

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**HEALTH CARE PLAN**  
Day Care Center

PROGRAM NAME: ACCORD Corporation - Friendship Head Start	
LICENSE NUMBER: 45058	DATE HEALTH CARE PLAN SUBMITTED TO THE OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS):    /    /

**Note:**

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

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> : CM	DATE: 8 / 22 / 24
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**Section 1: Child Health and Immunizations**

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

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

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

***Key criteria for exclusion of children who are ill***

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

*(exclusion criteria continued next page)*

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> : CM	DATE: 8 / 22 / 24
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### Medical Statements and Immunizations

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

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

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

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

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

- Written notice
- Verbally

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): CM	DATE: 8 / 22 / 24
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**Section 3: Daily Health Checks**

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

- See **Appendix A: Instructions for Daily Health Check**
- Other:

Explain here:

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

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

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

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

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

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

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

- In each child’s file
- In a separate log
- Other: Comments about illness or injury will be noted in Child Plus

Explain here:

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> : CM	DATE: 8 / 22 / 24
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**Section 4: Staff Health Policies**

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

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

**Section 5: Infection Control Procedures**

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

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

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): CM	DATE: 8 / 22 / 24
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List any additional items (or substitutions for the recommended items listed above) that will be stored in the first aid kit: Basic First Aid Guides, non latex gloves, antiseptic wipes, scissors, tweezers, bandage tape, guaze pads, flexible roller gauze, triangular badage, safety pins, eye pads, cold pack, poison conrol number, finger splint, nonstick pads, band-aids, selt belt cutter (bus only), fire blanket (bus only), baby shampoo (bus only)

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

- After each use
- Monthly
- Other:

Explain here:

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

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

Explain here:

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

Explain here:

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

Explain here:

- Keep the following types of child-specific medication (e.g., EpiPen®, asthma inhalers) in the first aid kit: *(Programs **must** be approved to administer medication, with the exception of epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers, and have all appropriate permissions as required by regulation, before storing and administering the medication to a child.)*

Explain here:

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

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): CM	DATE: 8 / 22 / 24
--------------------------	----------------------	--------------------------------------------------------------	----------------------

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

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

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

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

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

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

Explain where these will be stored: Stock Sunscreen will be kept in the evacuation bag up out of the reach of children. Stock Diaper cream will be kept locked away or up out of children's reach close to the changing table.

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

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

- OCFS form *Log of Medication Administration*, **OCFS-LDSS-7004**
- On a child-specific log (*please attach form developed by the program*)
- Other: Only sunscreen will be documented on the attached grid

Explain here:

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS ( <i>if applicable</i> ): CM	DATE: 8 / 22 / 24
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**School-Age Children Exemptions for Carrying and Administering Medication**

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

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

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

**Section 10: Confidentiality Statement**

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

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

**Section 11: Americans with Disabilities Act (ADA) Statement**

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

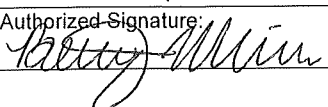
**Section 12: Licensee Statement**

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

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

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

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

Day Care Program's Name (please print): ACCORD Corporation - Friendship Head Start		License #: 45058
Authorized Signature: 	Authorized Name (please print): Bethany Miller	Date: 8 / 22 / 24

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): CM	DATE: 8 / 22 / 24
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**Section 13: For Programs that WILL Administer Medication**

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

The program will administer medication in accordance with the OCFS child day care regulations. Only a staff person who has completed the appropriate training or has appropriate licensure and is listed as a medication administrant in this health care plan will be permitted to administer medication in the program, with the exception of over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent, and/or emergency medications — *patient-specific epinephrine auto-injectors, diphenhydramine when prescribed in combination with the epinephrine auto-injector, asthma inhalers and nebulizers.*

**Section 14: Authorized Staff to Administer Medication**

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

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

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

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

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

- o Medication Administration Training (MAT) certificate.
  - o Cardiopulmonary Resuscitation (CPR) certificate, which covers all ages of children the program is approved to care for as listed on the program's license.
  - o First aid certificate that covers all ages of children the program is approved to care for as listed on the program's license.
- OR—**
- o Exemption from the training requirements as per regulation.

