

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

**PROGRAM NAME:**

BORNHAVA - Specialized Early Childhood Center of WNY, Inc.

**LICENSE NUMBER:**

43929

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.
- The program's health care policies will be given to parents at admission and whenever changes are made, and the health care plan will be made available to parents upon request.
- The health care plan must be on site and followed by all staff/caregivers.

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**Section 1: Child Health and Immunizations**

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


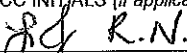
- ☒ **Well children**
- ☒ **Mildly ill children** who are able to participate in the routine program activities with minor accommodations. A child who meets any of the following criteria is defined as "mildly ill":
- The child has symptoms of a minor childhood illness which does not represent a significant 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 6 months of age: Unexplained temperature above 100°F [37.8°C] axillary (armpit) or 101°F [38.3°C] rectally (staff are prohibited from taking a child's temperature rectally) should be medically evaluated.
  - Under 2 months of age: Any fever should get urgent medical attention. ▲

*(exclusion criteria continued on next page)*

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(exclusion criteria continued from previous page)

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

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

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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** 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

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**Section 2: Children with Special Health Care Needs**


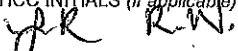
Children with special health care needs means children who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who require health and related services of a type or amount beyond that required by children generally.

- Any child identified as a child with special health care needs will have a written Individual Health Care Plan which will provide all information needed to safely care for the child. This plan will be developed with the child's parent and health care provider.
- The program may be required, as a reasonable accommodation under the Americans with Disabilities Act, to obtain approval to administer medication if the child needs medication or medical treatment during program hours.

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

- ☒ OCFS form: **Individual Health Care Plan for a Child with Special Health Care Needs (OCFS-LDSS-7006)**
- ☐ Other: (please attach the program's plan for individualized care)

Additional documentation or instruction may be provided.  
Explain here:

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**Section 3: Daily Health Checks**

A daily health check will be done on each child when he/she arrives at the program and whenever a change in 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: Staff Guideline Checklist

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

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

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

Staff will keep a current knowledge of the **New York State Department of Health's list of communicable diseases (DOH-389)** accessible at: [health.ny.gov/forms/instructions/doh-389\\_instructions.pdf](http://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, communicable disease, injury and/or suspected abuse and maltreatment found will be documented and kept on file for each child in the following way: **(check all that apply; at least one MUST be selected)**

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

Explain here: In Nurse's Health Room Log as well as Telephone Contact Log when it has been necessary to contact parent. Also noted on Illness and Injury Log when taking attendance in each classroom

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The program will ensure that adequate staff are available to meet the needs of the ill child without compromising the care of the other children in the program.

Explain the procedures for caring for a child who develops symptoms of illness while in care.

Explain here: A firm, sanitary cot or padded mat will be used for all children when requiring a rest period (illness, etc). The cot/mat will be used in the nurses' office whenever possible. Any cot used will be located in a safe area where there is no draft, where children will not be stepped on or block a safe egress.

Individual, sanitary blanket/sheets/pillows will be available as needed and washed after each use. (F. – Bornhava does not use cribs).

Children who become ill or who develop symptoms of illness will be taken to the nurse's office to rest until feeling well enough to return to their classroom activities or until picked-up by a parent/caregiver. Although Bornhava does not have a daily rest period, no child will be denied a rest period when needed.

Parent(s)/legal guardian must always be notified immediately in cases of illness/injury. This will be done by the nurse. In the event that the nurse is not available, the classroom teacher will notify parent/legal guardian.

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

- 1) Immediately make or cause to be made an oral report to the **mandated reporter hotline (1-800-635-1522)**.
- 2) File a written report using Form **LDSS-2221A: Report of Suspected Child Abuse or Maltreatment** to the local Child Protection Services (CPS) within 48 hours of making an oral report.
- 3) After making the initial report, the reporting staff person must immediately notify the director or licensee of the center that the report was made.
- 4) Additional procedures (if any):

Explain here: The Director or her designee, will follow-up the report made to the State Central Register of Child Abuse and Maltreatment with a written report within 48 hours, in the form and manner prescribed by the department, the child protective service of the social services district in the county in which the child resides. The Director or her designee will be responsible for making an immediate report to the Early Intervention Official of the County where the child resides. Immediately after making a report, the director will take the appropriate action necessary, ensuring the health and safety of the children involved in the report and, as necessary, of any other children in the care of the center. The director must also take reasonable steps to preserve any potential evidence of abuse or maltreatment. The director will also notify the Program Coordinator and/or social worker if applicable.

