MAT Trainer Resources
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MAT

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Procedures for Conducting a MAT Class

As a MAT Trainer, you must follow the procedures outlined below when conducting the MAT course.

General Information

Medication Administration Training in Child Care Settings is a stand-alone course designed to meet the legislative mandate that requires child day care providers who choose to administer medication—with the exception of over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent, and/or emergency medication (epinephrine auto-injectors, Diphenhydramine in combination with the auto-injector, asthma inhalers and nebulizers) only—to complete an Office of Children and Family Services (OCFS) approved training for the administration of medication. **MAT Trainers must follow the curriculum exactly as written. No omissions or additions are permitted.**

MAT Program Guidelines

Class Size

Class size cannot exceed 8 participants for MAT and 15 for the Emergency Medication Administration Overview course. There is no restriction on the minimum number of participants.

Who Can Attend

Providers who administer any medication—with the exception of over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent, and/or emergency medication (epinephrine auto-injectors, Diphenhydramine in combination with the auto-injector, asthma inhalers and nebulizers) only—are required to successfully complete an OCFS-approved medication administration training course. Day care providers in New York State working in family or group family day care, school-age child care, day care centers or small day care centers are eligible. Providers who work for family or group family day care programs that are currently in the registration or licensing process are also eligible.

> In New York City, the only day care centers eligible for MAT certification are those registered by the New York City Department of Health and Mental Hygiene under Article 47 ("Child Care Services") of the New York City Health Code; programs licensed by DOHMH under Article 43 ("School-Based Programs for Children Ages Three through Five") are *not* eligible for MAT certification *unless they are enrolled programs providing care to children receiving child care subsidy, which qualifies these programs for MAT certification as legally exempt programs.*
>
> Article 47 provides the regulatory requirements for child day care centers in New York City and specifically excludes from the definition of child care service "any school-based instructional programs for children ages three to five, regardless of the kind of school offering such programs"; Article 43 covers those school-based programs. While Article 47 specifically addresses medication administration in programs [47.31], Article 43 does not address medication administration.
>
> The full text of the New York City Health Code, including Articles 43 and 47, is available online at *www1.nyc.gov/site/doh/about/about-doh/health-code-and-rules.page.*

In addition, legally exempt providers serving children whose child care is funded through public child care subsidies may attend the MAT course.

Facilities

The MAT course must be conducted in an environment favorable to adult learning. The MAT Trainer must provide a minimum of three (3) square feet of learning space per participant, three (3) square feet of practice space per participant and at least six (6) square feet of testing space for the demonstration of skills competency. In addition, you must provide at the training site:

- enough adult-size tables and chairs to accommodate the maximum number of participants
- a power source
- a working TV/DVD with a 19-inch or larger screen, or computer with projection system

Materials

A list of supplies needed to teach the MAT class is available at the end of this appendix. After completing the Training of Trainers (TOT), MAT Trainers will be issued a trainer kit that includes many hard-to-find items, including placebo inhalers, spacer, medication vials and bottles, and medication labels. Trainers will need to purchase two (2) dolls to represent the children used for practice and testing. Training dolls can be borrowed from local Child Care Resource and Referral agencies. All equipment and materials provided to support the MAT Program are the property of the Research Foundation for SUNY and its sponsoring agency. Trainers must keep all materials supplied by the MAT Program in good condition. If any item is damaged, lost or stolen, notify the MAT Program right away.

In addition to the materials supplied by the MAT Program in the MAT trainer kit, there are a number of additional supplies and medications that the trainer must provide to host a MAT class. A complete list of these materials is available at the beginning of each module.

Preparing for Training

You need to allow sufficient time to prepare to present the MAT course. Some tasks to complete prior to the training include:

- Submit the class schedule in the PDP Training Portal two weeks in advance of the class. If a class is cancelled for any reason, cancel the class in the PDP Training Portal at least three (3) days before the date of the cancelled class.
- Print the MAT training roster from the PDP Training Portal to record attendance and ID verification.
- Review the MAT curriculum binder and the MAT handouts for content.
- Watch the DVD.
- Copy all of the handouts, written tests and participant answer sheets.
- Copy all of the demonstration competencies.
- Gather the materials needed for the training.
- Assemble all medications needed for the competency tests, including preparing all the medication containers with appropriate labels. Be sure to allow adequate time for this

preparation, due to the number of items needed for the competency tests. Locate all of the training items needed in one place. If you are providing this training over time, make certain your materials can be secured between uses.

You should schedule the course to best meet the learning needs of the participants. It's important to remember for scheduling that participants receive eight (8) hours of training credit for attending the course. There are times written at the beginning of each unit that indicate how long it should take the trainer to present the information in the unit. This time does *not* include testing time. You should use the times indicated in the curriculum as a guideline for scheduling the course to maximize participant content time but minimize the time participants are waiting to be tested.

Curriculum Presentation

MAT Trainers must follow the curriculum exactly as written. Trainers are not allowed to add or omit anything from the training.

This competency-based training is divided into training modules. All of the modules are composed of individual units. Each unit or module may have a corresponding segment on the DVD *Medication Administration Training in Child Care Settings*. The training video is designed to illustrate and support each training topic and provide clear and consistent training content to all participants.

Most modules or units use a standard format that includes the following:

- Identifying the competency/learning objective
- Distributing the handouts
- Reviewing the video segment

Throughout the curriculum, the trainer is asked to "refer" participants to handouts, exercises or materials. **You should not read handouts to participants, since the material is covered in the training video.**

Participants Who Do Not Complete the MAT Course

Participants will receive an Incomplete ("I") under the following circumstances:

- Not completing *all* modules
- Failing the first attempt at the written test
- Failing the first attempt of any skills competency demonstration

If a participant has not completed *all* modules, it is up to the trainer to determine if the participant must take the course again in its entirety or if other arrangements can be made so the participant may complete only the training portion that was missed. If a participant failed the first attempt at the written test and/or the first attempt at the any skills competency demonstration, the trainer and participant need to determine a future date (within 60 days after the original class date) to complete the testing. Any "make-up" training must be conducted by the same MAT Trainer who conducted the original course the participant attended. This training

must be scheduled in the PDP Training Portal and the participant must register. Participants must complete all portions of the MAT course within a 60-day time frame. If a participant with an incomplete ("I") subsequently completes the course, (s)he will be listed as Pass ("P") or Fail ("F") in the Training Portal, with the date of the subsequent class. (See Appendix K: PDP Training Portal.)

List of Materials Needed for MAT Training

- ❑ MAT Curriculum
- ❑ DVD Player/TV *OR* Laptop computer and Projector
- ❑ MAT DVD
- ❑ Flip chart & Markers OR PowerPoint Presentation
- ❑ Participant Materials (1 set per participant) - Most current version
- ❑ Master set of OCFS Regulations
- ❑ Master set of OCFS Health Care Plans
- ❑ Agenda - Developed by trainer
- ❑ PDP Training Portal Roster or attendance sheet to be signed by all participants and retained by the MAT Trainer for proof of training
- ❑ Toffee or chocolate candy - three (3) pieces per participant
- ❑ Post-It Notes for Parking Lot
- ❑ Disposable gloves - various sizes
- ❑ Infant Doll/mannequin
- ❑ Toddler Doll/mannequin
- ❑ Practice materials
- ❑ Written Tests A, B, & C
- ❑ Written Tests Answer Keys A, B, & C
- ❑ Randomized Skill Competency Index Cards
- ❑ Liquid Pouring Skills Index Cards
- ❑ Liquid Skills Evaluation charts - enough for each participant.
- ❑ Auto Injector (EpiPen®) Evaluation charts - enough for each participant.
- ❑ Complete Skills Demonstration Set
- ❑ Skills Evaluation Charts - enough for each participant to randomly choose scenario
- ❑ Set of Medication Labels for skills competencies

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Distributing MAT Handouts

Handouts

MAT Trainers must provide all participants with a set of MAT handouts. The set of handouts must be complete and include the most current version of each handout. All MAT handouts should be given at the beginning of the course. Participants will use the handouts throughout the course and will keep the handouts after the course is finished.

The handouts are formatted to be printed double-sided. When making copies of the handouts, written tests and skills demonstration materials for participants, be sure to make double-sided copies.

Regulations

At the time of training, MAT Trainers must have a copy of the OCFS regulations related to the administration of medication pertaining to the modality of care in which the class participants work. It is the MAT Trainer's responsibility to ensure that the most up-to-date regulations are provided. The most current regulations can be downloaded from the OCFS website at: *http://ocfs.ny.gov/main/childcare/daycare_regulations.asp*.

The regulations to have available include:
- School-Age Child Care providers—414.11
- Group Family Day Care providers—416.11
- Family Day Care providers—417.11
- Day Care Center providers—418-1.11
- Small Day Care Center providers—418-2.11
- Legally Exempt child care providers—418-1.11

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Procedures for Participant Practice Time

General Information

All participants must be given adequate time to practice the techniques taught in the MAT course. In general, you should plan to allow participants 20 minutes to practice each section in Module 7. Any increase in practice time will have an impact on the time necessary to complete the MAT class. You **cannot** eliminate practice time. The participant practice times have been divided into three sessions.

Preparation for Participant Practice Time

Supplies

It is the MAT Trainer's responsibility to provide participants with all practice supplies. See the *"List of Materials Needed for MAT Training"* at the end of Appendix A (page R-5) for a complete list of items that must be provided for each practice session. All medication supplies, including vials and bottles, must be properly labeled as per the MAT Trainer kit instructions.

Practice Area

MAT Trainers must provide adequate practice space. You should provide at least three (3) square feet of practice area per participant.

Conducting Participant Practice Time

Topical Medication, Oral Medication and Medicated Patches Practice

MAT Trainers will allow participants time to practice the skills related to the administration of all forms of topical medication, oral medication, and medicated patches. You should allow at least 20 minutes for this practice session.

Before participants begin the oral medication practice time, orient them to the practice supplies and tell them:

- Work with a partner.
- Bring Handouts 5.3 and 7.1-7.4 to the practice area.
- Review how to practice the entire medication administration process, as detailed in Handout 5.3.

Inhaled Medication Practice

MAT Trainers will allow participants time to practice the skills related to the administration of inhaled medication using the metered-dose inhaler (MDI), MDI with spacer, and nebulizer. You should allow at least 20 minutes for this practice session. Participants should use Handout 7.5 and Handout 7.6.

Eye and Ear Practice

MAT Trainers will allow participants time to practice the skills related to the administration of eye and ear medication. You should allow at least 20 minutes for this practice session. Participants should use Handouts 7.7 and 7.8.

Pre-Demonstration Practice

MAT Trainers will allow participants time to practice the skills demonstration. You should allow 45 minutes for this practice session. You must allow participants time to complete this practice time before they demonstrate their skills competency.

MAT Trainers will have participants partner up into groups of two. If the class has an odd number of participants, one group will need to be made up of three participants.

After you have shown participants the "Practice Skills Demonstration" segment of the *Medication Administration in Child Care Settings* DVD, you must cover the following points with participants before they begin the pre-demonstration practice time:

- Pair up with another participant.
- Use Skills Practice 7.6: Tools (Matching the Five Rights, Giving Medication Safely and Measuring Liquid Medication) and Skills Practice 7.1 - 7.5.
- Each group will be provided with a labeled amoxicillin bottle for Michelle Lewis.
- One person will be the trainer, one the participant.
- The person acting as the "trainer" will use the MAT Trainer Evaluation Chart.
- The person acting as the "participant" will use the other handouts and complete the skills demonstration according to the scenario.
- The "trainer" will evaluate the "participant" using the MAT Trainer Evaluation Chart.
- When the participant is finished, the "trainer" will review the chart and determine if the "participant" passed the skills demonstration.
- Have the participants switch roles and repeat the process.

The MAT Trainer should circulate as participants complete this exercise, taking note of how participants perform the skills demonstration. Take particular note of how the participant is matching the **Five Rights**, whether the participant is following the information in the handouts and if the participant is keeping the medication and the child safe at all times.

Administering the MAT Written Test

General Testing Information

The written competency test must be administered at the end of the MAT class. The test is designed to test literacy as well as content knowledge for information covered in the MAT course.

Participants must pass the written test with a score of 80% or higher. Each multiple choice is weighted equally. There is only one correct answer per question. There are three (3) versions of the written test (A, B or C). You are encouraged to rotate test versions. An answer key for each version of the test is provided in the MAT Trainer binder. The answer key identifies the number of questions that a participant can get wrong and still pass the test. There is also an answer grid to use as a tool when correcting the tests. *Be sure to use the correct answer grid for the test version you are correcting.*

Administering the Written Test

You must administer the written test in accordance with the following MAT program standards:

- You must provide an appropriate testing environment that includes, but is not limited to, a quiet room, appropriate seating, participant spacing and lighting.
- You must be present and attentive to participants during the entire testing period.
- You may clarify the meaning of individual words on the written test but **MAY NOT** read test questions to participants.
- Participants must be allowed to use all MAT handouts during testing.
- Participants must complete the written test independently, without discussion with peers or the assistance of an interpreter.
- Participants who fail the written test after the first attempt must be allowed a second opportunity to pass another version of the written test.
- You must allow participants time to review the test after they are graded. This includes both participants who pass and fail the test.
- Once the test is graded, participants who answered a test question incorrectly may verify the correct answer with you. If the participant is unable to locate the information to correctly answer the question, you may assist him/her in locating the information.
- **Participants are not allowed to leave the training room with the written test. All tests must be returned to you.**

You must talk with participants about each of the following points prior to administering the written test:
- Participants can use all handouts while taking the test.
- There is only one correct answer to each question.
- Participants must receive a score of 80% or higher to pass the test.
- Two testing attempts are allowed.
- The trainer cannot read test questions, but can help clarify particular words.

Time Parameters for Administering the Written Test

It is anticipated that participants will take approximately 60 minutes to complete the written test. However, all participants should be allowed adequate time to complete the test.

Grading the Test

You should make an attempt to correct the written test as close to the actual testing time as possible. If you plan to correct written tests while participants are being tested, be observant of participant conduct and assure participants are not allowed to see other people's tests or converse about the tests.

You should use the answer grid to correct the participant's test. You may allow non-MAT Trainers to correct the written tests; however, you are responsible for assuring that the person you have designated to perform this task is capable of correcting the tests with 100% accuracy using the answer grid provided by the MAT Program. You will be held responsible for any inaccuracies found in the grading of tests.

Failing Scores

Any participant who does not receive a score of 80% or higher on the written test can take the entire test again. If a participant fails the first version of the written test, you must do the following *before* administering a DIFFERENT version of the written test:

- You should clearly identify the questions that were answered incorrectly. You should assist the participant with finding the missed information in the handouts if (s)he is unable to locate it.
- You must allow the participant adequate time to review the version of the test (s)he failed.
- You must take back the failed test **before** administering a second version of the test.

If the participant fails the second test, (s)he will not pass the MAT course and cannot be awarded a MAT certificate.

Distribution of Tests for Participant Review

The completed written test is a learning tool for participants. Allow participants time to review the test before re-collecting the tests. Participants are ***not*** allowed to take the tests with them when they leave the classroom.

Special Needs

Some participants may identify themselves as having a learning disability or a difficulty with test taking. These participants may take longer to complete the written test than other participants. All participants must be allowed adequate time to take the written test.

If you are not sure how to accommodate a participant's disability, including the need for additional time needed for testing, contact the MAT Program for instructions on how to proceed.

Participant Competency Record

The MAT Trainer should use the *Participant Competency Record* form (see Appendix G: Participant Competency Record) to document the score each participant receives on the written test. MAT Trainers **should** keep this form as a record of participant test scores.

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Administering the Skills Demonstration Test

General Testing Information

The MAT course uses skills demonstration testing as a way to evaluate a participant's ability to follow safe medication administration practices. There are three skills demonstration competency tests in the MAT course: a randomized skills demonstration, a liquid measuring demonstration and an auto injector (EpiPen®) skills demonstration.

Participants must complete the skills demonstration using best practice techniques outlined in Handout 5.3: Giving Medication Safely and the route-specific steps outlined in Handouts 7.1-7.8. Participants must complete the skills demonstrations with 100% accuracy *without* verbal cues or coaching from the MAT Trainer.

Administering the Skills Demonstration Tests

The skills demonstration tests may be administered after completing practice time in Module 7 or after the Conclusion. MAT Trainers may choose to schedule a testing time with each participant. You may not issue a MAT certificate to a participant until (s)he successfully completes *both* the written test AND the skills demonstration tests.

Randomized Skills Demonstrations

The Randomized Skills Demonstration tests each participant's ability to safely administer medication to a child using one of the following routes: oral, topical, inhaled, eye, ear, or medicated patches. You must administer the Randomized Skills Demonstration test in accordance with the following MAT Program standards:

- Trainers will provide equal assessments for all participants based on each participant's performance of the skills competencies, not on other characteristics.