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

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

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

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): CM	DATE: 8 / 22 / 24
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### **Verbal Permissions and Instructions**

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

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

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

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

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> : CM	DATE: 8 / 22 / 24
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### Controlled Substances

All medications with a pharmacy label identifying the contents as a controlled substance are regulated by the Federal Drug Enforcement Agency. These medications will be: **(check all that apply; at least one MUST be selected)**:

- Stored in a locked area with limited access.
- Counted when receiving a prescription bottle from a parent or guardian.
- Counted each day if more than one person has access to the area where they are stored.
- Counted before being given back to the parent for disposal.
- Other:

Explain here:

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

Explain here: Medication will be stored in a locked medication box which will be stored in a cool, dry area inaccessible to children and accessible to MAT staff only

### Expired Medication

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

- Weekly
- Monthly
- Other:

Explain here:

### Medication Disposal

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

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): CM	DATE: 8 / 22 / 24
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In addition, as the program's Health Care Consultant, I will:

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

Other: cmurno@crystalmurnocchc.com

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

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

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

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

HCP review date	HCC Signature
8 / 22 / 24	Crystal P. Murno RN, MSN
/ /	
/ /	
/ /	

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

Health Care Consultant Signature:	Crystal P. Murno RN, MSN
Health Care Consultant Name (please print):	Crystal Murno, RN, MSN
Date:	8 / 22 / 24

**Section 19: Confidentiality Statement**

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

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

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): CM	DATE: 8 / 22 / 24
--------------------------	----------------------	--------------------------------------------------------------	----------------------

**Section 22: Training**

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

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

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

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

- Posting in program
- Staff meetings
- Other

Explain here:

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

- File review
- Staff meetings
- Other

Explain here:

LICENSEE INITIALS: BM	DATE: 8 / 22 / 24	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable): CM	DATE: 8 / 22 / 24
--------------------------	----------------------	--------------------------------------------------------------	----------------------

**Appendix B:**  
**Hand Washing**

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

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

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

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

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

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

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

**Appendix D:**  
**Safety Precautions Related to Blood**

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

These are:

- a) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood or blood-contaminated body fluids.
- b) Staff are to be careful not to get any of the blood or blood-contaminated body fluids in their eyes, nose, mouth, or any open sores.
- c) Clean and disinfect any surfaces, such as countertops and floors, onto which blood has been spilled.
- d) Discard blood-contaminated material and gloves in a plastic bag that has been securely sealed. Clothes contaminated with blood must be returned to the parent at the end of the day.
- e) Wash hands using the proper hand washing procedures.

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

**SPRAY BLEACH SOLUTION #1 (for food contact surfaces)**

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

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

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

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

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

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

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

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

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

- EPA-registered product approved for sanitizing and disinfecting, following manufacturer instructions for mixing and application.
- Bleach solution made fresh each day.
  - o Spray solution #1: **½ teaspoon of bleach to 1 quart of water**.
  - o Spray solution #2: **1 tablespoon of bleach to 1 quart of water**.
  - o Soaking solution: **1 teaspoon of bleach to 1 gallon of water**.



**Appendix G:**  
**Medical Emergency**

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

**Appendix I:**  
**Revisions**

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

DATE OF REVISION	PAGE(S)	HCC INITIALS
8 / 22 / 24	Review and Approve HCP	CM
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Appendix I

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

Program Name: ACCORD Corporation - Friendship Head Start

Facility ID Number: 45058

Director or Provider Name (Print): Bethany Miller

Director or Provider Signature: 

Date: 8 / 22 / 24

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

Appendix J