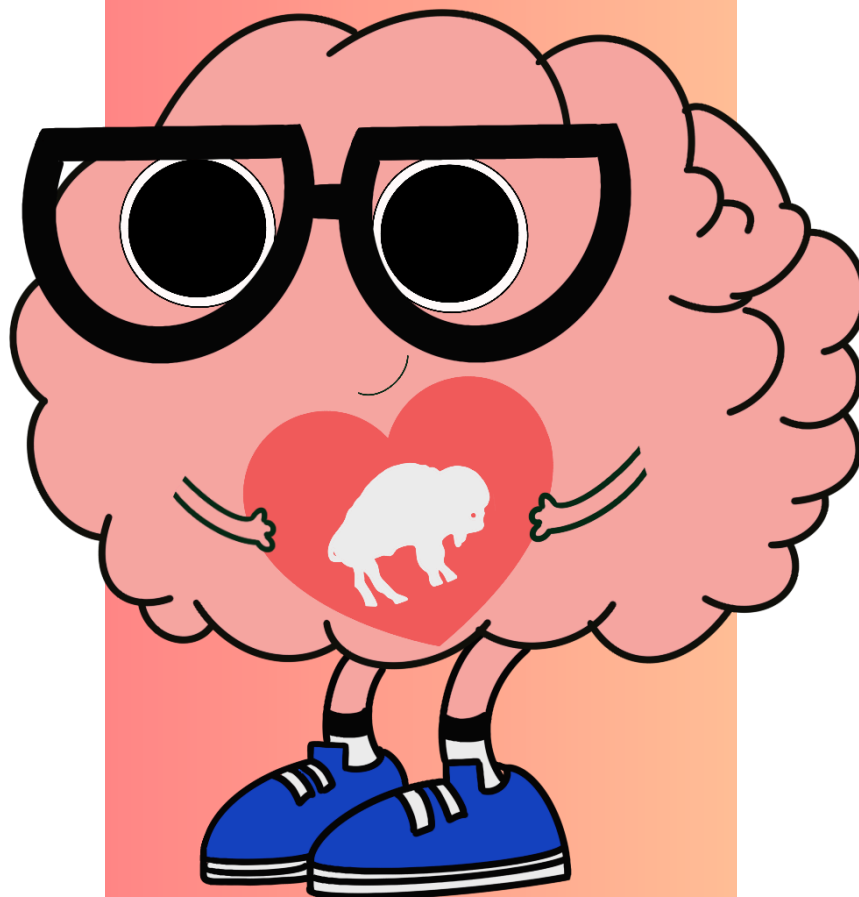


# LE3 Academy



2024/2025

# HEALTH CARE PLAN

[www.le3inc.org](http://www.le3inc.org)

LE3 Main Office  
6024 Main Street  
Williamsville, NY 14221  
716-430-9322  
[mainoffice@le3-inc.org](mailto:mainoffice@le3-inc.org)  
Fax: 716-906-8575

LE3 Academy North Forest  
300 North Forest Road  
Williamsville, NY 14221  
716-444-8247

LE3 Academy Englewood  
855 Englewood Ave  
Kenmore, NY 14223  
716-444-2305

LE3 Academy Sheridan  
4660 Sheridan Drive  
Williamsville, NY 14221  
716-429-7223

LE3 Academy Larkin  
799 Seneca St, STE G  
Buffalo, NY 14210  
716-429-3442

# Healthcare Plan Outline

**Please note that this document is created by LE3 INC based on the approved Health Care Plan for our daycare programs.**

**This is not the entire healthcare plan but the items that we believe should be highlighted to guardians upon enrolling in our program.**

**Every program has the ability to choose certain policies, procedures, and processes in a health care plan so long as it is approved by the Office of Family and Child Services.**

**Any space in this guide that has \*\* after a statement indicates that there is more information that can be found within the full Health Care Plan document that is over 40 pages.**

**Additionally, the following sections are not detailed in this document but can be found in the full Health Care Plan that is available to you at any point in time. All centres have a copy of the plan in their OCFS binder available to any guardian.**

- Section 4: Staff Health Policies
- Section 5: Infection Control Procedures
  - Appendix B - Handwashing
  - Appendix C - Diapering
  - Appendix D - Safety precautions related to blood and bodily fluids
  - Appendix E - Cleaning, disinfecting, and sanitizing of equipment and toys
  - Appendix F - Gloving
- Section 10: Confidentiality Statement
- Section 11: Americans with Disabilities Act (ADA) Statement
- Section 12: Licensee Statement
- Section 22: Training
- Appendix:
  - G: Medical Emergency
  - H: Trained Administrator
  - I: Revisions
  - J: Administration of Non-Patient-Specific Epinephrine Auto-Injector Device
  - K: Administration of Opioid Antagonist Nasal Spray

# Child Health & Immunizations

## LE3 will care for:

- ✓ **Well Children**
- ✓ **Mildly ill children** (who can participate in the routine program activities with minor accommodations)

A child who meets the following criteria is considered “Mildly Ill.”