- Each participant must be evaluated independently with the full attention of the MAT Trainer.

- Trainers are not allowed to prompt or provide answers during the skills demonstration.

- Participants must be allowed to use all MAT handouts during the Randomized Skills Demonstration.

- Each participant will randomly select an index card marked with the Competency Randomization labels that are included in the MAT Trainer kit. These labels correspond to Competencies #1-#15.

- Trainers must provide the participant with the Competency Scenario, the *Written Medication Consent Form* and the *Log of Medication Administration* that corresponds with the number of the competency (#1-#15) randomly selected by the participant.

- Trainers *must* use the MAT Trainer Evaluation Chart that corresponds with the selected competency number to evaluate and record the participant's performance.

You must review the following with each of the participants BEFORE administering the skills demonstration tests:

- Participants can use all handouts while performing the skills demonstrations.

- Participants should ask any questions before starting.

- Use Handout 5.3: Giving Medication Safely as a guide during the skills demonstration test.

- Use the handout that corresponds to the specific route being tested (Handouts 7.1 – 7.8).

- Make sure participants understand that when matching the **Five Rights**, they need to be sure to say them out loud so you can hear them. Give an example: "When matching the right child, don't say 'right child,' say 'the right child is Michelle Lewis' and show me (as the trainer) where on the medication label and the consent you find this information written."

- Give each participant two attempts to pass the skills demonstration.

- No coaching or prompting by the trainer once the skills testing begins.

Use of the MAT Trainer Evaluation Chart

Each Randomized Skills Demonstration (#1-#15) has a corresponding Trainer Evaluation Chart. This chart is to be used to evaluate the participant's ability to administer medication using safe practices as outlined in the curriculum. Participants must perform each of the medication administration steps listed on the Trainer Evaluation Chart using the techniques taught in the MAT class in order to receive a passing score.

- MAT Trainers cannot coach, prompt or provide answers to participants during the Randomized Skills Demonstration.

- MAT Trainers will observe the participant completing each of the medication administration phases. As each step is completed the MAT Trainer will put a ✓ in the "Observed Skill" box.

- The MAT Trainer Evaluation Chart is separated into the three parts of the medication administration process: getting ready to give the medication; giving the medication; and writing down that you gave the medication. Once the participant completes all of the steps in each part of the medication administration process, the trainers will put a ✓ in the SUMMARY BOX. This indicates that the participant successfully completed all of the steps in that part of the medication administration process *before* starting the next part of the process.

- Participants who receive a ✓ in the SUMMARY BOX for each of the three parts of the medication administration process will receive a passing score for the Randomized Skills Demonstration competency.

Liquid Measuring Skills Competency

The Liquid Measuring Skills competency evaluates the participant's ability to correctly measure liquid medication using common dosing devices (medicine cup, dosing spoon, oral medication syringe). You must administer the Liquid Measuring Skills competency test in accordance with the following standards:

- Trainers will provide equal assessments for all participants based on performance of the skills competencies required for training, not on other characteristics.

- Each participant must be tested independently with the full attention of the trainer.

- Participants must be allowed to use all of the handouts during the Liquid Measuring Skills competency.

- Each participant will randomly select an index card marked with the Competency Randomization labels included in the MAT Trainer kit. These labels correspond to Liquid Measuring Competencies #1- #3.

- Trainers must provide the participant with the Competency Scenario that corresponds with the number of the competency (Liquid Measuring Competencies #1-#3) randomly selected by the participant.

- Trainers must use the Trainer Evaluation Chart that corresponds to the selected competency number to evaluate the participant's performance.

- Participants do **NOT** need to complete the entire medication administration process during the Liquid Measuring Skills competency. They only need to demonstrate their ability to correctly measure the correct dose of liquid medication.

- Once participants indicate that they have obtained the correct dose of medication, the trainer will check the measurement for accuracy. The dose must be accurate in order for the participant to receive a passing score on the Trainer Evaluation Chart.

Epinephrine Auto-Injector (i.e., EpiPen®) Skills Competency

The Epinephrine Auto-Injector Skills Competency measures a participant's ability to correctly administer epinephrine by auto injector to a child in the event of a severe allergic reaction.

The trainer will use the Epinephrine Auto-Injector Skills Evaluation Chart to assess each participant in using the auto-injector with the toddler doll or mannequin. The trainer must administer the Epinephrine Auto-Injector Skills Competency test in accordance with the following guidelines:

- Participant must verbalize the symptoms present that result in the need for epinephrine.

- Participant should verbalize knowledge of where the child's EpiPen® is located and state the child's name.

- Participant must state that this auto-injector belongs to this child.

- Participant must demonstrate proper technique in administering the medication to the child's outer thigh.

- Participant must verbalize that (s)he or another staff member has called 9-1-1 for emergency assistance.

- Participant must verbalize that the used EpiPen® is sent with the child when emergency services takes the child to the hospital.
- Participant must properly document the administration of the auto-injector and notify all appropriate parties.

Failing Scores

(Randomized Skills Demonstration)

Participants will be allowed two opportunities to correctly demonstrate their ability to safely administer medication for the Randomized Skills Demonstration.

- Once the MAT Trainer determines that the participant will fail the Randomized Skills Demonstration, the trainer should stop the participant, inform him/her of the error or omission and explain he/she will need to repeat the Randomized Skills Demonstration. The MAT Trainer should encourage the participant to review the materials and practice *before* attempting the skills demonstration a second time.
- When the participant is ready to complete the Randomized Skills Demonstration for the second time, the MAT Trainer will again have the participant randomly select an index card (Competency #1-#15).
- If, after two tries, the participant does not successfully complete the Randomized Skills Demonstration competency, the participant will not pass the MAT course and cannot receive a certificate to administer medication in child care settings. Trainers should inform the participant that (s)he must take the entire course again if a MAT certificate is still desired.

Liquid Measuring Competency

Participants will be allowed two opportunities to demonstrate their ability to accurately measure liquid medication.

- If a participant does not accurately measure the liquid dose according to the Trainer Evaluation Chart, the participant will receive a failing score. Once the participant completes the demonstration, the MAT Trainer should inform the participant of the error and explain that (s)he will need to repeat the Liquid Measuring Skills competency. The trainer should encourage the participant to review the materials and practice before attempting the Liquid Measuring Skills competency a second time.
- When the participant returns to complete the Liquid Measuring Skills competency for the second time, the MAT Trainer will again have the participant randomly select an index card (Liquid Measuring Competencies #1-#3).
- If, after two tries, a participant does not successfully complete the Liquid Measuring Skills competency, the participant will not pass the MAT course and cannot receive a certificate to administer medication in child care settings. Trainers should inform the participant that (s)he must take the entire course again if a MAT certificate is still desired.

Special Needs

Some participants may identify themselves as having a learning disability or a difficulty with test taking. If you are not sure how to accommodate a participant's disability other than the need for additional time for testing, please contact the MAT Program for guidance on how to proceed.

Medication administrants must be able to read and write in the language in which they will receive medication and documentation. **You are NOT allowed, under any circumstances, to read any portion of the written test or skills competency forms to the participant.**

Preparation for MAT Competency Testing

Supplies

The MAT Trainer must have all of the necessary materials available to participants for both the Randomized Skills Demonstration and the Liquid Measuring Skills competency at the time of testing. A list of necessary supplies is in the MAT Trainer binder and from the MAT Program upon request.

Testing Area

MAT Trainers should use the following configuration as a guide when setting up the Randomized Skills Demonstration testing area.

Area 1: *Supply area* – You must put all of the supplies needed for the skills demonstration in this area. This includes, but is not limited to: a pen, a waterproof pen, paper towels, tissues, vinyl gloves in two sizes, applesauce, disposable cups, water, disposable spoons and disposable bowls.

Area 2: *Demonstration area* – This area must be free of supplies or other materials. This is the area where the participant will demonstrate the administration.

Area 3: *Safe Medication Storage Area* – You must put the medication storage box, mock locked box for controlled substances, and mock medication refrigerator in this area.
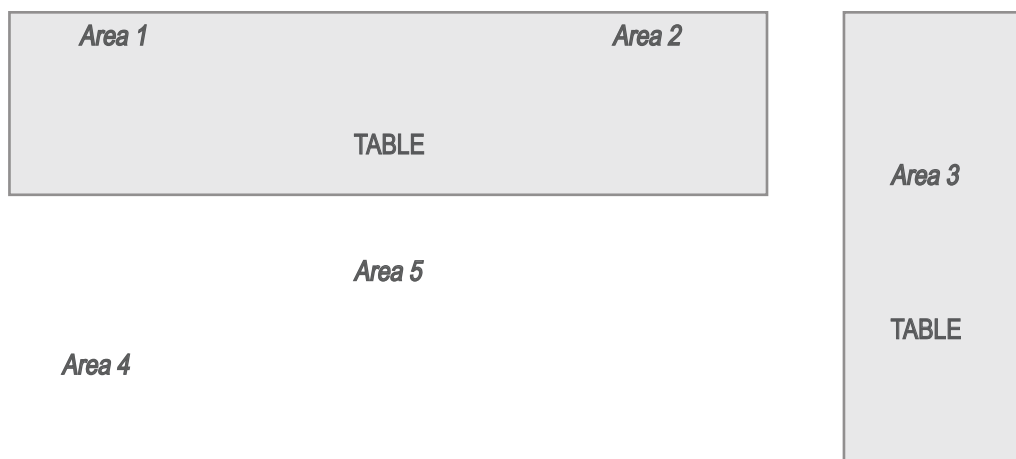
Area 4: *Classroom area* – You must put the demonstration dolls (Michelle and Simon) in this area. Tell participants that the children will be in direct observation of them while in the demonstration area.

Area 5: *Child area for demonstration* – You should have a chair or other device for holding the child during the demonstration. Tell participants this is a safe and age-appropriate device for holding Michelle or Simon.

Participant Competency Record

The MAT Trainer should use the Participant Competency Record to document the score each participant receives on the comprehensive written test and each skills demonstration. MAT Trainers can keep this form as a record of participant test scores.

Participant Training Certificates

General Information

A child care provider who successfully completes the MAT course by passing the written competency test *and* the Randomized Skills Demonstration *and* the Liquid Measuring Skills competency *and* the Auto Injector (EpiPen®) Skills competency will be issued a *Medication Administration Training* certificate.

Participant Training

The MAT course covers the administration of prescription and over-the-counter medication via oral, topical and inhaled routes; administration of medicated patches, eye and ear medication; and administration of epinephrine in an emergency situation using an auto-injector device in a child day care setting ONLY.

Remember, a child care provider must meet additional requirements, including being 18 years of age, having age-appropriate CPR and first aid training certificates and being listed as a medication administrator in his/her program's approved health care plan, **before** (s)he can administer medication to the children in their care.

The MAT course training certificate:

- is valid for a period of three years.
- may be revoked by the Office of Children and Family Services (OCFS) if a provider fails to comply with the requirements for the administration of medication in a child day care setting.

Participant Training Certificate

After successfully completing the MAT course, participants can download and print their MAT certificate on the ECETP website (*www.ecetp.pdp.albany.edu/mytraining/*). See Appendix L: Participant Instructions for Creating an ECETP Account.

Successful participants are awarded eight (8) training hours. The topic areas are noted on the training certificate. Participants cannot be awarded additional training hours, even if the participants are at the training site for more than eight (8) hours.

New York State Office of Children and Family Services

Office of Children and Family Services

Aria Moshari

has successfully completed the

8-hour OCFS-approved **"Medication Administration Training (MAT)"** course

and has demonstrated competency in the administration of medication in day care settings

on

May 10, 2017

Trained by: Lisa Anderson

In addition to completing this activity, the individual named above must meet 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; and
♦ be listed on the program's approved health care plan as a medication administrant

This activity 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

This certificate expires on **May 10, 2020**

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

Participant Competency Record

Participant Competency Record ♦ MAT Classroom Training

MAT Trainer: _____

Course Date(s): _____

Location: _____

rev Apr 2017

Participant Name	Written Test Score	Skills Demo	Liquid Measuring Skills Demo	Auto Injector (EpiPen®) Skills Demo	Written Test Score Attempt #2	Skills Demo Attempt #2	Liquid Measuring Skills Demo Attempt #2	Auto Injector (EpiPen®) Skills Demo Attempt #2	Overall Score: ♦ Pass ♦ Fail ♦ Incomplete

Key:
P = Pass
F = Fail
I = Did not complete

Participant Competency Record ♦ MAT Independent Study

MAT Trainer: _____

Testing Date(s): _____

Location: _____

Key:
P = Pass
F = Fail
I = Did not complete

Participant Name	Written Test Score	Randomized Skills Competency	Liquid Measuring Competency	Auto Injector (EpiPen®) Competency	Nebulizer Practice	Written Test Score Attempt #2	Randomized Skills Competency Attempt #2	Liquid Measuring Competency Attempt #2	Auto Injector (EpiPen®) Competency Attempt #2	Overall Score: Pass ♦ Fail ♦ Incomplete

rev Apr 2017

MAT Trainer Guidelines for MAT Independent Study

MAT Trainers must follow the procedures outlined below when completing the testing associated with Part Two of the MAT Independent Study course.

Overview of MAT Independent Study

MAT Independent Study is a variation of the classroom MAT course. It is designed to give participants another option for earning a MAT training certificate by allowing participants to learn the material covered in the MAT course at their own pace and then test their competency with a MAT Trainer. MAT Independent Study is comprised of two parts. The first part is a self-paced review of the MAT course content using materials such as handouts, video segments and independent exercises. The second part consists of hands-on practice time and testing with a MAT Trainer.

❑ **Part One: Content** *(Participant completes through self-study)*
The participant can obtain the MAT materials and review them at his/her own pace. The materials are available for download through the MAT Independent Study website (*www.ecetp.pdp.albany.edu*) or participants can order the materials from the MAT Program using the online order form.

❑ **Part Two: Practice and Testing** *(Participant completes with a MAT Trainer)*
After the participant has reviewed the entire MAT course content in Part One, (s)he must complete competency testing in order to receive a MAT training certificate. The MAT Trainer must assess that each participant has completed Part One, including viewing all videos and completing all exercises. If participants have not completed Part One, they must be asked to leave. This testing consists of both a written test and three hands-on skills competency demonstrations [Randomized, Liquid Measuring, and Auto Injector (EpiPen®)]. **This part of MAT Independent Study is completed in a classroom with a MAT Trainer.**

General Information

MAT Trainers can offer Part Two of MAT Independent Study in compliance with the guidelines in this appendix.

Part Two of MAT Independent Study

MAT Trainers who offer Part Two of MAT Independent Study should plan for 3 to 4 hours of time to spend with the participant as follows:

- Approximately one hour to review MAT concepts (including the *Five Rights* of safe medication administration) and to practice giving medication using materials provided by the MAT Trainer

- Approximately one and a half hours to practice administering medication safely (including the Pre-Demonstration Practice) in accordance with the guidelines detailed in Appendix C

- Approximately one hour to complete the written competency test

- Approximately one hour to complete the skills demonstrations

- Additional time allotted in the event that a participant must retake any portion of the testing

Practice Time

The MAT Trainer will work with the participant to practice giving medication (topical, oral, inhaled [including nebulizer treatments], eye, ear, medicated patches, and epinephrine auto-injector) using the MAT practice materials. Follow the practice time guidelines detailed in Appendix C. Since the epinephrine auto-injector and nebulizer practice time is done separately from the other routes in the MAT course, the MAT Trainer will need to include this with the practice time.

- **Nebulizer Demonstration**
  Due to the self-study aspect of the Independent Study version of MAT, trainers need to review the proper use of a nebulizer machine. While the nebulizer practice time is not a skills competency, participants who complete the Independent Study version of MAT need to show the MAT Trainer that they are able to follow the instructions for use.

- **_Five Rights_ Video**
  Show the video (#5b) for Skills Demonstration (or demonstrate the process yourself) for Safely Administering Medication Using the **_Five Rights_**. Pair up participants and complete the Pre-Demonstration Practice in accordance with the guidelines detailed in Appendix C.

Competency Tests

Participants need to successfully complete both the written and skills demonstration tests in order to receive a MAT training certificate. The testing required for Part Two of MAT Independent Study matches the testing in the MAT classroom course.

- **Written**
  The MAT Trainer can have up to eight (8) participants completing the written test at one time. Participants complete the comprehensive written test using the same guidelines as the MAT classroom course as detailed in Appendix D. Participants should bring their own handouts to use during the testing. MAT trainers must have one master set of handouts (classroom copies) per participant available during testing, but are not required to provide a set for participants to take with them. The written test is scored in accordance with classroom MAT guidelines.

