PARENT/CARETAKER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION

The parent/caretaker’s responsibility to make an adequate plan to meet the needs of the child is reinforced. The parent/caretaker must read, sign and date the certification.

LDSS-4700, SECTION V

A. Qualifications for Administration of Medication

NUMBERS 1 AND 2: The questions and evaluation of responses are the same as stated for the LDSS-4699.

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NUMBER 3: This question is the same as the question in the LDSS-4699. However, there are fewer response choices and they are lettered differently. Each should be evaluated in the manner stated for the same response on the LDSS-4699.

B. Will the provider be seeking authorization to administer medications to children in subsidized care?

The question and evaluation of responses are the same as stated for the LDSS-4699.

C. Parent/Caretaker and Provider’s Agreement on Administration of Medication

The question and evaluation of responses are the same as stated for the LDSS-4699.

D. Provider Certification Regarding Administration of Medication

Refer to guidance for the LDSS-4699.

E. Parent/Caretaker Certification Regarding Administration of Medication

Refer to guidance for the LDSS-4699.

II. THE HEALTH CARE PLAN FOR ADMINISTRATION OF MEDICATION

Review of the Approval Page

As part of the enrollment process, for any provider who must complete a Health Care Plan for Administration of Medication, the local district must **review** the *approval page* to confirm that a Health Care Consultant has approved the plan and that the qualifications of the Health Care Consultant are clearly stated. The approval page is in Section VIII, the “Approval of the Health Care Plan for Administration of Medication.”

The approval of the plan is the responsibility of the Health Care Consultant. Prior to approving the plan, the health care consultant visits the child care site, reviews the plan to determine that the plan to administer medication to children in the provider’s care is safe, reasonable and determines that the provider has met all the necessary OCFS requirements. This includes a determination that the person designated to administer medication to children in subsidized care meets the training requirements, is at least 18 years of age and meets the literacy requirement. When a qualified health care consultant approves the Health Care Plan for Administration of Medication, the designated person who is certified to administer medication becomes authorized to administer medication only to subsidized children and only within the framework of the Health Care Plan for Administration of Medication.

The definition of Health Care Consultant may be found in Title 18 of the New York State Code of Rules and Regulations (NYCRR) section 413.2 (ak) and is as follows: “Health care consultant means a physician, physician’s assistant, nurse practitioner, or registered nurse who possesses a valid New York State license in his or her field. Such consultant may include a health care professional who is an employee of a local Department of Health.”

The Health Care Consultant Certification and Approval section must include:

GUIDELINES FOR REVIEW OF ENROLLMENT FORMS FOR PROVIDER OF LEGALLY-EXEMPT CHILD CARE: Administration Of Medication

- Signature and plan approval date-The consultant's signature is absolutely required. Check to make sure that the approval date is within 2 years of the date the plan was submitted to the local district. A Health Care Plan for Administration of Medication is valid for two years from the time of approval by the health care consultant. Providers are required to renew their plans, and resubmit their approval page every two years. If the plan's expiration is imminent, remind the parent/caretaker/provider that a new one must be submitted.
- Printed name and title-the local district must be able to accurately determine the consultant's name and profession.
- Professional medical license number and expiration date of license-this must be legible. Compare the expiration date with the plan approval date to make sure that the license was valid at the time the plan was signed (the expiration date of the license must occur after the plan approval date).
- The phone number and address for the health care consultant-

All of the information requested in the Health Care Consultant Certification and Approval section is important to demonstrate whether a qualified Health Care Consultant has approved the Health Care Plan for Administration of Medication, in effect authorizing the child care program to administer medications. If information identifying the health care consultant or his/her credentials is missing, the district representative should check to see if the missing information can be obtained. If the deficiency cannot be immediately corrected, the local district must inform the parent/caretaker of the approval's inadequacies and that the provider does not meet the legal requirements to administer medication. A missing phone number or address does not necessitate such action if all other areas in this section are satisfactorily completed. If this information is missing, the district should request that it be provided to the district and also recorded on the original plan at the child care site. It is primarily for the use of the parent/caretaker and provider and is not grounds for rejection of the plan.