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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)

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**Section 6: Emergency Procedures**

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

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

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

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

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

The program will keep current emergency contact information for each child in the following easily accessible location(s): **(check all that apply; at least one MUST be selected)**

- ☒ The emergency bag  
☒ On file  
☒ Other:

Explain here: Each child also has on file: Social/Medical History Update & Emergency Medical/Dental Authorization, child Release Authorization, and each child carries on his/her backpack, the Student Identification/Medical Information Card. A copy is also in the classroom's emergency first aid bag, in the school Rolodex. Teachers will also have a copy of the classroom enrollment, with contact numbers attached to their attendance boards. The Child Release Authorization & Student Identification-Medical Information Card is taken during evacuation.

In the event of a medical emergency, the program will follow: **(check one; at least one MUST be selected)**

- ☒ Medical Emergency *(Appendix G)*  
☐ Other: *(Attach)*

Additional emergency procedures *(if needed)*:

Explain here: Emergency transportation is provided by Twin City Ambulance - 692-2100

A staff member will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child.

The nurse, with the assistance of the staff member present at time of injury, if necessary, will complete an injury report form as soon after the incident as possible. The form will be signed by the parent or legal guardian. Copies will be distributed to the parent or legal guardian, the child's record at the facility, and the facility's Injury Log.

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**Section 7: First Aid Kit**

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

The program's first aid kit(s) will be stored in the following area(s) in the program:

*(It is recommended that a kit be taken on all trips off the program site, and a kit be kept in the emergency bag for use in the event of an emergency evacuation.)*

Explain here: First aid bags are kept in EACH classroom and taken whenever the class leaves the building. The nurse has an additional first aid kit/supplies as well.

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

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

List any additional items *(or substitutions for the recommended items listed above)* which will be stored in the first aid kit: Gauze pads, assorted sized band-aids, antiseptic, tweezers, ice pack, cool pack, q-tip applicators, stickers, antibiotic cream, gloves

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: Nurse will be notified for replacement supplies

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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: Antibiotic ointment

- ☒ 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: Acetaminophen, Benadryl, ibuprofen (verbal permission is only good for one day)

- ☒ 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: Additionally, the kit will contain a CHILD SPECIFIC - emergency dose of medication for THAT child only - who requires such medication (i.e.: EpiPen, antihistamine for allergic reaction, nebulizer for asthma).

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

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**Section 8: Program Decision on the Administration of Medication**

The program has made the following decision regarding the administration of medication:  
(Check all that apply; at least one **MUST** be selected)

- ☒ The program **WILL** administer over-the-counter topical ointments, lotions and creams, sprays; including sunscreen products and topically applied insect repellent.\*  
(Complete Sections 9-12.)
- ☒ The program **WILL** administer epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers.\*  
(Complete Sections 9-12.)
- ☐ The program **WILL** administer stock non-patient-specific epinephrine auto-injectors.  
(Complete Appendix J.)
- ☒ The program **WILL** administer medications that require the program to have this health care plan approved by a health care consultant as described in Sections 13 and 14.\*  
(Complete Sections 9 and 13-21.)

If the program will **not** administer medication (other than over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent and/or epinephrine auto-injectors, diphenhydramine in combination with the auto-injector, asthma inhalers, and nebulizers), explain how the needs of the child will be met if the child is taking medication which requires administration during program hours.

Explain here: \* Bornhava does NOT use insect repellent - unless specifically requested by parent

**\*Parent/Relative Administration**

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

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

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

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

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

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

The program will have parent permission to apply any over-the-counter topical ointments, lotions and creams, sprays including sunscreen products and topically applied insect repellent 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: For over-the-counter topical ointments (sunscreen, lotions, creams, and sprays including sunscreen products) where instructions from the child's health care provider are NOT required, the parent's instructions for administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions and stored in the classrooms out of reach of the children. If the instructions ARE NOT consistent, written instructions from the child's health care provider ARE required.

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

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

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

Explain here:

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

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

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

Explain here: antibacterial ointment, petroleum jelly, sunscreen

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

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

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

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

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

Explain here: Permission form will be sent home two times followed by telephone calls. If parent still does not respond or no consent is given. Teacher will limit sun exposure and/or provide protective clothing. (i.e.: hat, long sleeved shirt, etc.)