- **Randomized Skills Demonstration and Liquid Measuring Skills Competency**
  The MAT Trainer can have only one participant completing the skills demonstration testing at one time. The MAT Trainer will observe the participant completing each of the required skills demonstrations, including the Randomized Skills Demonstration and Liquid Measuring Skills competency, which will be scored in accordance with the MAT classroom guidelines detailed in Appendix C.

- **Epinephrine Auto-Injector Skills Competency**
  The MAT Trainer can have only one participant completing the epinephrine auto-injector skills demonstration testing at one time. The MAT Trainer will observe the participant completing the process for administering epinephrine via an auto-injector, which will be scored in accordance with the MAT classroom guidelines. The Epinephrine Auto-Injector Skills Evaluation Chart will be used to assess each participant's competency.

Special Needs

Some participants may identify themselves as having a learning disability or a difficulty with test taking. If you are not sure how to accommodate a participant's disability other than the need for additional time for testing, please contact the MAT Program for guidance.

Medication administrants must be able to read and write in the language in which they will receive medication and documentation. **You are NOT allowed, under any circumstances, to read any portion of the written test or skills competency forms to the participant.**

Independent Study Participant Competency Record

The MAT Trainer should use the Independent Study Participant Competency Record to document the score each participant receives on the comprehensive written test and each skills demonstration. MAT Trainers can keep this form as a record of participant test scores.

Evaluation

All MAT Trainers should have participants complete the MAT Independent Study Evaluation. Trainers should review the evaluations to assist them in improving their training. Significant trends and curriculum-related concerns should be forwarded to the MAT Program.

This page is intentionally blank.

Procedures for Co-Training the MAT Class

General Information

Some MAT Trainers would like to conduct the MAT course with another MAT Trainer. No more than two MAT Trainers can co-train the MAT class at any time. The maximum number of participants in a MAT Class with two MAT Trainers is 16 participants. In addition, any MAT Trainer conducting the MAT course with another MAT Trainer must adhere to the MAT Program co-training policies outlined in this appendix.

Role of the Co-Trainers

Co-trainers can choose who will present the curriculum, but each MAT Trainer must be prepared to provide the OCFS-approved MAT curriculum per program standards at any time during the training. Each co-trainer is responsible for ensuring the information presented is correct and all necessary handouts, testing materials and practice items are complete.

Each MAT Trainer is responsible for his/her participants throughout the entire course. Each trainer cannot be responsible for more than eight (8) participants in one training session. This includes verifying the written competency test grade as well as testing the participant for the Randomized Skills Demonstration and the Liquid Measuring Skills competency.

Co-Training Guidelines

- No more than two (2) MAT Trainers may co-train a MAT course at one time.
- Both MAT Trainers must be present for the entire training to assist and complete any responsibilities required to ensure a smooth training process.
- Each trainer is responsible for ensuring the information presented is consistent with the MAT curriculum.
- Each trainer is responsible for all necessary handouts.
- Each trainer is responsible for supplying all testing materials and practice items.
- Each trainer must submit a roster for his/her participants in the training. There can be no more than eight (8) participants per trainer, and *no* participant may be listed on *both* rosters.
- Each trainer is responsible for verifying the written competency test grade for his/her participants.
- Each trainer is responsible for evaluating his/her participants during the Randomized Skills Demonstration and the Liquid Measuring Skills competency.
- All MAT Trainers are eligible to participate in co-trainings with another MAT Trainer as long as a collaborative agreement between both trainers has occurred prior to the scheduled training.

Submitting Training Rosters

When a MAT Trainer co-trains the course with another MAT Trainer, each trainer must submit his/her own online roster that identifies the participants each trainer was responsible for. There cannot be more than eight (8) participants on each trainer's roster, and *no* participant may be listed on *both* rosters.

Conducting the MAT Course in
Spanish or Chinese (Mandarin)

As a MAT Trainer, you must follow the procedures outlined below when conducting the MAT course or administering the written test in Spanish or Chinese (Mandarin).

General Information

Participants attending the MAT course must be literate in the language(s) in which parental permission and health care provider instructions are written. Some child care providers are bilingual or read and write in a language other than English. The MAT curriculum is currently available in English, Spanish, and Chinese (Mandarin). All OCFS-authorized translated MAT materials are available on the PDP website.

MAT Trainer Certification

All MAT Trainers must be literate in English. Upon successful completion of the MAT Training of Trainers (TOT), you will be certified to conduct training in English only.

Becoming Certified in Spanish or Chinese (Mandarin)

MAT Trainers who are able to read and write Spanish or Chinese (Mandarin) may wish to become certified to conduct the MAT course in those respective languages. MAT Trainers must successfully pass the MAT written test in the language(s) in which they wish to train to become certified to train in Spanish or Chinese (Mandarin). Upon successful completion of the test, the trainer's MAT certificate will be updated to reflect the language(s) in which (s)he is certified to train the MAT course.

Training Participants in Spanish or Chinese (Mandarin)

The standards for conducting the MAT course in Spanish or Chinese (Mandarin) are the same for conducting the training in English. The MAT certificate indicates the language(s) in which the participant passed the MAT course. However, a medication administrant may accept permissions, instructions, inserts, medication labels and all other related materials in any language in which that person is literate (can read and write). This includes all over-the-counter and prescription medications.

Programs with Multiple Certifications

Some child care programs may have staff approved in multiple languages. The trainer must assure that participants understand they cannot administer medication to a child if the permissions, instructions, labels, inserts or other related materials are not written in the language in which they are literate. Programs will have to describe in their health care plan how they will handle this situation.

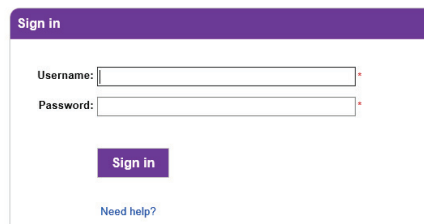*This page is intentionally blank.*

PDP Training Portal

Approved active Medication Administration Training (MAT) and Health & Safety trainers use PDP's Training Portal [*tosite.pdp.albany.edu*] to schedule MAT and Health & Safety Trainings:

- MAT classroom
- MAT Independent Study
- MAT skills competency testing for individuals who have completed their third consecutive MAT online renewal
- Emergency Medication Administration Overview
- Health and Safety: Competencies for Becoming a Family or Group Family Day Care Provider
- Health and Safety: Competencies in Child Care for Day Care Center and School-Age Child Care Program Staff
- Health and Safety: Competencies in Child Care for Day Care Center, School-Age Child Care, and Enrolled Legally Exempt Group Directors

Trainers also use the portal to manage and submit their training rosters and to cancel trainings, when necessary. Once you are approved to train the MAT and/or Health & Safety course(s) and have provided PDP with your Aspire ID number, PDP will add you to the Training Portal. You will receive an automated email from PDP containing a unique username for logging in to the Training Portal, as well as an activation link that prompts you to create a password for your Training Portal account.

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

Sign in

Username: _____ *

Password: _____ *

[Sign in]

Need help?
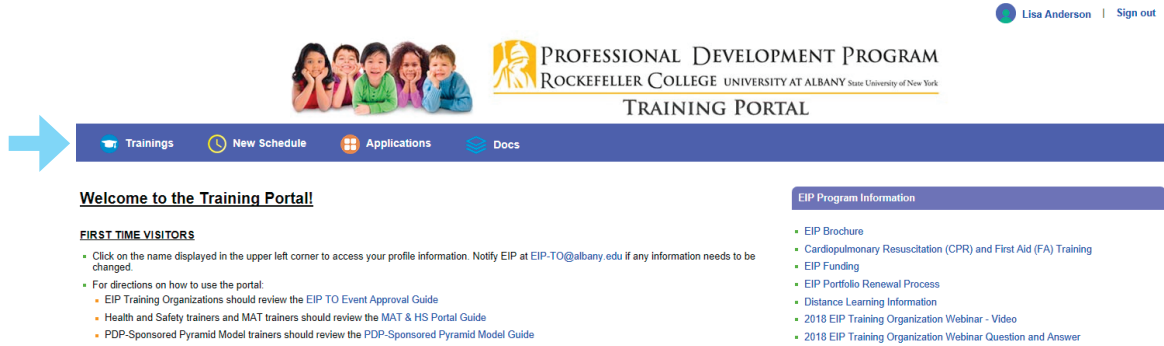
The first time you access the Training Portal, you will need to complete three tasks:
- Verify your profile information
- Add endorsed training courses
- Add locations

Once you have completed these tasks, you can:
- Schedule specific training sessions
- Register individuals who have applied for your class
- Print the training roster for a class
- Submit the completed roster online
- Print a participant's training certificate, if necessary

Once you have logged in to the Training Portal, the home screen displays:
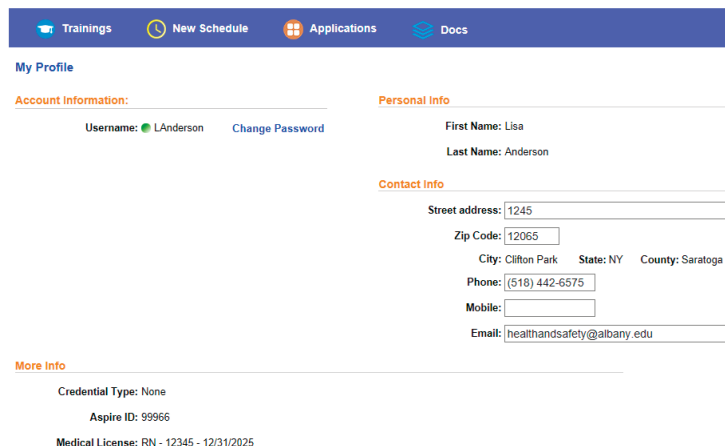

Verifying Your Profile Information

Your profile contains your personal contact information, the course(s) you are approved to teach, and the language(s) in which you are approved to teach. You can change your personal information (other than your name) at any time. Only PDP can edit your name, as well as your approved courses and language(s).

1. Click your name in the upper right corner of the window.
   The My Profile window displays. Your user name, first name, last name, contact information, credential type, Aspire ID, and Medical License with expiration date are pre-filled. (Only the top half of the window is displayed here.)

2. Verify your pre-filled phone number and email address in the respective fields.
Please verify that this information is correct, and be sure to keep it up to date.

3. The lower half of the window lists the course(s) you are approved to teach (including the expiration dates of your course certifications, as applicable), the counties where you offer training, the language(s) in which you are approved to teach, the training costs you establish, your affiliated training organization(s) (in the **Assigned Training Organizations** field), if any, and how many courses you have scheduled and/or completed. When you first set up your profile, the **Scheduled To Teach** field displays, "Nothing found".
*Remember, only PDP can change the information in the **Approved To Teach** and **Languages** fields. You can edit all other fields in this section.*
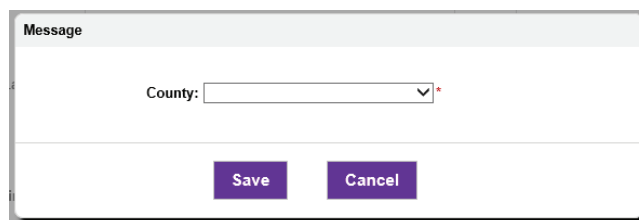
Assigned Training Organizations	
Professional Development Program	

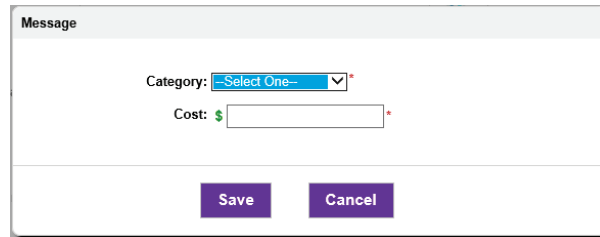| Approved To Teach	Certificate Expiration
Health and Safety Training: Competencies for Becoming a Family or Group Family Day Care Provider	Dec 31, 2025
Medication Administration Training (MAT)	Dec 31, 2025
Health and Safety Training: Competencies in Child Care for Day Care Center and School-Age Child Care Program Staff	Dec 31, 2025
Health and Safety: Competencies in Child Care for Day Care Center, School-Age Child Care, and Enrolled Legally Exempt Group Directors	Dec 31, 2025
Emergency Medication Administration Overview	Dec 31, 2025

Add Working County

Working County	Action
Albany	✕
Saratoga	✕

Teaching Language
English

4. To add a county, click **Add Working County** on the right side of the **Working County** field, then select from the **County** drop-down list in the resulting window and click the **Save** button.
To add multiple counties, repeat this step as often as necessary until you have added all of the counties in which you will offer training. Remember, you can add or delete counties from your list at any time.

Message
County: [⌄] *
Save   Cancel

5. To add the cost you charge for each course you train, click **Add Training cost**.
*If you need to change the training cost for a particular course, you must first delete the existing cost information for that course (by clicking the X button in the Action column for that training cost) on the My Profile screen, then click **Add Training cost** and enter the new information.*
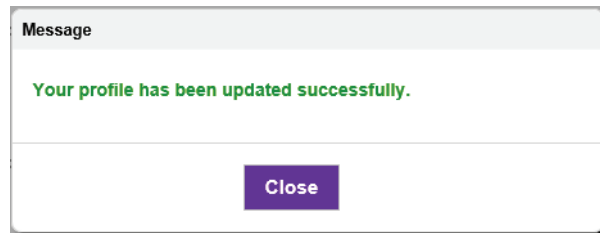
```
Message

         Category: --Select One--  ⌄  *
             Cost: $ [            ] *


                [  Save  ]   [  Cancel  ]
```

6. Click the drop-down arrow for the **Category** field to select a training category, then enter the amount you charge for that category of training in the **Cost** field. Then click the **Save** button.
The list will contain any categories you have not yet selected for trainings you are approved to teach.

7. When you have finished creating your profile, click the **Save** button at the bottom of the *My Profile* window.
A message displays, confirming that your profile has been updated successfully. Anytime you make changes, you must remember to click Save for those changes to take effect.

```
Message

   Your profile has been updated successfully.

                [  Close  ]
```
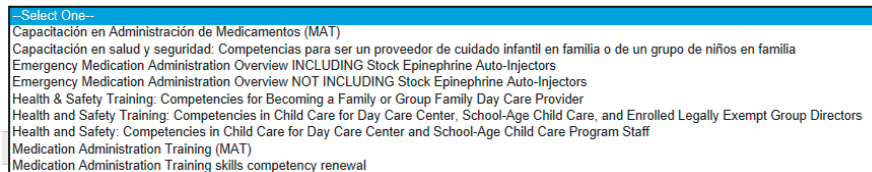
Adding Training

Courses in the PDP Training Portal are also referred to as "Portfolios". Even though PDP pre-sets the courses (or "portfolios") you are approved to teach, you still need to complete the "Add Portfolio" step so you can schedule training classes. If you have been approved to teach in another language, those courses will also be listed in the *Add Portfolio* window.

1. Click **Trainings** in the menu bar.
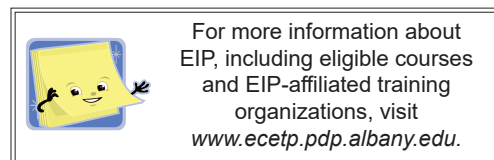   *The Trainings>Manage Portfolios window displays.*

2. Click **Add Portfolio** on the far right side of the window.
   The Trainings>Manage Portfolios>Add Portfolio window displays.

3. Click the drop-down arrow and select and Endorsed Curriculum from the list.
   Only the courses you are approved to teach are listed. If you are approved to train in another language, such as MAT in Spanish or Health & Safety in Chinese, those courses will be listed here in those languages.
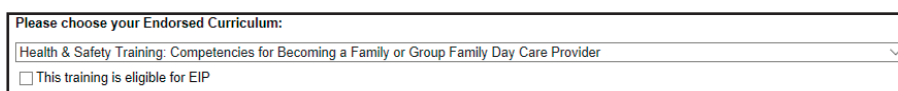
4. If the training course is eligible for the Educational Incentive Program (EIP), select the **This training is eligible for EIP** checkbox below the Endorsed Curriculum list. If the course is *not* eligible for EIP, skip to Step 6.
   *This checkbox enables only if one of the Health & Safety or Emergency Medication Administration Overview courses is selected from the list. Once this checkbox is selected, the **Training Organization** field displays.*

> For more information about EIP, including eligible courses and EIP-affiliated training organizations, visit *www.ecetp.pdp.albany.edu*.

> **Please choose your Endorsed Curriculum:**
> Health & Safety Training: Competencies for Becoming a Family or Group Family Day Care Provider ⌄
> ☑ This training is eligible for EIP
> **Choose Organization:** _____

5. As you begin typing the name of your training organization, a list will display below the field. Select the appropriate EIP-affiliated training organization from the list.
   Training organizations must already be affiliated with EIP to display in the list.