If there is any concern regarding the qualifications of the health care consultant or the validity of the license the district may contact the NYS Education Department, Office of the Professions:

Telephone: (518) 474-3817

Internet Site: <http://www.op.nysed.gov/opsearches.htm>

Mailing Address:

New York State Education Department, Office of Professions

State Education Building - 2nd floor

89 Washington Avenue

Albany, NY 12234

Inadequacies in the approval page do not exclude the provider from enrollment; however, the provider may not administer medications until this section is satisfactorily completed.

Additional Information on the Health Care Plan for Administration of Medication for Legally-Exempt Provider

When a parent/caretaker or provider has questions regarding the Health Care Plan for Administration of Medication, they should contact their local Child Care Resource and Referral agency.

CHILD WITH SPECIAL HEALTH CARE NEEDS VS. CHILD WITH SPECIAL NEEDS

The Health Care Plan for Administration of Medication addresses the concept of a “child with special health care needs,” which is defined in 18 NYCRR, Section 413.2(am): “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.” Please note that the definition of “child with special health care needs” is different from the definition of “child with special needs” found in 18 NYCRR, Section 415(c). The definition of a “Child with special needs” is used for eligibility determinations and for determination of maximum child care reimbursement rate. A child with “special health care needs” is *not* considered to be a “child with special needs” *unless* the child meets the definition stated in 18 NYCRR 415.

MEDICATION ERRORS AND NON-COMPLIANCE WITH ADMINISTRATION OF MEDICATION REGULATIONS

The appropriate regional office or, in NYC, the Department of Health and Mental Hygiene, is responsible for investigating any errors in medication administration. Providers are required to report to the appropriate office any medication errors they make, by the following business day (see Figure 1, on following page). If the local district becomes aware of any medication errors or other medication-related concerns they should also report them to the appropriate office. These reports will be handled as day care complaints. The investigating office must inform the local district when complaints for providers currently enrolled in their district are substantiated.

If OCFS determines that a legally-exempt provider is unwilling or unable to operate in compliance with the regulations regarding administration of medications, or if OCFS has taken an enforcement action against a provider based on a failure by the provider or employee to comply with the requirements for administrations of medication, OCFS may require retraining OR may prohibit the provider or employee from being involved with the administration of medication.

A provider’s eligibility to receive payment is coupled with his/her compliance with regulation and law. A provider who is not legally permitted to administer medication, but does so anyway, is not eligible for subsidy payment.

ADDITIONAL INFORMATION

For additional information, refer to the Instructions for completing the Health Care Plan for Administration of Medication.

GUIDELINES FOR REVIEW OF ENROLLMENT FORMS FOR PROVIDER OF LEGALLY-EXEMPT CHILD
CARE: Administration Of Medication

Figure 1

Contact Information for Regional Offices and NYC DOHMH	
County/District	Office/Phone/Address
Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, St. Regis, Warren, Washington	Bureau of Early Childhood Services, Albany Regional Office (518) 402-3038 155 Washington Avenue, 3rd Floor Albany, NY 12210-2329
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	Bureau of Early Childhood Services, Buffalo Regional Office (716) 847-3828 295 Main Street, Room 545 Ellicott Square Building Buffalo, NY 14203
Nassau, Suffolk	Bureau of Early Childhood Services, Long Island Regional Office (631) 342-7100 Courthouse Corporate Center 320 Carleton Avenue-Suite 4000 Central Islip, NY 11722
Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	Bureau of Early Childhood Services, Rochester Regional Office (585) 238-8531 259 Monroe Avenue, 3rd Floor Monroe Square Rochester, NY 14607
Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	Bureau of Early Childhood Services, Syracuse Regional Office (315) 423-1202 The Atrium Building 2 Clinton Square, 3rd Floor Syracuse, NY 13202
Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	Bureau of Early Childhood Services, Yonkers Regional Office (914) 376-8810 525 Nepperhan Avenue, Room 205 Yonkers, NY 10703
Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)	New York City Department of Health and Mental Hygiene, Bureau of Day Care (212) 676-2444 2 Lafayette Street, 22 nd Floor New York, NY 10007

Are you interested in becoming certified to administer medication in child care settings?

Follow these **3** steps



For Legally-Exempt Providers
Caring for Children Receiving
Child Care Subsidy

SUNY Medication Administration
Training Grant Program
State University Plaza
Albany, NY
12246-0001

The SUNY Medication Administration Training Grant Program is funded by the New York State Office of Children and Family Services and is administered by the Research Foundation of SUNY, Training Strategies Group.