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

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

In addition, the program will obtain the following:

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

Additionally:

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

Explain where these will be stored: In case of emergency-when nurse/MAT staff are unavailable, classroom staff have been trained by parent and/or RN/LPN to administer auto-injector, diphenhydramine, asthma medication, or nebulizer (all staff are over 18 year of age), and have a completed and signed by parent, Health Care Plan. Epipen remains, out of reach of children, in classroom for specific child at all times. Inhalers are kept in classroom bags, out of reach of children during school hours. Nebulizers are kept in nurse's office as well as Emergency, anti-convulsive medications.

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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 an 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, 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 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, sprays, including sunscreen products and topically applied insect repellent, and/or epinephrine auto-injector, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers, and nebulizers, and **not** administer any other medication.

**Section 10: Confidentiality Statement**

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

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

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

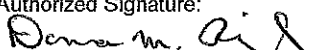
The program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in the program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, the program will assess the ability of the program to meet the needs of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

**Section 12. Licensee Statement**

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

OCFS must review and approve the health care plan as part of the 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 policies will be given to parents at admission and whenever changes are made, and the health care plan will be made available to parents upon request.

Day Care Program's Name (please print): BORNHAVA - Specialized Early Childhood Center of WNY,		License #: 43929
Authorized Signature: 	Authorized Name (please print): Donna M. Ringholz	Date: 8/8/19

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**Only complete Sections 13-21 if the program will administer medication.**

### **Section 13: For Programs that WILL Administer Medication**

The program will administer prescription and non-prescription medication by all routes covered in the Medication Administration Training (MAT) course (*oral, topical, eye, ear, and inhaled medications, medicated patches, and epinephrine via an 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, sprays, including sunscreen products and topically applied insect repellent, and/or emergency medications—epinephrine auto-injectors, diphenhydramine when prescribed in combination with the epinephrine auto-injector, asthma inhalers, and nebulizers.

### **Section 14. Authorized Staff to Administer Medication**

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

Any individual listed in Appendix H as a medication administrant is approved to administer medication using the following routes: topical, oral, inhaled, eye, and ear, medicated patches and epinephrine using an 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.

**To be approved to administer medication, other than over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent, and/or emergency medications—epinephrine auto-injectors, diphenhydramine when prescribed in combination with the epinephrine auto-injector, asthma inhalers, and nebulizers, all individuals listed in the health care plan must be at least 18 years of age and have a valid:**

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

**—OR—**

- Exemption from the training requirements as per regulation.

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

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

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**ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ONLY ADMINISTER MEDICATION**

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

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

- ☐ Child's file  
☒ Medication log book  
☐ Other:

Explain here: A copy will be kept with the child's medication while enrolled in program. Upon being discharged from program, all consents and logs are placed in the child's individual file.

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

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

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

Explain here: Once a month

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

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

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

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ONLY ADMINISTER MEDICATION

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

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

### **Verbal Permissions and Instructions**

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

- ☐ 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, sprays, including sunscreen products and topically applied insect repellent.)*

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

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

**ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ONLY ADMINISTER MEDICATION**

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**Section 16. Stocking, Handling, Storing and Disposing of Medication**

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

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

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

All medication will be kept in its original labeled container.

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

Explain here: Medications will be kept in the nurse's office, at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage. Should medication require refrigeration, medication is placed in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage in the refrigerator. Any refrigerator used to store medication will be kept at a temperature between 36 degrees F, and 46 degrees F. and temperature checked weekly. The nurse will monitor expirations of all medication, prescription and over-the-counter, and dispose of according to specifications from health care provider or manufacturer, on a monthly basis. Where such directions are absent, the cap will be taped on to the medication container (a glass container will first be placed in a plastic container), doubled bagged in plastic, and will be placed in the dumpster in the rear of the parking lot.

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

- ☐ In a medication-only refrigerator located: \_\_\_\_\_
- ☒ In a food refrigerator in a separate leak-proof container that is inaccessible to children

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ONLY ADMINISTER MEDICATION

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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: All medication will be kept in a double locked box in the nurses's office. Only the RN, LPN, and MAT staff will have access, as well as those individuals trained to administer emergency medications.

**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.

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ONLY ADMINISTER MEDICATION

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**Section 17. Medication Errors**

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

When any medication error occurs, the program:

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

In addition, the program will notify these additional people (e.g., the program's health care consultant). **If no additional notifications, put N/A in this section.**

List here: Health Care Consultant

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ONLY ADMINISTER MEDICATION

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**Section 18. Health Care Consultant Information and Statement**

Section 18 must be completed by the Health Care Consultant if the program will administer medication.