> **Please choose your Endorsed Curriculum:**
> Health & Safety Training: Competencies for Becoming a Family or Group Family Day Care Provider ⌄
> ☑ This training is eligible for EIP
> **Choose Organization:** p ✕
> Professional Development Program

6. When you selected a course from the Endorsed Curriculum list, the Portfolio Info fields pre-populated below; only PDP can edit this information. Scroll to the bottom of the window and click **Submit**.
   The confirmation message displays.

> **Message** ✕
>
> **Are you sure you want to submit this course?**
>
> **Yes, submit it**   **No**

7. Click the **Yes, submit it** button.
   A message displays, confirming successful submission.

What if only *some* of the trainings I offer are eligible for EIP?
(For example, if you offer some trainings both through an EIP-affiliated training organization and as an independent trainer who is not affiliated with EIP)

You would add the portfolio (course) in the PDP Training Portal *twice*:

- one affiliated with an EIP-affiliated training organization
- one without an EIP affiliation

You would see this listing on the *Manage Portfolios* window (notice the EIP designation in green below the course name):

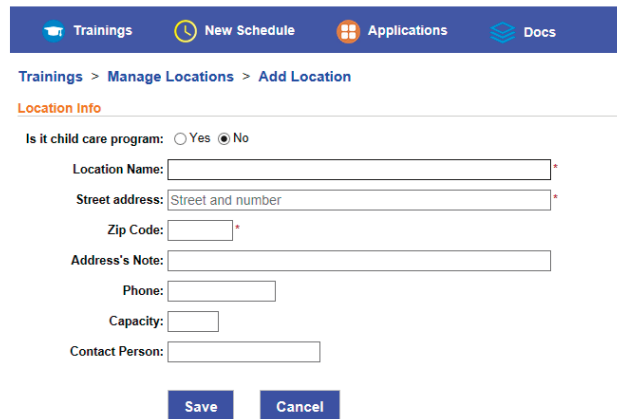| Title	Portfolio Status	Organization
Emergency Medication Administration Overview INCLUDING Stock Epinephrine Auto-Injectors **MAT**	Approved	
Emergency Medication Administration Overview INCLUDING Stock Epinephrine Auto-Injectors *EIP, MAT*	Approved	Professional Development Program

When scheduling a class, be sure you choose the appropriate (EIP or non-EIP) portfolio (course).

Adding Training Location(s)

1. Click **Trainings>Manage Locations** in the menu bar.
   The Trainings>Manage Locations window displays.

2. Click **Add Location** on the far right side of the window.
   The Trainings>Manage Locations>Add Location window displays.

3. Enter the training location name and street address information in the appropriate fields.

4. Use the **Address's Note** field to add specifics that help participants, such as "Park in the back lot" or "Enter through the red door," or, if you are training staff only at a specific program, you could also use the **Address's Note** field to indicate this, such as, "This class is for ABC Day Care staff only."

5. Enter the **Phone** and **Contact Person** information in the respective fields.
   These fields are optional, but may be useful if someone gets lost coming to your training.

6. Click the **Save** button.

Managing Trainings

Now that you have verified your trainer profile and established both the courses (portfolios) you are approved to teach and your training locations, you can schedule a class.

> Hovering your mouse's cursor over the **Trainings** button displays a list of training maintenance options:
>
> • Manage Portfolios
> • Manage Trainings
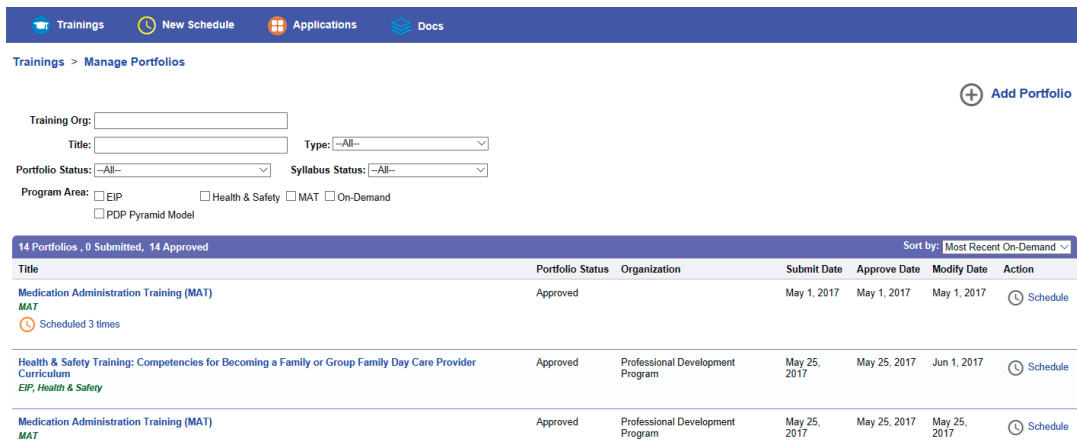> • Manage Locations

1. Click **Trainings** in the menu bar.
   The Trainings>Manage Portfolios window displays. The list of portfolios displayed here shows the courses you are approved to teach and that you previously selected in the Add Portfolio window. You can also see how many times you have scheduled each course in the Training Portal.

Title	Portfolio Status	Organization	Submit Date	Approve Date	Modify Date	Action
Medication Administration Training (MAT) *MAT* ⏱ Scheduled 3 times	Approved		May 1, 2017	May 1, 2017	May 1, 2017	⏱ Schedule
Health & Safety Training: Competencies for Becoming a Family or Group Family Day Care Provider Curriculum *EIP, Health & Safety*	Approved	Professional Development Program	May 25, 2017	May 25, 2017	Jun 1, 2017	⏱ Schedule
Medication Administration Training (MAT) *MAT*	Approved	Professional Development Program	May 25, 2017	May 25, 2017	May 25, 2017	⏱ Schedule

Scheduling Trainings

1. To *SCHEDULE* a class, click the clock icon 🕐 in the **Action** column on the far right for the training title you want to schedule.
The Trainings>Manage Trainings>Schedule Training window displays. The Training Organization, Training Title/hours, and Trainer Name are pre-populated.

Training Info

Training Org: Professional Development Program
Title: Medication Administration Training (MAT)
8 hours
Trainer: Lisa Anderson
Location: [▼] *
Capacity: [   ] *
Category: [--Select One-- ▼] *
Cost: $ [   ] *
Registration Contact: [   ]
Start Date: [   ] *
End Date: [   ] *

Add Session

There is no session yet.

[**Submit and Schedule**] [**Cancel**]

2. Click the drop-down arrow in the **Location** field to select from the locations you previously created in the *Add Location* window.

3. Enter the maximum class size in the **Capacity** field.
This number is limited by the course being offered, and may depend on the size of your training facility as well as your personal preference. For example, if you prefer to cap your class size at 4 people and a fifth person wants to sign up for this class, you can return to this window and increase the number in this field to 5. Keep in mind that, in accordance with PDP program requirements, the Training Portal will never allow you to enter a number larger than 8 in this field for MAT trainings, 12 for Health & Safety trainings, or 15 for Emergency Medication Administration Overview trainings.

4. Click the drop-down arrow for the **Category** field and select **Classroom** or **Independent Study**.
*(For Health & Safety trainings, the only option in this field is **Classroom**.)*

5. Enter the **Cost**, **Start Date**, and **End Date** in the respective fields. You may also want to add information in the **Registration Contact** field to let interested providers know whom they should contact for information about registration.

6. Click **[Add Session]** in the menu bar in the lower part of the window.
*The **Class Dates**, **Start Time**, and **End Time** fields display. Remember, you entered the **Start Date** and **End Date** in the previous step, but you still need to specify the training session dates and times in this step.*

7. Enter the **Class Date**, **Start Time** and **End Time** in the respective fields, then click the **Add** button.

*The class displays in the table in the lower part of the window. Notice the total class duration displays in the menu bar above the class list. If the total class duration hours are fewer than the number of hours associated with the course (displayed in green below the **Training Title** toward the top of this window), you need to add another class date until the total duration hours is at least equal to the course's associated hours. You can always schedule more time or sessions to complete the course (such as two class sessions of 5 hours each, for a total of 10 hours, or three class sessions of 3 hours each for a total of 9 hours, for an 8-hour MAT classroom training; or six 3-hour class sessions for a total of 18 hours for a 15-hour Health & Safety classroom training), but you CANNOT schedule less time (such as two class sessions of 3 hours each, for a total of 6 hours).*

Training Info

Training Org:	Professional Development Program
Title:	Medication Administration Training (MAT) *8 hours*
Trainer:	Lisa Anderson
Location:	The Tower ▼ *
	4 Tower Place, Albany, NY 12203
Capacity:	6 *
Category:	Classroom ▼ *
Cost:	$ 125 *
Registration Contact:	Tiffany VanDerKlydenhaal
Start Date:	10/9/2019 *
End Date:	10/9/2019 *

1 session with total duration 5 hours			Add Session
Start Date	**End Date**	**Duration**	**Action**
Oct 9, 2019 - 08:00 AM	Oct 9, 2019 - 01:00 PM	5 hours	✕

Submit and Schedule   **Cancel**

8. To add additional sessions for this training course, repeat Steps 6 and 7 above. When you have finished entering sessions for this training course, click the **Submit and Schedule** button.

The scheduling confirmation message displays. The class is automatically published to the EIP training calendar, where prospective training participants can find it on the ECETP website.

🎓 **Trainings**   🕐 **New Schedule**   ⊞ **Applications**   ≋ **Docs**

Trainings > Manage Trainings > Schedule Training

This training has been successfully SCHEDULED and published to the ECETP calendar.

Editing Scheduled Trainings

1. To *EDIT* a class after you've scheduled it (for example, if you need to change the class date or the maximum number of participants), click **Trainings>Manage Trainings** in the menu bar.
   The Trainings>Manage Trainings window displays.

2. Click the scheduled class's name in the **Title** column on the far left side of the Scheduled Training List.
   The Trainings>Manage Trainings>Edit Training window displays.

Trainings > Manage Trainings > Edit Training

Training Info

Title:	Medication Administration Training (MAT) *8 hours*
Trainer:	Lisa Anderson
Location:	The Tower 4 Tower Place, Albany, NY 12203
Capacity:	6 *
Category:	Classroom *
Cost:	$ 125 *
Registration Contact:	Tiffany VanDerKlydenhaal
Start Date:	10/04/2019 *
End Date:	10/06/2019 *

General Info

Scheduling Status: **Scheduled**

Create Date: 6/13/2019 1:15:59 PM

Modification Date: 6/20/2019 1:14:55 PM

Shareable Link to Apply

https://www.ecetp.pdp.albany.edu/mytraining/roster/RosterReg.aspx?TrainingID=24259   Copy text

2 sessions with total duration 10 hours			Add Session
Start Date	**End Date**	**Duration**	**Action**
Oct 4, 2019 - 08:00 AM	Oct 4, 2019 - 01:00 PM	5 hours	✕
Oct 6, 2019 - 08:00 AM	Oct 6, 2019 - 01:00 PM	5 hours	✕

Save   **Cancel**

3. Change the applicable class information and click **Save**.
   *In this example, the trainer wants to change the **Start Date**, **End Date**, and individual class session dates. The save confirmation message displays.*
   Note: If you change the* Start Date *and/or* End Date *fields, the class sessions in the list in the lower part of the window must be within the new date range; otherwise, the following message displays:

Message

All of classe dates should be in the training time frame as entered: 2019-10-07 - 2019-10-08

Close

4. To change the class sessions, you must click the ✕ icon to delete original sessions that no longer apply, then click **[Add Session]** to add the new sessions that correspond to the new **Start Date** and **End Date** range.
    The revised class sessions display in the list.

    Trainings > Manage Trainings > Edit Training

    Training Info

Title:	Medication Administration Training (MAT) *8 hours*
Trainer:	Lisa Anderson
Location:	The Tower 4 Tower Place, Albany, NY 12203
Capacity:	6 *
Category:	Classroom ▾ *
Cost:	$ 125 *
Registration Contact:	Tiffany VanDerKlydenhaal
Start Date:	10/7/2019 *
End Date:	10/8/2019 *

    General Info

    Scheduling Status: Scheduled

    Create Date: 6/13/2019 1:15:59 PM

    Modification Date: 6/20/2019 1:14:55 PM

    Shareable Link to Apply

    https://www.ecetp.pdp.albany.edu/mytraining/roster/RosterReg.aspx?TrainingID=24259   Copy text

2 sessions with total duration 10 hours			Add Session
Start Date	**End Date**	**Duration**	**Action**
Oct 4, 2019 - 08:00 AM	Oct 4, 2019 - 01:00 PM	5 hours	✕
Oct 6, 2019 - 08:00 AM	Oct 6, 2019 - 01:00 PM	5 hours	✕

    Save   **Cancel**

5. Click **Save** to save your changes.
    *The save confirmation displays. Participants who are registered for the class will receive an automated email informing them of the revised class date(s), and the revised **Start Date** and **End Date** for the course will display on each participant's "My Activities" page on the ECETP website.*

Cancelling Scheduled Trainings

1. To *CANCEL* a scheduled training, click **Trainings>Manage Trainings**, then click the scheduled class's name in the **Title** column on the far left side of the list.
   The Trainings>Manage Trainings>Edit Training window displays.

   Trainings > Manage Trainings > Edit Training

   ⊗ Cancel

   Training Info

   Title: Medication Administration Training (MAT) *8 hours*

   Trainer: Lisa Anderson

   Location: The Tower ▾ *
   4 Tower Place, Albany, NY 12203

   Capacity: 6 *

   Category: Classroom *

   Cost: $ 125 *

   Reg Contact: Tiffany VanDerKlydenhaal

   Start Date: 10/07/2019 *

   End Date: 10/08/2019 *

   General Info

   Scheduling Status: Scheduled

   Create Date: 7/25/2019 4:39:24 PM

   Modification Date: 7/25/2019 4:39:24 PM

   Shareable Link to Apply

   https://www.ecetp.pdp.albany.edu/mytraining/roster/RosterReg.aspx?TrainingID=24611   Copy text

2 sessions with total duration 10 hours			Add Session
Start Date	**End Date**	**Duration**	**Action**
Oct 7, 2019 - 08:00 AM	Oct 7, 2019 - 01:00 PM	5 hours	✕
Oct 8, 2019 - 08:00 AM	Oct 8, 2019 - 01:00 PM	5 hours	✕

   Save   Cancel

2. Click the **Cancel** button in the upper right corner.
   The following message displays:

   Message

   Are you sure you want to CANCEL this training? You cannot undo this action.

   Yes   No

3. Click the **Yes** button.
   The cancellation confirmation message displays.

   Message

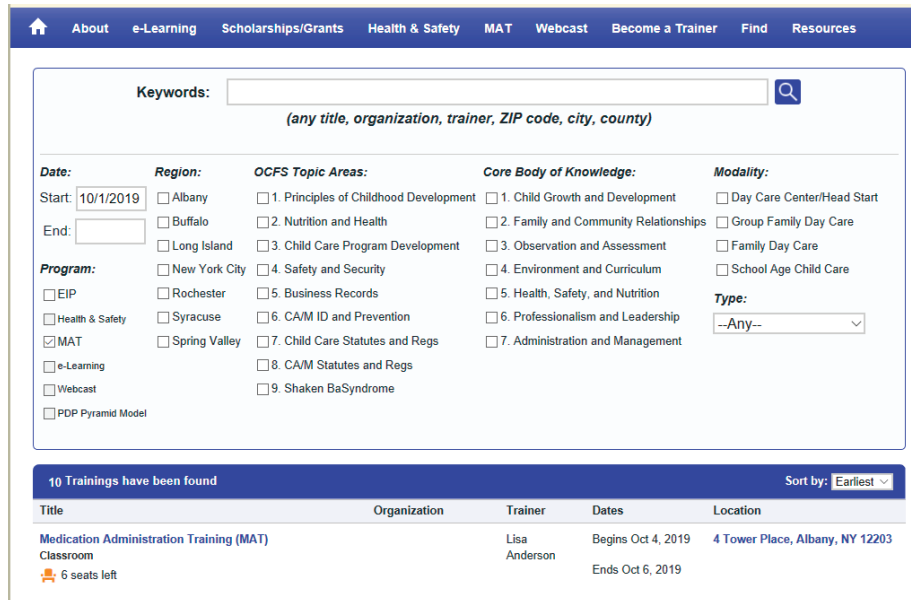   The training has been CANCELED successfully.