Effective January 31, 2005 all legally-exempt child care providers in New York State that administer medication to children must meet new requirements. It's easy to get started!

1

Step One

Complete the 3 types of training required by the NYS Office of Children and Family Services (OCFS):

1. Cardio-Pulmonary Resuscitation (CPR) that covers the ages of the children you are caring for.

2. First Aid certification.

Call your Child Care Resource and Referral Agency (CCRR) to ask who offers CPR and First Aid in your area.

3. Medication Administration Training (MAT). To take the training you must be at least 18 years old and be able to read and understand the language in which parental permissions and health care provider instructions are received.

• To find an approved MAT Trainer:

- Phone: toll-free at 866-665-5537
- Web: www.tsg.suny.edu
- Email: mat@tsg.suny.edu

• To apply for funds to help off-set the cost of the MAT course, complete the attached MAT Grant application.

Frequently Asked Questions

Q. How long is my MAT certification valid for?

A. The MAT certification is valid for three years from the date of issuance. The provider or employee must complete a recertification training approved by the Office of Children and Family Services in order to extend the certification. If, however, the provider or employee ceases to work in a child care program for a continuous period of one year, the certification shall automatically lapse.

Q. Where can I find a certified MAT trainer in my area?

A. There is a list of certified MAT trainers listed by county at www.tsg.suny.edu. Go to the Medication Administration Training home page and search under "Find a Trainer" or call SUNY Medication Administration Training Program toll-free at 866-665-5537.

Q. I have additional questions. Who can I contact?

A. You can contact SUNY Training Strategies Group at 866-665-5537 or go to the web site. www.tsg.suny.edu

Q. Who is a relative within the third degree of consanguinity of the parent or step-parent?

A. A relative within the third degree of consanguinity of the parent or step-parent includes: 1. the grandparents of the child; 2. the great-grandparents of the child; 3. the great-great-grandparents of the child; 4. the aunts and uncles of the child, including the spouses of the aunts and uncles; 5. the great-aunts and great uncles of the child, including the spouses of the great-aunts and great-uncles; 6. the siblings of the child; and 7. the first cousins of the child, including the spouses of the first cousins.

Frequently Asked Questions

Q. How long will it take for me to receive the voucher from the MAT Grant Program telling me how much money I am awarded?

A. Please allow at least 4 weeks for processing your application.

Q. What is Medication Administration Training (MAT)?

A. Medication Administration Training (MAT) is a competency based course approved by New York State Office of Children and Family Services to train child care providers to safely administer medication in their programs. The course is eight (8) hours of training and includes a video training component as well as hands-on demonstrations.

Q. Can I use the MAT certification to administer medication in other settings?

A. No. The certification is only valid for child care providers to administer medication in the child care program during the normal course of business and in accordance with the program's written policy on medication administration.

Q. What happens if my MAT certification lapses?

A. If a certification lapses, you may not be recertified unless you complete the initial MAT course or the recertification course as required by OCFS.

Section 1: Provide your information as indicated

Section 2: provider is only eligible for a grant if:

- 1) The provider is currently caring for a child who is receiving subsidy, or
- 2) The provider has provided child care to a subsidized child within the past 60 days, and intends to provide care for a subsidized child within the next 60 days.

Be sure to provide the name and a phone number for the child's county caseworker.

Section 3: Review and sign the agreement.

If you are a parent, guardian, or a relative within the third degree of consanguinity of the parents or step-parents of the child on subsidy, you do not need to take the medication administration training.

Mail your completed application to:

SUNY MAT Grant Program
State University Plaza
Albany, NY
12246-0001

Present the voucher received from the MAT Grant Program to the training organization as payment toward the cost of the training. The voucher will indicate the total amount awarded to you. As a legally exempt child care provider, you are eligible to receive up to \$100 toward the cost of the training. Any additional staff you identify will be eligible for up to \$50 toward the cost of the training.

Please allow 4 weeks for processing your application.

2

Step Two

Find a Health Care Consultant to review and approve your Health Care Plan for Administration of Medication.