Health Care Consultant Information:

<b>Name of HCC (Please print clearly):</b>		
Profession: (A HCC must have a valid NYS license to practice as a physician, physician assistant, nurse practitioner or registered nurse) <b>(Check all that apply; at least one MUST be selected):</b>	<input type="checkbox"/> Physician	License number: Exp. Date:
	<input type="checkbox"/> Physician Assistant	License number: Exp. Date:
	<input type="checkbox"/> Nurse Practitioner	License number: Exp. Date:
	<input checked="" type="checkbox"/> Registered Nurse	License number: 636782-1 Exp. Date: 4/30/22

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

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

In addition, as the program's Health Care Consultant, I will:

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

Other:

Explain here: Visit program weekly

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ONLY ADMINISTER MEDICATION

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**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 every two years. This visit will include:

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

HCP review date	HCC Signature
/ /	
/ /	
/ /	
/ /	

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

Health Care Consultant Signature:	<i>Laura Reynolds, RN</i>
Health Care Consultant Name ( <i>please print</i> ): Laura Reynolds, RN	
Date: 8/8/19	Laura Reynolds RN

**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.

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ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ONLY ADMINISTER MEDICATION

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

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

**Section 21. Licensee Statement**

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

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

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

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

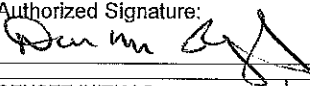

A program authorized to administer medication, which has had the authorization to administer medication revoked, or otherwise loses the ability to administer medication, must advise the parent of every child in care before the next day the program operates that the program no longer has the ability to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

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

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

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

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

Day Care Program's Name (please print): Bornhava - Specialized Early Childhood Center of WNY		License #: 43929	
Authorized Signature: 	Authorized Name (please print): Donna M. Ringholz	Date: 8 / 8 / 19	
LICENSEE INITIALS 	DATE 8/8/19	HCC INITIALS (if applicable) JR RN	DATE 8 / 8 / 19

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ONLY ADMINISTER MEDICATION

## Appendix A: Instructions for Doing a Daily Health Check

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

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

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

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

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

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

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

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

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

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

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

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



## **Appendix C:**

### **Diapering**

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

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

Diapers will be changed using the following steps:

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

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

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

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

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

## Appendix E: Cleaning, Sanitizing and Disinfecting

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

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

### **Sanitizing and Disinfecting Solutions**

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

#### **Read the Label**

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

#### **Use Common Household Measurements**

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

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

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

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

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

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

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

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


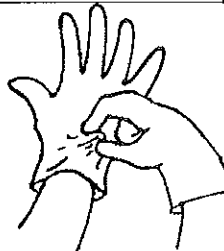

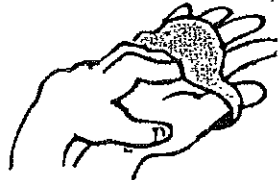

Staff will use the following procedure to clean and sanitize toys that have been mouthed by children:

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

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

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

## Appendix F: Gloving

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

Appendix F

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

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

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

### Appendix H: Medication Administrants

<b>License number:</b> 43929	<b>If this form is submitted to OCFS separate from the health care plan, indicate date of submission:</b>
---------------------------------	---

A copy of this form can be sent in separately to OCFS if the program's health care plan has already been approved and the only change to the plan is the addition or removal of a medication administrant or an update to information for a current medication administrant. With any medication administrant addition, removal or change, program's health care consultant and OCFS must be notified.

All staff listed as medication administrant(s) must have first aid and CPR certificates that covers the ages of the children in care and be at least 18 years of age. Documentation of age-appropriate first aid and CPR certificates will be kept on site and is available upon request.

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	HCC Initials	Date
<b>Amy Barron</b>						
Original	Add	10/18/19	6/2020	6/2020	YR R.N.	8-8-19
Language	english					
Renewal						
Renewal						
Renewal						

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	HCC Initials	Date
<b>Carol Burgess</b>						
Original	Add	12/13/20	6/2020	6/2020	YR R.N.	8-8-19
Language	english					
Renewal						
Renewal						
Renewal						

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	HCC Initials	Date
<b>Tara Harm</b>						
Original	Add	7/25/21	8/2/20	8/2/20	YR R.N.	8-8-19
Language	english					
Renewal						
Renewal						
Renewal						

Appendix H

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	HCC Initials	Date
<b>Valerie Smith</b>						
Original	Add	7/25/21	8/2/20	8/2/20	YL RN	8-8-19
Language	english					
Renewal						
Renewal						
Renewal						

error 7R  
8-8-19

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	HCC Initials	Date
Original	Add					
Language						
Renewal						
Renewal						
Renewal						

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	HCC Initials	Date
Original	Add					
Language						
Renewal						
Renewal						
Renewal						

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	HCC Initials	Date
Original	Add					
Language						
Renewal						
Renewal						
Renewal						

Appendix H



The following individual(s) has a professional license or certificate which exempts him/her from the training requirements to administer medication. Copies of the individual(s) credentials are attached and will be sent to OCFS.