- symptoms of a minor childhood illness that does not present a significant risk of severe infection to others
- the child does not feel well enough to participate comfortably in usual activities but can join with minor modifications like more rest when available
- the care for the ill child does not interfere with the care or supervision of the other children

**Note: The definitions above do not include children protected under the Americans with Disabilities Act (ADA). Programs must consider each child’s care individually and comply with the ADA's requirements.**

## Key criteria for exclusion of children who are ill:

- **The child is too sick to participate in program activities**
- **The illness results in a need for care that is greater than the staff can provide without compromising health and safety of others**
- **An acute change in behavior**
  - Lethargy/lack of responsiveness
  - Irritability
  - Persistent crying
  - Difficulty breathing
  - Having a quickly spreading rash
- **Fever**
  - Temperature above 100°F AND accompanied by behavior change or other signs and symptoms (sore throat, rash, vomiting, diarrhea, cough, difficulty breathing)
  - UNDER 6 MONTHS OF AGE
    - Unexplained temperature above 100°F
    - Under two months of age: Any fever should get urgent medical attention

# Child Health & Immunizations

## Continued exclusion criteria:

- **Diarrhea**
  - Diapered children whose stools are not contained in the diaper or if the stool frequency exceeds two or more stools above average for the child
  - Potty training - if the diarrhea is causing soiled pants or clothing
  - Blood or mucous in the stools without explanation
  - Confirmed case of salmonella, E. Coli, or Shigella infection, until cleared by HCP
- **Vomiting**
  - Vomiting in the last 24 HRS
- **Abdominal pain** that continues for more than 2 hours or intermittent pain with fever or other symptoms
- **Mouth sores** with drooling unless cleared by HCP
- **Active tuberculosis** until cleared by HCP
- **Strep throat or Streptococcal infection**, until 24 HRS after treatment has started
- **Head Lice**, until after treatment has started
- **Scabies**, until treatment has started
- **Chickenpox (varicella)**, until all lesions have dried or scabbed (usually 6 days after onset)
- **Rubella**, until 6 days after the rash appears
- **Pertussis**, until after 5 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 HCP approves the child to return to the program
- **Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.**
- **Impetigo**, until after treatment has been started

# Medical Statements & Immunizations

## UPON ENROLLEMNT



Any child in the program will provide a written statemnt signed by a HCP verifying the child is able to participate in child day care and appears to be free of communicable disease. Child in Care Medical Statement must be completed within past 12 months preceding enrollemnt. OCFS-LDSS-4433

## IMMUNIZATIONS

The childcare provider will work with parents to ensure the child is up to date on all vaccines as required by NYS Public Health Law unless exempt by regulation.



## EXCLUSION FROM PROGRAM

Any child who does not have a current or up to date Child in Care Medical Statemnt is unable to particiapte in program.



## COMMUNICATION

Guardians will be notified via verbal and or written notice on our BrightWheel platform, email, or text.



# Children w. Special Health Care Needs

**Children with special health care needs are 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 having special health care needs will have a written Individual Health Care Plan that provides all the information needed to care for the child safely. This plan will be developed with the child's parent and healthcare provider.
- Any child with a known allergy will have a written Health Care Plan that includes clear instructions of action when an allergic reaction occurs. Additionally, upon enrollment into the child care program, the parent/guardian will complete an LE3 Day Care Enrollment form that will include information regarding the child(s) known or suspected allergies.
- This documentation will be reviewed and updated at least annually or more frequently as needed. The program may be required, as a reasonable accommodation under the Americans with Disabilities Act, to obtain approval to administer medication if the child needs medication or medical treatment during program hours.

The program will use the following:

- **Form OCFS-LDSS-7006, Individual Health Care Plan for a Child with Special Health Care Needs**
- The program will accept forms from child health care providers as long as all required information is clearly indicated on the documents.

The program will use the following:

- **Form OCFS-6029, Individual Allergy, and Anaphylaxis Emergency Plan**
- The program will accept forms from the child health care provider so long as all required information is clearly indicated on the documents.

# Daily Health Checks

**A daily health check will be done on each child when the child arrives at the program and whenever a change in the child's behavior and appearance is noted. The child must be aware when the check is done, and the following procedure will be used; see Appendix A: Instructions for daily Health Check\*\***

The daily health check will be documented via:

- The program uses an online application and a paper daily tracker form.
- Staff will be familiar with the signs and symptoms of illness, communicable disease, and injury, as well as the exclusion criteria listed in the Health Care Plan in Section 1.\*\*
- Staff and volunteers will be trained in preventing, recognizing, and responding to allergic reactions and anaphylaxis.
- Children will be monitored throughout the day.
- Parents will be notified immediately of any change in the child's condition or if the care of the child exceeds what the program can safely provide.
  - If necessary, the program will make arrangements with the parents for obtaining medical treatment.
  - If a parent cannot be reached or if the child's condition warrants, emergency medical treatment will be obtained without delay by calling 911.
- Any signs of illness including allergic reactions and anaphylaxis, communicable disease, and/or injury will be documented and kept on file in child specific files, in the Director's office.
- If felt to be contagious, child will be separated from other children and the guardian will be notified to pick up within 1 hour of notification. The ill child will remain in the Director's office to be supervised and kept comfortable until the guardian arrives.