- The health care consultant must have a valid New York State license as a physician, physician assistant, nurse practitioner or registered nurse. The health care consultant will help you by:
 - Making sure you or your staff have met the training requirements.
 - Making sure your Health Care Plan for Administration of Medication meets the requirements of NYS OCFS.
 - Helping you adjust your Health Care Plan for Administration of Medication when necessary.
 - Making visits to your place of child care at least once every 2 years or when necessary.
 - Doing other tasks as required by OCFS regulations.

Child Care Resource and Referral agencies may be able to help you find health care consultant services at reduced rates.

3

Step Three

Complete and follow a health care plan for administration of medication that was approved within the past two years. A health care consultant can help you make a plan that works for you and meets the requirements of OCFS.

- Your health care plan will describe the policies and procedures you will follow regarding the administration of medication. It can be used to inform parents of your policies and procedures regarding the administration of medication.
- The plan must be kept at the child care site and be available to parents upon request.
- Once the health care plan is approved and signed by the health care consultant, a copy of the signed plan must be submitted to your local department of social services caseworker for review.

You are authorized to administer medication when you have completed the above 3 steps. However, if the local department of social services finds a problem in the plan, they have the option to tell you to stop administering medication until the problem has been resolved.



Medication Administration Training Grant Application

For Legally-Exempt Providers Caring for Children Receiving Child Care Subsidy

A full program description is available on our web site: www.tsg.suny.edu
Please type or print all information in blue or black ink.

Section 1 Provider/Program Information

Social Security #

OR

Federal Tax ID #

Provider Name: _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

(County/Borough) _____

Phone #: --

Fax #: --

Training Attendee Information

(Complete only if the person attending the training is not the principal child care provider listed in section 1.)

Name of Attendee

Signature of Training Attendee

Home Address of Attendee (street)

(city)

(state) (zip code)

Social Security Number of Attendee

Section 2 Child Care Subsidy Information

Print Name of Child's Caseworker

Caseworker Phone #: --

Case # of a current subsidized child:

OR

Case # for a subsidized child if you had one within the last 60 days and intend to have one within the next 60 days:



Medication Administration Training Grant Application

For Legally-Exempt Providers Caring for Children Receiving Child Care Subsidy

Section 3 Agreement

- I swear that all information given on this application is true and accurate.
- I will provide additional documentation to support information provided on this application upon request.
- I will provide documentation showing successful completion of the MAT course for myself upon request.
- I will notify the MAT Grant Program immediately if I do not attend the MAT course. I understand that I cannot allow another person to attend the MAT course for me or use my MAT Grant award, unless I am a Legally-Exempt Group Child Care Program and I have the permission of the MAT Grant Program.
- I will reimburse the MAT Grant Program the amount paid if it is determined that the MAT Grant award was fraudulently obtained.
- I understand that the MAT Grant awards may be considered taxable income and that I am solely responsible for complying with all federal, state and local requirements regarding reporting and payment of taxes.
- MAT Grant awards are non-transferable and shall be used for the purpose intended.
- Training/education activities must be started within 120 days of the date indicated on the award letter I receive.

Your original signature indicates that you have read, understood, and agree to the statements in Section 3 of this application. Photo copies are not accepted.

Signature

Date

Did you remember to:

- Complete Sections 1, 2 and 3?
- Sign and date under Section 3 of the application?

Please allow 4 weeks for processing.

Mail completed applications to:

SUNY MAT Grant Program
State University Plaza
Albany, NY 12246-0001

Questions?

Call: 866-665-5537 or E-mail: matgrant@tsg.suny.edu

All completed applications must be postmarked on or before December 31, 2004.
MAT is not responsible for lost or stolen mail.

Written Medication Consent Form

- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.

LICENSED AUTHORIZED PRESCRIBER MUST COMPLETE THIS SECTION (#1 - #18)

(Parents may complete #1- #17 (omit #18) for over-the-counter topical ointments, sunscreen and topically applied insect repellent)

