THE COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

**Health Care Consultant Agreement**

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

Address of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Department of Early Education and Care Standards for the Licensure or Approval of Large Group and School Age Child Care Programs, 606 CMR 7.11(19)(b) require that each licensee designate a Massachusetts licensed physician, registered nurse, nurse practitioner or physician’s assistant with pediatric or family health training and/or experience. In accordance with the regulations, the Health Care Consultant shall approve the program’s health care policy initially and at least upon renewal of the regular license, shall approve changes in the health care policy, shall approve first aid training and training in medication administration for staff and shall be available for consultation as needed.

Regulation 7.11(19)(a) require that the Health Care Policy include:

1. The name, address and telephone number of the health care consultant and local health care authority; the telephone number of the fire department, police, ambulance, nearest health care facility, and the Poison Control Center; the name and telephone number of the emergency back-up person, if applicable; and the telephone and address of the program, including where applicable, the location of the program in the facility;
2. The procedures to be followed in case of illness, injury or emergency, method of transportation, notification of parents, and procedures where parent(s) cannot be reached including procedures to be followed when on field trips;
3. A list defining mild symptoms which ill children may remain in care, and more severe symptoms that require notification of the parents or back-up contact to pick up the child;
4. A plan for caring for mildly ill children who remain in care;
5. A plan for administering medication, including:
6. Annual evaluation of the ability of any staff authorized to administer medication to follow the medication administration procedures specified at 606 CMR 7.11(2), and above;
7. A requirement that parents provide written authorization by a licensed health care practitioner for administration of any non-topical, non-prescription medication to their child. Such authorization shall be valid for one year unless earlier revoked;
8. A plan for meeting individual children’s specific health care needs, including the procedure for identifying children with allergies and protecting children from that to which they are allergic;
9. A plan to allow parents, with the written permission of the child’s health care practitioner, to train staff in implementation of their child’s individual health care plan;
10. A plan to ensure that all appropriate specific measures will be taken to ensure that the health requirements of children with disabilities are met, when children with disabilities are enrolled;
11. A plan to ensure that all children twelve months of age or younger are placed on their backs for sleeping, unless the child’s health care professional orders otherwise in writing;
12. Notification to parents that educators are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families.

I certify by my signature below that I meet the requirements of the health care consultant as described above. I have reviewed and understand the regulations referenced above and have agreed to assist this program regarding the same.

Health Care Consultant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MA Certification/Registration Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date of MA Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Agreement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please refer to A Guide to Developing Sample Health Care Policies for Assistance