<b>Name:</b> <b>Laura Jo Reynolds</b>	<b>License/Certificate (check one):</b>	<input type="checkbox"/> EMT-CC <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LPN <input checked="" type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> DO			
	<b>A=Add R=Remove C=Change</b>	<b>License Exp date</b>	<b>CPR Exp date</b>	<b>HCC Initials</b>	<b>Date</b>
Original	Add	<b>4/30/22</b>	<b>8/2020</b>	<b>JR R.N.</b>	<b>8-8-19</b>
Language	<b>english</b>				
Renewal					
Renewal					
Renewal					

<b>Name:</b> <b>Christina Bazinet</b>	<b>License/Certificate (check one):</b>	<input type="checkbox"/> EMT-CC <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> DO			
	<b>A=Add R=Remove C=Change</b>	<b>License Exp date</b>	<b>CPR Exp date</b>	<b>HCC Initials</b>	<b>Date</b>
Original	Add	<b>8/31/21</b>	<b>8/18/19</b>	<b>JR R.N.</b>	<b>8-8-19</b>
Language	<b>english</b>				
Renewal					
Renewal					
Renewal					

<b>Name:</b>	<b>License/Certificate (check one):</b>	<input type="checkbox"/> EMT-CC <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> DO			
	<b>A=Add R=Remove C=Change</b>	<b>License Exp date</b>	<b>CPR Exp date</b>	<b>HCC Initials</b>	<b>Date</b>
Original	Add				
Language					
Renewal					
Renewal					
Renewal					

Appendix H



**Appendix J:****Administration of Non-Patient-Specific Epinephrine Auto-injector device**

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

**The program agrees to the following:**

- The program will designate one or more employee(s) or caregiver(s) who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the non-patient-specific epinephrine auto-injector devices acquired by the program. The designated employee(s) or caregiver(s) may not use a non-patient-specific epinephrine auto-injector device on behalf of the program until he or she has successfully completed a training course in the use of epinephrine auto-injector devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity, or individual approved by DOH, or is directed in a specific instance to use an epinephrine auto-injector device by a health care practitioner who is authorized to administer drugs, and who is acting within the scope of his or her practice. The required training must include: (i) how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; (ii) recommended dosage for adults and children; (iii) standards and procedures for the storage and administration of an epinephrine auto-injector devices; and (iv) emergency follow-up procedures.
- Verification that each designated employee or caregiver has successfully completed the required training will be kept on-site and available to OCFS or its representatives.
- By way of this form's completion and submission to OCFS, the program is requesting a waiver of the following regulation in order to stock non-patient-specific epinephrine auto-injector devices pursuant to New York Public Health Law Section 3000-c.
  - ☐ School-Age Child Care: 414.11(g)(7)
  - ☐ Group Family Day Care: 416.11(g)(7)
  - ☐ Family Day Care: 417.11(g)(7)
  - ☐ Day Care Center: 418-1.11(g)(7)
  - ☐ Small Day Care Center: 418-2.11(g)(7)
- The program will obtain a non-patient-specific prescription for an epinephrine auto-injector device from a health care practitioner or pharmacist who is authorized to prescribe an epinephrine auto-injector device.
- The program will obtain the following epinephrine auto-injector devices. (check all that apply):
  - ☐ Adult dose (0.3 mg) for persons 66 lbs. or more.
  - ☐ Pediatric dose (0.15 mg) for persons who are 33-66 lbs.
  - ☐ Infant/Toddler dose (0.1 mg) for persons who are 16.5-33 lbs.
- For children weighing less than 16.5 lbs., the program will **NOT** administer epinephrine auto-injector, and will call 911.
- The program will check the expiration dates of the epinephrine auto-injector devices and dispose of units before each expires. How often will the program check the expiration date of these units?
  - ☐ Every three months
  - ☐ Every six months
  - ☐ Other:

Appendix J

- The program will dispose of expired epinephrine auto-injector devices 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 of the following:
  - In its protective plastic carrying tube in which it was supplied (original container)
  - In a place that is easily accessed in an emergency
  - In a place inaccessible to children
  - At room temperature between 68 and 77 degrees
  - Out of direct sunlight
  - In a clean area
  - Store separately from child specific medication
- 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.
- In the event that an epinephrine auto-injector device is administered to a child experiencing anaphylaxis, the program will report the incident immediately to the parent of the child and OCFS (Regional or Borough office). The following information should be reported:
  - Name of the epinephrine auto-injector device
  - Location of the incident
  - Date and time epinephrine auto-injector device was administered
  - Name, age and gender of the child (to OCFS only)
  - Number and dose of the epinephrine auto-injector administered
  - Name of ambulance service transporting child
  - Name of the hospital to which child was transported

Program Name: \_\_\_\_\_

Facility ID Number: \_\_\_\_\_

Director or Provider name (Print): \_\_\_\_\_

Director or Provider Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

REGISTRATION CERTIFICATE  
Do not accept a copy of this certificate

Certificate Number: 0371242

Registration Number: 636712-1



REYNOLDS LAURA JO  
7319 KINNE RD  
LOCKPORT

NY 14094-0000

REGISTERED TO PRACTICE IN NEW YORK STATE THROUGH 04/30/2022 as a(n)  
REGISTERED PROFESSIONAL NURSE

MEMBER SECRETARY  
Suzanne Sullivan  
EXECUTIVE SECRETARY

Handwritten signature of Suzanne Sullivan  
COMMISSIONER OF EDUCATION  
DEPUTY COMMISSIONER  
FOR THE PROFESSION

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# BASIC LIFE SUPPORT

**BLS  
Provider**



**American  
Heart  
Association®**

**Laura Reynolds**

**has successfully completed the cognitive and skills  
evaluations in accordance with the curriculum of the  
American Heart Association Basic Life Support  
(CPR and AED) Program.**

**Issue Date**

8/21/2018

**Recommended Renewal Date**

08/2020

**Training Center Name**

Action CPR, LLC

**Instructor Name**

Pamela Schweickert

**Training Center ID**

NY15657

**Instructor ID**

08180706115

**Training Center Address**

5283 Irish Rd  
Lockport NY 14304 USA

**eCard Code**

185506368803

**Training Center Phone  
Number**

(716) 545-7820

**QR Code**

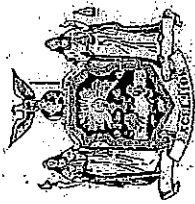


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THE UNIVERSITY OF THE STATE OF NEW YORK  
EDUCATION DEPARTMENT



BE IT KNOWN THAT

CHRISTINA MARIE BAZINET

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL  
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE AS A

LICENSED PRACTICAL NURSE

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE  
UNDER ITS SEAL AT ALBANY, NEW YORK  
THIS FIRST DAY OF DECEMBER, 2015.

*Wynne Ellen Elia*  
COMMISSIONER OF EDUCATION  
LICENSE NUMBER  
324481



*DeDe E. Hall*  
DEPUTY COMMISSIONER  
FOR THE PROFESSIONS

*Suzanne Sullivan*  
EXECUTIVE SECRETARY  
STATE BOARD FOR  
NURSING



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

**REGISTRATION CERTIFICATE**  
*Do not accept a copy of this certificate*

License Number: 324481-1

Certificate Number: 0353295

BAZINET CHRISTINA MARIE  
642 EVERGREEN DR  
TONAWANDA NY 14150-0000

is registered to practice in New York State through 08/31/2021 as a(n)  
**LICENSED PRACTICAL NURSE**

LICENSEE/REGISTRANT

*Suzanne Sullivan*  
EXECUTIVE SECRETARY

*Wynne Ellen Elm*  
COMMISSIONER OF EDUCATION  
*D. E. Hill*  
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# BASIC LIFE SUPPORT

**BLS  
Provider**



**Christina Bazinet**

**has successfully completed the cognitive and skills  
evaluations in accordance with the curriculum of the  
American Heart Association Basic Life Support  
(CPR and AED) Program.**

**Issue Date**

8/16/2019

**Recommended Renewal Date**

08/2021

**Training Center Name**

Buffalo CPR and Continuing Education

**Instructor Name**

Jill Licata

**Training Center ID**

NY20475

**Instructor ID**

11017298665

**Training Center Address**

9047 Michael Douglas Drive  
Clarence Center NY 14032 USA

**eCard Code**

195506000755

**Training Center Phone  
Number**

(716) 741-3942

**QR Code**



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*Education Department*  
*Office of the Professions*