   Close

3. Click the **Close** button.
   *Participants who are registered for the class will receive an automated email informing them of the class cancellation, and the **Training Status** for the course will display "Canceled" on each participant's "My Activities" page on the ECETP website.*

Training Rosters

When prospective participants go to the ECETP website to find training, they will see any scheduled trainings that fit the search parameters they have selected (date range, program type [e.g., MAT, Health & Safety], course type, region, OCFS topic areas, Core Body of Knowledge topic areas, and/or keywords). In the example below, a prospective participant is searching for MAT training occurring on or after October 1, 2019 in the Albany region:
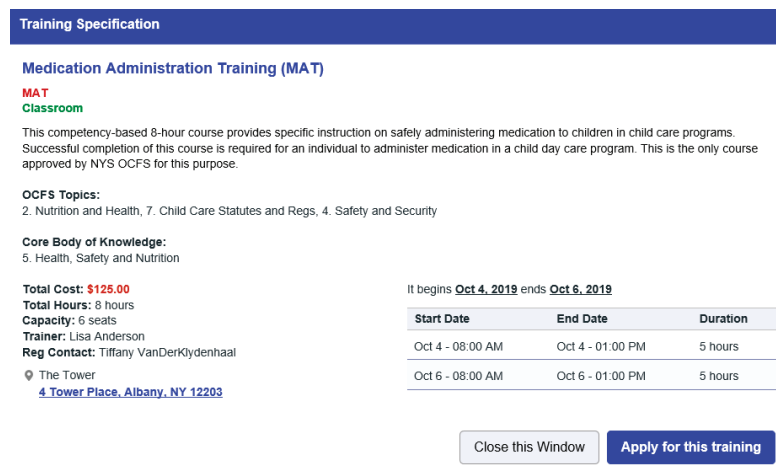

The prospective participant can click on the course title in the table to view detailed information about the class:

Prospective participants who want to attend this training would click the **Apply for this training** button. If they want to return to the previous list of trainings, they would click **Close this Window**. Individuals must have an ECETP account to apply for trainings.

Processing Participant Training Applications

When a prospective participant applies for one of your classes, the database automatically sends you an email. You then need to manage the roster for your training in the Training Portal.

1. Click **Trainings>Manage Trainings** in the menu bar.
   The Trainings>Manage Scheduled Training window displays. New participant training applications will display in orange text under the course title for that particular class.

2. Click on the orange people icon [] ["1 NEW applied" in this example].
   *The Trainings>Manage Trainings>Provider Rosters window displays. Participant information pre-fills based on the information prospective participants entered in their ECETP accounts. Each participant's respective class registration status displays in the **Status** column.*

3. Click on the provider's name to see more information about that provider and to change the provider's status.
   *The Trainings>Manage Trainings>Provider Rosters>Provider Info window displays. You can also change the provider's status directly on the Trainings>Manage Trainings> Provider Rosters window by clicking on the provider's corresponding entry in the **Status** column.*

4. To confirm the provider's application and formally register the provider for the class, click the drop-down arrow in the **Status** field and select **Registered**.
    Once you have registered the participant, the provider's status on the roster changes from "Submitted" to "Registered".
    *If you need to decline the provider's application, select **Decline**. You might need to decline an application because your class is full or because you discovered after contacting the provider that (s)he accidentally signed up for the wrong class.*
    Participants receive an automated e-mail whenever status changes have been made to their account.

Trainings > Manage Trainings > Provider Rosters

🖶 Print

Training Title: Medication Administration Training (MAT)

Duration: Starts October 4, 2019 ends October 6, 2019

Trainer: Lisa Anderson

First Name: [   ]   **Last Name:** [   ]

Username: [   ]

1 Providers			
Provider	Username/Email	Status	Create Date
Dora Anderson	deanderson@albany.edu	Registered	7 min ago

5. Repeat steps 3 and 4 for any other submitted applications, as necessary.

Printing the Training Roster

1. Click **Trainings>Manage Trainings** in the menu bar.
   The Trainings>Manage Trainings window displays.

   Trainings > Manage Trainings

   ⊞ Download S

   Trainings begin: [____] and end: [____]
   Training Org: [_____]
   Status: [--All--▼] Type: [--All--▼]
   Regions: ☐Albany ☐Buffalo ☐Long Island ☐New York City ☐Rochester ☐Syracuse ☐Spring Valley
   Program Area: ☐EIP ☐Health & Safety ☐MAT

20 Trainings, 13 Scheduled, 7 Cancelled							Sort by: Most Recent Creat
Title	Training Org	Trainer	Location	Cost	Start Date	End Date	
Medication Administration Training (MAT) **MAT**	-	Lisa Anderson	4 Tower Place, Albany, NY 12203	$125	Oct 4, 2019	Oct 6, 2019	
👥 1 registered							
🪑 5 seats left							

2. Click the orange people icon 👥 under the specific training class title.
   The Trainings>Manage Trainings>Provider Rosters window displays.

   | 🎓 Trainings | 🕐 New Schedule | ⊞ Applications | 🗂 Docs |

   Trainings > Manage Trainings > Provider Rosters

   🖨 Print

   Training Title: Medication Administration Training (MAT)
   Duration: Starts October 4, 2019 ends October 6, 2019
   Trainer: Lisa Anderson
   First Name: [____] Last Name: [____]
   Username: [____]

1 Providers			
Provider	Username/Email	Status	Create Date
Dora Anderson	deanderson@albany.edu	Registered	10 min ago

3. Click the **Print** button on the far right end of the menu bar at the top of the Providers list.
   *The training roster displays and the Print dialog box opens. Select the appropriate printer, if necessary, and click the **Print** button.*
   The training roster includes a checkbox for verifying the participant's ID and a signature space for the participant to sign.

Submitting the Training Roster

When the training is finished, you need to update your roster in the Training Portal accordingly, indicating whether participants passed, failed, or were incomplete, or to indicate that a registered participant did not attend the training.

1. Click **Trainings>Manage Trainings** in the menu bar.
   The Trainings>Manage Trainings window displays.

2. Click the orange people icon under the training class title whose roster you want to view.
   The Trainings>Manage Trainings>Provider Rosters window displays.

3. In the **Status** column, click on each participant's status and update it accordingly:
   - Passed
   - Failed
   - Incomplete: for participants who did not complete the course; this includes someone who needs to come back for a second try at the written test or skills competency testing.
   - No Show

Trainings > Manage Trainings > Provider Rosters

Training Title: Medication Administration Training (MAT)

Duration: Starts June 14, 2019 ends June 14, 2019

Trainer: Lisa Anderson

First Name: [   ]　　**Last Name:** [   ]

Username: [   ]

3 Providers		
Provider	**Username/Email**	**Status**
Caroline Benoit	cbenoit@albany.edu	Incomplete
Katie LeClair	Kleclair@albany.edu	Declined
Dora Anderson	deanderson@albany.edu	Passed
		Certificate

Printing Participant Certificates

As soon as you have updated a participant's status to "Passed," an automated e-mail is sent to the participant. That participant can then log in to his/her ECETP account to download and print the training certificate. If a participant does not have access to a printer, you may want to print the training certificate and send it to the provider.

1. Click **Trainings>Manage Trainings**.
   The Trainings>Manage Trainings window displays.

2. Click the orange text below the training class the participant attended.
   The Trainings>Manage Trainings>Provider Rosters window displays.

Trainings > Manage Trainings > Provider Rosters

Training Title: Medication Administration Training (MAT)

Duration: Starts June 14, 2019 ends June 14, 2019

Trainer: Lisa Anderson

First Name: _____   **Last Name:** _____

Username: _____

3 Providers		
Provider	**Username/Email**	**Status**
Caroline Benoit	cbenoit@albany.edu	Incomplete
Katie LeClair	Kleclair@albany.edu	Declined
Dora Anderson	deanderson@albany.edu	Passed
		🏅 Certificate

3. Click the **Certification** link displayed below "Passed" in the participant's **Status** column.
   *The certificate displays as a PDF document. Click the **Print** button in the Acrobat Reader or web browser window to print the certificate.*

Frequently Asked Questions

Q: *How do I handle walk-ins?*

A: *You can write walk-ins at the bottom of your printed roster and have participants register for the training class in the ECETP training calendar later. Participants must have an ECETP account, so you may need to guide a new participant through creating an ECETP account and registering for your training after the fact.*

Q: *What do I do with my MAT or Health & Safety Trainer seal?*

A: *Keep your seal, in case you need to reissue a certificate to a participant for a class that pre-dates this process (generally, prior to May 1, 2017). MAT and Health & Safety Trainers who became certified after April 1, 2017, do not have seals, since all of their training rosters are entered into the Training Portal.*

Q: *Do I still need to keep the hard-copy roster after I have submitted the electronic roster in the Training Portal?*

A: *You need to keep rosters for at least seven (7) years. You can keep the hard-copy roster and/or scan it and save it electronically, if you prefer. You also need to keep the MAT Participant Competency Record or Health & Safety Training Competency Chart for seven (7) years.*

Q: *What if a training participant doesn't have access to a printer and therefore can't print his/her training certificate?*

A: *You can print the participant's training certificate from the finalized roster and send it to the participant.*

Q: *Is there a video available that will show me how to use the Training Portal?*

A: *Yes. You can view the pre-recorded webinar about using the PDP Training Portal from the respective trainer page on the PDP website:*

- *MAT: www.ecetp.pdp.albany.edu/downloadfiles/trainers/MAT/mattrainer.shtm*
- *H&S: www.ecetp.pdp.albany.edu/downloadfiles/trainers/HS/hstrainer.shtm*

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Participant Instructions for Creating an ECETP Account

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

Welcome!

Thank you for your interest in attending the Medication Administration Training or Emergency Medication Administration Training Overview (including Stock Epinephrine Auto-Injectors).

In order to register for this training you must set up an account to register for training. Setting up an account is easy! All you need is a valid email address to get started. Once you have set up your ECETP account, you will be able to register for training. Once training is complete, your certificate of completion will be available for you to print in your ECETP account.

Please follow the instructions below in order to create an Early Childhood Education Training Program account and to be able to register yourself for training.

Creating an ECETP Account

Step 1: Please go to the ECETP website: www.ecetp.pdp.albany.edu

Step 2: On the ECETP 'homepage' you will need to select "My Registration"; select the "Login" option; this will bring you to the ECETP Login page.

Step 3: Select the "Create a New Online ECETP Account" on the left hand side.
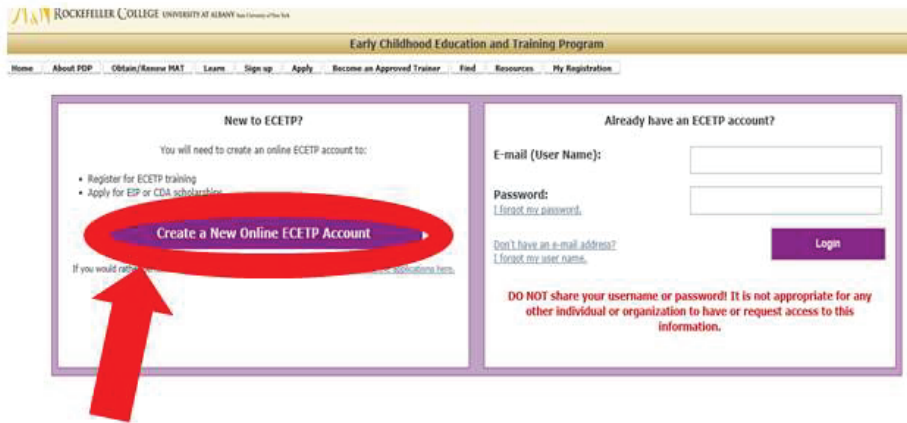
Registering your Account

Step 1: You will need to input your personal email address (must be your own) and create a password for your new ECETP account.

Step 2: Once you complete the security question you will send yourself a "Verification E-mail". Your "Verification E-mail" should be available within minutes.
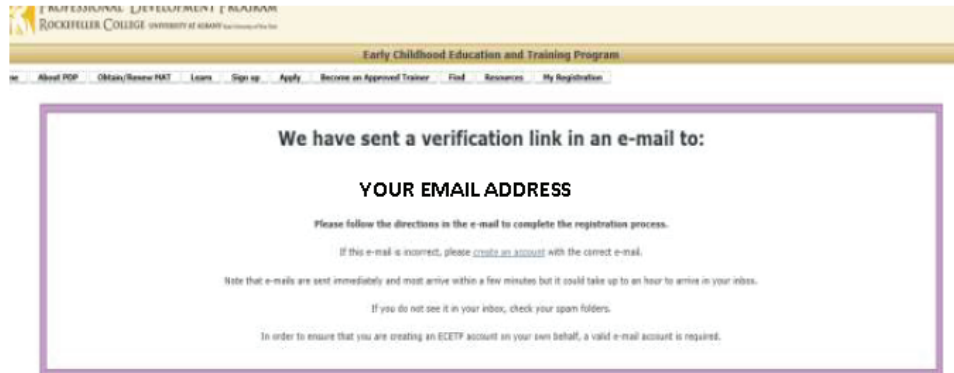
Step 3: Please follow the link attached in order to complete the verification process.
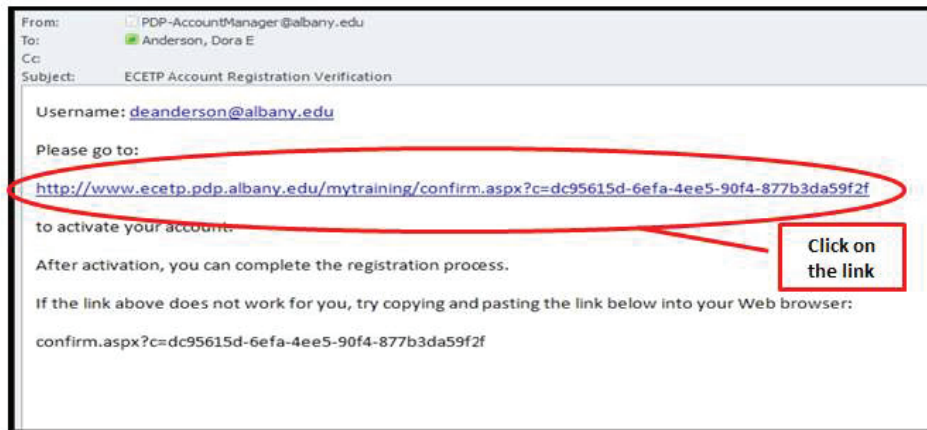
Step 4: You will be prompted to complete your Registration by completing your personal information.

Please update your contact information below and click "Save" to proceed.

* = Required Information

Field	
Email (User Name):	deanderson@albany.edu
First Name:	*
Last Name:	*
Address 1:	*
Address 2:	
City:	*
State:	*
Zip Code:	*
County:	*
Home Phone:	*
Work Phone:	
Current Day Care License #:	Look up your license number
Current Day Care Modality:	○ Family Day Care
	○ Day Care Center/HeadStart
	○ Group Family Day Care

NEW PROVIDERS: License/Registration number can be found at the bottom of the OCFS application packet

Skills Demonstration Competency
Following Third Consecutive Online Renewal Test

General Information

Child care providers who are MAT certified may renew their certification for an additional three (3) years by successfully completing an online renewal test. Upon their third consecutive online renewal, they must also demonstrate that they still follow safe medication techniques in the administration of medication.

Third Online Renewal Skills Competency Demonstration Test

A Medication Administrant may renew their MAT certification by successfully completing an online renewal test, two consecutive times. Each successful completion of the online test will result in an additional three-year certification.

Upon successful completion of the MAT online renewal test, for the third consecutive time, the medication administrant must also successfully complete the three (3) skills competency tests: a randomized skills demonstration, a liquid measure demonstration, and an epinephrine auto-injector skills demonstration.

Trainers will schedule the MAT Skills Competency Renewal in the PDP Training Portal. This training is *not* required to be scheduled at least ten (10) business day in advance.

Medication administrants who choose to take the online renewal test will be able to print a form stating that they passed the online portion of the renewal. The MAT Trainer should ask to see this form to verify that the provider has passed the online renewal test before completing the Skills Competencies.

Follow all procedures for administering the Skills Demonstration Tests as outlined in Appendix D: Administering the Skills Demonstration Test. MAT trainers may offer a review of MAT best practices; however, this is not required.

Participants who have successfully completed the skills demonstration competency following their third consecutive online renewal test may downoad and print their renewed MAT certificate from their ECETP account.

NOTE: Medication administrants must complete all requirements for recertification before their MAT certificate expiration date. If a provider allows his/her MAT certificate to expire (s)he MUST retake the MAT course.

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MAT Updates

Any modifications to the MAT curriculum or policies of the MAT Program will be communicated to MAT Trainers via e-mail, and revised curriculum materials will be uploaded to the "For MAT Trainers" page on the ECETP website (*www.ecetp.pdp.albany.edu/trainers/MAT/mattrainer.aspx*).

It is crucial that all MAT Trainers maintain a working e-mail address to communicate with the MAT Program. Please notify the MAT Program immediately of any changes to your e-mail address.