1. Child's first and last name:		2. Date of birth:		3. Child's known allergies:	
4. Name of medication (including strength):			5. Amount/dosage to be given:		6. Route of administration:
7A. Frequency to be administered: _____ <i>OR</i>					
7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____					
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (parent must supply) <i>AND/OR</i>					
8B. Additional side effects: _____					
9. What action should the child care provider take if side effects are noted:					
<input type="checkbox"/> Contact parent		<input type="checkbox"/> Contact prescriber at phone number provided below			
<input type="checkbox"/> Other (describe): _____					
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply) <i>AND/OR</i>					
10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____					
11. Reason the child is taking the medication (unless confidential by law):					
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #33-#34 on the back of this form.					
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #35-#36 on the back of this form.					
14. Date prescriber authorized:			15. Date to be discontinued or length of time in days to be given (this date cannot exceed 6 months from the date authorized or this order will not be valid):		
16. Prescriber's name (please print):				17. Prescriber's telephone number:	
18. Licensed authorized prescriber's signature:					

ATTACHMENT K**Written Medication Consent Form****PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19 - #23)**

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication?
(For example, did the prescriber write 12pm?) Yes N/A No

Write the specific time(s) the day care program is to administer the medication (i.e.: 12pm): _____

20. I, parent/legal guardian, authorize the day care program to administer the medication as specified in the
“Licensed Authorized Prescriber Section” to _____.

(child's name)

21. Parent or legal guardian's name (please print):

22. Date authorized:

23. Parent or legal guardian's signature:

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#24 - #30)

24. Provider/Facility name:

25. Facility ID number:

26. Facility telephone number:

27. I have verified that #1-#23 and if applicable, #33-#36 are complete. My signature indicates that all
information needed to give this medication has been given to the day care program.

28. Authorized child care provider's name (please print):

29. Date received from parent:

30. Authorized child care provider's signature:

ONLY COMPLETE THIS SECTION (#31-#32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15

31. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on
_____. Once the medication has been discontinued, I understand that if my child
(date)
requires this medication in the future, a new written medication consent form must be completed.

32. Parent or Legal Guardian's Signature:

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #36)

33. Describe any additional training, procedures or competencies the day care program staff will need to care
for this child. _____

34. Licensed Authorized Prescriber's Signature:

35. Since there may be instances where the pharmacy will not fill a new prescription for changes in a
prescription related to dose, time or frequency until the medication from the previous prescription is completely
used, please indicate the date by which you expect the pharmacy to fill the updated order.

DATE: _____

By completing this section the day care program will follow the written instruction on this form and *not* follow
the pharmacy label until the new prescription has been filled.

36. Licensed Authorized Prescriber's Signature:



Verbal Medication Consent Form and Log of Administration

- Use this form if:
 - A parent or guardian arrives at the program requesting medication be given but does not have written instructions from the authorized prescriber.
 - A child develops symptoms while in your care that require the administration of an over-the-counter medication
- The medication authorized on this form is valid for one day only. This consent form does not authorize the administration of the medication listed below on multiple days.

1. Child's first and last name:	2. Name of medication (including strength):	3. Amount/dosage to be given:
4. Route of administration:		5. Frequency to be administered for today only:
6A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (must be obtained from medication package or insert)		
<i>AND/OR</i>		
6B: Additional side effects: _____		
7. What action should the program take if side effects are noted:		
<input type="checkbox"/> Contact parent <input type="checkbox"/> Contact prescriber at phone number provided <input type="checkbox"/> Other (describe): _____		
8A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (must be obtained from medication package or insert)		
<i>AND/OR</i>		
8B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.)		
9. Provider/Facility name:	10. Facility ID number	11. Facility telephone number:
12. I, _____ received verbal permission from _____ (name of day care provider) (child's parent or legal guardian) to administer the medication listed above on _____ . The instructions I received from (date authorized to give) the parent match the instructions for use on the medication container. If the instructions do not match, I received verbal or written instructions from the health care provider or licensed authorized prescriber.		

Verbal Medication Consent Form and Log of Administration

13. COMPLETE THIS SECTION FOR VERBAL MEDICATION CONSENTS REQUIRING HEALTH CARE PROVIDER INSTRUCTIONS

In addition to the above parent/guardian consent I, _____ received verbal instructions from _____ (name of day care provider) (check the credentials of person)

- Physician
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Registered Nurse on behalf of the child's physician, PA or NP

to administer the medication listed above on _____. A request was made to have the health care provider send the medication instructions in writing. (date authorized to give)

14. Licensed prescriber's name (physician, PA or NP):	15. Licensed prescriber's telephone number:
---	---

16. I have verified that sections #1 - #15 are complete. My signature indicates that all information necessary to safely administer this medication has been given to the day care program.