**REGISTRATION CERTIFICATE**

*Do not accept a copy of this certificate*

License Number: 223638-1

Certificate Number: 9899388

POPP BARBARA G  
28 CORDES DRIVE  
TONAWANDA

NY 14150-5125

is registered to practice in New York State through 08/31/2020 as a(n)  
**REGISTERED PROFESSIONAL NURSE**

*Barbara G. Popp*  
LICENSEE/REGISTRANT

*Suzanne Sullivan*  
EXECUTIVE SECRETARY

*Kary Ellen Elia*  
COMMISSIONER OF EDUCATION

*Dale E. Hill*  
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# BASIC LIFE SUPPORT

**BLS**

**Provider**



*Barbara Papp*

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

**OCT 11 2017**

Issue Date

**OCT 11 2019**

Recommended Renewal Date

# BASIC LIFE SUPPORT

Training Center Name Buffalo CPR & Continuing Ed NY20475

TC Info Buffalo CPR (716) 741-3942

Course Location N.E.R. New York State

Instructor Name Shari Dirschberge 11014179505#

Holder's Signature *Barbara Papp*

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*Amy Barron*

originally completed the OCFS approved Medication Administration Training Course and demonstrated competency in the administration of medication in day care settings in English on 10/18/2010.

**This provider successfully completed the Medication Administration Training renewal test on 10/14/2016.**

- The above named has successfully completed one (1) hour of training (0.1 CEU) in the topic area: nutrition and health needs of children.
- In addition to completing this renewal training, the above named must meet all of the following requirements before being approved to administer medication in a child day care program:
  - Be 18 years old
  - Have current first aid and CPR certificates that cover the ages of the children in care
  - Be listed in the program's approved health care plan as a medication administrator
- This certificate is valid for three years.

**This renewal certificate is valid until 10/18/2019.**

Valid only with embossed seal  
Last updated 8-16-10



HEARTSAVER FIRST AID CPR AED

HeartSaver®  
First Aid CPR AED



American  
Heart  
Association®

↑  
PEEL  
HERE  
↓

Army Barron

The above individual has successfully completed the objectives and skills evaluations  
in accordance with the curriculum of the AHA HeartSaver First Aid CPR AED Program.  
Optional completed modules are those NOT marked out:

Child CPR AED

~~Infant CPR~~

~~Basic~~

Issue Date 06/12/2018

06/2020

Recommended Renewal Date

HEARTSAVER FIRST AID CPR AED

Training Center Name Union Volunteer Ambulance TC ID # NY04386

TC Info 101 Eridwell, NY, 13760, 716-832-0818

Course Location Creative Inservices

Instructor Name Elizabeth Calhoun Inst. ID # 10160508144

Holder's Signature

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Strike through the modules NOT completed.

This card contains unique security features to protect against forgery.





*Carol Burgess*

originally completed the OCFS approved Medication Administration Training Course and demonstrated competency in the administration of medication in day care settings in English on 12/13/2014.

This provider successfully completed the Medication Administration Training renewal test on 12/09/2017.

- The above named has successfully completed one (1) hour of training (0.1 CEU) in the topic area: nutrition and health needs of children.
- In addition to completing this renewal training, the above named must meet all of the following requirements before being approved to administer medication in a child day care program:
  - Be 18 years old
  - Have current first aid and CPR certificates that cover the ages of the children in care
  - Be listed in the program's approved health care plan as a medication administrant
- This certificate is valid for three years.

**This renewal certificate is valid until 12/13/2020.**

Valid only with embossed seal  
Last updated 8-16-10





HEARTSAVER FIRST AID CPR AED

Heartsaver®  
First Aid CPR AED



American  
Heart  
Association®

↑  
PEEL  
HERE  
↑

Carol Burgess

The above individual has successfully completed the objectives and skills evaluations  
in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program.  
Optional completed modules are those **NOT** marked out:

Child CPR AED

~~Adult CPR~~

~~Exam~~

06/12/2018

Issue Date

06/2020

Recommended Renewal Date

HEARTSAVER FIRST AID CPR AED

Training Center Name Union Volunteer Ambulance TC ID # NY04386

TC Info 000 Endwell, NY, 13760, 716-832-0818

Course Location Creative Inservices

Instructor Name Elizabeth Cathoun Inst. ID # 10160508111

Holder's Signature

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Strike through the modules **NOT** completed.