Accessing Updates and Alerts

You can access all MAT curriculum updates and informational alerts online at *www.ecetp.pdp.albany.edu*; click the "for trainers" link. Be sure to click the link for updates for MAT Trainers. This page is password protected. To access the information you must type in a password, which will be given to you at the end of this training. The password is case sensitive. You must *click* the **Submit** button; pressing the Enter key on your keyboard will *not* work.

You may be given a unique username and password to access this site. You are responsible for maintaining the security of this information.

You can bookmark the page once you enter the password and it will automatically bring you to the page without asking for the password again. You should not share the password with non-MAT Trainers.

Responsibility of the MAT Trainer

You are responsible for knowing and complying with all curriculum updates within the time frame specified. You should make a habit of checking the MAT Trainer webpage before conducting a MAT class.

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Monitoring of MAT Trainers
Facilitating the MAT Course

General Information

MAT courses are occasionally monitored to ensure that the MAT course is being conducted as outlined in the MAT curriculum without additions or omissions. The MAT Trainer Evaluation Tool has been developed for use during a monitoring visit. This tool clearly defines elements of the training that should be covered in every MAT course.

Monitoring Visits

PDP will monitor each MAT Trainer at least once per certification period. Monitoring may be unannounced. It is the MAT Trainer's responsibility to notify the MAT Program of his/her training schedule so a monitoring session can be scheduled. Whenever possible, the MAT class being monitored should have at least three (3) participants. If a training is cancelled, it is the MAT Trainer's responsibility to notify the MAT Program of such a cancellation no fewer than three (3) days prior to the date of the cancelled training.

Areas of observation during the MAT visit include:

- ❑ Adherence with MAT Program standards
- ❑ Adherence to the MAT curriculum
- ❑ Correct written testing procedures
- ❑ Evaluation of skills demonstrations
- ❑ Proper handling of participant questions
- ❑ Presentation style
- ❑ Use of the most current version of the MAT curriculum and course-related materials

Process

MAT Trainers will be evaluated for their ability to:

1. Review the focus/objectives of the module
2. Demonstrate mastery of the curriculum content
3. Answer monitor/participants questions correctly or agree to obtain answer in an appropriate timeframe
4. Review the most current version of the Participant Materials
5. Demonstrate appropriate training skills
6. Refer participants to appropriate regulations
7. Complete all activities and practice sessions as requested

8. Show all required videos at appropriate times

9. Administer and appropriately grade participants' written tests

10. Effectively perform randomized skills, liquid measure, and epinephrine auto-injector demonstrations

Monitoring Evaluation Tool

The monitor uses the MAT Trainer Monitoring Evaluation Tool to document the MAT Trainer's facilitation of the MAT course. (See "MAT Trainer Monitoring Evaluation Tool" at the end of this appendix.) Follow-up technical assistance (TA) visits will continue to be scheduled with MAT Trainers whenever possible to ensure continued quality of the MAT training program.

Passing Scores

Each MAT Trainer who passes monitoring session will be notified by the program representative at the time of the observed training. A written copy of the MAT Trainer Monitoring Evaluation Tool will be e-mailed to the MAT Trainer approximately two weeks after the observed training. The MAT Trainer will continue to be certified as long as the trainer continues to meet the MAT Trainer standards.

Failing Scores

Any MAT Trainer who does not pass the monitoring session will be notified by the program representative at the time of the observed training. MAT Trainers who fail the monitoring session will receive technical assistance (TA) and may receive a follow-up monitoring session. Technical assistance may include requiring the trainer to successfully complete the MAT TOT again or a MAT recertification session. If the trainer fails the subsequent monitoring session, the trainer will be suspended and the trainer will be informed that (s)he may *not* teach a MAT class until otherwise instructed by PDP.

MAT Trainer Monitoring Evaluation Tool

<div>

MEDICATION ADMINISTRATION TRAINER   Name: _____
MONITORING EVALUATION TOOL

MAT Trainer being monitored: _____   Seal # _____

Location: _____

Training Date: _____   Number of Participants: _____

SUNY Monitor: _____

Module: _____   Start Time: _____ End Time: _____

Content Area		Included	Not Included	Comments:
1. Reviews focus of unit.				
2. Demonstrates mastery of curriculum content.				
3. Answers class participant questions correctly or agrees to obtain answer within an appropriate timeframe.				
4. Reviews all Participant Materials.				
5. Demonstrates appropriate training platform skills.				

</div>

MEDICATION ADMINISTRATION TRAINER   Name: _____
MONITORING EVALUATION TOOL

6. Refers Participants to appropriate Regulations.			
7. Training space is adequate and conducive to adult learning.			
8. Completes all activities or substitutes an appropriate alternative.			
9. Shows all required videos.			
10. Administers competency test or demonstrations for unit.			

Comments:

_____

_____

_____

_____

_____

_____

All areas are required and must be covered.
_____ Pass
_____ Fail   Follow-up Action Needed: _____

Medication Administration Training (MAT)
Statement of Ethical and Professional Obligations

I understand that as a certified MAT Trainer, I must uphold certain ethical and professional obligations. Unless otherwise noted below, these obligations apply to all Medication Administration courses, including the *Emergency Medication Administration Overview* (EMAO) course that I have been approved to train., These obligations are as follows:

- I will present the approved curriculum exactly as it is written, without additions or omissions.
  Initial _____

- I will distribute the most current versions of all participant handouts, related training materials, and practice and testing materials for each MAT course I present.
  Initial _____

- I will administer the written test in compliance with the MAT curriculum, including but not limited to: allowing adequate time for completion; allowing participants to use handouts during testing; clarifying test questions, but not to the extent of reading or interpreting questions; allowing participants the opportunity to take a second version of the written test in the event of failure; providing clarification prior to administering a second test, if needed; and actively monitoring participants during testing.
  Initial _____

- I will treat all participants in training events, and all early childhood education professionals in general, with respect, compassion, dignity and fairness, and will not degrade, harass or exploit participants or discriminate against them for any reason.
  Initial _____

- I will never have more than eight (8) participants in each MAT course nor more than 15 participants in each EMAO course.
  Initial _____

- I will conduct all MAT and EMAO courses in an environment conducive to adult learning with sufficient space to safely conduct training. The space must have adult-size tables and chairs, a working TV or projection screen, and must be in a location free from distraction.
  Initial _____

- I will successfully complete a MAT Recertification Session and/or monitored class at least once per certification period in order to maintain my MAT Trainer certification.
  Initial _____

- I will schedule each MAT course in the PDP Training Portal *at least* ten (10) business days before the class start date. If a class is cancelled for any reason, I must cancel the class in the PDP Training Portal at least three (3) business days before the class start date. On the rare occasion that an unforeseen circumstance causes a class to be canceled with fewer than three (3) days' notice, I will immediately notify PDP in writing via email regarding the reason for the cancellation.
  Initial _____

- I will train at least one (1) MAT course (the EMAO course does *not* count toward the minimum) per year, unless otherwise indicated by PDP.
  Initial _____

- I will complete all rosters in the PDP Training Portal no more than five (5) business days after the completion of each MAT/EMAO course.
  Initial _____

- I will assess each participant's competency for demonstrating skills necessary to administer medication safely to the same standard identified in the MAT curriculum.
  Initial _____

- I will maintain a valid New York State license to practice as a registered nurse, nurse practitioner, physician assistant or physician. If my professional license is revoked or suspended for any reason, I will notify the MAT Program immediately.
  Initial _____

- I will maintain a working e-mail address and will periodically download curricular updates, as applicable.
  Initial _____

- I will avoid situations in which a conflict of interest may arise between me, a funding agency, designated participants, and/or other relevant stakeholders.
  Initial _____

- I understand that if I fail to comply with the standards set forth by the MAT Program, my MAT Trainer certification may be suspended or revoked.
  Initial _____

I have read and initialed each of the above statements and will abide by them. I understand that my MAT Trainer certification may be suspended or revoked for documented violation of any of the above obligations.

NAME: _____
        (please print)

SIGNATURE: _____ DATE: _____

Trainer Certification

Certification

Upon successful completion of the Medication Administration Training (MAT) Training of Trainers (TOT) course, you will be certified to conduct the Medication Administration Training (MAT) course for one (1) year. After successfully demonstrating your ability to conduct the course, comply with the Medication Administration Training Program standards, and attend a recertification class during your first year, you will be recertified for three (3) years from your original certification date.

In addition, certified MAT Trainers may offer the Emergency Medication Administration Overview course after they have viewed the Emergency Medication Administration Overview Training webinar at: *https://res.pdp.albany.edu/ECETPWebsite/Files/trainers/MAT/Curriculum/ EMAO/MAT-EMAO-webinar.mp4*. This certification will run concurrently with your MAT certification.

To maintain your MAT Trainer certification, you must:

- fully comply with the *Statement of Ethical and Professional Obligations for MAT Trainers*;
- follow the Medication Administration Training and, as applicable, the Emergency Medication Administration Overview Training Curriculum as written; and
- follow the MAT Trainer Resources.

Suspension

Any MAT Trainer whose certification is suspended by the Professional Development Program (PDP) may not conduct any Medication Administration Training courses. Suspension reasons include, but are not limited to:

- failure to fully comply with the *Statement of Ethical and Professional Obligations for MAT Trainers*;
- failure to follow the Medication Administration Training curriculum and, as applicable, the Emergency Medication Administration Overview Training curriculum, as written;
- failure to follow the MAT Trainer Resources; and/or
- a complaint that requires an investigation.

To restore certification after suspension, a trainer may need to follow a corrective action plan that may include, but is not limited to, technical assistance, monitoring, and successful completion of a TOT or recertification session. Failure to do so may result in revocation of the trainer's certification.

Once notified of suspension, a MAT Trainer has the right to appeal.

Revocation

Depending on the severity of the circumstances, the Professional Development Program (PDP) reserves the right to revoke a MAT Trainer's certification. Any MAT Trainer whose certification has been revoked by PDP may not conduct any Medication Administration Training courses. In addition, a revoked MAT Trainer is not eligible for recertification or retraining.

Once notified of revocation, a MAT Trainer has the right to appeal.

Complaint Involving a MAT Trainer—Inquiry Process

ISSUE: ***Outside complaint or concern expressed to the MAT Program regarding a MAT Trainer.***

Procedure:

1. MAT Trainer contacted to discuss complaint or concern

2. Issue recorded in MAT Trainer's record

3. Determination of follow-up by MAT Program based on severity of issue

    a. No further action required *OR*

    b. Action required

    If action is required:

    1. Identify if the MAT Trainer has been monitored conducting a training

        a. If monitored by an approved monitor:

            i. Determination of action by MAT Program

                1. No further action required OR

                2. MAT Program will contact trainer for discussion of issue

                    a. Based on discussion, program will decide either:

                        i. The next training MAT Trainer has scheduled **must** be monitored by a MAT Instructor
                        (MAT Trainer cannot conduct a training unless it is monitored, even if the trainer must cancel training due to scheduling conflict with MAT Program.) —**OR**—

                        ii. One of the MAT Trainer's next scheduled trainings will be monitored by a MAT Instructor
                        (If a MAT Instructor is not able to attend the next scheduled training due to a scheduling conflict, the MAT Trainer will be allowed to conduct the training until a MAT Instructor is able to successfully observe a training.)

        b. If not monitored:

            ii. Determination of action by MAT Program

                1. Program will contact MAT Trainer for discussion of issue

                    a. Based on discussion, the trainer must have next training monitored by a MAT Instructor or program representative
                    (MAT Trainer cannot conduct a training unless it is monitored, even if trainer must cancel training due to scheduling conflict.)

MAT

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┌─────────────────────────┐
│   Issue or concern      │
│   brought to attention  │
│   of MAT Program        │
└─────────────────────────┘
            │
            ▼
┌─────────────────────────┐
│   Complaint/issue       │
│   discussed with        │
│   MAT Trainer           │
└─────────────────────────┘
            │
            ▼
┌─────────────────────────┐
│   Based on severity     │
│   of issue,             │
│   determination of      │
│   further action by     │
│   MAT Program           │
└─────────────────────────┘
       │              │
       ▼              ▼
```

Action required	No further action required *(issue documented)*