# Daily Health Checks-Mandated Reporter

**Mandated reporters (all LE3 staff) who have reasonable cause to suspect a child in care is being abused or maltreated will take the following actions:**

- Immediately make or cause to be made an oral report to the mandated reporter hotline (1-800-635-1522).
- 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.
- After making the initial report, the reporting staff person must immediately notify the director or licensee of the center that a report was made.
- The program must immediately notify OCFS upon learning of a serious incident, involving a child which occurred while the child was in care at the program or was being transported by the program.



# Emergency Procedures

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

- The director and all teachers must have knowledge of an 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 programs telephone.

The program uses the following form to record emergency contact information for each child:

- Information is collected through Brightwheel, an online application used for collecting, updating, and storing a child's information per the guardian's permission.

The program will keep current emergency contact information for each child in the following easily accessible locations:

- Ipad
- Printed in the classroom binders

In the event of a medical emergency, the program will follow:

- Appendix G - Medical Emergency \*\*

# 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 programs first aid kit(s) will be stored in the following areas of the program:

- In each classroom there is an emergency bag kept and hung below the designated “first-aid” area in the classroom.

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

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

Additional items required by program to be kept in kit:

- Thermometer
- Flashlight
- Various band-aids
- Wipes
- Hand sanitizer
- Ziploc bags

The program will keep the following on-child specific, over-the-counter topical ointments, lotions, creams, and sprays in the first aid kit:

- Neosporin or generic equivalent

The program will keep the following types of child-specific medication in the first aid kit when a child has the proper paperwork and is in attendance that day:

- EpiPen
- Asthma Inhalers
- Diphenhydramine
- Nebulizers

# Administration of Medication

**The program has made the following decision regarding the administration of medication:**

**The program WILL administer over-the-counter topical ointments, lotions, creams, and sprays, including sunscreen and topically applied insect repellents (Above must be provided by guardians).**

**The program will not administer medication other than prescribed emergency medication.**

**If a child requires non- emergency medication to be administered during program hours, a guardian or relative may come to the center to administer the medication.**

**A guardian or relative is considered:**

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

If medication is given to a child by a guardian, parent or a relative within the third degree of consanguinity of the parents or stepparents of the child during program hours then form OCFS-LDSS-7004, Log of Medication Administration must be completed each time medication is given.

**The program will have parent permission to apply:**

- Any over-the-counter topical ointments, lotions, creams, and sprays, including sunscreen products, and topically applied insect repellent.
- Any of the above will be applied in accordance with the package directions for use.
  - If the guardian's instructions do not match the package directions, the program will obtain healthcare provider or authorized instruction.
- All items will be kept in the original container, labeled with the child's first and last name and kept in each classroom/child's cubby with a label on it out of reach of other children.\*\*

# Allergies

**LE3 Staff MAY administer prescribed emergency medication** when necessary to prevent or treat anaphylaxis or breathing difficulty for an individual child, when the child's HCP has indicated such treatment is appropriate.

**The program MUST obtain and keep an updated record:**

## **OCFS-LDSS-7006**

A written Individual Health Care Plan for a child with special health care needs must be submitted. The plan must be reviewed and updated by the child's guardians and the program once a year.

## **OCFS-6029**

Individual Allergy and Anaphylaxis Emergency Plan for children with a known allergy, and the information on the child's medical statement. The plan must be reviewed and updated by the child's HCP every 6 months.

## **OCFS-LDSS-7002**

Medication Consent form. An order from the child's health care provider to administer the emergency medication, including a prescription for the medication. Medication consent forms will be reviewed between the guardians and program every 3 months and updated by HCP every 6 months.

## **Additional program requirements:**

- Staff who have been instructed on the use of the epinephrine auto-injector, diphenhydramine, asthma medication, or nebulizer must be present during all hours the child with the potential emergency condition is in care and must be listed on the child's Individual Health Care Plan.
- The staff administering the emergency medication must be at least 18 years old, unless the administrator is the legal 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 emergency medication must be in compliance with all related regulations.
- All child-specific items are kept in the classroom emergency bag in a labeled Ziploc bag. The emergency bag is hung in individuals' classroom below a designated "first aid" and travels with the teacher as the child moves to a different room.

# Health Care Consultant

This document has been revised and reviewed by a Nurse Practitioner in Family Health to ensure its accuracy and ensure the program's understanding of the plan.

Name: Roseann Boswell

Contact: [rboswell@wnychildren.org](mailto:rboswell@wnychildren.org)