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# Office of Children and Family Services

New York State Office of Children and Family Services

Tara Harm

has successfully completed the

8-hour OCFS-approved "Medication Administration Training (MAT)" course in English  
and has demonstrated competency in the administration of medication in day care settings

0.8 CEUs

on

July 25, 2018

Trained by: Janice Zapfel

This training can be used to fulfill training requirement(s) in:

- Two hours: statutes and regulations pertaining to child day care
- Five hours: nutrition and health needs of children
- One hour: safety and security procedures, including communication between parents and staff

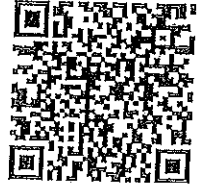
In addition to completing this training, the above-named must meet the following requirements in order to administer emergency medication\* in a child day care program:

- be 18 years old;
- have current first aid and CPR certificates that cover the ages of the children in care; and
- be listed on the program's approved health care plan as a medication administrator

This renewal certificate is valid for three (3) years from the date indicated above.



PROFESSIONAL  
DEVELOPMENT PROGRAM  
ROCKEFELLER COLLEGE  
UNIVERSITY AT ALBANY  
State University of New York





## CPR, AED, and Basic First Aid

**Tara Harm**

has successfully completed and competently performed  
the required knowledge and skill objectives for this program.

☐ Adult    ☐ Adult and Child    ☒ Adult, Child, and Infant

*Card is void if more than one box is checked.*



## ASHI-Approved Certification Card

**Wayne Stewart**

Authorized Instructor (Print Name)

**136502**

Registry No.

**8/2/2018**

Class Completion Date

**8/2/2020**

Expiration Date

**1.888.579.4398**

Training Center Phone No.

**63796**

Training Center I.D.

This card certifies that the holder has demonstrated the required knowledge and skill objectives to a currently authorized ASHI Instructor. Certification does not guarantee future performance, or imply licensure or credentialing. Course content conforms to the 2015 AHA Guidelines for CPR and ECC, and other evidence-based treatment recommendations. Certification period may not exceed 24 months from class completion date. More frequent reinforcement of skills is recommended.





# Office of Children and Family Services

New York State Office of Children and Family Services

Valerie Smith

has successfully completed the  
8-hour OCFS-approved "Medication Administration Training (MAT)" course in English  
and has demonstrated competency in the administration of medication in day care settings

0.8 CEUs

on

July 25, 2018

Trained by: Janice Zapfel

This training can be used to fulfill training requirement(s) in:

- Two hours: statutes and regulations pertaining to child day care
- Five hours: nutrition and health needs of children
- One hour: safety and security procedures, including communication between parents and staff

In addition to completing this training, the above-named must meet the following requirements in order to administer emergency medication\* in a child day care program:

- be 18 years old;
- have current first aid and CPR certificates that cover the ages of the children in care; and
- be listed on the program's approved health care plan as a medication administrant

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PROFESSIONAL  
DEVELOPMENT PROGRAM  
ROCKEFELLER COLLEGE  
UNIVERSITY AT ALBANY  
Sate University of New York







## CPR, AED, and Basic First Aid

**Valerie Smith**

has successfully completed and competently performed  
the required knowledge and skill objectives for this program.

☐ Adult    ☐ Adult and Child    ☒ Adult, Child, and Infant

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## CPR, AED, and Basic First Aid

Jennifer Boyle

has successfully completed and competently performed  
the required knowledge and skill objectives for this program.

☐ Adult ☐ Adult and Child ☒ Adult, Child, and Infant

*Card is void if more than one box is checked.*



AMERICAN  
SAFETY &  
HEALTH  
INSTITUTE

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## CPR, AED, and Basic First Aid

**Emily Eisenbaum**

has successfully completed and competently performed  
the required knowledge and skill objectives for this program.

☐ Adult    ☐ Adult and Child    ☒ Adult, Child, and Infant

*Card is void if more than one box is checked.*



AMERICAN  
SAFETY &  
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## CPR, AED, and Basic First Aid

**Elaine Rokitta**

has successfully completed and competently performed  
the required knowledge and skill objectives for this program.

☐ Adult    ☐ Adult and Child    ☒ Adult, Child, and Infant

*Card is valid if more than one box is checked.*



## ASHI-Approved Certification Card

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Registry No.

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## CPR, AED, and Basic First Aid

**Rachelle Strickland**

has successfully completed and competently performed  
the required knowledge and skill objectives for this program.

☐ Adult    ☐ Adult and Child    ☒ Adult, Child, and Infant

*Card is valid if more than one box is checked.*



## ASHI-Approved Certification Card

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A copy may be...



## CPR, AED, and Basic First Aid

**Laura Wexler**

has successfully completed and competently performed  
the required knowledge and skill objectives for this program.

☐ Adult    ☐ Adult and Child    ☒ Adult, Child, and Infant

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