```
       │
       ▼
┌─────────────────────────┐
│   Identify if MAT       │─────────────┐
│   Trainer has been      │             │
│   monitored             │             │
└─────────────────────────┘             │
       │                                │
       ▼                                ▼
```

Trainer HAS been monitored	Trainer HAS NOT been monitored

Next training MUST be monitored *(may need to cancel a training)*	One of next scheduled trainings will be monitored *(does NOT need to cancel)*	Next training MUST be monitored *(may need to cancel a training)*

MAT Trainer Appeal Process

A MAT Trainer whose certification is suspended or revoked has the right to appeal the decision. The appeal procedure is as follows:

1. A MAT Trainer may appeal the decision by submitting a request in writing (email is permissible), along with any appropriate documentation and materials that support the appeal. The written appeal packet must be sent (postmarked) to the Professional Development Program (PDP) within 15 business days of notification of the suspension or revocation. The packet may be emailed to *mat@albany.edu* or mailed to:

<div align="center">

Professional Development Program
MAT Program Manager
4 Tower Place, 4th Floor
Albany, NY 12203

</div>

2. The suspension or revocation remains in effect until the appeal process is concluded.

3. The Professional Development Program will forward the appeal packet to the Appeal Committee within five (5) business days of receipt. The committee will not include a MAT Program staff member.

4. The Appeal Committee has 15 business days upon receipt to render a decision based on an evaluation of the appeal. Three (3) outcomes are possible:

    a. The appeal does not have merit and the MAT Trainer's certification remains suspended or revoked.
    b. The appeal has merit and the Committee provides conditions for reinstatement.
    c. The appeal has merit and the Committee recommends the MAT Trainer's certification be reinstated without condition.

5. The Professional Development Program will notify the MAT Trainer of the Committee's decision within five (5) business days after the decision is made. The Appeal Committee's decision is final.

This process is subject to change based on program evaluation.

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MAT Trainer Recertification

General Information

All MAT Trainers must have at least one successful training monitoring visit and must successfully complete a recertification session before the expiration date of their MAT Trainer certification. Recertification sessions are offered at locations throughout the state to enable trainers to meet this requirement. Recertification sessions will include a competency, which may be written, skills based, or involve a teach-back of the MAT curriculum. In rare circumstances, a MAT Trainer's certification may be renewed following a successful monitoring of a MAT course.

Goal

The recertification process verifies that the MAT Trainer facilitates the MAT curriculum thoroughly and appropriately, provides participants with accurate information regarding safe medication administration practices, and evaluates class participants' learned knowledge and skills appropriately.

Requirements

Each MAT Trainer must conduct a minimum of one (1) MAT course per year during his/her certification period. In addition, the MAT Trainer must:

♦ Maintain appropriate NYS licensure

♦ Remain in good standing with the MAT Program by:

   o Demonstrating adherence to MAT curriculum and standards

   o Submitting MAT schedules, rosters, and (as applicable) cancellations within the time frames established by the MAT Program

   o Maintaining up-to-date personal demographic information including a working e-mail address

   o Implementing all curriculum procedural updates

Follow-up Technical Assistance (TA) visits will continue to be scheduled with MAT Trainers whenever possible to ensure continued quality of the MAT training program.

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Emergency Medication Administration Overview Training

The Professional Development Program (PDP), under a contractual agreement with the New York State Office of Children and Family Services (NYS OCFS), developed the *Emergency Medication Administration Overview* training for regulated child day care providers who are not MAT certified but who want to obtain training for safely administering emergency medication in accordance with the NYS OCFS Child Day Care Regulations. The regulations specifically identify "emergency medication" as epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers. This course is *not* required to administer such emergency medication in regulated child day care programs; it simply provides a consistent curriculum for safely administering these medications.

This training also includes the option of learning about the storage and use of non-patient-specific stock epinephrine auto-injectors in accordance with the NYS Department of Health (DOH) training requirement for programs that choose to stock epinephrine auto-injectors under the NYS Public Health Law.

Providers who are currently MAT certified do not need to take this course unless they also want to administer stock non-patient-specific epinephrine auto-injectors in accordance with the Public Health Law. This course is one of the approved courses identified by DOH to meet the Public Health Law training requirement. Providers must complete all eight (8) modules of the *Emergency Medication Administration Overview* course in order to use this training to meet that training requirement. Providers can also contact DOH to locate another approved training course that satisfies this Public Health Law training requirement.

Only MAT Trainers who have viewed the Emergency Medication Administration Overview Trainer's webinar [*https://res.pdp.albany.edu/ECETPWebsite/Files/trainers/MAT/Curriculum/ EMAO/MAT-EMAO-webinar.mp4*] may train this course. After a MAT Trainer has viewed the webinar, PDP will update the trainer's eligible trainings in the PDP Training Portal to include this course. The course will be listed in the portal twice:

- *Emergency Medication Administration Overview* reflects only the first seven (7) modules of the course and provides 2.25 hours of training credit.

- *Emergency Medication Administration Overview INCLUDING Stock Epinephrine Auto-Injectors* reflects all eight (8) modules and provides 2.5 hours of training credit.

For additional information about the PDP Training Portal, including how to schedule trainings, see Appendix K.

The Trainer's Manual and Participant Materials for the *Emergency Medication Administration Overview* course are available on the MAT Trainer page of the ECETP website [*www.ecetp.pdp.albany.edu/trainers/MAT/mattrainer.aspx*].

The *Emergency Medication Administration Overview* trainings may also be monitored by PDP and will follow the procedures for class monitoring described in Appendix O: Monitoring of MAT Trainers Facilitating the MAT Course.

OCFS Policy Statements
Associated with Medication Administration

#06-3
Compliance Issues as They Relate to the
Americans with Disabilities Act

BUREAU OF EARLY CHILDHOOD SERVICES

POLICY STATEMENT

ID NUMBER:	06-3
TOPIC:	Compliance Issues as They Relate to the Americans with Disabilities Act
MODALITIES IMPACTED:	All Modalities
APPLICABLE REGULATIONS:	Title 18 of The New York State Code of Rules and regulations (18 NYCRR) §414.11(g)(2), 416.11(j)(2), 417.11(j)(2), 418-1.11(j)(2), 418-2.11(i)(2)
CONTACT:	Kathleen Pickel Phone: (518) 474-9454
EFFECTIVE:	Immediately – March 28, 2006

THIS POLICY STATEMENT IS EFFECTIVE IMMEDIATELY AND
CANCELS ALL PREVIOUS MEMOS OR STATEMENTS ON THIS TOPIC.

This document provides guidance on the interaction of the New York State Office of Children and Family Services (OCFS) child day care regulations and the Americans with Disabilities Act (ADA), with particular regard to the statutory and regulatory provisions that address the administration of medications to children in day care programs.

Summary Statement—Child care providers that are considering not administering medications to children in their programs, or that have selected not to administer medications in their day care programs, still must comply with the ADA. There may be circumstances where compliance with the ADA may require a child care provider to administer medications to a child with a disability that is either currently enrolled in the program or who is currently beginning the enrollment process for the program. Under those circumstances, the program must be authorized to administer medications in accordance with the OCFS regulations.

Regulatory Provisions:

The regulations for school-age child care programs and day care centers include regulatory provisions, which state the following:

> *"Nothing in this section shall be deemed to require any provider to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act."*
>
> [18 NYCRR Section 414.11(g)(2) and 418-1.11(j)(2)]

The regulations for family and group family day care homes and small day care centers contain a similar provision:

> *"Nothing in this section shall be deemed to require any caregiver to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act."*
>
> [18 NYCRR Sections 416.11(j)(2), 417.11(j)(2) and 418-2.11(i)(2)]

Thus, while the regulations generally offer day care providers the option to choose not to administer medications, treatments or other remedies, that option is qualified. Where the ADA would require that a provider administer medications, treatment or some other remedy, it is possible that a provider might be required to become authorized to administer medications, or have staff become authorized, in the administration of medications and prepare a health care plan that provides for the administration of medications.

Compliance with the ADA:

What Is the Public Accommodations Provision of the ADA?

The basic requirement of the ADA is that places of public accommodation may not discriminate against children with disabilities unless the presence of such children would: (1) pose a direct threat to the health or safety of others; or (2) require a fundamental alteration in the nature of the program. Programs that are subject to the ADA must make reasonable accommodations to enable children with disabilities to participate in the program. All regulated day care programs, including those operated out of a family home or residence, fall within the ADA's definition of a public accommodation except for day care programs operated by religious entities.

In this context, "reasonable accommodations" are modifications to policies and practices that do not constitute a fundamental alteration of the program. Determining exactly what constitutes a reasonable accommodation and at what point the accommodation becomes a fundamental alteration of the program must be evaluated and resolved on a case-by-case basis. There are, however, some general principles and standards that apply to all ADA situations.

Individualized Assessments

When a parent seeks admission of a child with disabilities to a day care program or wishes to keep a child with disabilities in a day care program, the day care provider must make an individualized assessment of the needs of that child and determine whether the child can be accommodated in the day care program without making fundamental alterations in the program. Day care programs cannot establish uniform policies that they will not accept children with disabilities or even that they will not accept children with certain specified disabilities; each situation must be individually assessed to review all the various factors before a decision on whether or not to accept the child with a disability into the program is made.

Fundamental Alteration

To determine whether accepting a child with a disability will constitute a fundamental alteration of the program, the program must analyze the nature and cost of any changes to the program's policies and practices that would be necessary to accommodate the child.

Cost, although not the only factor, is one factor to consider in determining whether accommodating a child with a disability would constitute a fundamental alteration of the program.

If the assessment is that the child cannot be accommodated without a fundamental alteration of the program, the provider should discuss the matter with the parent and explain the rationale for being unable to accept the child.

Direct Threats

The ADA does not require that a day care program accept a child who poses a direct threat to the health or safety of others into the day care program. In addition, if the public accommodation needed to accept the child with a disability into the day care program poses a significant risk to the health and safety of others and there is no other reasonable accommodation that could be made to eliminate that health and safety risk, then the day care program does not have to accept the child with a disability into the day care program. The determination of whether a particular child poses a direct threat to others must be based on

an individualized assessment; a day care program may not categorize certain types of disabilities as automatically constituting a direct threat to others. Conditions posing a direct threat may include diseases that are actively infectious or that are communicable through the sort of incidental contact that would commonly occur in day care settings. Providers may ask parents or medical professionals for relevant information where the child may have such a condition in order to properly assess whether the condition poses a direct threat to others.

Children with HIV or AIDS cannot be excluded on the basis that they pose a direct threat to others. HIV and AIDS cannot be easily transmitted through the kinds of incidental contact that commonly occurs in day care programs and as such do not pose a direct threat to the health or safety of others.

Administration of Medication

The ADA may require that a day care program give medication to children with disabilities in some circumstances in order to make reasonable accommodations to enable such children to attend the program. The practical ramification of the ADA in New York State is that day care providers should be prepared to obtain, in a timely fashion, the required training in order to administer at least certain basic types of medication if required by children with disabilities where such administration is a reasonable accommodation necessary to enable the children to attend the day care program. **If a provider would be in violation of the ADA by refusing to administer medication to children with a disability, and either has such children already in the program or parents or guardians seek to enroll such children, the provider must take steps in a timely manner to become authorized to administer medication in accordance with OCFS regulations, modify its health care plan with the approval of a health care consultant to provide for the administration of medication and administer any medication required by the ADA.** If it is determined that a provider must enroll children with disabilities and must administer medication to children to be in compliance with the ADA, then the provider must enroll children within the same time frame the provider would enroll children without a disability. If there is a waiting list for all children and children with disabilities seek to enroll, the provider must begin to take the necessary steps to become authorized to administer medication so the provider can administer medications as soon as the children are enrolled in the program. A provider may not place children with a disability on a waiting list simply because the children have a disability.

A provider also may not advise a parent that the provider must wait to enroll a child with a disability simply because the provider has not completed the process to be authorized to administer medication. The provider must enroll a child with a disability as soon as a place for the child is open. This may force a provider to accept a child with a disability into the program without being legally able to administer the child's medication under New York State law. If this situation occurs, the provider and the parent or guardian of the child with a disability must meet and put together a written plan of how the child's medication will be provided while the provider becomes authorized to administer medication. **In no way does this plan allow the provider or any other individual working for or with the provider, who is not already legally able to administer medication to a child, to administer medication to a child with a disability while the provider pursues authorization to administer medication.**

When developing the necessary plan to maintain a minimal capacity to meet the needs of any child with a disability currently or potentially served by the program, the number of staff authorized to administer medications need only reflect the ability to respond to these limited medication needs. However, the staffing does need to be sufficient to cover all shifts of care offered by the program where medication would have to be administered.

OCFS recommends that providers who have opted not to administer medications have a detailed plan in place on how they plan to comply with the ADA should the situation arise where they must administer medication to comply with the ADA. That plan should include familiarity with the steps necessary to become authorized to administer medication and whom the provider would contact to begin the process to become authorized to administer medication. The plan should also include some ideas on how a child with a disability, if enrolled before the provider is authorized to administer medication, will receive medication during the time the provider becomes authorized to administer medication.

If a provider is or becomes authorized to administer medication so that (s)he may administer medications to a child with a disability in the program in order to comply with the ADA, the program may decide whether it will or will not also administer medication to other children in the program who do not have a disability. Providers do not have to administer medication, even though they are authorized by OCFS to do so, to any children who do not have a disability.

Finally, all day care programs that already serve a child with a disability or that have a child with a disability seek enrollment in the program should be authorized to administer medication in New York State in the manner specified in the OCFS regulations.

Additional Questions and Resources:

Question: **If a licensor/registrar believes that a day care program has opted not to administer medication to a child with a disability and their decision is believed to be a violation of day care regulation, what action should the licensor/registrar take?**

Answer: There are a number of actions that a licensor/registrar must take:

- They must cite the provider for violating the regulation and follow OCFS guidelines for substantiating the violation.
- They must offer to give the program ADA resource materials and refer them to the US Department of Justice's information Line (1-800-514-0301).
- If the parent of the child with a disability contacts the licensor/registrar, (s)he must share with the parent contact information for the US Department of Justice. While OCFS is empowered to substantiate a violation of its regulations, OCFS does not enforce the ADA. The US Department of Justice is the appropriate governmental body to follow-up on program's non-compliance with the ADA.

Question: **What is the ADA's Definition of "Disability"?**

Answer: Under the ADA, a person is disabled if (s)he:

- Has a physical or mental impairment that substantially limits one or more major life activity;
- Has a record of such impairment; or
- Is regarded as having such an impairment.

Question: **Can the meaning of "impairment that limits one or more major life activities" be detailed?**

Answer: The following may help break down the meaning of a major life activity into simpler terms. The term "impairment" refers to a condition in which there is a partial or total inability by a person to perform a social, occupational or other activity. The term "major life activity" is not defined by the ADA and, as such, we are obligated to construe it in accordance with its common meaning. Major life activities, therefore, would include the various activities embraced within the scope of one's life. For example, walking, seeing, hearing, speaking, breathing, learning and working are major life activities.

Question: **What if the impairment is intermittent?**

Answer: When impairment creates small or intermittent limitations (for example, seizure disorders), the focus should be on the effects of the overall impairment. A person cannot be said to have a disability one day and not the next day. If the impairment is the type that manifests its symptoms on some days but not all days, and goes on intermittently throughout one's life, then the person is said to have an impairment.

Question: **Can a person be regarded as having a disability because others believe they have an impairment or treat them as if they do?**

Answer: Yes, a disability can be claimed if the person's impairment substantially limits major life activities only as a result of the attitudes of others toward the impairment. For example, a child who has a facial abnormality may be shunned or rejected for enrollment at a day care center because of a perceived notion that the child is either contagious or will scare others. This child's parent may claim that their child is being discriminated against because of a disability.

Question: **Where would a parent file a complaint if they believed their child is being discriminated against because of a disability?**

Answer: Complaints about violations of title III by public accommodations and commercial facilities should be filed with:

> **U.S. Department of Justice**
> **Civil Rights Division**
> **950 Pennsylvania Avenue, N.W.**
> **Disability Rights Section – NYAV**
> **Washington, D.C. 20530**

N.B. If the parent wants their complaint to be considered for referral to the Department of Justice's ADA Mediation Program, they should mark "Attention: Mediation" on the outside of the envelope.

The US Department of Justice also operates a toll-free ADA Information Line to provide information and publications to the public about the requirements of the ADA. Foreign language service is also available. To obtain general ADA information, get answers to technical questions, order free ADA materials or ask about filing a complaint, parents may call (800) 514-0301 [voice] or (800) 514-0383 [TTY]

A person may also report violations of day care regulations to the New York State Office of Children and Family Service's **Child Care Complaint Line** by calling (800) 732-5207.

Question: **Are there any cases or mediations that reflect the US Department of Justice's views on ADA cases that relate to child care programs?**

Answer: Yes. *United States vs. Happy Time Day Care Center, Kiddie Ranch and ABC Nursery*. The US Department of Justice has also resolved three matters through formal settlement agreements with the Sunshine Child Center, KinderCare Learning Centers and La Petite Academy. Summaries and details of these materials may be found on the ADA website or by contacting the US Department of Justice itself.

Conclusion:

Attached is a list from the US Department of Justice of commonly asked questions addressing some of the issues discussed above and providing guidance on other issues concerning the ADA. Providers with questions about the ADA are encouraged to review this material for additional guidance. Providers with specific ADA issues should contact DOJ about these issues at (800) 514-0301.

In addition, the ADA home page, which is updated frequently, contains the US Department of Justice's regulations and technical assistance materials, as well as press releases on ADA cases and other issues. The home page may be found at: *www.usdoj.gov/crt/ada/adahom1.htm*.

Approved by:
☒ **Suzanne Zafonte Sennett**   **Date: March 28, 2006**

US Department of Justice
Civil Rights Division
Disability Rights Section

**COMMONLY ASKED QUESTIONS ABOUT CHILD CARE CENTERS
AND THE AMERICANS WITH DISABILITIES ACT**

Coverage

1. **Q: Does the Americans with Disabilities Act—or "ADA"—apply to child care centers?**

   A: Yes. Privately-run child care centers—like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks—must comply with title III of the ADA. Child care services provided by government agencies, such as Head Start, summer programs, and extended school day programs, must comply with title II of the ADA. Both titles apply to a child care center's interactions with the children, parents, guardians, and potential customers that it serves.

   A child care center's employment practices are covered by other parts of the ADA and are not addressed here. For more information about the ADA and employment practices, please call the Equal Employment Opportunity Commission (see question 30).

2. **Q: Which child care centers are covered by title III?**

   A: Almost all child care providers, regardless of size or number of employees, must comply with title III of the ADA. Even small, home-based centers that may not have to follow some State laws are covered by title III.

   The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by title III.

   Private child care centers that are operating on the premises of a religious organization, however, are generally not exempt from title III. Where such areas are leased by a child care program not controlled or operated by the religious organization, title III applies to the child care program but not the religious organization. For example, if a private child care program is operated out of a church, pays rent to the church, and has no other connection to the church, the program has to comply with title III but the church does not.

General Information

3. **Q: What are the basic requirements of title III?**

   A: The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in the child care center's programs and services. Specifically:

   - Centers cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program.

   - Centers have to make reasonable modifications to their policies and practices to integrate children, parents, and guardians with disabilities into their programs unless doing so would constitute a fundamental alteration.

   - Centers must provide appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities, when doing so would not constitute an undue burden.

- Centers must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the readily achievable standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be fully accessible.

4. Q: How do I decide whether a child with a disability belongs in my program?

A: Child care centers cannot just assume that a child's disabilities are too severe for the child to be integrated successfully into the center's child care program. The center must make an individualized assessment about whether it can meet the particular needs of the child without fundamentally altering its program. In making this assessment, the caregiver must not react to unfounded preconceptions or stereotypes about what children with disabilities can or cannot do, or how much assistance they may require. Instead, the caregiver should talk to the parents or guardians and any other professionals (such as educators or health care professionals) who work with the child in other contexts. Providers are often surprised at how simple it is to include children with disabilities in their mainstream programs.

Child care centers that are accepting new children are not required to accept children who would pose a direct threat (see question 8) or whose presence or necessary care would fundamentally alter the nature of the child care program.

5. Q: My insurance company says it will raise our rates if we accept children with disabilities. Do I still have to admit them into my program?

A: Yes. Higher insurance rates are not a valid reason for excluding children with disabilities from a child care program. The extra cost should be treated as overhead and divided equally among all paying customers.

6. Q: Our center is full and we have a waiting list. Do we have to accept children with disabilities ahead of others?

A: No. Title III does not require providers to take children with disabilities out of turn.

7. Q: Our center specializes in "group child care." Can we reject a child just because she needs individualized attention?

A: No. Most children will need individualized attention occasionally. If a child who needs one-to-one attention due to a disability can be integrated without fundamentally altering a child care program, the child cannot be excluded solely because the child needs one-to-one care.

For instance, if a child with Down Syndrome and significant mental retardation applies for admission and needs one-to-one care to benefit from a child care program, and a personal assistant will be provided at no cost to the child care center (usually by the parents or though a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with Down Syndrome need one-to-one care or must be accompanied by a personal assistant in order to be successfully integrated into a mainstream child care program. As in other cases, an individualized assessment is required. But the ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

8. Q: What about children whose presence is dangerous to others? Do we have to take them, too?

A: No. Children who pose a direct threat—a substantial risk of serious harm to the health and safety of others—do not have to be admitted into a program. The determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an individualized assessment that considers the particular activity and the actual abilities and disabilities of the individual.

In order to find out whether a child has a medical condition that poses a significant health threat to others, child care providers may ask all applicants whether a child has any diseases that are

communicable through the types of incidental contact expected to occur in child care settings. Providers may also inquire about specific conditions, such as active infectious tuberculosis, that in fact pose a direct threat.

9. Q: One of the children in my center hits and bites other children. His parents are now saying that I can't expel him because his bad behavior is due to a disability. What can I do?

A: The first thing the provider should do is try to work with the parents to see if there are reasonable ways of curbing the child's bad behavior. He may need extra naps, "time out," or changes in his diet or medication. If reasonable efforts have been made and the child continues to bite and hit children or staff, he may be expelled from the program even if he has a disability. The ADA does not require providers to take any action that would pose a direct threat—a substantial risk of serious harm—to the health or safety of others. Centers should not make assumptions, however, about how a child with a disability is likely to behave based on their past experiences with other children with disabilities. Each situation must be considered individually.

10. Q: One of the children in my center has parents who are deaf. I need to have a long discussion with them about their child's behavior and development. Do I have to provide a sign language interpreter for the meeting?

A: It depends. Child care centers must provide effective communication to the customers they serve, including parents and guardians with disabilities, unless doing so poses an undue burden. The person with a disability should be consulted about what types of auxiliary aids and services will be necessary in a particular context, given the complexity, duration, and nature of the communication, as well as the person's communication skills and history. Different types of auxiliary aids and services may be required for lengthy parent-teacher conferences than will normally be required for the types of incidental day-to-day communication that take place when children are dropped off or picked up from child care. As with other actions required by the ADA, providers cannot impose the cost of a qualified sign language interpreter or other auxiliary aid or service on the parent or guardian.

A particular auxiliary aid or service is not required by title III if it would pose an undue burden, that is, a significant difficulty or expense, relative to the center or parent company's resources.

11. Q: We have a "no pets" policy. Do I have to allow a child with a disability to bring a service animal, such as a seeing eye dog?

A: Yes. A service animal is not a pet. The ADA requires you to modify your "no pets" policy to allow the use of a service animal by a person with a disability. This does not mean that you must abandon your "no pets" policy altogether, but simply that you must make an exception to your general rule for service animals.

12. Q: If an older child has delayed speech or developmental disabilities, can we place that child in the infant or toddler room?

A: Generally, no. Under most circumstances, children with disabilities must be placed in their age-appropriate classroom, unless the parents or guardians agree otherwise.

13. Q: Can I charge the parents for special services provided to a child with a disability, provided that the charges are reasonable?

A: It depends. If the service is required by the ADA, you cannot impose a surcharge for it. It is only if you go beyond what is required by law that you can charge for those services. For instance, if a child requires complicated medical procedures that can only be done by licensed medical personnel, and the center does not normally have such personnel on staff, the center would not be required to provide the medical services under the ADA. If the center chooses to go beyond its legal obligation and provide the services, it may charge the parents or guardians accordingly. On the other hand, if a center is asked to do simple procedures that are required by the ADA—such as finger-prick blood glucose tests for children with diabetes (see question 20)—it cannot charge the parents extra for those services. To help offset the costs of actions or services that are required by the ADA, including but not limited to architectural barrier removal, providing sign

language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available (see question 24).

Personal Services

14. Q: Our center has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?

A: No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. While some state laws may differ, generally speaking, as long as reasonable care is used in following the doctors' and parents' or guardians written instructions about administering medication, centers should not be held liable for any resulting problems. Providers, parents, and guardians are urged to consult professionals in their state whenever liability questions arise.

15. Q: We diaper young children, but we have a policy that we will not accept children more than three years of age who need diapering. Can we reject children older than three who need diapering because of a disability?

A: Generally, no. Centers that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, centers that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so.

Centers must also provide diapering services to young children with disabilities who may need it more often than others their age.

Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Centers should not consider this type of assistance to be a "personal service."

16. Q: We do not normally diaper children of any age who are not toilet trained. Do we still have to help older children who need diapering or toileting assistance due to a disability?

A: It depends. To determine when it is a reasonable modification to provide diapering for an older child who needs diapering because of a disability and a center does not normally provide diapering, the center should consider factors including, but not limited to, (1) whether other non-disabled children are young enough to need intermittent toileting assistance when, for instance, they have accidents; (2) whether providing toileting assistance or diapering on a regular basis would require a child care provider to leave other children unattended; and (3) whether the center would have to purchase diapering tables or other equipment.

If the program never provides toileting assistance to any child, however, then such a personal service would not be required for a child with a disability. Please keep in mind that even in these circumstances, the child could not be excluded from the program because he or she was not toilet trained if the center can make other arrangements, such as having a parent or personal assistant come and do the diapering.

Issues Regarding Specific Disabilities

17. Q: Can we exclude children with HIV or AIDS from our program to protect other children and employees?

A: No. Centers cannot exclude a child solely because he has HIV or AIDS. According to the vast weight of scientific authority, HIV/AIDS cannot be easily transmitted during the types of incidental contact that take place in child care centers. Children with HIV or AIDS generally can be safely integrated into all activities of a child care program. Universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily

fluids, such as when they are cleansing and bandaging playground wounds. This applies to the care of all children, whether or not they are known to have disabilities.

18. Q: Must we admit children with mental retardation and include them in all center activities?

A: Centers cannot generally exclude a child just because he or she has mental retardation. The center must take reasonable steps to integrate that child into every activity provided to others. If other children are included in group sings or on playground expeditions, children with disabilities should be included as well. Segregating children with disabilities is not acceptable under the ADA.

19. Q: What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?

A: Generally, yes. Children cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A center needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called "epinephrine" that will be provided in advance by the child's parents or guardians.

The Department of Justice's settlement agreement with La Petite Academy addresses this issue and others (see question 26).

20. Q: What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?

A: Generally, yes. Children with diabetes can usually be integrated into a child care program without fundamentally altering it, so they should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child's blood sugar—or "blood glucose"—levels before lunch and whenever the child appears to be having certain easy-to-recognize symptoms of a low blood sugar incident. While the process may seem uncomfortable or even frightening to those unfamiliar with it, monitoring a child's blood sugar is easy to do with minimal training and takes only a minute or two. Once the caregiver has the blood sugar level, he or she must take whatever simple actions have been recommended by the child's parents or guardians and doctor, such as giving the child some fruit juice if the child's blood sugar level is low. The child's parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

The Department of Justice's settlement agreements with KinderCare and La Petite Academy address this issue and others (see question 26).

21. Q: Do we have to help children take off and put on their leg braces and provide similar types of assistance to children with mobility impairments?

A: Generally, yes. Some children with mobility impairments may need assistance in taking off and putting on leg or foot braces during the child care day. As long as doing so would not be so time consuming that other children would have to be left unattended, or so complicated that it can only done by licensed health care professionals, it would be a reasonable modification to provide such assistance.

The Department of Justice's settlement agreement with the Sunshine Child Center of Gillett, Wisconsin, addresses this issue and others (see question 26).

Making the Child Care Facility Accessible

22. Q: How do I make my child care center's building, playground, and parking lot accessible to people with disabilities?

A: Even if you do not have any disabled people in your program now, you have an ongoing obligation to remove barriers to access for people with disabilities. Existing privately-run child care centers must remove those architectural barriers that limit the participation of children with

disabilities (or parents, guardians, or prospective customers with disabilities) if removing the barriers is readily achievable, that is, if the barrier removal can be easily accomplished and can be carried out without much difficulty or expense. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs, and other furniture are all examples of barrier removal that might be undertaken to allow a child in a wheelchair to participate in a child care program. Centers run by government agencies must insure that their programs are accessible unless making changes imposes an undue burden; these changes will sometimes include changes to the facilities.

23. Q: We are going to build a new facility. What architectural standards do we have to follow to make sure that our facility is accessible to people with disabilities?

A: Newly constructed privately-run child care centers—those designed and constructed for first occupancy after January 26, 1993—must be readily accessible to and usable by individuals with disabilities. This means that they must be built in strict compliance with the ADA Standards for Accessible Design. New centers run by government agencies must meet either the ADA Standards or the Uniform Federal Accessibility Standards.

Tax Provisions

24. Q: Are there tax credits or deductions available to help offset the costs associated with complying with the ADA?

A: To assist businesses in complying with the ADA, Section 44 of the IRS Code allows a tax credit for small businesses and Section 190 of the IRS Code allows a tax deduction for all businesses.

The tax credit is available to businesses that have total revenues of $1,000,000 or less in the previous tax year or 30 or fewer full-time employees. This credit can cover 50% of the eligible access expenditures in a year up to $10,250 (maximum credit of $5,000). The tax credit can be used to offset the cost of complying with the ADA, including, but not limited to, undertaking barrier removal and alterations to improve accessibility; provide sign language interpreters; and for purchasing certain adaptive equipment.

The tax deduction is available to all businesses with a maximum deduction of $15,000 per year. The tax deduction can be claimed for expenses incurred in barrier removal and alterations.

To order documents about the tax credit and tax deduction provisions, contact the Department of Justice's ADA Information Line (see question 30).

The Department of Justice's Enforcement Effort

25. Q: What is the Department of Justice's enforcement philosophy regarding title III of the ADA?

A: Whenever the Department receives a complaint or is asked to join an on-going lawsuit, it first investigates the allegations and tries to resolve them through informal or formal settlements. The vast majority of complaints are resolved voluntarily through these efforts. If voluntary compliance is not forthcoming, the Department may have to litigate and seek injunctive relief, damages for aggrieved individuals, and civil penalties.

26. Q: Has the United States entered into any settlement agreements involving child care centers?

A: The Department has resolved three matters through formal settlement agreements with the Sunshine Child Center, KinderCare Learning Centers, and La Petite Academy.

- In the first agreement, Sunshine Child Center in Gillett, Wisconsin, agreed to: (1) provide diapering services to children who, because of their disabilities, require diapering more often or at a later age than nondisabled children; (2) put on and remove the complainant's leg braces as necessary; (3) ensure that the complainant is not unnecessarily segregated from her age-appropriate classroom; (4) engage in readily

achievable barrier removal to its existing facility; and (5) design and construct its new facility (planned independently of the Department's investigation) in a manner that is accessible to persons with disabilities.

- In 1996, the Department of Justice entered into a settlement agreement with KinderCare Learning Centers—the largest chain of child care centers in the country—under which KinderCare agreed to provide appropriate care for children with diabetes, including providing finger-prick blood glucose tests. In 1997, La Petite Academy—the second-largest chain—agreed to follow the same procedures.

- In its 1997 settlement agreement with the Department of Justice, La Petite Academy also agreed to keep epinephrine on hand to administer to children who have severe and possibly life-threatening allergy attacks due to exposure to certain foods or bee stings and to make changes to some of its programs so that children with cerebral palsy can participate.

The settlement agreements and their attachments, including a waiver of liability form and parent and physician authorization form, can be obtained by calling the Department's ADA Information Line or through the Internet (see question 30). Child care centers and parents or guardians should consult a lawyer in their home state to determine whether any changes need to be made before the documents are used.

27. Q: Has the Department of Justice ever sued a child care center for ADA violations?

A: Yes. On June 30, 1997, the United States filed lawsuits against three child care providers for refusing to enroll a four-year-old child because he has HIV. See *United States v. Happy Time Day Care Center* (W.D. Wisc.); *United States v. Kiddie Ranch* (W.D. Wisc.); and *United States v. ABC Nursery, Inc.* (W.D. Wisc.).

28. Q: Does the United States ever participate in lawsuits brought by private citizens?

A: Yes. The Department sometimes participates in private suits either by intervention or as amicus curiae—"friend of the court." One suit in which the United States participated was brought by a disability rights group against KinderCare Learning Centers. The United States supported the plaintiff's position that KinderCare had to make its program accessible to a boy with multiple disabilities including mental retardation. The litigation resulted in KinderCare's agreement to develop a model policy to allow the child to attend one of its centers with a state-funded personal assistant.

Additional Resources

29. Q: Are there any reference books or video tapes that might help me further understand the obligations of child care providers under title III?

A: Through a grant from the Department of Justice, The Arc published *All Kids Count: Child Care and the ADA*, which addresses the ADA's obligations of child care providers. Copies are available for a nominal fee by calling The Arc's National Headquarters in Arlington, Texas:

<div align="center">

800-433-5255 (voice) ♦ 800-855-1155 (TDD)

</div>

Under a grant provided by the Department of Justice, Eastern Washington University (EWU) produced eight 5-7 minute videotapes and eight accompanying booklets on the ADA and child care providers. The videos cover different ADA issues related to child care and can be purchased as a set or individually by contacting the EWU at:

<div align="center">

509-623-4246 (voice) ♦ TDD: use relay service

</div>

30. Q: I still have some general questions about the ADA. Where can I get more information?

A: The Department of Justice operates an ADA Information Line. Information Specialists are available to answer general and technical questions during business hours on the weekdays. The

Frequently Asked Questions

Q. What if the information in the curriculum is out-dated or incorrect? Can we modify it?

A. *No. If the curriculum is incorrect or outdated, please bring it to the attention of the MAT Program with the citation of the new/updated information. We will then obtain necessary approvals from OCFS and assure proper distribution to all certified MAT Trainers. This procedure will ensure the consistency of the training throughout the state.*

Q. If regulations change, will MAT Trainers be notified?

Q. *Yes. The MAT Program will notify MAT Trainers if changes are made to the NYS OCFS Child Day Care Regulations pertaining to the administration of medication.*

Q. Are funds available to help offset the cost of the training?

Q. *Yes. MAT Rebate funds are available to offset the cost of the MAT course. Rebate applications can be downloaded from the MAT website: www.ecetp.pdp.albany.edu.*

Q. Will my contact information be available for interested day care providers to contact me to attend training?

A. *Yes. MAT Trainer information will be published on the MAT website (www.ecetp.pdp.albany.edu). The information you provide to the MAT Program will be published, so please be sure to indicate how it is best for child care providers to reach you. Child care providers or program directors would then contact you directly for a schedule of upcoming courses.*

Q. How much should I charge for the MAT course?

Q. *Because trainer costs vary, it is up to each trainer to determine the cost of his/her training. It is recommended that the trainer conduct a cost analysis to determine a fair price. MAT Rebates are available to help offset the training costs to child care providers. Trainers should have a written policy detailing his/her pricing and cancellation/refund policy. Pricing must be consistent for all trainings conducted.*

Q. Can I pair up with another health care provider to conduct a MAT course?

Q. *Yes, as long as the other health care provider is also a MAT Trainer **and** the ratio of trainer to participant remains 1:8 or less, with a maximum of two trainers and 16 participants per course. Each co-trainer must be present for the entire course, not just the demonstration competencies. See* Appendix I: Procedures for Co-Training the MAT Class *for more details.*

Q. Are providers working under my professional license if I award them a MAT certificate?

A. *No. The New York State Office of Children and Family Services (OCFS) regulations allow child care providers in New York State to administer medication upon successfully completing a medication administration training approved by NYS OCFS and being approved in their program's health care plan.*

Q. Can child care providers choose to administer medication by some routes they are certified to use and exclude others?

A. *Yes, as long as the child care provider is not violating the Americans with Disabilities Act, that the health care plan clearly reflects the policy of the child care program and that parents are informed of these policies.*

Q. Can the Americans with Disabilities Act force child care providers to administer medication by specific routes?

A. *Questions about the Americans with Disabilities Act are legal questions. Child care providers should speak with their licensor or registrar with specific questions or seek legal counsel.*

Q. How do child care providers find a health care consultant for their programs?

A. *Child care providers can contact their local Child Care Resource and Referral agency or local Department of Health.*

Resource Directory

Professional Development Program
MEDICATION ADMINISTRATION TRAINING PROGRAM
4 Tower Place, 4th Floor
Albany, NY 12203
TOLL-FREE: (800) 295-9616
FAX: (518) 442-6645
E-MAIL: mat@albany.edu
MAT Rebate Program: (800) 295-9616

NYS OCFS-affiliated referral agencies:
http://ocfs.ny.gov/main/childcare/referralagencys.asp

NYS OCFS Regional Offices (including NYC Department of Health and Mental Hygiene [DOHMH] borough offices):
http://ocfs.ny.gov/main/childcare/regionaloffices.asp

County departments of Social Services:
www.health.ny.gov/health_care/medicaid/ldss.htm

Searchable list of county departments of health:
www.nysacho.org
(Click the "Directory" link in the orange menu bar at the top of the Web page.)

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