17. Authorized child care provider's name (please print):	18. Date received from parent:
---	--------------------------------

19. Authorized child care provider's signature:

Document the administration of the medication in the log below

Date Given	Medication	Dose	Time Given	Signature of Day Care Provider

PARENT ACKNOWLEDGEMENT OF VERBAL CONSENT

I, parent/legal guardian, gave verbal permission to the day care program to administer the above indicated medication on _____ (date).

Parent or Legal Guardian's Signature:



- Use this form to document all medication administered in the day care program.
- This form must be kept with the child’s written medication consent form.
- Any doses of the medication listed below not given must be documented on this form.

CHILD’S NAME: _____ MEDICATION: _____

COMPLETE FOR ALL DOSES GIVEN				COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR ‘AS NEEDED’ MEDICATION ONLY	
Date Given (M/D/Y)	Dose	Time (AM or PM)	Administered by (full signature)	Any Noted Side Effects	Parents notified of side effects	For “as needed” medication – write the symptoms the child exhibited that necessitated the need for the medication	Were parents notified “as needed” medicine was given
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
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					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

ATTACHMENT M

Log of Medication Administration

Complete this section if the above medication was not given as written on the child's written consent form

Date Not Given	Description of reason why medication not given	Parents notified	Signature of Provider
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Notes:



Medication Error Report Form

- You can use this form or you can create your own master form using this as a guide.
- All areas of this form must be completed.
- The child's parent must be notified immediately of all medication errors.
- Provider should encourage parents to notify the child's health care provider of any medication administration errors.
- The Office must be notified of all medication errors by the close of the following business day.
- If more than one child is involved in the error, an error form must be completed for each child.

Provider/Facility name:	Facility ID number:	Facility telephone number:
Child's name:		Child's date of birth:
Date of medication error:		

What type of medication error occurred:

- Incorrect child
- Incorrect medication
- Incorrect time (*gave more than 30 minutes before or 30 minutes after time authorized*)
- Incorrect dose
- Incorrect route
- Gave an expired medication
- Forgot to give medication
- Consent expired
- Other _____

Complete this section for all errors using the information provided on the child's approved consent form (<i>except for incorrect child</i>)		
Name of medication authorized:	Amount/dosage authorized:	Route of administration authorized:
Frequency to be administered or signs and symptoms that necessitate the need for the medication as authorized on the consent: _____		



Medication Error Report Form

Describe the Incident (include all individuals involved in the error):

Action Taken:

OCFS notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date notified (month/day/year):	Person notified:
Parent/Guardian notified (required immediately) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date notified (month/day/year):	Person notified:
Encouraged parent to notify health care provider <input type="checkbox"/> Yes <input type="checkbox"/> No	Date advised (month/day/year):	Person advised:
Other persons notified (ex: health care consultant): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date notified (month/day/year):	Person(s) notified:

Describe Corrective Action Taken (indicate that an investigation will be done):

Name of person completing this form: <i>(please print)</i>	Date form completed:
Signature of person completing this form:	



ATTACHMENT O

Individual Health Care Plan For A Child With Special Health Care Needs

Working in collaboration with the child's parent/guardian and child's health care provider, the following health care plan was developed to meet the individual needs of:

Child's name:	Child's date of birth:
Name of the child's health care provider:	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the Medical Statement at the time of enrollment or information shared post enrollment.

Identify the program staff who will provide care to this child with special health care needs:

Name	Credentials or Professional License Information*

Describe any additional training, procedures or competencies the staff identified will need to carry out the health care plan for the child with special health care needs as identified by the child’s parent and/or the child’s health care provider. This should include information completed on the Medical Statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

Signature of Authorized Program Representative:

I understand that it is my responsibility to follow the above plan and all health and infection control day care regulations related to the modality of care I provide. This plan was developed in close collaboration with the child’s parent and the child’s health care provider. *I understand that it is my responsibility to see that those staff identified to provide all treatments and administer medication to the child listed in the specialized health care plan have a valid MAT certificate, CPR and first aid certifications or have a license that exempts them from training; and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Provider/Facility Name:	Facility ID number:	Facility Telephone Number:
Authorized child care provider’s name (please print)		Date:
Authorized child care provider’s signature:		

Signature of Parent or Guardian:

	Date:
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